

#### 2024 Montana Pass-Through Entity Tax Return Include a complete copy of all related federal forms and schedules.

Form PTE

2024v1 Partnership 5/2024 S corporation

		For calendar yea	r 2024 or tax year be	eginning MM		and ending		
Mar	k all that apply:	Name	·				FEIN	
	Initial return					Federal Business	Code/NAICS	
	Final return	Mailing Address				MT Secretary	of State ID#	
	Amended return					Date of Registration	n in Montana 📈 🥅 🔘	
	Refund return	City	Stat	te ZIP Code + 4		State formed in	on MMD	
	PTP							
	PTET							
	Resident PTET	Enter Number of:	Schedules K-1 Included		Nonresident Owners	S	Schedules DE Included	I
			Resident Owners	Ot	ner Types of Owners	s S	Schedules K-1 Received	1
Ov	vners' Distribu	utive Share of Incon	ne Items (federal Sc	hedule K)				
1	Ordinary business	income (loss)					1	0.0
2	Net rental real esta	ate income (loss) (include fe	ederal Form 8825)				2	0.0
	-	ental income (loss)			3a	00		
	3b Expenses fro	m other rental activities (inc	lude detailed statement)		3b	00		
3	Subtract line 3b fro	om line 3a.		This is	s your other net re	ntal income or loss.	. 3	0 0
	4a Guaranteed p	payments: Services			4a	00		
	4b Guaranteed p	payments: Capital			4b	00		
4	Add lines 4a and 4	łb		TI	nis is your total gua	aranteed payments.	. 4	0 0
5	Interest income						5	00
6	Ordinary dividends	3					6	0 0
7	Royalties						7	0 0
8	Net short-term cap	oital gain (loss) (include fede	eral Schedule D)				8	0 0
9	Net long-term capi	ital gain (loss) (include feder	ral Schedule D)				9	0 0
10	Net section 1231 g	gain (loss) (include federal F	Form 4797)				10	0 0
11	Other income (loss	s) (include detailed stateme	nt)				11	0 0
12	Add lines 1 throug	h 11 and enter result.		Th	is is your total fed	eral income or loss.	. 12	00
Ov	vners' Distribu	utive Share of Dedu	ction Items – Monta	na Source Inc	ome (include	federal Schedu	le K)	
	13a Section 179 of	deduction (include federal F	orm 4562)	•	13a	00		
	13b Contributions	;		•	13b	00		
	13c Investment in	terest expense			13c	00		
	13d Section 59(e)	(2) expenditures (include de	etailed statement)	•	13d	00		
	13e Other deducti	ions (include detailed stater	nent)	•	13e	00		
13	Add lines 13a thro	ugh 13e and enter result.			This is your total fe	ederal deductions.	13	0 0
14	Subtract line 13 fro	om line 12.		This is y	our federal income	e from all sources.	14	00
15	Montana additions	s to the PTE's apportionable	activities				15	0 0
	16a Montana sub	tractions from the PTE's ap	portionable activities	•	16a	00		
	16b Total everywh	nere income (loss) from fede	eral Schedules K-1	•	16b	00		
	16c Total everywh	nere income (loss) from disr	egarded entities	•	16c	00		
	16d Other nonapp	portionable income (loss) fro	om the PTE's own activities	•	16d	00		
16	Add lines 16a thro	ugh 16d.	This	is your deduction	s including nonap	portionable income.	. 16	0 0
17	Add lines 14 and 1	15, then subtract line 16.					17	00
18	Mark the box that	describes your business ac	tivity or enter your apportion	ment factor.				
		•	% Montana activity	%	Apportionment factor	or x line 17	18	00
		a source income received fr						
	•		dules K-1 issued to this entity	y)	19a	00		
	19b Total Montana	a source income from Sche	dules VII	•	19b	00		
	19c Nonapportion	nable income allocated to M			19c	00		
	Add lines 19a thro	-	This is the to	tal nonapportional	ole income (loss) s	ourced to Montana.	. 19	00
20	Add lines 18 and 1	19; enter result.		This	is your total Mont	ana source income.	. 20	00

Name	FEIN	
Prepayments		
21 2024 payments Mark this box if you made estimated payments using the annua	lization method (See instructions) 21	00
22 2023 overpayment applied to 2024	22	00
23 Add lines 21 and 22.	Total prepayments 23	00
Pass-through Entity Tax, Composite Tax, and Pass-Through Withholdin	ng	
24 Total taxable income subject to pass-through entity tax from all owners' MT Schedules K-1, Part	IV, line 14 (see instructions) 24	00
25 Total pass-through entity tax from all owners' MT Schedules K-1, Part V, line 1	25	00
26 Flow-Through Payments Schedule, Column A, line 12	26	00
	igh entity tax due or (overpayment). 27	00
28 Total composite tax from Schedule IV, Column H	28	0.0
29 Flow-Through Payments Schedule, Column B, line 12	29	00
	igh entity tax due or (overpayment). 30	00
31 Interest on underpayment of estimated tax (see instructions)	31	00
32 Total pass-through withholding from all owners' MT Schedules K-1, Part V, line 3a	32	00
33 PTE's tax liability resulting from an adjustment to partnership income (see instructions)	33	00
34 Flow-Through Payments Schedule, Column C, line 12	34	00
		00
,		00
36 PTE information return late filing penalty	36 <b>- 1</b>	
	E taxes with interest and/or penalty. 37	00
Amended Return	22	
38 For amended returns only - previously issued refunds	38	00
39 For amended returns only - payments made with original return	39	00
40 Add lines 37 and 38, then subtract line 39.	40	00
Penalty and Interest		
41 Late payment penalty	41	00
42 Interest	42	00
43 Add lines 40 through 42.	Total tax, penalties, and interest. 43	00
Amount Owed or Refund		
44 If line 43 is more than zero, enter the amount here.	This is the amount you owe. 44	00
45 If line 43 is less than zero, enter the amount here.	This is your overpayment. 45	00
46 Enter the amount from line 45 that you want applied to your 2025 tax	46	00
47 Subtract line 46 from line 45.	This is your refund. 47	00
Direct Deposit Your Refund Complete 1, 2, and 3. (See instructions	)	
1 Routing Number		
2 Account Number	Checking Sa	avings
Mark this box if this refund is going to an account that is located outside of the United Sta		
REQUIRED - Signature, Paid Preparer, and Third-Party Designe		
Under penalties of false swearing, I declare that I have examined this return, including accompanying		of my knowledge and belief, it is
true, correct, and complete.	,	,
Officer		
Signature x	Date Sign	ed MMDDYYYY
Printed Name	Pho	
Tax Preparer	1110	
Signature	Date Sign	
Print Name	Pho	
		TIN
Mark this box if you allow the DOR to discuss this tax return with your tax preparer.	F1	IIV
Tax Preparation Firm	Final, FFIA	
Firm Name	Firm's FEIN	N
Mailing Address		
City State ZIP		
Pass-Through Entity Tax Authorized Representative: Required Name	if making a PTET Election (S	See instructions) Telephone Number
Email		





### 2024 Montana Form PTE – Flow-Through Payments Schedule



Name FEIN

Part I. Montana Schedules K-1 received by the pass-through entity reporting mineral royalty withholding, pass-through withholding, and/or pass-through entity tax. Attach a statement with the same information if the PTE received more than four Montana Schedules K-1 reporting mineral royalty withholding, pass-through withholding, and/or pass-through entity tax.

			Α	В	С
	Entity Name	FEIN	Mineral Royalty	Pass-Through	Pass-Through Entity
			Withholding Received	Withholding Received	Tax Received
1			00	00	00
2			00	00	00
3			00	00	00
4			00	00	00
		5 Totals	00	00	00

Part II. Flow-through payment allocations (See instruction	Schedules K-1 subject to:					
		Α	В	С		
		Pass-Through Entity Tax	Composite Tax	Other		
1 Sum of profit and loss percentage of all MT Schedules K-1						
subject to applicable Column(s) A, B, and C	1	%	%	%		
2 Multiply total in Part I, Column A by percentage on line 1 for each Column	2	0.0	00	0.0		
3 Mineral royalty withholding passed to owners	3			00		
4 Enter Column A, line 2 and Column B, line 2.						
Subtract Column C, line 3 from Column C, line 2.						
Balance of mineral royalty withholding the PTE can claim as a credit.	4	0.0	00	0.0		
5 Multiply total in Part I, Column B by percentage on line 1 for each Column	5	0.0	00	00		
6 Pass-through withholding passed to owners	6			00		
7 Enter Column A, line 5 and Column B, line 5.						
Subtract Column C, line 6 from Column C, line 5.						
Balance of pass-through withholding the PTE can claim as a credit.	7	0.0	00	00		
8 If Column A, line 1 is greater than 0%, enter the total from Part I, Column C	8	0.0				
9 If Column A, line 1 is 0%, multiply the total in Part I, Column C						
by Columns B and C, line 1	9		00	00		
10 Total pass-through entity tax passed to owners	10			00		
11 Enter Column B, line 9.						
Subtract Column C, line 10 from line 9.						
Credit balance for PTE not electing to pay PTET.	11		00	00		
12 Add lines 4, 7, 8, and 11 in each Column.						
Total payments the PTE can claim as a credit.	12	00	00	0.0		





# 2024 Montana Form PTE Schedule I – Apportionment Factor for Multistate Pass-Through Entities



er amounts in Columns A and B. Enter percentages in Column	C.	A B		C	
Property Factor: Use average value for real and tangible personal property		Everywhere Montar	na	Factor	
1a Land	1a	00		00	
1b Buildings	1b	00		0 0	
1c Machinery	1c	00		0.0	
1d Equipment	1d	00		00	
1e Furniture and fixtures	1e	00		00	
1f Leases and leased property	1f	00		00	
1g Inventories	1g	00		00	
1h Depletable assets	1h	00		00	
1i Supplies and other	1i	00		00	
1j Multiply amount of rents by 8 and enter result	1j	00		00	
1k Total Property Value. add lines 1a through 1j	1k	00		00	
Divide the total in Column B by the total in Column A. Multiply the result by 100.		This is your property f	factor. 1		
Payroll Factor:					
2a Compensation of officers	2a	00		00	
2b Salaries and wages	2b	00		00	
Payroll included in:					
2c Costs of goods sold	2c	00		00	
2d Other expenses and deductions	2d	00		00	
2e Total Property Value. Add lines 2a through 2d.	2e	0.0		00	
Divide the total in Column B by the total in Column A. Multiply the result by 100.		This is your payroll t	factor. 2		
Gross Receipts Factor:					
3a Gross Receipts, less returns and allowances	3a	00			
3b Receipts delivered or shipped to Montana purchasers:					
(1)Shipped from outside Montana		3b(1)		00	
(2)Shipped from within Montana		3b(2)		00	
3c Receipts shipped from Montana to:					
(1)United States government		3c(1)		00	
(2)Purchasers in a state where the taxpayer is not taxable		3c(2)		00	
3d Receipts other than receipts of tangible personal property (e.g., service income	)	3d		00	
3e Net gains reported on federal Schedule D and Form 4797	'3e	00		0.0	
3f Other gross receipts (rents, royalties, interest, etc.)	3f	00		00	
3g <b>Total Receipts Value.</b> Add lines 3a through 3f.	3g	00		0.0	
Divide the total in Column B by the total in Column A. Multiply the result by 100.	og	This is your receipts t	actor 3	0 0	
Enter the amount reported on line 3		This is your receipts i	4		
Add the percentages from lines 1, 2, 3. and 4 in Column C.		This is the sum of your fa			
Divide the total percentage from line 51, 2, 3, and 4 in Column C.  Divide the total percentage from line 5, Column C, by the number of factors that car	ha inalu	•	CiUIS. 0		
vivide une lotai percentade itorn ille 3. Column C. dy une mumber of iactors trat car		atu in int Calculation.			



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# 2024 Montana Form PTE Schedule II – Montana Pass-Through Entity Tax Credits

Name		FEIN
Use the corresponding credit code in the	the instructions to report the credit you are claiming in Column A. If you were provided an author	ization number to claim the credit, enter that
number in Column B. Report the total a	amount of credit in Column C. Use Montana Schedule K-1 to notify each owner of their share o	f the credit. Attach a copy of the credit's form
to your return (if applicable). See instru	uctions for more information.	
A	В	С
Credit Code	Credit Authorization Number	Amount of Credit
1		00
2		00
3		00
4		00
5		0.0



# 2024 Montana Form PTE Schedule IV – Montana Composite Income Tax Schedule

Name						FEIN	
Part I. Eligible Participating Ov							
Enter the number of eligible participating over	wners. See instructions for mo	ore information al	bout eligible participants				
Part II. Adjusted Federal Incon	ne			Part III. C	omposite Tax Ratio		
1 Federal income from all sources from	page 1, line 14	1	00	1 Total Mo	ontana source income from page 1, li	ine 20 1	00
2 Total guaranteed payments for service	es from page 1, line 4a	2	00	2 Multiply	Part II, line 2 by the apportionment fa	actor from	
3 Total Everywhere Additions from Mont	tana Adjustments Worksheet,	,		Schedu	le I, line 6	2	00
Column E, line 1		3	00	3 Subtrac	t line 2 from line 1. Adjusted Montana	a source income 3	00
4 Total Everywhere Subtractions from M	Nontana Adjustments			4 Divide li	ne 3 by Part II, line 5. (Do not enter n	nore than 1.000000).	
Worksheet, Column E, line 2		4	00			Composite tax ratio 4	
5 Add lines 1 and 3, then subtract lines 2	2 and 4.						
	Adjusted federal income	5	00				
Part IV. Composite Tax							
Enter the required information and amount	ts for each eligible participants	s in Columns A-F	<del>1</del> .				
A	В	С	D	E	F	G	Н
Name	Social Security Number	Total Distributive	(Partnerships only) Guaranteed Payments	Standard Deduction	Subtract Columns D and E	Tax from Tax Table (See instructions)	Multiply Column G by composite tax ratio from
		Share from	for Services	(\$14,600)	from Column C	(555)	Part III, Line 4
	Federal Employer	Owner's	from Owner's	(, ,,,,,,	Montana Taxable Income		Montana Composite
		Schedule K-1,	Schedule K-1, Column A	<b>.</b> ,			Income Tax
	Number	Column A,	Part IV, Line 4a				
		Part IV,					
		Line 14					
1			0	0	0.0	C	00
2			0	0	0.0	C	00
3			0	0	0.0	C	00
4			0	0	0.0	C	00
5			0	0	00	C	00
6			0	0	00	C	00
7			0	0	00	C	00
8			0	0	00	C	00
9			0	0	0.0	C	00
10			0	0	0.0	C	00
11 If th	ere are more than 10 compo	site tax participar	nts, attach a statement with the s	ame information	and report the total composite tax fro	m those statements here.	11 00
12 Ada	d Column H, lines 1 through 1	1. This is your to	tal composite tay liability Transfe	r the emerinte fro	on Calumn H to agab aumaria Cabad	LL KAD OVE O	12 00



\*24TT0601\*



# 2024 Montana Form PTE Schedule VI – Reporting of Special Transactions



Name		FEIN		
	Schedule VI only if your PTE filed any of the federal income tax forms described below. Mark the appropriate box Service (IRS) for this tax year. If you mark one or more of these forms, you must include a complete copy of your	-	m(s) you filed with the	e Internal
1	The entity filed federal Form 8918 – Material Advisor Disclosure Statement with the IRS			
2	The entity filed federal <b>Form 8824 – Like-Kind Exchanges</b> with the IRS. NOTE: Mark the box if your like-kind exchange includes Montana property.			
3	The entity filed federal Form 8865 – Return of U.S. Persons with Respect to Certain Fore	ign Partnership	s with the IRS	
4	The entity filed federal Form 8886 – Reportable Transaction Disclosure Statement with the	IRS		
5	For S corporations only: The S corporation filed federal Form 8023 – Elections Under Section 338 Stock Purchases with the IRS	3 for Corporatio	ns Making Qual	ified
	Complete this section if the PTE is a partnership.			
6	The partnership filed one or more of the following forms in 2024  Provide a copy of each form with your tax return.  • Federal Form 8985, Pass-Through Statement - Transmittal/Partnership Adjustment Tracking Report  • Federal Form 8986, Partner's Share of Adjustment(s) to Partnership-Related Items(s)  • Federal Form 8082, Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)			
7	The partnership had Montana source income and paid an imputed underpayment.  If applicable, provide a copy of your federal audit adjustment report. (See instructions)			
8 Previo	ously unreported Montana source income from Federal Form 8082 (See instructions)		8	00
	Complete this section if you made a disbursement to a related	party.		
9	The entity made payments during this tax year to one or more related parties (excluding salary compensation). If you marked this box, please provide the name and federal employer identification number of each paid to each related party:			at you
	paid to each related party:	В	С	
	Name	FEIN	Amount of P	ayment
				0.0
				0.0
				0.0
				00
				00
				00
				00
				00
				00
				00
				00
				00





# 2024 Montana Form PTE Schedule VII – List of Disregarded Entities

Name								FEIN	
	A Name	B FEIN	C Montana SOS Registration Number	LLC	E Q Sub	F If Q Sub, Enter Election Date	G DE has Multistate Activities	H DE is a Segment of the PTE	I Montana Source Income from DE's Own Activities
1									00
2									00
3									00
4									00
5									00
6									00
7									00
8									00
9									00
10									00
11									00
12									00
13									00
14									00
								15 <b>Total</b>	00



\*24TT0801\*



#### 2024 Montana Form PTE Schedule DE – Disregarded Entity Montana Source Income

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**FEIN** File this schedule for all disregarded entities that must report Montana source income. Do not file this schedule for disregarded entities that only receive flow-through income or are considered segments. (See instructions.) Complete the Everywhere Column first. If the income reported on line 17 includes apportionable income, then mark the box and calculate the apportionment factor. Use the apportionment factor to calculate your Montana source income. If line 17 includes nonapportionable income, report it on the applicable line in the Montana Column. **Disregarded Entity Name** В **Disregarded Entity FEIN** Α **Everywhere Business Income and Deductions** Montana 1a Gross income 1a 00 00 1b Returns and allowances 1b 1c Balance. Subtract line 1b from line 1a. 1c 00 00 1d Cost of goods sold (provide statement) 1d 1e Gross profit. Subtract line 1d from line 1c. 00 1e 00 1f Other income including gains (provide statement) 1f 00 1g Add lines 1e and 1f. This is your total income. 1g 1h Wages 1h 00 00 1i Rent 1i 1j Other deductions (provide statement) 1j 00 00 1k Add lines 1h through 1j. This is your total deductions. 1k 1 Subtract line 1k from line 1g. This is your total income from trade or business. 1 00 00 Other Income 2 00 00 2 Net rental real estate income (loss) 3 00 00 3 Other net rental income (loss) 4 Guaranteed payments (partnerships only) 4 00 00 5 Interest income 5 00 00 6 Ordinary dividends 6 00 00 7 7 Royalties 00 00 8 00 00 8 Net short-term capital gain (loss) (include federal Schedule D) 9 Net long-term capital gain (loss) (include federal Schedule D) 9 00 00 00 00 10 Net section 1231 gain (loss) (include federal Form 4797) 10 11 Other income (loss) (include detailed statement) 11 00 00 12 00 00 12 Section 179 deduction (include federal Form 4562) 00 00 13 Other deductions (include detailed statement) 13 00 00 14 Add lines 1 through 11, then subtract lines 12 and 13 14 15 Montana additions to income 15 00 00 00 00 16 Montana subtractions from income 16 17 Add lines 14 and 15, then subtract line 16. 00 00 Mark this box if some income is apportionable. 17 **Apportionment Factor** 1a Everywhere property 1a 00 00 1b Montana property 1b 1 Divide line 1b by line 1a. This is your Property factor. % 2a Everywhere payroll 2a 00 2b Montana payroll 2b % 2 Divide line 2b by line 2a This is your Payroll factor. 3a Everywhere receipts 3a 00 3b Montana receipts 3b 3 Divide line 3b by line 3a. This is your Receipts factor. % 3 4 Enter the amount reported on line 3 4 % % 5 Add the percentages from lines 1, 2, 3, and 4. This is the sum of your factors. 6 Divide the total percentage from line 5 by the number of factors that can be included in the calculation. If a property, payroll, or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in the "Everywhere" Column. This is your Apportionment factor. 6 %





#### 2024 Montana Form PTE – Montana Adjustments Worksheet

ame					FEIN	
Montana Adjustments to Every	where Incor	ne A	В	С	D	E
1 Montana Additions			Nonapportionable	From MT Schedules K-1,	From Schedules DE,	Total Everywhere
to Everywhere Income	Code	Activities	Income	Part 3, Column A	Column A, Lines 15 and 16	Adjustments
		00	00	0.0	00	0.0
		00	00	0.0	0 0	0.0
		00	00	0.0	0.0	0.0
		00	00	0.0		0.0
		00	00	0.0		0
		00	00	0.0		0
Montana Subtractions	Total	00	00	00	00	0
from Everywhere Income						
		00	00	0.0		0
		00	00	0.0		0
		00	00	0.0		0
		00	00	0.0		0
		00	00	0.0	0.0	0
		00	00	00	00	0
	Total	00	00	0.0	00	0
djustments to Montana Sourc	e Income	Α	В	С	D	E
		PTE's Apportionable	Nonapportionable Income	From MT Schedules K-1,	From Schedules DE,	Total Montana Source
Montana Source Additions	Code	Activities		Part 3, Column B	Column B, Lines 15 and 16	Income Adjustments
		00	00	00		0(
		00	00	00		0(
		00	00	00	00	0
		00	00	00		0
		00	00	00	00	01
		00	00	00	00	0
	Total	00	00	00	00	0
Montana Source Subtractions						
		00	00	00		0
		00	00	00	00	00
		00	00	00	00	00
		00	00	00		00
		00	00	00		00
		00	00	00		00
	Total	0.0	0.0	0.0	00	0.0



\*24TT1001\*



#### 2024 Montana Form PTE – Montana Source Income Schedule

Name					FEIN	
		A Mantana Sauraa Inaama	Mantana Cauraa Inaama	Mantana Sauraa Inaama	D Mantana Cauraa Inaama	E Total of
Sum of Montana source income		Montana Source Income from	Montana Source Income from	Montana Source Income from	Montana Source Income from PTE's	Total of Columns A through D
per item of income (loss) and deduction.		Montana Schedules K-1	Schedules DE	Nonapportionable Income	Apportionable Activities	
1 Ordinary business income (loss)	1	00	00	00	00	00
2 Net rental real estate income (loss)	2	00	00	00	00	00
3 Other net rental income (loss)	3	00	00	00	00	00
4a Guaranteed payments: services	4a	00	00	00	00	00
4b Guaranteed payments: capital	4b	00	00	00	00	00
5 Interest income	5	00	00	00	00	00
6 Ordinary dividends	6	00	00	00	00	00
7 Royalties	7	00	00	00	00	00
8 Net short-term capital gain (loss)	8	00	00	00	00	00
9 Net long-term capital gain (loss)	9	00	00	00	00	00
10 Net §1231 gain (loss)	10	00	00	00	00	00
11 Other income (loss).	11	00	00	00	00	00
12 §179 expense deduction apportionable						
and/or allocable to Montana	12	00	00	00	00	00
13 Other expense deductions apportionable						
and/or allocable to Montana	13	00	00	00	00	00
14 Total Montana Source Income	14	00	00	00	00	00



\*24TT1101\*



#### Montana Schedule K-1

(PTE)

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#### Owner's Share of Income (Loss), Deductions, Credits, etc.

For the calendar year 2024, or tax year beginning and ending Mark applicable boxes: Amended Schedule K-1 Final Schedule K-1 Part I. Pass-through Entity Information **FEIN** Mailing Address City State ZIP Code Part II. Owner Information Name **FEIN** Mailing Address or SSN City State ZIP Code Beneficial Owner FEIN or SSN Resident Owner Type Nonresident Profit and loss percentage Special Allocations (See instructions) % The owner is included in a PTET election Capital/Ownership % Resident owner PTET election (See instructions) The owner is included in a composite income tax return В Α Montana **Everywhere** Part III. Montana Adjustments (See worksheet on page 9) 1 Additions 1 00 00 2 Subtractions 2 00 00 Part IV. Distributive Share of Montana Source Income (Loss) 00 00 1 Ordinary business income (loss) 1 2 00 00 2 Net rental real estate income (loss) 3 00 00 3 Other net rental income (loss) 4a Guaranteed payments: services 4a 00 00 00 00 4b Guaranteed payments: capital 4b 5 00 00 5 Interest income 6 6 Ordinary dividends 00 00 7 00 00 7 Royalties 8 Net short-term capital gain (loss) 8 00 00 9 Net long-term capital gain (loss) 9 00 00 10 00 00 10 Net section 1231 gain (loss) 00 00 11 Other income (loss) (include detailed statement) 11 00 00 12 Section 179 expense deduction 12 13 00 00 13 Other expense deductions 14 Total distributive share (See instructions) 14 00 00 Part V. Supplemental Information The owner filed Form PT-AGR The owner is a Domestic 2nd tier PTE Year 00 1 PTET paid on behalf of owner. (See instructions) 2 Montana composite income tax paid on behalf of owner 2 00 3a Montana income tax withheld on behalf of owner. (See instructions) За 00 3b Montana income tax withheld by a lower tier pass-through entity 3b 00 This is your total Montana income tax withheld on your behalf. 00 3c Add lines 3a and 3b. 3c 00 4 Montana mineral royalty tax withheld 5 Other information. List type and amount 5 00 00 Part VI. Tax Credits Code **Credit Authorization Number** Amount of Credit 00 1 00 Part VII. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions) Code 00 00 00 2 Code 3 Code Code 00 Code 00 Code 00

