

2024 Montana Tax Updates



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We'll cover the updates for tax year 2024



Legislative Updates



Inflationary Updates



Form Updates

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2

Legislative Updates



3

Income Tax Simplification

Aligning with federal filing statuses

Filing threshold increases

New tax brackets and rates

Several deductions repealed

Montana taxable income calculation changes



4

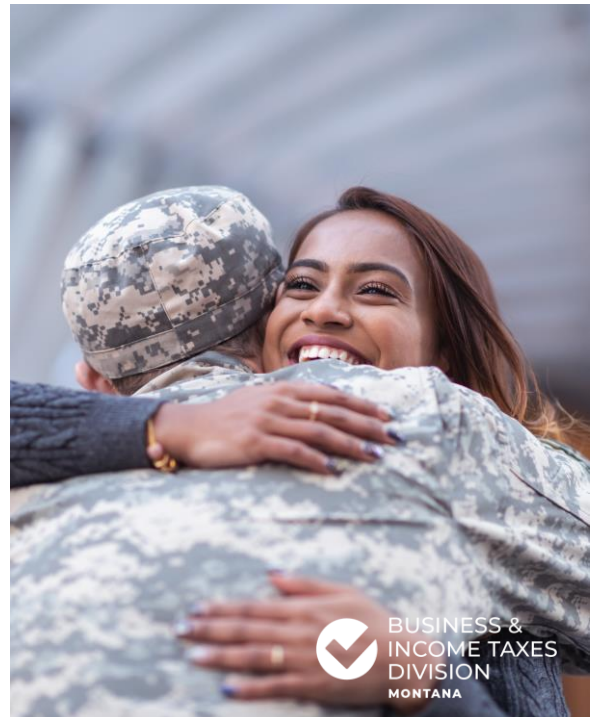
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Montana Earned Income Tax Credit increases from 3% of the federal credit to 10% of the federal credit.



5

There's a new subtraction for resident working military retirees and beneficiaries receiving military survivor benefits.



6

Beginning January 1, 2024, the Qualified Endowment Credit increases



Individuals

40% of a planned gift to a qualified endowment up to \$15,000



Businesses

20% of an outright gift to a qualified endowment, up to \$15,000

7

There's a new de minimis filing requirement for nonresidents that worked in Montana for 30 days or less.



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Inflationary Updates



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Form PTE	Original	3/17/2025
	Extended	9/15/2025
Form 2 and FID-3	Original	4/15/2025
	Extended	10/15/2025
2025 Estimated Payments (including PTET)	1st quarter	4/15/2025
	2nd quarter	6/16/2025
	3rd quarter	9/15/2025
	4th quarter	1/15/2026

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2024 Ordinary Tax Table

Single, Married Filing Separately, Estates, Trusts, and PTE Composite Tax Filers			Head of Household			Married Filing Jointly/Qualifying Surviving Spouse		
<i>If your taxable income without net long-term capital gains is</i>	<i>But less than</i>	<i>The following rate applies</i>	<i>If your taxable income without net long-term capital gains is</i>	<i>But less than</i>	<i>The following rate applies</i>	<i>If your taxable income without net long-term capital gains is</i>	<i>But less than</i>	<i>The following rate applies</i>
\$0	\$20,500	4.7%	\$0	\$30,750	4.7%	\$0	\$41,000	4.7%
More than \$20,500		5.9%	More than \$30,750		5.9%	More than \$41,000		5.9%

2024 Deductions

65 and over exemption	\$5,500
MSA contribution	\$4,500

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2024 Montana Long-Term Capital Gains Tax Table



Filing status	Net long-term capital gains	Tax Rate
Single and Married Filing Separately	First \$20,500 of capital gains minus Montana Ordinary Income	3.0%
	Net long-term capital gains that exceed \$20,500 minus Montana Ordinary Income	4.1%
	If Montana Ordinary Income exceeds \$20,500	4.1%
Married Filing Joint and Qualified Surviving Spouse	First \$41,000 of capital gains minus Montana Ordinary Income	3.0%
	Next net long-term capital gains that exceed \$41,000 minus Montana Ordinary Income	4.1%
	If MT Montana Ordinary Income exceeds \$41,000	4.1%
Head of Household	First \$30,750 of capital gains minus Montana Ordinary Income	3.0%
	Next net long-term capital gains that exceed \$30,750 minus Montana Ordinary Income	4.1%
	If Montana Ordinary Income exceeds \$30,750	4.1%

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2024 Filing Requirements

Single	Under 65	\$14,600
	65 or older	\$16,550
Head of Household	Under 65	\$20,800
	65 or older	\$22,750
Married Filing Jointly; *Qualifying Surviving Spouse	Both under 65*	\$29,200
	One spouse 65 or older*	\$30,750
	Both spouses 65 or older	\$32,300
Married Filing Separately	Any age	\$5



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2025 Interest Rates

Individual rate	8%
Interest rate for non-individual income taxpayers	11%



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2025 Ordinary Tax Table

Single, Married Filing Separately, Estates, Trusts, and PTE Composite Tax Filers			Head of Household			Married Filing Jointly/Qualifying Surviving Spouse		
<i>If your taxable income without net long-term capital gains is</i>	<i>But less than</i>	<i>The following rate applies</i>	<i>If your taxable income without net long-term capital gains is</i>	<i>But less than</i>	<i>The following rate applies</i>	<i>If your taxable income without net long-term capital gains is</i>	<i>But less than</i>	<i>The following rate applies</i>
\$0	\$21,100	4.7%	\$0	\$31,700	4.7%	\$0	\$42,200	4.7%
More than \$21,100		5.9%	More than \$31,700		5.9%	More than \$42,200		5.9%

2025 Deductions

65 and over exemption	\$5,660
MSA contribution	\$4,600

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2025 Montana Long-Term Capital Gains Tax Table

Filing status	Net long-term capital gains	Tax Rate
Single and Married Filing Separately	First \$21,100 of capital gains minus Montana Ordinary Income	3.0%
	Net long-term capital gains that exceed \$21,100 minus Montana Ordinary Income	4.1%
	If Montana Ordinary Income exceeds \$21,100	4.1%
Married Filing Joint and Qualified Surviving Spouse	First \$42,200 of capital gains minus Montana Ordinary Income	3.0%
	Next net long-term capital gains that exceed \$42,200 minus Montana Ordinary Income	4.1%
	If MT Montana Ordinary Income exceeds \$42,200	4.1%
Head of Household	First \$31,700 of capital gains minus Montana Ordinary Income	3.0%
	Next net long-term capital gains that exceed \$31,700 minus Montana Ordinary Income	4.1%
	If Montana Ordinary Income exceeds \$31,700	4.1%

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Form 2 Changes



17

Form 2 changed significantly because of simplification.



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2024 Montana Individual Income Tax Return FORM 2 5024

For the year Jan 1 - Dec 31, 2024, or the tax year beginning _____ and ending _____

Mark if this is an amended return

First Name _____ Initial Last Name _____ Social Security Number _____ Deceased?


Spouse's First Name _____ Initial Spouse's Last Name _____ Social Security Number _____ Deceased?

Current mailing address _____ City _____ State ZIP Code + 4 _____

Federal Filing Status: Single Married Filing Jointly Married Filing Separately Qualifying Surviving Spouse Head of Household

Residency Status: Resident Part-year Resident (See Instructions) Nonresident ND Reciprocity

Line	Description	Amount	00
1	Federal adjusted gross income from Form 1040, line 11	1	00
2	Federal standard deduction or adjusted federal itemized deductions (See instructions)	2	00
3	Subtract line 2 from line 1. This is your federal taxable income for Montana.	3	00
4	Montana additions to federal taxable income from Schedule I, Part I, line 9	4	00
5	Montana subtractions from federal taxable income from Schedule I, Part I, line 2e	5	00
6	\$5,500 subtraction for taxpayers 65 and older (\$11,000 if married filing jointly and both are 65 and older)	6	00
7	Add lines 3 and 4. Then subtract lines 5 and 6. This is your Montana taxable income.	7	00
Tax, Credits, and Payments			
8	Tax liability before tax credits (See instructions)	8	00
9	Nonrefundable tax credits from Schedule III, Part I, line 14	9	00
10	Subtract line 9 from line 8. This is your tax after nonrefundable tax credits.	10	00
11	Montana income tax withheld from:		
11a	Form(s) W-2	11a	00
11b	Form(s) 1099	11b	00
11c	Total pass-through entity tax credit from Montana Schedule(s) K-1	11c	00
11d	Total withholding from Montana Schedule(s) K-1	11d	00
11e	Look-out withholding from Form LOWCERT	11e	00
	Add lines 11a through 11e		00
12	2024 estimated tax payments	12	00
13	Overpayment applied from 2023 return	13	00
14	Extension payment	14	00
15	Earned Income Credit, Federal EIC <input type="checkbox"/> Multiply Federal EIC by 10% (0.10)	15	00
16	Eligible Homeowner/Renter Credit from Schedule 2EC, Line 3d	16	00
17	Refundable tax credits from Schedule III, Part I, line 17	17	00
18	If filing an amended return: payments made with original return	18	00
19	Contributions, penalties, interest, and other taxes from Schedule IV, line 6	19	00
20	If filing an amended return: previous overpayment	20	00
21	Add lines 11 through 19. Then subtract line 15 and 20. This is your total payments.	21	00
Tax Due or Overpayment			
22	If line 21 is less than line 10, subtract line 21 from line 10. This is your tax due.	22	00
23	If line 21 is more than line 10, subtract line 10 from line 21. This is your tax overpaid.	23	00
24	Enter the amount from line 23 you would like applied to your 2025 estimated taxes	24	00
25	Enter the amount you want deposited into a 529 or 529A account	25	00
26	Add lines 24 and 25, then subtract from line 23. This is your refund.	26	00

Save for 2D Barcode 

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Montana resident tax is calculated on page 2.



Montana Individual Income Tax

Name _____ Social Security Number _____

Nonresidents, part-year residents, and Montana residents with nonresident or part-year resident spouses, enter line 11 on Schedule II, line 24; line 12 on Schedule II, line 19; and leave line 13 below blank.

1 Enter your total Montana taxable income from page 1, line 7. If zero or less, enter 0 (zero). If you do not have a net long-term capital gain, skip lines 2 through 10 and enter 0 (zero) on line 11.

2 Enter your net long-term capital gains from federal Schedule D, line 15 (See instructions) 2 00.00

3 Enter the lesser of line 1 or line 2 3 00.00

4 Subtract line 3 from line 1 4 00.00

5 Enter the amount for your federal filing status:

\$20,500 if single or married filing separately

\$41,000 if married filing jointly or qualifying surviving spouse

\$30,750 if head of household 5 00.00

6 Subtract line 4 from line 5. If zero or less, enter zero 6 00.00

7 Enter the lesser of line 3 or line 6 7 00.00

8 Multiply line 7 by 3% (0.03) 8 00.00

9 Subtract line 8 from line 3. If zero or less, enter zero 9 00.00

10 Multiply line 9 by 4.1% (0.041) 10 00.00

11 Add lines 8 and 10. This is your Montana net long-term capital gains tax. 11 00.00

12 If you do not have a net long-term capital gain, figure your tax on the amount on line 1 using the Montana Ordinary Income Tax Table. If you have a net long-term capital gain, figure your tax on the amount on line 4 using the Montana Ordinary Income Tax Table. This is your Montana ordinary income tax. 12 00.00

13 Residents add lines 11 and 12, and enter this amount on page 1, line 8. This is your Montana resident tax. 13 00.00

If you are filing a return in Montana for the first time, direct deposit is not available. Stop here and sign your return below. If the direct deposit option is available and you wish to use it, provide your bank account information, and sign your return below.

Direct Deposit Your Refund Complete 1, 2, and 3. (See instructions)

1 Routing Number _____

2 Account Number _____ Checking Savings

3 Mark this box if this refund is going to an account that is located outside of the United States or its territories.

529/529A Account Deposit Information (See instructions) **529/529A deposit amount** _____

4 Account Type: 529 Qualified Tuition Program 529A Achieving a Better Life Experience

RTIN# _____ ACCT# _____

5 Account Type: 529 Qualified Tuition Program 529A Achieving a Better Life Experience

RTIN# _____ ACCT# _____

REQUIRED - Signature, Paid Preparer, and Third-Party Designee

Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer

Signature _____ Date _____ Date of Birth _____

Phone _____

Spouse

Signature _____ Date _____ Date of Birth _____

Phone _____

Tax Preparer

Signature _____ Date Signed _____

Print Name _____ Phone _____ PTIN _____

Mark this box if you allow the DOR to discuss this tax return with your tax preparer.

Mark this box if you allow the DOR to discuss this tax return with someone other than your tax preparer.

Name _____ Phone _____

Save for 2D Barcode

Form 2 - Page 2 - 2024

Reporting of additions, subtractions, and the Montana Medical Savings Accounts were combined and are now on Schedule I.



2024 Montana Form 2 Schedule I - Adjustments

Name _____ Social Security Number _____

Part I: Montana Adjustments to Federal Taxable Income

Additions

1 Interest and mutual fund dividends from state, county, or municipal bonds from other states 1 00.00

2 Other recoveries of amounts deducted in earlier years that reduced Montana taxable income. (Do not include recoveries of federal income tax.) 2 00.00

3 Taxable distribution from _____ a Montana medical savings account Part II, line 7, or _____ a first-time homebuyer's account (See instructions) 3 00.00

4 State income tax deduction included in federal taxable income (See instructions) 4 00.00

5 Expenses used to claim a Montana tax credit 5 00.00

6 Other additions. Code _____ Code _____ 6 00.00

7 Transition adjustment for Tax Year 2024 from Transition Schedule 7 00.00

8 Recovery of federal income tax deducted in 2023 (See instructions) 8 00.00

9 Add lines 1 through 8, and enter the total on page 1, line 4. This is your Montana additions. 9 00.00

Subtractions

10 State income tax refunds included on Form 1040, Schedule 1, line 1 10 00.00

11 Interest and mutual fund dividends from federal bonds, notes, and obligations 11 00.00

12 Recoveries of amounts deducted in earlier years included in federal taxable income that do not reduce Montana income tax 12 00.00

13 Exempt tribal income. Include Form ETM 13 00.00

14 Military salary of active duty servicemember 14 00.00

15 Subtraction of military retirement income for working military retirees and military survivor benefits. Include Form WMRE 15 00.00

16 Montana medical savings accounts deposits and earnings from Part II, line 4 16 00.00

17 First-time homebuyer account deposits and earnings from deposits made before January 1, 2024 17 00.00

18 Family education savings (529 plan) account deposits 18 00.00

19 Achieving a Better Life Experience Act (ABLE) account deposits 19 00.00

20 Business-related expenses for purchasing recycled material. Include Form RCYL 20 00.00

21 Business expenses not included in federal taxable income due to an existing federal credit taken 21 00.00

22 Certain expenses incurred by certain businesses 22 00.00

23 Business sales and other miscellaneous subtractions. Code _____ Code _____ 23 00.00

24 Tier I Railroad Retirement Benefits included on Form 1040, line 6b 24 00.00

25 Tier II Railroad Retirement Benefits included on Form 1040, line 5b 25 00.00

26 Transition adjustment for Tax Year 2024 from Transition Schedule 26 00.00

27 Add lines 10 through 26, and enter total on page 1, line 5. This is your Montana subtractions. 27 00.00

Part II: Montana Medical Savings Account (MSA) Adjustment

Subtraction

1 Beginning balance. If this is a new account, enter 0 1 00.00

2 Total contributions for the year (up to \$4,500 per taxpayer) 2 00.00

3 Earnings from the account: interest, dividends, capital gains, etc. 3 00.00

Mark this box if your account balance is less than your beginning balance (See instructions) 3 00.00

4 Add lines 2 and 3. Enter the total on Part I, line 16 4 00.00

Addition

5 Total withdrawals made during the year 5 00.00

6 Withdrawals for eligible expenses (See instructions) 6 00.00

7 Nonqualified withdrawals. Subtract line 6 from line 5. Enter the total on Part I, line 3 7 00.00

8 Nonqualified withdrawals not subject to the 10% (0.10) penalty (See instructions) 8 00.00

9 Nonqualified withdrawals subject to penalty. Subtract line 8 from line 7 9 00.00

Form 2 - Page 3 - 2024

2024 Montana Form 2 Schedule II – Tax on Montana Source Income

Part-Year Resident Information
 Date of Residency Change: _____ State moved to: _____ State moved from: _____
 Spouses with Different States of Residency (See instructions)
 Mark this box if one spouse is a Montana resident and the other spouse is a nonresident or part-year resident
 Montana Resident Spouse: _____ Social Security Number: _____
 Nonresident/Part-Year Resident Spouse: _____ Social Security Number: _____

Montana Source Ordinary Income
 Montana source ordinary income is all income that is not considered a net long-term capital gain.
 1 Wages, salaries, tips, etc. 1 00
 2 Interest 2 00
 3 Ordinary dividends 3 00
 4 Refunds, credits, or offsets of local income taxes 4 00
 5 Alimony received 5 00
 6 Business income or (loss). Attach Form DE. (See instructions)
 6a Montana source business income from Form DE 6a 00
 6b Additional Montana source business expenses related to Form DE. (See instructions) 6b 00
 Subtract line 6b from line 6a. **This is your net Montana source business income or (loss).** 6 00
 7 Short-term capital gain or (loss) 7 00
 8 Other gains or (losses) 8 00
 9 IRAs, pensions, and annuities 9 00
 10 Rental real estate, royalties, partnership, S corporations, trusts, etc. (See instructions)
 Mark this box if you have Montana source suspended losses (See instructions)
 10a Montana source income from rental real estate, royalties, partnership, S corporations, trusts, etc. 10a 00
 10b Additional Montana source business expenses related to rental real estate, royalties, partnership, S corporations, trusts, etc. (See instructions) 10b 00
 Subtract line 10b from line 10a. **This is your net Montana source income from rental real estate, royalties, partnership, S corporations, trusts, etc.** 10 00
 11 Farm income or (loss) 11a 00
 11a Montana source farm income or (loss) 11a 00
 11b Additional Montana source expenses related to farm income or (loss) (See instructions) 11b 00
 Subtract line 11b from line 11a. **This is your net Montana source farm income or (loss).** 11 00
 12 Social Security Benefits 12 00
 13 Other income and adjustments to income (See instructions) 13 00
 14 Montana source additions to income (See instructions) 14 00
 15 Montana source excess business loss 15 00
 16 Add lines 1 through 15. **This is your Montana source ordinary income.** 16 00

Everywhere Ordinary Income
 17 Enter Form 1040, line 9 17a 00
 17b Business-related expenses not included in total income on Form 1040, line 9 (See instructions) 17b 00
 17c Enter net long-term capital gain from federal Schedule D, line 15 17c 00
 Subtract lines 17b and 17c from line 17a. **This is your everywhere ordinary income for Montana.** 17 00

2024 Montana Form 2 Schedule II – Tax on Montana Source Income (Continued)

Name: _____ Social Security Number: _____

Montana Source Ordinary Income Tax
 18 Divide line 16 by line 17. **This is your Montana source ordinary income ratio.** 18 00
 Round to 6 decimal places and do not enter more than 1.000000
 19 Enter your Montana ordinary tax from page 2, line 12 19 00
 20 Multiply the tax on line 19 by the ratio on line 18. **This is your Montana source ordinary income tax.** 20 00

Montana Source Net Long-Term Capital Gains Tax
 21 Net long-term capital gains from Schedule D, line 15 21 00
 22 Montana source net long-term capital gains 22 00
 23 Divide line 22 by line 21. Round to 6 decimal places and do not enter more than 1.000000. **This is your Montana source net long-term capital gains ratio.** 23 00
 24 Enter your Montana net long-term capital gains tax from page 2, line 11 24 00
 25 Multiply the tax on line 24 by the ratio on line 23. **This is your Montana source net long-term capital gains tax.** 25 00

Total Tax on Montana Source Income
 26 Add lines 20 and 25. Enter here and on page 1, line 8. **This is your total tax on Montana source income.** 26 00

Nonresidents, part-year residents, and residents filing jointly with nonresidents and part-year residents figure tax on the Schedule II.



Schedule III is used to report nonrefundable and refundable tax credits.

2024 Montana Form 2 Schedule III – Tax Credits

Name: _____ Social Security Number: _____

Part I: Tax Credits

Nonrefundable Credits
 1 Total credit for an income tax liability paid to another state or country from Part II, line 21 1 00
 2 Qualified endorsement credit. Include Form QEC 2 00
 3 Recycle credit. Include Form RCYL 3 00
 4 Apprenticeship credit 4 00
 5 Trades education and training credit. Include Form TETC 5 00
 6 Innovative educational program credit
 Credit confirmation code 6 00
 7 Student scholarship organization credit
 Credit confirmation code 7 00
 8 Contractor's gross receipts tax credit. If multiple CGR accounts, mark here
 CGR Account ID: C G R 8 00
 9 Historic property preservation credit. Include federal Form 3468 9 00
 10 Infrastructure users fee credit. Include Form IJFC 10 00
 11 Media credit. Include Form MEDIA-CLAIM UCRN 11 00
 12 Jobs growth incentive credit. Include Form JGI
 Credit certificate number 12 00
 13 Carryforward amount from an expired or repeated tax credit (See instructions)
 Tax credit code 13 00
 14 Add lines 1 through 13 and enter the total on page 1, line 9. **These are your nonrefundable credits.** 14 00

Refundable Credits
 15 Adoption credit. Include Form ADPT 15 00
 16 Unlinking public lands credit 16 00
 17 Add line 15 and 16 and enter the total on page 1, line 17. **These are your refundable credits.** 17 00



Schedule III, Part II is used to figure the credit for income taxes paid to another state or country.



2024 Montana Form 2 Schedule III – Tax Credits (Continued)

Name _____ Social Security Number _____

Part II: Credit For Income Taxes Paid To Another State Or Country

Montana Ordinary Income Tax

1 Enter your income sourced and taxable to another state or country that is included in your Montana taxable income or in your Montana source income if a part-year resident, excluding any net long-term capital gains. (See instructions) 1 00

2 Enter all income sourced and taxable to the other state or country. Enter state's abbreviation 2 00

3 Income sourced and taxable to Montana excluding your net long-term capital gains (See instructions)

3a If a full-year resident, enter Form 1040, line 9 excluding your net long-term capital gains 3a 00

3b If a full-year resident, enter expenses related to sourced and taxable income. Full-year residents subtract line 3b from line 3a. Part-year residents, enter Schedule II, line 17. 3b 00

4 Enter your total tax liability paid to the other state or country 4 00

5 Enter your Montana ordinary income tax (See instructions) 5 00

6 Divide line 1 by line 2. Round to 6 decimal places and do not enter more than 1.000000 6 00

7 Multiply line 4 by line 6 7 00

8 Divide line 1 by line 3. Round to 6 decimal places and do not enter more than 1.000000 8 00

9 Multiply line 5 by line 8 9 00

10 Enter the lesser of the amounts on lines 4, 7, or 9 here. **This is your credit for income tax paid to another state or country for Montana ordinary income tax.** 10 00

Montana Net Long-Term Capital Gains Tax

11 Enter your net long-term capital gain sourced and taxable to another state or country that is included in your Montana taxable income or in your Montana source income if a part-year resident. (See instructions) 11 00

12 Enter all income sourced and taxable to the other state or country. Enter state's abbreviation 12 00

13 If a full-year resident, enter Federal Schedule D, line 15. Part-year residents, enter Schedule II, line 22. 13 00

14 Enter your income tax liability paid to the other state or country (See instructions) 14 00

15 Enter your Montana net long-term capital gains tax (See instructions) 15 00

16 Divide line 11 by line 12. Round to 6 decimal places and do not enter more than 1.000000 16 00

17 Multiply line 14 by line 16 17 00

18 Divide line 11 by line 13. Round to 6 decimal places and do not enter more than 1.000000 18 00

19 Multiply line 15 by line 18 19 00

20 Enter the lesser of the amounts on lines 14, 17, or 19 here. **This is your credit for income tax paid to another state or country for Montana net long-term capital gains tax.** 20 00

Total Credit for Income Taxes Paid to Another State or Country

21 Add lines 10 and 20. Enter the total here and on Part I, line 1. 21 00

2024 Montana Form 2 Schedule IV – Contributions, Penalties, Interest, and Other Taxes

2024-0 52024

Name _____ Social Security Number _____

1 Total voluntary check-off contribution programs from lines 1a through 1d

1a Nongame Wildlife Program \$5 \$10 \$20 00 other amount

1b Child Abuse Prevention \$5 \$10 \$20 00 other amount

1c Agriculture Literacy in Montana Schools \$5 \$10 \$20 00 other amount

1d Montana Military Family Relief Fund \$5 \$10 \$20 00 other amount

Total voluntary check-off contribution programs from lines 1a through 1d 1 00

2 Interest on underpayment of estimated taxes (See worksheet in instructions). If applicable, mark the appropriate box: 2/3 farming gross income. Estimated payments made using the annualization method 2 00

3 Late filing penalty 3 00

4 Late payment penalty 4 00

5 Interest 5 00

6 Other penalties (See instructions) First-Time Homebuyer Account Medical Care Savings Account Farm and Ranch Risk Management Account 6 00

7 Lump-sum and recapture taxes (See instructions) Code Code 7 00

8 Add lines 1 through 7, and enter on page 1, line 19. **These are your total contributions, penalties, interest, and other taxes.** 8 00

Schedule IV is to report checkoffs, penalties, interest, and other taxes.

Schedule V is to report information related to filing an amended return.



2024 Montana Form 2 Schedule V – Amended Return Information

2024-0 52024

Name _____ Social Security Number _____

Adjustment Type: Federal Audit Amended Federal Return Montana Adjustment Other

A	B	C
Form or Schedule	Line or Box	Reason

Schedule 2EC is to calculate the Elderly Homeowner/Renter Credit.



2024 Montana Form 2 Schedule 2EC – Elderly Homeowner/Renter Credit 2024-3 8224

First Name Initial Last Name Social Security Number Date of Death

Physical address City State ZIP Code + 4

Attestation

I reached age 62 by December 31, 2024

I resided in Montana for a minimum of nine months during 2024

I occupied a Montana residence as a renter, owner, or lessee for at least six months during 2024

The combined gross household income was less than \$45,000 for 2024 (See instructions)

I am the only member of my household claiming this credit.

Household Occupancy

How many people lived in your household during 2024?

Gross Household Income

1	Wages, salaries, tips, etc.	1	00
2	Interest	2	00
3	Dividends	3	00
4	IRA distributions from Form 1099-R (Do not include rollovers)	4	00
5	Pensions and annuities from Form 1099-R and Tier II Railroad Retirement benefits (Do not include rollovers)	5	00
6	Social Security benefits and Tier I Railroad Retirement benefits (See instructions)	6	00
7	Capital gain, including any exclusion	7	00
8	Refundable credits received, including your elderly homeowner renter credit received in 2024	8	00
9	Alimony	9	00
10	Business income	10	00
11	Other gains	11	00
12	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	12	00
13	Farm income	13	00
14	Unemployment compensation	14	00
15	Other income not included above (See instructions)	15	00
16	Government assistance and support money	16	00
17	Income received by other members of your household	17	00
18	Add lines 1 through 17. This is your gross household income.	18	00

Net Household Income

19	Your standard exclusion is entered here for you	19	1,200	00
20	Subtract line 19 from line 18 and enter the result here, but not less than zero	20	00	00
21	Enter your multiplier rate from the Household Income Reduction Table	21	00	00
22	Multiply line 20 by line 21. This is your net household income.	22	00	00

Credit Calculation

23	Enter the property tax you were billed for your Montana residence and up to one acre in 2024	23	00	00
24	Enter the rent that you paid in 2024 for your Montana residence	24	00	00
25	Multiply line 24 by 15% (0.15)	25	00	00
26	Add lines 23 and 25	26	00	00
27	Subtract line 22 from line 26 and enter the result here, but not less than zero	27	00	00
28	Enter the lesser of line 27 or \$1,150	28	00	00
29	Enter the percentage from the Credit Multiplier Table that corresponds to your gross household income on line 18 (See instructions)	29	00	00
30	Multiply line 28 by the percentage on line 29 and enter the total here. This is your elderly homeowner/renter credit.	30	00	00

25

25

Transition Schedule is for 2024 only and reports the transition items.



2024 Montana Form 2 Transition Schedule 2024-4 8224

Name Social Security Number

To make an election to report a Transition Adjustment, complete this schedule and include it with your income tax return. See the instructions for more information.

Part I: Passive Loss, Capital Loss, and Basis Adjustment

1	Federal passive activity loss carryover as of January 1, 2024	1	00	00
2	Primary taxpayer's Montana passive activity loss carryover as of January 1, 2024	2	00	00
3	Spouse's Montana passive activity loss as of January 1, 2024	3	00	00
4	Add lines 2 and 3. Total Montana passive activity loss carryover	4	00	00
5	Subtract line 4 from line 1.	5	00	00
This is your Montana passive activity loss carryover transition adjustment.				
6	Federal capital loss carryover as of January 1, 2024	6	00	00
7	Primary taxpayer's Montana capital loss carryover as of January 1, 2024	7	00	00
8	Spouse's Montana capital loss carryover as of January 1, 2024	8	00	00
9	Add lines 7 and 8. Total Montana capital loss carryover	9	00	00
10	Subtract line 9 from line 6. This is your Montana capital loss carryover transition adjustment.	10	00	00
11	Federal adjusted basis for asset with a differing Montana adjusted basis	11	00	00
12	Montana adjusted basis of asset	12	00	00
13	Subtract line 12 from line 11. This is your Montana adjusted basis adjustment.	13	00	00
14	Add lines 5, 10, and 13. If the result is a positive number, enter it on Schedule I, Part I, line 7. If the result is a negative number, enter it as a positive number on Schedule I, Part I, line 26. This is your transition adjustment for Tax Year 2024.	14	00	00

Part II: Recovery of Federal Income Tax Deducted in 2023

1	Enter your total federal taxes paid in 2023 as reported on your 2023 Form 2, Itemized Deductions Schedule, lines 4a through 4d	1	00	00
2	Enter the federal income tax refund you received in 2024	2	00	00
3	Enter any refundable credits claimed on your 2023 federal Form 1040	3	00	00
4	Subtract line 3 from line 2.	4	00	00
This is the portion of your federal refund that is a result of taxes you paid.				
5	Enter the amount reported on your 2023 Form 2, Itemized Deductions Schedule, line 4	5	00	00
6	Enter the federal income taxes included on line 16 of your 2023 federal Form 1040	6	00	00
7	Subtract line 4 from line 1 and enter the result here, but not less than zero	7	00	00
8	Subtract line 7 from line 5	8	00	00
9	Subtract line 6 from line 5	9	00	00
10	Enter the lesser of line 9 or line 8.	10	00	00
This is the amount of taxes you deducted that were refunded to you.				
11	Enter the amount reported your 2023 Form 2, Itemized Deductions Schedule, line 19	11	00	00
12	Enter your Montana Adjusted Gross Income from 2023 Form 2, page 1, line 14	12	00	00
13	Calculate the 2023 standard deduction: • If your filing status was single or married filing separately, enter 20% (0.20) of line 12, but not less than \$2,460 or more than \$5,540. • If your filing status was married filing jointly or head of household, enter 20% (0.20) of line 12, but not less than \$4,920 or more than \$11,080	13	00	00
14	Subtract line 13 from line 11	14	00	00
15	If your 2023 taxable income was less than zero, enter your 2023 taxable income as a negative number. Otherwise enter 0.	15	00	00
16	Add line 15 to the lesser of line 10 or line 14. If the result is less than zero, enter 0. Enter here and on Schedule I, Part I, line 8	16	00	00

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26

Form FID-3 Changes



27

Form FID-3 was changed to improve reporting income distributions and sourcing.



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2024 Montana Income Tax Return for Estates and Trusts Form FID-3
 Include a complete copy of the federal Form 1041 and all related forms and schedules.
 For the year Jan 1 – Dec 31, 2024, or the tax year beginning _____ and ending _____

Mark all that apply:

Initial return	Name of Estate or Trust	FEIN
Final return	Name and Title of Fiduciary	Date Entity Created
Amended return		Enter number of Schedules K-1 included
Refund return	Current mailing address	Resident beneficiaries
Estate or filing trust made a Section 645 election	City	Nonresident beneficiaries
	State ZIP Code + 4	Other types of beneficiaries

Entity Type, Mark all that apply:

Decedent's Estate	ESST	Pooled income fund	Resident	Resident part-year
Simple trust	Grantor type trust	Qualified disability trust	Nonresident	State moved from
Complex trust	Bankruptcy estate (Ch. 7)	Qualified funeral trust		State moved from
QSST	Bankruptcy estate (Ch. 11)	Other		Date of change

Taxable Income

1	Federal adjusted total income (or loss) from Form 1041, line 17	1	00
2	Montana adjustments to federal total income from Schedule I, Column A, Line 3	2	00
3a	Federal tentative Income Distribution Deduction based on Distributable Net Income from Form 1041, Schedule B, Line 14	3a	00
3b	Montana adjustments to Distributable Net Income from Schedule I, Column B, Line 3	3b	00
3c	Net tax-exempt income included on line 3b	3c	00
3	Add lines 3a and 3b. Then subtract line 3c. This is your Montana Income Distribution Deduction based on Distributable Net Income.	3	00
4a	Federal tentative Income Distribution Deduction based on distribution requirements from Form 1041, Schedule B, Line 13	4a	00
4b	Montana adjustments to Income Distribution Deduction from Schedule I, Column C, Line 3	4b	00
4c	Net tax-exempt income included on line 4b	4c	00
4	Add lines 4a and 4b. Then subtract line 4c. This is your Montana Income Distribution Deduction based on requirements.	4	00
5	Enter the lesser of line 3 or line 4. This is your Montana Income Distribution Deduction	5	00
6	Montana estate or generation skipping transfer tax deduction. Mark the box if this deduction is different for Montana tax purposes	6	00
7	Transition adjustment for Tax Year 2024 from Form 2, Transition Schedule (See Instructions)	7	00
8	Add lines 1 and 2. Then subtract lines 5, 6, and 7. This is your Fiduciary Montana Adjusted Total Income.	8	00
9	Federal exemption from Form 1041, line 21	9	00
10	Subtract line 9 from line 8. This is your Fiduciary Montana taxable income.	10	00

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Credits and payments are reported on page 2.



Name	FEIN	
Credits and Payments		
11a Total Montana income tax withheld. Include federal Forms W-2 and 1099.	11a	00
11b Montana income tax withheld allocated to beneficiaries	11b	00
11 Subtract line 11b from line 11a.		00
This is the Montana income tax withheld allocated to the trust or estate.		
12a Total Montana pass-through entity withholding from Montana Schedules K-1 (PTE), Part V, line 3c	12a	00
12b Montana pass-through entity withholding allocated to beneficiaries	12b	00
12 Subtract line 12b from line 12a.		00
This is the Montana pass-through entity withholding allocated to the estate or trust.		
13a Total Montana mineral royalty tax withheld from federal Forms 1099 or Montana Schedules K-1 (PTE), Part V, line 4	13a	00
13b Mineral royalty tax withheld allocated to beneficiaries	13b	00
13 Subtract line 13b from line 13a.		00
This is the mineral royalty tax withheld allocated to the estate or trust.		
14a Total Montana pass-through entity tax from Montana Schedules K-1 (PTE), Part V, line 1	14a	00
14b Pass-through entity tax allocated to beneficiaries	14b	00
14 Subtract line 14b from line 14a.		00
This is the pass-through entity tax allocated to the estate or trust.		
15 2024 estimated tax payments	15	00
16 Overpayment applied from 2023 return	16	00
17 Extension payments	17	00
18 If filing an amended return, payments made with original return	18	00
19 Unlocking public lands credit	19	00
20 If filing an amended return, enter overpayments already refunded or applied to 2025.	20	00
21 Add lines 11 through 19, then subtract line 20.		00
This is your total payments and refundable credits.		
22 Tax liability from page 3, line 19	22	00
23 If line 21 is less than line 22, subtract line 21 from line 22.		00
This is your tax due.		
24 If line 21 is more than line 22, subtract line 22 from line 21.		00
This is your tax overpaid.		
25 Interest on underpayment of estimated taxes (See instructions)	25	00
26 Late filing and late payment penalties and interest (See instructions)	26	00
27 Other penalties (See instructions)	27	00
28 Add lines 25 through 27.		00
This is your total penalties and interest.		
29 If line 23 is more than zero, add lines 23 and 28. Or, if line 24 is more than zero and less than line 28, subtract line 24 from line 28.		00
This is the tax the estate or trust owes.		
30 If line 24 is more than zero, and greater than line 28, subtract line 28 from line 24.		00
This is your overpayment.		
Why not e-pay? See your options at MTRevenue.gov .		
If writing a check, make it payable to MONTANA DEPARTMENT OF REVENUE		
31 Enter the amount from line 30 that the estate or trust wants applied to 2025 estimated taxes.	31	00
32 Subtract line 31 from line 30.		00
This is your refund.		

Montana resident tax is figured on page 3.



Name	FEIN	
Fiduciary Income Tax Calculation		
1 Total Montana taxable income from page 1, line 10	1	00
2 Enter your net long-term capital gains (See instructions)	2	00
3 Enter the lesser of line 1 or line 2	3	00
4 Subtract line 3 from line 1	4	00
5 Net long-term capital gain fiduciary bracket	5	20500
6 Subtract line 4 from line 5. If zero or less, enter zero	6	00
7 Enter the lesser of line 3 or line 6	7	00
8 Multiply line 7 by 3% (0.03)	8	00
9 Subtract line 6 from line 3. If zero or less, enter zero	9	00
10 Multiply line 9 by 4.1% (0.041)	10	00
11 Add lines 8 and 10.		00
This is your Montana net long-term capital gains tax.		
12 Figure your tax on the amount on line 4 using the Montana Ordinary Income Tax Table.		00
This is your Montana ordinary income tax.		
13 Residents add lines 11 and 12.		00
Nonresidents and part-year residents report the tax from Schedule II, Column B, line 19 here.		
This is your Montana income tax liability before nonrefundable credits.		
14 Credit for income taxes paid to another state or country (See instructions)	14	00
15 Other nonrefundable tax credits. Enter name and identifying number (See instructions)	15	00
16 Add lines 14 and 15, then subtract from 13.		00
This is your income tax after nonrefundable credits.		
17 Lump-sum and recapture taxes (See instructions) Code	17	00
18 ESBT Tax Liability from Schedule IV, line 25	18	00
19 Add lines 16, 17, and 18.		00
This is your total tax liability.		
Direct Deposit Your Refund Complete 1, 2, and 3. (See instructions)		
1 Routing Number		
2 Account Number	Checking	Savings
3 <input type="checkbox"/> Mark this box if this refund is going to an account that is located outside of the United States or its territories.		
REQUIRED – Signature, Paid Preparer, and Third-Party Designee		
Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.		
Fiduciary (or officer representing fiduciary)		
Signature	x	Date
		FEIN
		Phone
Tax Preparer		
Signature		Date
Print Name		Phone
<input type="checkbox"/> Mark this box if you allow the DOR to discuss this tax return with your tax preparer.		PTIN

Schedule I is to report Montana adjustments that affect the taxable income of the estate or trust as well reporting taxable income distributed to the beneficiaries.

Schedule II is for the calculation of the tax liability for nonresident trusts.



2024 Montana Form FID-3 Schedule I – Adjustments to Everywhere Income and Montana Source Income

Name	A	B	FEIN	C
	Net Adjustments to Federal Income	Adjustments to Distributable Net Income		Adjustments to Actual Distribution
Montana Adjustments to Everywhere Income				
1 Total additions	1	00	00	00
2 Total subtractions	2	00	00	00
3 Total of additions and subtractions to everywhere income	3	00	00	00
Adjustments to Montana Source Income				
4 Total additions to Montana source income	4	00	00	00
5 Total subtractions to Montana source income	5	00	00	00
6 Total of additions and subtractions to Montana source income	6	00	00	00

2024 Montana Form FID-3 Schedule II – Tax on Montana Source Income

Name	A	FEIN	B
	Montana Everywhere Income of the Fiduciary		Montana Source Income of the Fiduciary
1 Interest income	1	00	00
2 Ordinary dividends	2	00	00
3 Net short-term capital gains	3	00	00
4 Unrecaptured section 1250 gains	4	00	00
5 Other portfolio and nonbusiness income	5	00	00
6 Ordinary business income	6	00	00
7 Net rental real estate income	7	00	00
8 Other rental income	8	00	00
9 Montana source adjustments to income (See instructions)	9	00	00
10 Montana source excess business loss (Attach Form NOL-EBL)	10	00	00
11 Add lines 1 through 10. This is your Total Ordinary Income for Montana.	11	00	00
12 Divide Column B, line 11 by Column A, line 11. This is your Montana source ordinary income ratio.	12		00
13 Montana ordinary income tax from page 3, line 12 (See instructions). This is your Montana source ordinary income tax.	13		00
14 Multiply line 12 by line 13. This is your Montana source net long-term capital gains ratio.	14		00
15 Net long-term capital gains (See instructions)	15		00
16 Divide Column B, line 15 by Column A, line 15. This is your Montana source net long-term capital gains ratio.	16		00
17 Montana net long-term capital gains tax from page 3, line 11 (See instructions)	17		00
18 Multiply line 16 by line 17. This is your Montana source net long-term capital gains tax.	18		00
19 Add lines 14 and 18. Enter here and on page 3, line 13. This is your total tax on Montana source income.	19		00

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Schedule III is used to figure the credit for income taxes paid to another state or country.



2024 Montana Form FID-3 Schedule III – Credit for Income Taxes Paid to Another State or Country

Name	FEIN
Montana Ordinary Income Tax	
1 Enter your income sourced and taxable to another state or country that is included in your Montana taxable income or in your Montana source income if a part-year resident, excluding any net long-term capital gains. (See instructions)	1 00
2 Enter all income sourced and taxable to the other state or country. Enter State's abbreviation:	2 00
3 Income sourced and taxable to Montana excluding your net long-term capital gains (See instructions)	
3a If a full-year resident, enter Form 1041, line 9, excluding your net long-term capital gains	3a 00
3b If a full-year resident, enter expenses related to sourced and taxable income. Full-year residents subtract line 3b from line 3a.	3b 00
Part-year residents, enter Schedule II, Column A, line 11	3 00
4 Enter your total tax liability paid to the other state or country	4 00
5 Enter your Montana ordinary income tax (See instructions)	5 00
6 Divide line 1 by line 2. Round to 6 decimal places and do not enter more than 1.000000.	6 00
7 Multiply line 4 by line 6	7 00
8 Divide line 1 by line 3. Round to 6 decimal places and do not enter more than 1.000000.	8 00
9 Multiply line 5 by line 8	9 00
10 Enter the lesser of the amounts on lines 4, 7, or 9 here. This is your credit for income tax paid to another state or country for Montana ordinary income tax.	10 00
Montana Net Long-Term Capital Gains Tax	
11 Enter your net long-term capital gain sourced and taxable to another state or country that is included in your Montana taxable income or in your Montana source income if a part-year resident. (See instructions)	11 00
12 Enter all income sourced and taxable to the other state or country. Enter state's abbreviation:	12 00
13 If a full-year resident, enter page 3, line 2.	13 00
Part-year residents, enter Schedule II, Column A, line 15.	14 00
14 Enter your income tax liability paid to the other state or country (See instructions)	14 00
15 Enter your Montana net long-term capital gains tax (See instructions)	15 00
16 Divide line 11 by line 12. Round to 6 decimal places and do not enter more than 1.000000.	16 00
17 Multiply line 14 by line 16	17 00
18 Divide line 11 by line 13. Round to 6 decimal places and do not enter more than 1.000000.	18 00
19 Multiply line 15 by line 18	19 00
20 Enter the lesser of the amounts on lines 14, 17, or 19 here. This is your credit for income tax paid to another state or country for Montana net long-term capital gains tax.	20 00
Total Credit for Income Taxes Paid to Another State or Country	
21 Add lines 10 and 20. If there is only one Schedule III, enter the total here and on page 3, line 14 21	21 00
22 If there are multiple Schedules III here and on page 3, line 14	22 00

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Schedule IV is used to figure ESBT tax.

2024 Montana Form FID-3 Schedule IV – ESBT S Portion Income Tax Calculation

2024-1 4/2024

Name	FEIN	
1 Total federal adjusted ESBT income (See instructions and include federal computation)	1	00
2 Montana additions to ESBT income (Include statement)	2	00
3 Montana subtractions from ESBT income (Include statement)	3	00
4 Add lines 1 and 2. Then subtract line 3. This is the S portion taxable income.	4	00
5 Enter your net long-term capital gains from the federal Schedules K-1 received	5	00
6 Enter the lesser of line 4 or line 5	6	00
7 Subtract line 5 from line 4. This is the S portion amount of ordinary income.	7	00
8 Subtract line 7 from \$20,500. If zero or less enter zero	8	00
9 Enter the lesser of line 6 or line 8	9	00
10 Multiply line 9 by 3% (0.03)	10	00
11 Subtract line 8 from line 6. If zero or less, enter zero	11	00
12 Multiply line 11 by 4.1% (0.041)	12	00
13 Add lines 10 and 12. This is your Montana net long-term capital gains tax if the trust is a resident.	13	00
14 Montana source net long-term capital gains from Montana Schedule K-1 (PTE), Column B, line 9	14	00
15 Nonresidents and part-year residents divide line 14 by line 5	15	00
16 Multiply line 13 by line 15. This is your Montana net long-term capital gains tax if the trust is a nonresident or part-year resident.	16	00
17 Figure your tax on the amount on line 4 using the Montana Ordinary Income Tax Table. This is your Montana ordinary income tax if the trust is a resident.	17	00
18 Enter Montana Schedule K-1 (PTE), Column B, line 14	18	00
19 Subtract line 14 from line 18. If less than zero, enter zero.	19	00
20 Divide line 14 by line 19	20	00
21 Multiply line 20 by line 17. This is your Montana ordinary income tax if the trust is a nonresident or part-year resident.	21	00
22 Residents add lines 13 and 17. Nonresidents and part-year residents add lines 16 and 21	22	00
23 Nonrefundable tax credits (See instructions)	23	00
24 Endowment Credit recapture tax	24	00
25 Add lines 22 and 24. Then subtract line 23. Enter here and on page 3, line 18. This is the total ESBT liability.	25	00



Schedule K-1 was redesigned to improve the reporting of income, loss, deductions and credits to beneficiaries.

Montana Schedule K-1 (FID-3)

2024-1 4/2024

Beneficiary's Share of Income (Loss), Deductions, Credits, etc. For calendar year 2024 or tax year beginning and ending

Mark applicable boxes: Final Schedule K-1 Amended Schedule K-1

Part I. Estate or Trust Information
 Name of Estate or Trust: _____ FEIN: _____
 Mailing Address: _____
 City: _____ State: _____ ZIP Code: _____

Part II. Beneficiary Information
 Name: _____ FEIN or SSN: _____
 Mailing Address: _____
 City: _____ State: _____ ZIP Code: _____
 What type of entity is this beneficiary?
 If beneficiary is an individual, estate, or trust, the beneficiary is a: Full-year resident Part-year resident Nonresident

Part III. Montana Adjustments (See instructions)

	Everywhere	Montana
1 Additions	1	00
2 Subtractions	2	00

Part IV. Beneficiary's Share of Montana Source Income (Loss)

1 Interest income	1	00
2 Ordinary dividends	2	00
3 Net short-term capital gains	3	00
4 Unrecaptured section 1250 gain	4	00
5 Other portfolio and nonbusiness income	5	00
6 Ordinary business income	6	00
7 Net rental real estate income	7	00
8 Other rental income	8	00
9 Directly apportionable deductions	9	00
10 Net long-term capital gains	10	00

Part V. Supplemental Information

1 Montana income tax withheld on Forms W2 and 1099. (See instructions)	1	00
2 Montana pass-through entity withholding allocated to beneficiary	2	00
3 Mineral royalty tax withheld allocated to beneficiary	3	00
4 Pass-through entity tax credit	4	00
5 Other information. List type and amount.	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of credit
1		00
2		00

Part VII. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3 (See instructions)

1 Code	2 Code	3 Code	4 Code	5 Code	6 Code
00	00	00	00	00	00



Form PTE



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18 Mark the box that describes your business activity or enter your apportionment factor.

<input type="checkbox"/> 100% Montana activity	<input type="checkbox"/> 0% Montana activity	<input type="text" value=""/>	% Apportionment factor x line 17	18	<input type="text" value="0.00"/>
19a Total Montana source income received from pass-through entities (Montana source income from MT Schedules K-1 issued to this entity)					
				19a	<input type="text" value="0.00"/>
19b Total Montana source income from Schedules VII					
				19b	<input type="text" value="0.00"/>
19c Nonapportionable income allocated to Montana. (See instructions)					
				19c	<input type="text" value="0.00"/>
19 Add lines 19a through 19c.		This is the total nonapportionable income (loss) sourced to Montana.		19	<input type="text" value="0.00"/>
20 Add lines 18 and 19, enter result.		This is your total Montana source income.		20	<input type="text" value="0.00"/>



Name

FEIN

Prepayments

21 2024 payments Mark this box if you made estimated payments using the annualization method (See instructions) 21

Page 1, line 18 was modified to streamline business activity reporting. Page 2, line 21 includes a checkbox to indicate if the annualized method was used to make estimated payments.



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Schedule IV was updated to implement Senate Bill 399 and to remove guaranteed payments for services from the composite tax ratio.

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

2024-1
5/2024

Name: _____ FERN _____

Part I. Eligible Participating Owners
Enter the number of eligible participating owners. See instructions for more information about eligible participants.

Part II. Adjusted Federal Income		Part III. Composite Tax Ratio	
1	Federal income from all sources from page 1, line 14	1	Total Montana source income from page 1, line 20
2	Total guaranteed payments for services from page 1, line 4a	2	Multiply Part II, line 2 by the apportionment factor from Schedule I, line 6
3	Total Everywhere Additions from Montana Adjustments Worksheet, Column E, line 1	3	Subtract line 2 from line 1. Adjusted Montana source income
4	Total Everywhere Subtractions from Montana Adjustments Worksheet, Column E, line 2	4	Divide line 3 by Part II, line 5. (Do not enter more than 1.000000)
5	Add lines 1 and 3, then subtract lines 2 and 4.	5	Composite tax ratio
	Adjusted federal income		

Part IV. Composite Tax
Enter the required information and amounts for each eligible participant in Columns A-H.

A	B	C	D	E	F	G	H	
Name	Social Security Number or Federal Employer Identification Number	Total Distributive Share from Owner's Schedule K-1, Column A, Part IV, Line 14	(Partnerships only) Guaranteed Payments for Services from Owner's Schedule K-1, Column A, Part IV, Line 4a	Standard Deduction (\$14,600)	Subtract Columns D and E from Column C. Montana Taxable Income	Tax from Tax Table (See instructions)	Multiply Column G by composite tax ratio from Part III, Line 4. Montana Composite Income Tax	
1				00	00	00	00	
2				00	00	00	00	
3				00	00	00	00	
4				00	00	00	00	
5				00	00	00	00	
6				00	00	00	00	
7				00	00	00	00	
8				00	00	00	00	
9				00	00	00	00	
10				00	00	00	00	
11	If there are more than 10 composite tax participants, attach a statement with the same information and report the total composite tax from those statements here.							00
12	Add Column H, lines 1 through 11. This is your total composite tax liability. Transfer the amounts from Column H to each owner's Schedule K-1, Part V, line 2.							00



New Forms

**BUSINESS &
INCOME TAXES
DIVISION**
MONTANA

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Form WMRE is to report exemption for military retirement and survivor benefits.



2024 Montana Working Military Retirement and Survivor Benefit Exemption Form WMRE V2 8/2024
 15-30-2120(3)(n) [Clear Form](#)

First Name _____ Initial Last Name _____ Social Security Number _____

Mark the appropriate box. Military Retiree Beneficiary Receiving Military Survivor Benefits

First tax year the exemption was taken: 2 0 2 4

Part I. Residency Information
 Date you became a Montana resident. _____
 If you became a resident before June 30, 2023, enter the date you began receiving military retirement income or began receiving military survivor benefits. _____

- ▶ If you were a resident before June 30, 2023, and the date you began receiving military retirement income or survivor benefits was before the date you became a Montana resident, **stop here**. You do not qualify for this exemption.
- ▶ If you do qualify for this exemption, complete either Part II or Part III, as appropriate.

Part II. Working Military Retiree Exemption

1	Taxable military retirement income from Form 1099-R from Defense Finance and Accounting Service, line 2a	1	00
2	Montana source wages	2	00
3	Montana source business income. If zero or less, enter 0.	3	00
4	Montana source partnership and S corporation income. If zero or less, enter 0. (See instructions)	4	00
5	Montana source farming income. If zero or less, enter 0.	5	00
6	Add lines 2 through 5	6	00
7	Multiply line 1 by 50% (0.50)	7	00
8	Enter the lesser of line 6 or line 7 here and on Form 2, Schedule I, Part I, line 15. This is your Working Military Retirement Exemption.	8	00

Part III. Survivor Benefit Exemption

1	Taxable military survivor benefits from Form 1099-R from Defense Finance and Accounting Service, line 2a	1	00
2	Multiply line 1 by 50% (0.50). Enter here and on Form 2, Schedule I, Part I, line 15. This is your Military Survivor Benefit Exemption.	2	00

Form EST-PTI is used calculate interest on the underpayment of estimated taxes for PTET and composite tax.



Part IV. Annualized Income Installment Method Worksheet
 If you marked the box on Form PTE, line 21, you must include Part IV with your Form PTE.
 Complete each column beginning with Column A through line 22 before completing the next column.

Annualized Method – Interest on Underpayment of Estimated Tax	A B C D			
	1/1/24 to 3/31/24	1/1/24 to 5/31/24	1/1/24 to 8/31/24	1/1/24 to 12/31/24
1 Annualization amounts	4	2.4	1.5	1
2 Total federal income				
3 Multiply line 2 by line 1				
4 Total federal deductions				
5 Multiply line 4 by line 1				
6 Subtract line 5 from line 3				
7 Montana additions for each period				
8 Multiply line 7 by line 1				
9 Montana subtractions for each period				
10 Multiply line 9 by line 1				
11 Add lines 6 and 8, then subtract line 10				
12 Montana apportionment factor for each period (See instructions)				
13 Multiply line 12 by line 11				
14 Pass-through entity tax and/or composite tax for each period (See instructions)				
15 Applicable percentage	22.5%	45%	67.5%	90%
16 Multiply line 15 by line 14				
17 Enter total of the amount in all previous columns of line 22				
18 Subtract line 17 from line 16. If zero or less, enter 0.				
19 Divide Part I, line 6, by four and enter the result in each column				
20 Subtract line 22 of the previous column from line 21 of that column				
21 Add lines 19 and 20				
22 Enter the lesser of line 18 or line 21 here and on Part III, line 1. These are the PTE's required installment payments for the tax year.				

Form DE is for nonresident sole proprietors and SMLLCs owned by nonresidents. It replaces Form DER-1.



2024 Montana Profit or Loss from a Disregarded Entity Owned by a Nonresident Form DE V17/2024
 15-1-601, 15-30-2101, 15-30-2104 Clear Form

First Name Initial Last Name SSN
 Business Name FEIN NAICS
 Business Address
 City State ZIP Code + 4

Is the business a single member LLC? Yes No
 Mark this box if income is apportionable (See instructions)

Part I. Business Income

1 Form 1040, Schedule C, line 7	1	00
2 Add Form 1040, Schedule C, lines 28 and 30	2	00
3 Subtract line 2 from line 1	3	00
4 Montana additions to income	4	00
5 Montana subtractions to income	5	00
6 Add lines 3 and 4, then subtract line 5	6	00

▶ If this income is fully sourced to Montana, stop here, and report this amount on Form 2, Schedule II, line 6a.
 ▶ If your business or profession is conducted both inside and outside Montana, complete Part II.

Part II. Apportionment Factor for Multistate Businesses

	A Everywhere	B Montana
1a Enter Part I, line 1 in Column A	1a	00
1 Divide Column B, line 1a by the Column A, line 1a. Multiply the result by 200. This is your receipts factor.	1	%
2a Payroll, salaries, and wages paid by the business	2a	00
2 Divide Column B, line 2a by Column A, line 2a. Multiply the result by 100. This is your payroll factor.	2	%
3a Average value for all real and tangible personal property	3a	00
3 Divide Column B, line 3a by Column A, line 3a. Multiply the result by 100. This is your property factor.	3	%
4 Add the percentages from lines 1, 2, and 3	4	%
5 Divide the total percentages from line 4 by the number of factors that can be included in the calculation (See instructions). This is your apportionment factor.	5	%
6 Multiply your apportionment factor by the total income on Part I, line 6. Report here and on Schedule II, line 6a. This is your Montana source business income.	6	00

Part III. Alternative Method Tax

Mark this box if you are eligible to use the alternative method tax for nonresidents. (See instructions)

1 Gross volume of sales made in Montana. Do not enter more than \$100,000.	1	00
2 Multiply line 1 by 0.5% (0.005). Enter here and on Form 2, page 1, line 6. This is your Nonresident Alternative Method Tax.	2	00

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Thank you!

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