



**MeF ATS Testing Instructions  
and Scenario Criteria**

**Montana Pass-Through Entity Tax  
2024**

October 1, 2024

v1.0



## **Contents**

|  |                           |
|--|---------------------------|
| <a href="#"><u>Montana MeF ATS Testing Overview</u></a>    | <a href="#"><u>3</u></a>  |
| <a href="#"><u>MEF PTE Error Messages</u></a>              | <a href="#"><u>5</u></a>  |
| <a href="#"><u>Test Case 1: Form PTE (Partnership)</u></a> | <a href="#"><u>7</u></a>  |
| <a href="#"><u>Test Case 2: Form PTE (Partnership)</u></a> | <a href="#"><u>46</u></a> |
| <a href="#"><u>Test Case 3: Form PTE (S-Corp)</u></a>      | <a href="#"><u>64</u></a> |

## **Introduction**

The following includes 3 ATS test cases. The ATS test cases consist of a PDF copy of a Montana Pass-through Entity Tax return (Form PTE) including various schedules and Montana K-1s. The data submitted for the indicated lines will be determined by the developer. Certain fields will not be provided on the Cases – indicated by a highlight – and a calculated value must be provided. Please don't enter any values on blank lines that have not been highlighted. **If your software does not support both Partnership and S corporation filings, please prepare all three tests for whichever entity type you support (as outlined in your LOI).**

MT DOR testing environment will be available to developers to submit returns for testing: Reject codes, warning messages, communications, acknowledgements, or other development issues. MT DOR will not review any returns until we receive an email at [DORMeFTest@mt.gov](mailto:DORMeFTest@mt.gov) with all the required information submitted.

## **Testing Deadlines**

Initial submissions for PTE testing must be received by December 16, 2024, and the testing completed by January 15, 2025.

## **Warning Messages**

MT DOR has implemented warning messages to be used during the ATS process in conjunction with the reject codes. The warning messages are intended to assist in testing prior to sending your test submission email to MT DOR.

**Warning messages will not reject your submissions, however, they must be resolved before notifying MT DOR that test submissions are ready to review.**

## **Submitting ATS Test Cases**

**All the warning messages and reject codes must be cleared. After the accepted acknowledgment from MT DOR has been received for each test submission ID, send an email to [DORMeFTest@MT.gov](mailto:DORMeFTest@MT.gov) with the following information:**

- Montana Form name (PTE - Montana Pass-Through Entity Return)
- Name of the software company
- Name of software product
- State submission IDs and ATS Test number for the ID
- A pdf return must be provided for each submission ID.
- ETIN and test return number in the file name. (Example: 125345Test2.pdf)
- Provide all test case information at the same time. Partial submissions will not be reviewed.
- **Do not** send your test information to MT DOR until all the warning messages and reject codes are resolved and you receive an acknowledgment of their acceptance.

Once MT DOR receives the email with the required information, a tester will be assigned to complete the review. Testing is assigned on a first-come, first-serve basis. You will receive an email when your submission has been assigned a tester. Reviews will be completed, generally, within 5-7 business days from the date a tester was assigned.

When the review is complete, MT DOR will send the submitter a test summary document identifying any needed corrections. After all corrections are made by the developer, ATS test cases can be resubmitted for review.

## File Transfer Service

In some instances, the email with the test returns will not make it through to the DORMeFTest . If you're having trouble with emails, there's the option of sending your files securely through ePass Montana at [transfer.mt.gov](http://transfer.mt.gov). Contact DOR Testing Support at [DORMeFTest@mt.gov](mailto:DORMeFTest@mt.gov) for more information.

## Resubmitting failed ATS test cases

- You will only need to resubmit tests that were identified with failures on the Test Summary unless you are notified otherwise.
- Make all corrections identified on the Test Summary
- Do not resubmit until all your questions are answered. Partial submissions will not be reviewed.
- **Do not send your resubmission email until all the warning messages and reject codes have been resolved and after you have received an acceptance acknowledgment from MT DOR for each of the submission IDS.**
- The error tables at the end of the document will provide answers to the errors you may encounter on your initial submissions. The error messages are intended to assist you with the self-testing process. Should a return continue to have errors, we will provide more detailed feedback.

## Test cases

- This document includes three (3) test cases.
- **Each test scenario will include a completed copy of each test case return. Fields that are indicated by a highlighted box are left blank. We intend for you to provide the calculated result for these fields.**
- The highlighted fields have a single correct value.
- A synopsis is included at the beginning of each test case which provides the required forms, attachments, and schedules.
- The Test Case values are the minimum amount of information expected. You can test any additional scenarios or values in your systems, but Test Cases with values that are different than the required values or with values in fields that are not highlighted will not be reviewed.

## **PTE Error Messages**

The following table provides the answers we will provide to errors we may encounter on your initial submissions. The error messages are intended to assist you with the self-testing process. Once a submission has passed the initial Tests, or if a return continues to have errors, we will provide detailed feedback.

| <b>PTE Page #</b> | <b>PTE Line #</b> | <b>Description</b>  | <b>Warning Message</b>   |
|-------------------|-------------------|---|--|
| 1                 | Line 4            | Guaranteed payments (Partnerships only)   | If this value is incorrect, check that your Federal Schedule K values are correct and transferred to the PTE correctly. This line is to report Guaranteed Payments.  |
| 1                 | Line 14           | Subtract line 13 from line 12   | If this value is incorrect, check the federal Schedule K values are correct and transferred to the PTE correctly. This line shows the total federal income.  |
| 1                 | Line 15           | Montana additions to the PTE's apportionable activities   | Verify that this figure transferred correctly from the Montana Adjustments Worksheet, Part 1, Column A. This line is for reporting apportionable Montana additions.  |
| 1                 | Line 16a          | Montana subtractions from the PTE's apportionable activities  | Verify that this figure transferred correctly from the Montana Adjustments Worksheet, Part 2, Column A. This line is for reporting apportionable Montana subtractions.   |
| 1                 | Line 18           | Income (loss) Apportioned to Montana  | Verify the ratio reported on Schedule 1 – Apportionment factor. This line is equal to the apportionment factor % multiplied by line 17.  |
| 1                 | Line 19           | Add lines 19a through 19c   | Verify line 19a (total MT source income from MT Schedules K-1, Part 4, line 14, Column B received from other pass-through entities).<br>Verify line 19b (total MT source income from Schedule VII).<br>Verify line 19c (see instructions for 19c).<br>This is a sum line of 19a, 19b, and 19c. |
| 1                 | Line 20           | Add lines 18 and 19; enter result   | Verify that lines 18 and 19 are correct. This is a sum line of 18 and 19.  |
| 2                 | Line 21           | 2024 Payments   | This is a sum line of estimated and tentative payments. Review ATS packet for payments   |
| 2                 | Line 22           | 2023 overpayment applied to 2024  | Check line 22 (see instructions).  |
| 2                 | Line 23           | Add lines 21 and 22. Total prepayments  | This line is the sum of all pre-payments for 2024.   |
| 2                 | Line 24           | Total taxable income subject to Pass-through Entity Dax (PTET) from all owners' MT Schedules K-1, Part 4, Line 14 | Sum line for all owners' MT Schedules K-1, Part 4, Line 14. (See instructions)   |
| 2                 | Line 25           | Total Pass-through Entity Tax (PTET) from all owners' MT Schedules K-1, Part 5, Line 1                            | Sum line for Pass-through Entity Tax (PTET) from all owners' MT Schedule K-1, Part 5, Line 1. (See instructions)   |
| 2                 | Line 26           | Flow-through Payments Schedule, Column A, Line 12   | This line is from Column A, line 12 of the Flow-through payment Schedule. It is the total amount the PTE can claim as a credit from this column. (See instructions)  |
| 2                 | Line 27           | Subtract Line 23 and 26 from line 25. Pass-through Entity Tax due or (overpayment)                                | Subtract line 23 and 26 from line 25. This equals your Pass-through Entity Tax due or overpaid.  |
| 2                 | Line 28           | Total composite tax from Schedule IV, Column H  | Total line of all Owners MT Schedules K-1 Part 5, Line 2. (See instructions)   |

|   |         |  |   |
|---|---------|--|---|
| 2 | Line 29 | Flow-Through payment Schedule, Column B, Line 12   | This line is from Column B, Line 12 of the Flow-Through Payment schedule. It is the total amount the PTE can claim as credit from this column. (See instructions) |
| 2 | Line 30 | Add Line 27 and 28, then subtract Line 29. Composite tax and Pass-through Entity Tax due or (overpayment)                | Subtract lines 27 and 29 from line 29. This equals your Composite tax due or overpaid.  |
| 2 | Line 31 | Interest on Underpayment of Estimated Tax (UT Penalty) (See instructions)  | This line is for Interest on Underpayment of Estimated Tax (UT Penalty). It is associated with Supplemental form EST-PTI.   |
| 2 | Line 32 | Total Pass-through Withholding from all owners' MT Schedules K-1, Part 5, Line 3a  | Total sum of all owners' MT Schedules K-1, part 5, Line 3a. (See instructions)  |
| 2 | Line 34 | Flow-Through Payments Schedule, Column C, Line 12  | Amount is from Column C, Line 12 of the Flow-Through Payments schedule. It is the total amount the PTE can claim as a credit from this column.                    |
| 2 | Line 35 | Add Lines 32 and 33, then subtract Line 34 Pass-through Withholding and other partnership liability dur or (overpayment) | This line is the sum Lines 32 and 33 minus Line 34. This is equals your Pass-through Withholding and other partnership liability due or overpaid.                 |
| 2 | Line 37 | Add Lines 30, 31, 35, and 36. Total PTE Taxes with interest and/or penalty   | This line is the sum lines 30, 31, 35 and 36. If this line is incorrect check prior calculations.   |
| 2 | Line 43 | Add lines 40 through 42. Total tax, penalties, and interest  | This line is the sum of lines 40, 41, and 42. If this line is incorrect check prior calculations.   |
| 2 | Line 44 | If Line 43 is more than zero, enter the amount here. This is the amount you owe.   | This is the amount you owe. If line 43 is more than zero enter the value here.  |
| 2 | Line 45 | If line 43 is less than zero, enter the amount here. This is your overpayment.   | This is your overpayment if Line 43 is less than zero enter the value here.   |
| 2 | Line 47 | Subtract Line 46 from Line 45. This is your refund.  | Subtract Line 46 from Line 45. This is your refund amount.  |

**Case 1: Form PTE (Partnership)**

Test Partnership 1 is filing an initial 2024 calendar-year return on March 15, 2025. The Company operates only in Montana with 100% of its property, payroll and gross receipts within Montana (see business rules for 100% Montana checkbox). The company’s total Montana source income is \$150,166,540 and consists of both apportionable and non-apportionable income. The company has both composite tax and pass-through withholding owing, and the company has not made payments. The company is receiving a pass-through Entity Tax (PTET) Credit of \$15,000.

The return will be subject to Underpayment of Estimated Tax Penalty (UT Penalty). Both the Underpayment of Estimated Tax – Short Method and Regular Method will be provided on Form EST-PTI (found at the end of Test Case 1). The calculation used for the purposes of Case 1 is the Regular Method and is entered on Page 2, Line 31. See form instructions for a detailed breakdown of the calculation.

**\*\*Any field in the following case that is highlighted in Orange requires a calculated value\*\***

**Forms/Information Provided by DOR:**

- Schedule K Information

**Forms Required to be Provided by Vendors:**

Montana:

- Apportionable Income Worksheet
- Form PTE
- Flow-through Payment Schedule
- Schedule IV
- Schedule VI
- Montana Adjustments Worksheet
- Schedule MTSI
- Montana Schedules K-1
- Form EST-PTI

Federal:

- Form 1065
- Schedule K

**Required Attachments:**

- Example PDF attachment (PDF stating “Attachment Example”)

**Taxpayer Information:** Test Partnership 1 LLC  
1793 Legendborn Way  
Helena, MT 59602

|                           |            |                              |            |
|---------------------------|------------|------------------------------|------------|
| FEIN:                     | 20-1111111 | Date Formed:                 | 09/15/2020 |
| State Formed in:          | Montana    | Federal Business Code/NAICS: | 813410     |
| MT Secretary of State ID: | L5446082   | Date registered in MT:       | 09/15/2020 |
| Schedules DE Included:    | 0          | Schedules K-1 Received:      | 1          |

Owners: 26 total owners consisting of 3 Resident Owners, 3 Nonresident Owners, and 20 Other Types of Owners of various types. All Forms and attachments are required to be included in the PDF submission.



# 2024 Montana Pass-Through Entity Tax Return

Include a complete copy of all related federal forms and schedules.

Partnership  S corporation

Form PTE

2024v1

5/2024

For calendar year 2024 or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

Mark all that apply: Name  Initial return  Final return  Amended return  Refund return  PTP  PTET  Resident PTET

Test Partnership 1 LLC  
Mailing Address 1793 Legendborn Way  
City Helena MT 59602

FEIN 201111111  
Federal Business Code/NAICS 813410  
MT Secretary of State ID # L5446082  
Date of Registration in Montana 09152020  
State formed in NC on 09152020

Enter Number of: Schedules K-1 Included 26 Nonresident Owners 3 Schedules DE Included  
Resident Owners 3 Other Types of Owners 20 Schedules K-1 Received 1

### Owners' Distributive Share of Income Items (federal Schedule K)

|    |   |  |           |           |    |
|----|---|--|-----------|-----------|----|
| 1  | Ordinary business income (loss)                                       | 1  | 150000000 | 00        |    |
| 2  | Net rental real estate income (loss) (include federal Form 8825)      | 2  |           | 00        |    |
|    | 3a Other gross rental income (loss)                                   | 3a   | 00        |           |    |
|    | 3b Expenses from other rental activities (include detailed statement) | 3b   | 00        |           |    |
| 3  | Subtract line 3b from line 3a.  | <b>This is your other net rental income or loss.</b> | 3         | 00        |    |
|    | 4a Guaranteed payments: Services                                      | 4a   | 00        |           |    |
|    | 4b Guaranteed payments: Capital                                       | 4b   | 155540    | 00        |    |
| 4  | Add lines 4a and 4b   | <b>This is your total guaranteed payments.</b>       | 4         | 155540    | 00 |
| 5  | Interest income   | 5  | 35000     | 00        |    |
| 6  | Ordinary dividends  | 6  | 50000     | 00        |    |
| 7  | Royalties   | 7  |           | 00        |    |
| 8  | Net short-term capital gain (loss) (include federal Schedule D)       | 8  |           | 00        |    |
| 9  | Net long-term capital gain (loss) (include federal Schedule D)        | 9  |           | 00        |    |
| 10 | Net section 1231 gain (loss) (include federal Form 4797)              | 10   |           | 00        |    |
| 11 | Other income (loss) (include detailed statement)                      | 11   | 16500     | 00        |    |
| 12 | Add lines 1 through 11 and enter result.                              | <b>This is your total federal income or loss.</b>    | 12        | 150257040 | 00 |

### Owners' Distributive Share of Deduction Items – Montana Source Income (include federal Schedule K)

|     |  |   |           |           |    |
|-----|--|---|-----------|-----------|----|
| 13a | Section 179 deduction (include federal Form 4562)  | 13a   | 00        |           |    |
| 13b | Contributions  | 13b   | 25000     | 00        |    |
| 13c | Investment interest expense  | 13c   | 10000     | 00        |    |
| 13d | Section 59(e)(2) expenditures (include detailed statement)   | 13d   | 00        |           |    |
| 13e | Other deductions (include detailed statement)  | 13e   | 5500      | 00        |    |
| 13  | Add lines 13a through 13e and enter result.  | <b>This is your total federal deductions.</b>                               | 13        | 40500     | 00 |
| 14  | Subtract line 13 from line 12.   | <b>This is your federal income from all sources.</b>                        | 14        | 150216540 | 00 |
| 15  | Montana additions to the PTE's apportionable activities  | 15  |           | 375000    | 00 |
|     | 16a Montana subtractions from the PTE's apportionable activities   | 16a   | 425000    | 00        |    |
|     | 16b Total everywhere income (loss) from federal Schedules K-1  | 16b   | 222222    | 00        |    |
|     | 16c Total everywhere income (loss) from disregarded entities   | 16c   | 00        |           |    |
|     | 16d Other nonapportionable income (loss) from the PTE's own activities   | 16d   | 00        |           |    |
| 16  | Add lines 16a through 16d.   | <b>This is your deductions including nonapportionable income.</b>           | 16        | 647222    | 00 |
| 17  | Add lines 14 and 15, then subtract line 16.  | 17  | 149944318 | 00        |    |
| 18  | Mark the box that describes your business activity or enter your apportionment factor.   |   |           |           |    |
|     | <input checked="" type="checkbox"/> 100% Montana activity <input type="checkbox"/> 0% Montana activity 100.0000 % Apportionment factor x line 17 | 18  | 149944318 | 00        |    |
| 19a | Total Montana source income received from pass-through entities (Montana source income from MT Schedules K-1 issued to this entity)              | 19a   | 222222    | 00        |    |
| 19b | Total Montana source income from Schedules VII   | 19b   | 00        |           |    |
| 19c | Nonapportionable income allocated to Montana. (See instructions)   | 19c   | 00        |           |    |
| 19  | Add lines 19a through 19c.   | <b>This is the total nonapportionable income (loss) sourced to Montana.</b> | 19        | 222222    | 00 |
| 20  | Add lines 18 and 19; enter result.   | <b>This is your total Montana source income.</b>                            | 20        | 150166540 | 00 |



\*24TT0101\*



Name Test Partnership 1 LLC

FEIN 2 0 1 1 1 1 1 1 1

Prepayments

Table with 4 columns: Line number, Description, Amount, and Total. Includes rows for 2024 payments, 2023 overpayment, and Total prepayments.

Pass-through Entity Tax, Composite Tax, and Pass-Through Withholding

Table with 4 columns: Line number, Description, Amount, and Total. Includes rows for taxable income, composite tax, withholding, and Total PTE taxes.

Amended Return

Table with 4 columns: Line number, Description, Amount, and Total. Includes rows for amended returns only.

Penalty and Interest

Table with 4 columns: Line number, Description, Amount, and Total. Includes rows for late payment penalty and interest.

Amount Owed or Refund

Table with 4 columns: Line number, Description, Amount, and Total. Includes rows for amount owed, overpayment, and refund.

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

- 1 Routing Number
2 Account Number
3 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.

Officer

Signature x Date Signed 0 8 1 9 2 0 2 4
Printed Name Bree Matthews Phone 4 9 8 5 2 7 3 6 1 7

Tax Preparer

Signature Date Signed 0 8 1 9 2 0 2 4
Print Name Tracy Deonn Phone 5 9 8 7 6 4 5 2 9 8
X Mark this box if you allow the DOR to discuss this tax return with your tax preparer. PTIN P 0 6 2 0 0 2 1 8

Tax Preparation Firm

Firm Name Knights of the Round Table Firm's FEIN 1 2 1 1 1 1 1 1 1
Mailing Address 1 Order Way
City Scion State N C ZIP 2 7 5 1 4

Pass-Through Entity Tax Authorized Representative: Required if making a PTET Election (See instructions)

Name Selwyn Kane Title Kingsmage Telephone Number 9 4 8 6 2 5 7 1 3 8
Email A t r h u r s m e r l i n @ t h e o r d e r . c o m



\*24TT0201\*



# 2024 Montana Form PTE – Flow-Through Payments Schedule

2024v1  
5/2024

Name **Test Partnership 1 LLC**

FEIN **2 0 1 1 1 1 1 1 1**

**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.

|             |                   | A                                       | B                                    | C                                   |
|-------------|-------------------|---|--------------------------------------|-------------------------------------|
| Entity Name | FEIN              | Mineral Royalty<br>Withholding Received | Pass-Through<br>Withholding Received | Pass-Through Entity<br>Tax Received |
| 1 FT LLC    | 1 0 0 0 0 0 0 0 0 | 00                                      | 00                                   | 15000 00                            |
| 2           |                   | 00                                      | 00                                   | 00                                  |
| 3           |                   | 00                                      | 00                                   | 00                                  |
| 4           |                   | 00                                      | 00                                   | 00                                  |
|             | 5 Totals          | 00                                      | 00                                   | 15000 00                            |

**Part II. Flow-through payment allocations (See instructions)**

Schedules K-1 subject to:

|   |    | A                       | B             |  | C         |
|---|----|-------------------------|---------------|--|-----------|
|   |    | 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  | %                       | 37.0000 %     |  | 63.0000 % |
| 2 Multiply total in Part I, Column A by percentage on line 1 for each Column                            | 2  | 00                      | 00            |  | 00        |
| 3 Mineral royalty withholding passed to owners  | 3  |                         |               |  | 00        |
| 4 Enter Column A, line 2 and Column B, line 2.<br>Subtract Column C, line 3 from Column C, line 2.      |    |                         |               |  |           |
| <b>Balance of mineral royalty withholding the PTE can claim as a credit.</b>                            | 4  | 00                      | 00            |  | 00        |
| 5 Multiply total in Part I, Column B by percentage on line 1 for each Column                            | 5  | 00                      | 00            |  | 00        |
| 6 Pass-through withholding passed to owners   | 6  |                         |               |  | 00        |
| 7 Enter Column A, line 5 and Column B, line 5.<br>Subtract Column C, line 6 from Column C, line 5.      |    |                         |               |  |           |
| <b>Balance of pass-through withholding the PTE can claim as a credit.</b>                               | 7  | 00                      | 00            |  | 00        |
| 8 If Column A, line 1 is greater than 0%, enter the total from Part I, Column C                         | 8  | 00                      |               |  |           |
| 9 If Column A, line 1 is 0%, multiply the total in Part I, Column C by Columns B and C, line 1          | 9  |                         | 5550 00       |  | 9450 00   |
| <b>10 Total pass-through entity tax passed to owners</b>  | 10 |                         |               |  | 00        |
| 11 Enter Column B, line 9.<br>Subtract Column C, line 10 from line 9.                                   |    |                         |               |  |           |
| <b>Credit balance for PTE not electing to pay PTET.</b>   | 11 |                         | 5550 00       |  | 00        |
| 12 Add lines 4, 7, 8, and 11 in each Column.  |    |                         |               |  |           |
| <b>Total payments the PTE can claim as a credit.</b>  | 12 | 00                      | 5550 00       |  | 00        |



\*24TT0301\*



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

2024v1  
5/2024

Name **Test Partnership 1 LLC**

FEIN 2 0 1 1 1 1 1 1 1

Enter amounts in Columns A and B. Enter percentages in Column C.

|  |       | A<br>Everywhere | B<br>Montana                              | C<br>Factor         |
|--|-------|-----------------|---|---------------------|
| <b>1 Property Factor:</b> Use average value for real and tangible personal property  |       |                 |   |                     |
| 1a Land  | 1a    | 00              |   | 00                  |
| 1b Buildings   | 1b    | 00              |   | 00                  |
| 1c Machinery   | 1c    | 00              |   | 00                  |
| 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 <b>Total Property Value.</b> 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.   |       |                 | <b>This is your property factor.</b>      | <b>1</b> %          |
| <b>2 Payroll Factor:</b>   |       |                 |   |                     |
| 2a Compensation of officers  | 2a    | 00              |   | 00                  |
| 2b Salaries and wages  | 2b    | 00              |   | 00                  |
| <b>Payroll included in:</b>  |       |                 |   |                     |
| 2c Costs of goods sold   | 2c    | 00              |   | 00                  |
| 2d Other expenses and deductions   | 2d    | 00              |   | 00                  |
| 2e <b>Total Property Value.</b> Add lines 2a through 2d.   | 2e    | 00              |   | 00                  |
| Divide the total in Column B by the total in Column A. Multiply the result by 100.   |       |                 | <b>This is your payroll factor.</b>       | <b>2</b> %          |
| <b>3 Gross Receipts Factor:</b>  |       |                 |   |                     |
| 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              |   | 00                  |
| 3f Other gross receipts (rents, royalties, interest, etc.)   | 3f    | 00              |   | 00                  |
| 3g <b>Total Receipts Value.</b> Add lines 3a through 3f.   | 3g    | 00              |   | 00                  |
| Divide the total in Column B by the total in Column A. Multiply the result by 100.   |       |                 | <b>This is your receipts factor.</b>      | <b>3</b> %          |
| 4 Enter the amount reported on line 3  |       |                 |   | <b>4</b> %          |
| 5 Add the percentages from lines 1, 2, 3, and 4 in Column C.   |       |                 | <b>This is the sum of your factors.</b>   | <b>5</b> %          |
| 6 Divide the total percentage from line 5, Column C, 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 Column A (See instructions). |       |                 |   |                     |
|  |       |                 | <b>This is your apportionment factor.</b> | <b>6</b> 100.0000 % |



\*24TT0401\*



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

2024v1  
5/2024

Name Test Partnership 1 LLC

FEIN 2 0 1 1 1 1 1 1 1

Use the corresponding credit code in the instructions to report the credit you are claiming in Column A. If you were provided an authorization number to claim the credit, enter that number in Column B. Report the total amount of credit in Column C. Use Montana Schedule K-1 to notify each owner of their share of the credit. Attach a copy of the credit's form to your return (if applicable). See instructions for more information.

| A           | B                           | C                |
|-------------|-----------------------------|------------------|
| Credit Code | Credit Authorization Number | Amount of Credit |
| 1           |                             | 00               |
| 2           |                             | 00               |
| 3           |                             | 00               |
| 4           |                             | 00               |
| 5           |                             | 00               |



\*24TT0501\*



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

2024v1
5/2024

Name Test Partnership 1 LLC

FEIN 2 0 1 1 1 1 1 1 1 1

Part I. Eligible Participating Owners

Enter the number of eligible participating owners. See instructions for more information about eligible participants 9

Part II. Adjusted Federal Income

Table with 5 rows: 1 Federal income from all sources from page 1, line 14; 2 Total guaranteed payments for services from page 1, line 4a; 3 Total Everywhere Additions from Montana Adjustments Worksheet, Column E, line 1; 4 Total Everywhere Subtractions from Montana Adjustments Worksheet, Column E, line 2; 5 Add lines 1 and 3, then subtract lines 2 and 4. Adjusted federal income

Part III. Composite Tax Ratio

Table with 4 rows: 1 Total Montana source income from page 1, line 20; 2 Multiply Part II, line 2 by the apportionment factor from Schedule I, line 6; 3 Subtract line 2 from line 1. Adjusted Montana source income; 4 Divide line 3 by Part II, line 5. (Do not enter more than 1.000000). Composite tax ratio

Part IV. Composite Tax

Enter the required information and amounts for each eligible participants in Columns A-H.

Table with 8 columns (A-H) and 12 rows. Column A: Name; Column B: Social Security Number or Federal Employer Identification Number; Column C: Total Distributive Share from Owner's Schedule K-1, Column A, Part IV, Line 14; Column D: (Partnerships only) Guaranteed Payments for Services from Owner's Schedule K-1, Column A, Part IV, Line 4a; Column E: Standard Deduction (\$14,600); Column F: Subtract Columns D and E from Column C Montana Taxable Income; Column G: Tax from Tax Table (See instructions); Column H: Multiply Column G by composite tax ratio from Part III, Line 4 Montana Composite Income Tax



\*24TT0601\*









## 2024 Montana Form PTE – Montana Source Income Schedule

2024v1  
5/2024

Name Test Partnership 1 LLC

|  |           | A  | B   | C  | D  | E                               |
|--|-----------|--|---|--|--|---------------------------------|
|  |           | Montana Source Income<br>from<br>Montana Schedules K-1 | Montana Source Income<br>from<br>Schedules DE | Montana Source Income<br>from<br>Nonapportionable Income | Montana Source Income<br>from<br>PTE's<br>Apportionable Activities | Total of<br>Columns A through D |
| Sum of Montana source income   |           |  |   |  |  |                                 |
| per item of income (loss) and deduction.                                 |           |  |   |  |  |                                 |
| 1 Ordinary business income (loss)  | 1         | 222222 00  | 00  | 00   | 149777778 00   | 150000000 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   | 155540 00  | 155540 00                       |
| 5 Interest income  | 5         | 00   | 00  | 00   | 35000 00   | 35000 00                        |
| 6 Ordinary dividends   | 6         | 00   | 00  | 00   | 50000 00   | 50000 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   | 16500 00   | 16500 00                        |
| 12 §179 expense deduction apportionable<br>and/or allocable to Montana   | 12        | 00   | 00  | 00   | 00   | 00                              |
| 13 Other expense deductions apportionable<br>and/or allocable to Montana | 13        | 00   | 00  | 00   | 40500 00   | 40500 00                        |
| <b>14 Total Montana Source Income</b>                                    | <b>14</b> | <b>222222 00</b>                                       | <b>00</b>                                     | <b>00</b>  | <b>149994318 00</b>  | <b>150216540 00</b>             |



\*24TT1101\*





Montana Schedule K-1 (PTE)

2024v1 5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner One FEIN
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 0 1
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type I Resident X Nonresident

Special Allocations (See instructions) Profit and loss percentage 5.0000 %
The owner is included in a PTET election Capital/Ownership 5.0000 %
Resident owner PTET election (See instructions)
X The owner is included in a composite income tax return

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Additions (1, 18750.00) and Subtractions (2, 21250.00).

Part IV. Distributive Share of Montana Source Income (Loss)

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Ordinary business income (1, 7500000.00), Net rental real estate income (2, 00), and Total distributive share (14, 7508327.00).

Part V. Supplemental Information

Table with 3 columns: Description, A Everywhere, B Montana. Rows include PTET paid on behalf of owner (1, 00), Montana composite income tax paid on behalf of owner (2, 441884.00), and Montana mineral royalty tax withheld (4, 00).

Part VI. Tax Credits

Table with 3 columns: Code, Credit Authorization Number, Amount of Credit. Rows include codes 1 and 2 with amounts 00.

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

Table with 6 columns: Code, Amount, Code, Amount, Code, Amount. Rows include adjustments 1, 2, 3, 4, 5, 6 with various amounts.



\*24TT1201\*



# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Two FEIN  
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 0 2  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN  
or SSN

Owner Type I Resident  Nonresident

Special Allocations (See instructions) Profit and loss percentage 3.0000 %  
The owner is included in a PTET election Capital/Ownership 3.0000 %  
Resident owner PTET election (See instructions)  
The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A |            | B        |
|---|---|------------|----------|
|   |   | Everywhere | Montana  |
| 1 Additions   | 1 | 11250 00   | 11250 00 |
| 2 Subtractions  | 2 | 12750 00   | 12750 00 |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |    |            |            |
|---|----|------------|------------|
| 1 Ordinary business income (loss)                   | 1  | 4500000 00 | 4500000 00 |
| 2 Net rental real estate income (loss)              | 2  | 00         | 00         |
| 3 Other net rental income (loss)                    | 3  | 00         | 00         |
| 4a Guaranteed payments: services                    | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                     | 4b | 4666 00    | 4666 00    |
| 5 Interest income                                   | 5  | 1050 00    | 1050 00    |
| 6 Ordinary dividends                                | 6  | 1500 00    | 1500 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                 | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                     | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement) | 11 | 495 00     | 495 00     |
| 12 Section 179 expense deduction                    | 12 | 00         | 00         |
| 13 Other expense deductions                         | 13 | 1215 00    | 1215 00    |
| 14 Total distributive share (See instructions)      | 14 | 4504996 00 | 4504996 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

|  |    |           |
|--|----|-----------|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1  | 00        |
| 2 Montana composite income tax paid on behalf of owner                                 | 2  | 00        |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a | 265345 00 |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b | 00        |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c | 265345 00 |
| 4 Montana mineral royalty tax withheld   | 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 1 A A | 11250 00 | 2 Code 2 A A | 11250 00 | 3 Code 1 S L | 12750 00 |
| 4 Code 2 S L | 12750 00 | 5 Code       | 00       | 6 Code       | 00       |



\*24TT1201\*



# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Three FEIN  
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 0 3  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN  
or SSN

Owner Type  I Resident  Nonresident

Special Allocations (See instructions) Profit and loss percentage 3.0000 %  
The owner is included in a PTET election Capital/Ownership 3.0000 %  
Resident owner PTET election (See instructions)  
The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A |            | B        |
|---|---|------------|----------|
|   |   | Everywhere | Montana  |
| 1 Additions   | 1 | 11250 00   | 11250 00 |
| 2 Subtractions  | 2 | 12750 00   | 12750 00 |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |    |            |            |
|---|----|------------|------------|
| 1 Ordinary business income (loss)                   | 1  | 4500000 00 | 4500000 00 |
| 2 Net rental real estate income (loss)              | 2  | 00         | 00         |
| 3 Other net rental income (loss)                    | 3  | 00         | 00         |
| 4a Guaranteed payments: services                    | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                     | 4b | 4666 00    | 4666 00    |
| 5 Interest income                                   | 5  | 1050 00    | 1050 00    |
| 6 Ordinary dividends                                | 6  | 1500 00    | 1500 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                 | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                     | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement) | 11 | 495 00     | 495 00     |
| 12 Section 179 expense deduction                    | 12 | 00         | 00         |
| 13 Other expense deductions                         | 13 | 1215 00    | 1215 00    |
| 14 Total distributive share (See instructions)      | 14 | 4504996 00 | 4504996 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year 2 0 1 9 The owner is a Domestic 2nd tier PTE

|  |    |    |
|--|----|----|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1  | 00 |
| 2 Montana composite income tax paid on behalf of owner                                 | 2  | 00 |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a | 00 |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b | 00 |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c | 00 |
| 4 Montana mineral royalty tax withheld   | 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 1 A A | 11250 00 | 2 Code 2 A A | 11250 00 | 3 Code 1 S L | 12750 00 |
| 4 Code 2 S L | 12750 00 | 5 Code       | 00       | 6 Code       | 00       |



\*24TT1201\*



# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Four FEIN  
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 0 4  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN  
or SSN

Owner Type E Resident  Nonresident

Special Allocations (See instructions) Profit and loss percentage 4 . 0 0 0 0 %

The owner is included in a PTET election Capital/Ownership 4 . 0 0 0 0 %

Resident owner PTET election (See instructions)

The owner is included in a composite income tax return

### Part III. Montana Adjustments (See worksheet on page 9)

|                | A          | B        |
|----------------|------------|----------|
|                | Everywhere | Montana  |
| 1 Additions    | 1 15000 00 | 15000 00 |
| 2 Subtractions | 2 17000 00 | 17000 00 |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |    |            |            |
|---|----|------------|------------|
| 1 Ordinary business income (loss)                   | 1  | 6000000 00 | 6000000 00 |
| 2 Net rental real estate income (loss)              | 2  | 00         | 00         |
| 3 Other net rental income (loss)                    | 3  | 00         | 00         |
| 4a Guaranteed payments: services                    | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                     | 4b | 6222 00    | 6222 00    |
| 5 Interest income                                   | 5  | 1400 00    | 1400 00    |
| 6 Ordinary dividends                                | 6  | 2000 00    | 2000 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                 | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                     | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement) | 11 | 660 00     | 660 00     |
| 12 Section 179 expense deduction                    | 12 | 00         | 00         |
| 13 Other expense deductions                         | 13 | 1620 00    | 1620 00    |
| 14 Total distributive share (See instructions)      | 14 | 6006662 00 | 6006662 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

|  |    |           |
|--|----|-----------|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1  | 00        |
| 2 Montana composite income tax paid on behalf of owner                                 | 2  | 353286 00 |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a | 00        |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b | 00        |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c | 00        |
| 4 Montana mineral royalty tax withheld   | 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 1 A A | 15000 00 | 2 Code 2 A A | 15000 00 | 3 Code 1 S L | 17000 00 |
| 4 Code 2 S 1 | 17000 00 | 5 Code       | 00       | 6 Code       | 00       |



\*24TT1201\*





# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Five FEIN  
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 0 5  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN  
or SSN

Owner Type E Resident  Nonresident

Special Allocations (See instructions) Profit and loss percentage 4.0000 %  
The owner is included in a PTET election Capital/Ownership 4.0000 %  
Resident owner PTET election (See instructions)  
The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A |            | B        |
|---|---|------------|----------|
|   |   | Everywhere | Montana  |
| 1 Additions   | 1 | 15000 00   | 15000 00 |
| 2 Subtractions  | 2 | 17000 00   | 17000 00 |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |    |            |            |
|---|----|------------|------------|
| 1 Ordinary business income (loss)                   | 1  | 6000000 00 | 6000000 00 |
| 2 Net rental real estate income (loss)              | 2  | 00         | 00         |
| 3 Other net rental income (loss)                    | 3  | 00         | 00         |
| 4a Guaranteed payments: services                    | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                     | 4b | 6222 00    | 6222 00    |
| 5 Interest income                                   | 5  | 1400 00    | 1400 00    |
| 6 Ordinary dividends                                | 6  | 2000 00    | 2000 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                 | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                     | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement) | 11 | 660 00     | 660 00     |
| 12 Section 179 expense deduction                    | 12 | 00         | 00         |
| 13 Other expense deductions                         | 13 | 1620 00    | 1620 00    |
| 14 Total distributive share (See instructions)      | 14 | 6006662 00 | 6006662 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

|  |    |    |           |
|--|----|----|-----------|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1  |    | 00        |
| 2 Montana composite income tax paid on behalf of owner                                 | 2  |    | 00        |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a |    | 353793 00 |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b |    | 00        |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c |    | 353793 00 |
| 4 Montana mineral royalty tax withheld   | 4  |    | 00        |
| 5 Other information. List type and amount  | 5  | 00 | 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 1 A A | 15000 00 | 2 Code 2 A A | 15000 00 | 3 Code 1 S L | 17000 00 |
| 4 Code 2 S L | 17000 00 | 5 Code       | 00       | 6 Code       | 00       |



\*24TT1201\*



# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Six FEIN  
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 0 6  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN  
or SSN

Owner Type  E Resident  Nonresident

Special Allocations (See instructions) Profit and loss percentage 3.0000 %  
The owner is included in a PTET election Capital/Ownership 3.0000 %  
Resident owner PTET election (See instructions)  
The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A          |          | B        |
|---|------------|----------|----------|
|   | Everywhere | Montana  | Montana  |
| 1 Additions   | 1          | 11250 00 | 11250 00 |
| 2 Subtractions  | 2          | 12750 00 | 12750 00 |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |    |            |            |
|---|----|------------|------------|
| 1 Ordinary business income (loss)                   | 1  | 4500000 00 | 4500000 00 |
| 2 Net rental real estate income (loss)              | 2  | 00         | 00         |
| 3 Other net rental income (loss)                    | 3  | 00         | 00         |
| 4a Guaranteed payments: services                    | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                     | 4b | 4666 00    | 4666 00    |
| 5 Interest income                                   | 5  | 1050 00    | 1050 00    |
| 6 Ordinary dividends                                | 6  | 1500 00    | 1500 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                 | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                     | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement) | 11 | 495 00     | 495 00     |
| 12 Section 179 expense deduction                    | 12 | 00         | 00         |
| 13 Other expense deductions                         | 13 | 1215 00    | 1215 00    |
| 14 Total distributive share (See instructions)      | 14 | 4504996 00 | 4504996 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year 2 0 2 2 The owner is a Domestic 2nd tier PTE

|  |    |    |
|--|----|----|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1  | 00 |
| 2 Montana composite income tax paid on behalf of owner                                 | 2  | 00 |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a | 00 |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b | 00 |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c | 00 |
| 4 Montana mineral royalty tax withheld   | 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 1 A A | 11250 00 | 2 Code 2 A A | 11250 00 | 3 Code 1 S L | 12750 00 |
| 4 Code 2 S L | 12750 00 | 5 Code       | 00       | 6 Code       | 00       |



\*24TT1201\*



# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Seven FEIN  
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 0 7  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN  
or SSN

Owner Type T Resident  Nonresident

Special Allocations (See instructions) Profit and loss percentage 3.0000 %  
The owner is included in a PTET election Capital/Ownership 3.0000 %  
Resident owner PTET election (See instructions)

The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A |            | B        |
|---|---|------------|----------|
|   |   | Everywhere | Montana  |
| 1 Additions   | 1 | 11250 00   | 11250 00 |
| 2 Subtractions  | 2 | 12750 00   | 12750 00 |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |    |            |            |
|---|----|------------|------------|
| 1 Ordinary business income (loss)                   | 1  | 4500000 00 | 4500000 00 |
| 2 Net rental real estate income (loss)              | 2  | 00         | 00         |
| 3 Other net rental income (loss)                    | 3  | 00         | 00         |
| 4a Guaranteed payments: services                    | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                     | 4b | 4666 00    | 4666 00    |
| 5 Interest income                                   | 5  | 1050 00    | 1050 00    |
| 6 Ordinary dividends                                | 6  | 1500 00    | 1500 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                 | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                     | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement) | 11 | 495 00     | 495 00     |
| 12 Section 179 expense deduction                    | 12 | 00         | 00         |
| 13 Other expense deductions                         | 13 | 1215 00    | 1215 00    |
| 14 Total distributive share (See instructions)      | 14 | 4504996 00 | 4504996 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

|  |    |           |
|--|----|-----------|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1  | 00        |
| 2 Montana composite income tax paid on behalf of owner                                 | 2  | 264687 00 |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a | 00        |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b | 00        |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c | 00        |
| 4 Montana mineral royalty tax withheld   | 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 1 A A | 11250 00 | 2 Code 2 A A | 11250 00 | 3 Code 1 S L | 12750 00 |
| 4 Code 2 S L | 12750 00 | 5 Code       | 00       | 6 Code       | 00       |



\*24TT1201\*



# Montana Schedule K-1

Clear Form

2024v1  
5/2024

(PTE)

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Eight FEIN  
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 0 8  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN  
or SSN

Owner Type T Resident  Nonresident

Special Allocations (See instructions) Profit and loss percentage 5.0000 %  
The owner is included in a PTET election Capital/Ownership 5.0000 %  
Resident owner PTET election (See instructions)  
The owner is included in a composite income tax return

### Part III. Montana Adjustments (See worksheet on page 9)

|                | A          | B        |
|----------------|------------|----------|
|                | Everywhere | Montana  |
| 1 Additions    | 18750 00   | 18750 00 |
| 2 Subtractions | 21250 00   | 21250 00 |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |            |            |
|---|------------|------------|
| 1 Ordinary business income (loss)                   | 7500000 00 | 7500000 00 |
| 2 Net rental real estate income (loss)              | 00         | 00         |
| 3 Other net rental income (loss)                    | 00         | 00         |
| 4a Guaranteed payments: services                    | 00         | 00         |
| 4b Guaranteed payments: capital                     | 7777 00    | 7777 00    |
| 5 Interest income                                   | 1750 00    | 1750 00    |
| 6 Ordinary dividends                                | 2500 00    | 2500 00    |
| 7 Royalties   | 00         | 00         |
| 8 Net short-term capital gain (loss)                | 00         | 00         |
| 9 Net long-term capital gain (loss)                 | 00         | 00         |
| 10 Net section 1231 gain (loss)                     | 00         | 00         |
| 11 Other income (loss) (include detailed statement) | 825 00     | 825 00     |
| 12 Section 179 expense deduction                    | 00         | 00         |
| 13 Other expense deductions                         | 2025 00    | 2025 00    |
| 14 Total distributive share (See instructions)      | 7508327 00 | 7508327 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

|  |    |           |
|--|----|-----------|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1  | 00        |
| 2 Montana composite income tax paid on behalf of owner                                 | 2  | 00        |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a | 442241 00 |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b | 00        |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c | 442241 00 |
| 4 Montana mineral royalty tax withheld   | 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 1 A A | 18750 00 | 2 Code 2 A A | 18750 00 | 3 Code 1 S L | 21250 00 |
| 4 Code 2 S L | 21250 00 | 5 Code       | 00       | 6 Code       | 00       |



\*24TT1201\*





# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Nine FEIN  
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 0 9  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN  
or SSN

Owner Type T Resident  Nonresident

Special Allocations (See instructions) Profit and loss percentage 3.0000 %  
The owner is included in a PTET election Capital/Ownership 3.0000 %  
Resident owner PTET election (See instructions)  
The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A |            | B        |
|---|---|------------|----------|
|   |   | Everywhere | Montana  |
| 1 Additions   | 1 | 11250 00   | 11250 00 |
| 2 Subtractions  | 2 | 12750 00   | 12750 00 |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |    |            |            |
|---|----|------------|------------|
| 1 Ordinary business income (loss)                   | 1  | 4500000 00 | 4500000 00 |
| 2 Net rental real estate income (loss)              | 2  | 00         | 00         |
| 3 Other net rental income (loss)                    | 3  | 00         | 00         |
| 4a Guaranteed payments: services                    | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                     | 4b | 4666 00    | 4666 00    |
| 5 Interest income                                   | 5  | 1050 00    | 1050 00    |
| 6 Ordinary dividends                                | 6  | 1500 00    | 1500 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                 | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                     | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement) | 11 | 495 00     | 495 00     |
| 12 Section 179 expense deduction                    | 12 | 00         | 00         |
| 13 Other expense deductions                         | 13 | 1215 00    | 1215 00    |
| 14 Total distributive share (See instructions)      | 14 | 4504996 00 | 4504996 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year 2 0 2 0 The owner is a Domestic 2nd tier PTE

|   |    |    |
|---|----|----|
| 1 PTET paid on behalf of owner. (See instructions)                                    | 1  | 00 |
| 2 Montana composite income tax paid on behalf of owner                                | 2  | 00 |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                 | 3a | 00 |
| 3b Montana income tax withheld by a lower tier pass-through entity                    | 3b | 00 |
| 3c Addlines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c | 00 |
| 4 Montana mineral royalty tax withheld  | 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 1 A A | 11250 00 | 2 Code 2 A A | 11250 00 | 3 Code 1 S L | 12750 00 |
| 4 Code 2 S L | 12750 00 | 5 Code       | 00       | 6 Code       | 00       |



\*24TT1201\*



# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Ten FEIN 1 0 0 0 0 0 0 1 0  
Mailing Address 2 Lancelot Lane or SSN  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type F Resident Nonresident  
Special Allocations (See instructions) Profit and loss percentage 5.0000 %  
The owner is included in a PTET election Capital/Ownership 5.0000 %  
Resident owner PTET election (See instructions)  
 The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A |            | B        |
|---|---|------------|----------|
|   |   | Everywhere | Montana  |
| 1 Additions   | 1 | 18750 00   | 18750 00 |
| 2 Subtractions  | 2 | 21250 00   | 21250 00 |

| Part IV. Distributive Share of Montana Source Income (Loss) |    |            |            |
|---|----|------------|------------|
| 1 Ordinary business income (loss)                           | 1  | 7500000 00 | 7500000 00 |
| 2 Net rental real estate income (loss)                      | 2  | 00         | 00         |
| 3 Other net rental income (loss)                            | 3  | 00         | 00         |
| 4a Guaranteed payments: services                            | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                             | 4b | 7777 00    | 7777 00    |
| 5 Interest income   | 5  | 1750 00    | 1750 00    |
| 6 Ordinary dividends  | 6  | 2500 00    | 2500 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                        | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                         | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                             | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement)         | 11 | 825 00     | 825 00     |
| 12 Section 179 expense deduction                            | 12 | 00         | 00         |
| 13 Other expense deductions                                 | 13 | 2025 00    | 2025 00    |
| 14 Total distributive share (See instructions)              | 14 | 7508327 00 | 7508327 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE  
1 PTET paid on behalf of owner. (See instructions) 1 00  
2 Montana composite income tax paid on behalf of owner 2 441884 00  
3a Montana income tax withheld on behalf of owner. (See instructions) 3a 00  
3b Montana income tax withheld by a lower tier pass-through entity 3b 00  
3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. 3c 00  
4 Montana mineral royalty tax withheld 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 1 A A | 18750 00 | 2 Code 2 A A | 18750 00 | 3 Code 1 S L | 21250 00 |
| 4 Code 2 S 1 | 21250 00 | 5 Code       | 00       | 6 Code       | 00       |



\*24TT1201\*



# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Eleven FEIN 1 0 0 0 0 0 0 1 1  
Mailing Address 2 Lancelot Lane or SSN  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type C Resident Nonresident  
Special Allocations (See instructions) Profit and loss percentage 3.0000 %  
The owner is included in a PTET election Capital/Ownership 3.0000 %  
Resident owner PTET election (See instructions)  
The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A |            | B        |
|---|---|------------|----------|
|   |   | Everywhere | Montana  |
| 1 Additions   | 1 | 11250 00   | 11250 00 |
| 2 Subtractions  | 2 | 12750 00   | 12750 00 |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |    | A          | B          |
|---|----|------------|------------|
|   |    | Everywhere | Montana    |
| 1 Ordinary business income (loss)                   | 1  | 4500000 00 | 4500000 00 |
| 2 Net rental real estate income (loss)              | 2  | 00         | 00         |
| 3 Other net rental income (loss)                    | 3  | 00         | 00         |
| 4a Guaranteed payments: services                    | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                     | 4b | 4666 00    | 4666 00    |
| 5 Interest income                                   | 5  | 1050 00    | 1050 00    |
| 6 Ordinary dividends                                | 6  | 1500 00    | 1500 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                 | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                     | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement) | 11 | 495 00     | 495 00     |
| 12 Section 179 expense deduction                    | 12 | 00         | 00         |
| 13 Other expense deductions                         | 13 | 1215 00    | 1215 00    |
| 14 Total distributive share (See instructions)      | 14 | 4504996 00 | 4504990 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

|  |    |           |
|--|----|-----------|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1  | 00        |
| 2 Montana composite income tax paid on behalf of owner                                 | 2  | 00        |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a | 265795 00 |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b | 00        |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c | 265795 00 |
| 4 Montana mineral royalty tax withheld   | 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 1 A A | 11250 00 | 2 Code 2 A A | 11250 00 | 3 Code 1 S L | 12750 00 |
| 4 Code 2 S L | 12750 00 | 5 Code       | 00       | 6 Code       | 00       |



\*24TT1201\*



# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Twelve FEIN 1 0 0 0 0 0 0 1 2  
Mailing Address 2 Lancelot Lane or SSN  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type F Resident Nonresident  
Special Allocations (See instructions) Profit and loss percentage 2.0000 %  
The owner is included in a PTET election Capital/Ownership 2.0000 %  
Resident owner PTET election (See instructions)  
 The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A          |         | B       |
|---|------------|---------|---------|
|   | Everywhere |         | Montana |
| 1 Additions   | 1          | 7500 00 | 7500 00 |
| 2 Subtractions  | 2          | 8500 00 | 8500 00 |

| Part IV. Distributive Share of Montana Source Income (Loss) |    |            |            |
|---|----|------------|------------|
| 1 Ordinary business income (loss)                           | 1  | 3000000 00 | 3000000 00 |
| 2 Net rental real estate income (loss)                      | 2  | 00         | 00         |
| 3 Other net rental income (loss)                            | 3  | 00         | 00         |
| 4a Guaranteed payments: services                            | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                             | 4b | 3111 00    | 3111 00    |
| 5 Interest income   | 5  | 700 00     | 700 00     |
| 6 Ordinary dividends  | 6  | 1000 00    | 1000 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                        | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                         | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                             | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement)         | 11 | 330 00     | 330 00     |
| 12 Section 179 expense deduction                            | 12 | 00         | 00         |
| 13 Other expense deductions                                 | 13 | 810 00     | 810 00     |
| 14 Total distributive share (See instructions)              | 14 | 3003331 00 | 3003331 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

|  |    |           |
|--|----|-----------|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1  | 00        |
| 2 Montana composite income tax paid on behalf of owner                                 | 2  | 176089 00 |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a | 00        |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b | 00        |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c | 00        |
| 4 Montana mineral royalty tax withheld   | 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 1 A A | 7500 00 | 2 Code 2 A A | 7500 00 | 3 Code 1 S L | 8500 00 |
| 4 Code 2 S L | 8500 00 | 5 Code       | 00      | 6 Code       | 00      |



\*24TT1201\*





# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Thirteen FEIN 1 0 0 0 0 0 0 1 3  
Mailing Address 2 Lancelot Lane or SSN  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type F Resident Nonresident  
Special Allocations (See instructions) Profit and loss percentage 6.0000 %  
The owner is included in a PTET election Capital/Ownership 6.0000 %  
Resident owner PTET election (See instructions)  
The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A          |          | B        |
|---|------------|----------|----------|
|   | Everywhere |          | Montana  |
| 1 Additions   | 1          | 22500 00 | 22500 00 |
| 2 Subtractions  | 2          | 25500 00 | 25500 00 |

| Part IV. Distributive Share of Montana Source Income (Loss) |    |            |            |
|---|----|------------|------------|
| 1 Ordinary business income (loss)                           | 1  | 9000000 00 | 9000000 00 |
| 2 Net rental real estate income (loss)                      | 2  | 00         | 00         |
| 3 Other net rental income (loss)                            | 3  | 00         | 00         |
| 4a Guaranteed payments: services                            | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                             | 4b | 9332 00    | 9332 00    |
| 5 Interest income   | 5  | 2100 00    | 2100 00    |
| 6 Ordinary dividends  | 6  | 3000 00    | 3000 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                        | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                         | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                             | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement)         | 11 | 990 00     | 990 00     |
| 12 Section 179 expense deduction                            | 12 | 00         | 00         |
| 13 Other expense deductions                                 | 13 | 2430 00    | 2430 00    |
| 14 Total distributive share (See instructions)              | 14 | 9009992 00 | 9009992 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

|  |    |           |
|--|----|-----------|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1  | 00        |
| 2 Montana composite income tax paid on behalf of owner                                 | 2  | 00        |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a | 531590 00 |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b | 00        |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c | 531590 00 |
| 4 Montana mineral royalty tax withheld   | 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 1 A A | 22500 00 | 2 Code 2 A A | 22500 00 | 3 Code 1 S L | 25500 00 |
| 4 Code 2 S L | 25500 00 | 5 Code       | 00       | 6 Code       | 00       |



\*24TT1201\*



# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Fourteen FEIN 1 0 0 0 0 0 0 1 4  
Mailing Address 2 Lancelot Lane or SSN  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type F Resident Nonresident  
Special Allocations (See instructions) Profit and loss percentage 3.0000 %  
The owner is included in a PTET election Capital/Ownership 3.0000 %  
Resident owner PTET election (See instructions)  
The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A          |          | B        |
|---|------------|----------|----------|
|   | Everywhere |          | Montana  |
| 1 Additions   | 1          | 11250 00 | 11250 00 |
| 2 Subtractions  | 2          | 12750 00 | 12750 00 |

| Part IV. Distributive Share of Montana Source Income (Loss) |    |            |            |
|---|----|------------|------------|
| 1 Ordinary business income (loss)                           | 1  | 4500000 00 | 4500000 00 |
| 2 Net rental real estate income (loss)                      | 2  | 00         | 00         |
| 3 Other net rental income (loss)                            | 3  | 00         | 00         |
| 4a Guaranteed payments: services                            | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                             | 4b | 4666 00    | 4666 00    |
| 5 Interest income   | 5  | 1050 00    | 1050 00    |
| 6 Ordinary dividends  | 6  | 1500 00    | 1500 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                        | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                         | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                             | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement)         | 11 | 495 00     | 495 00     |
| 12 Section 179 expense deduction                            | 12 | 00         | 00         |
| 13 Other expense deductions                                 | 13 | 1215 00    | 1215 00    |
| 14 Total distributive share (See instructions)              | 14 | 4504996 00 | 4504996 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year 2 0 1 9 The owner is a Domestic 2nd tier PTE  
1 PTET paid on behalf of owner. (See instructions) 1 00  
2 Montana composite income tax paid on behalf of owner 2 00  
3a Montana income tax withheld on behalf of owner. (See instructions) 3a 00  
3b Montana income tax withheld by a lower tier pass-through entity 3b 00  
3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. 3c 00  
4 Montana mineral royalty tax withheld 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 1 A A | 11250 00 | 2 Code 2 A A | 11250 00 | 3 Code 1 S L | 12750 00 |
| 4 Code 2 S L | 12750 00 | 5 Code       | 00       | 6 Code       | 00       |



\*24TT1201\*



Montana Schedule K-1 (PTE)

Clear Form

2024v1 5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Fifteen FEIN 1 0 0 0 0 0 0 1 5
Mailing Address 2 Lancelot Lane or SSN
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type T E Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 4.0000 %
The owner is included in a PTET election Capital/Ownership 4.0000 %
Resident owner PTET election (See instructions)
[X] The owner is included in a composite income tax return

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Additions (15000.00) and Subtractions (17000.00).

Part IV. Distributive Share of Montana Source Income (Loss)

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Ordinary business income (6000000.00), Net rental real estate income (00), and Total distributive share (6006662.00).

Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE
1 PTET paid on behalf of owner. (See instructions) 1 00
2 Montana composite income tax paid on behalf of owner 2 353286 00
3a Montana income tax withheld on behalf of owner. (See instructions) 3a 00
3b Montana income tax withheld by a lower tier pass-through entity 3b 00
3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. 3c 00
4 Montana mineral royalty tax withheld 4 00
5 Other information. List type and amount 5 00

Part VI. Tax Credits

Table with 3 columns: Code, Credit Authorization Number, Amount of Credit. Rows 1 and 2.

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

Table with 4 columns: Code, Amount, Code, Amount. Rows 1 and 2.



\*24TT1201\*



# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Sixteen FEIN 1 0 0 0 0 0 0 1 6  
Mailing Address 2 Lancelot Lane or SSN  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type T E Resident Nonresident  
Special Allocations (See instructions) Profit and loss percentage 4.0000 %  
The owner is included in a PTET election Capital/Ownership 4.0000 %  
Resident owner PTET election (See instructions)  
The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A |            | B        |
|---|---|------------|----------|
|   |   | Everywhere | Montana  |
| 1 Additions   | 1 | 15000 00   | 15000 00 |
| 2 Subtractions  | 2 | 17000 00   | 17000 00 |

| Part IV. Distributive Share of Montana Source Income (Loss) |    |            |            |
|---|----|------------|------------|
| 1 Ordinary business income (loss)                           | 1  | 6000000 00 | 6000000 00 |
| 2 Net rental real estate income (loss)                      | 2  | 00         | 00         |
| 3 Other net rental income (loss)                            | 3  | 00         | 00         |
| 4a Guaranteed payments: services                            | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                             | 4b | 6222 00    | 6222 00    |
| 5 Interest income   | 5  | 1400 00    | 1400 00    |
| 6 Ordinary dividends  | 6  | 2000 00    | 2000 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                        | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                         | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                             | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement)         | 11 | 660 00     | 660 00     |
| 12 Section 179 expense deduction                            | 12 | 00         | 00         |
| 13 Other expense deductions                                 | 13 | 1620 00    | 1620 00    |
| 14 Total distributive share (See instructions)              | 14 | 6006662 00 | 6006662 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

|  |    |           |
|--|----|-----------|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1  | 00        |
| 2 Montana composite income tax paid on behalf of owner                                 | 2  | 00        |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a | 354393 00 |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b | 00        |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c | 354393 00 |
| 4 Montana mineral royalty tax withheld   | 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 1 A A | 15000 00 | 2 Code 2 A A | 15000 00 | 3 Code 1 S L | 17000 00 |
| 4 Code 2 S L | 17000 00 | 5 Code       | 00       | 6 Code       | 00       |



\*24TT1201\*





# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 201111111  
Mailing Address 1793 Legendborn Way  
City Helena State MT ZIP Code 59602

### Part II. Owner Information

Name Owner Seventeen FEIN 100000017  
Mailing Address 2 Lancelot Lane or SSN  
City Pendragon State PA ZIP Code 15237 Beneficial Owner FEIN or SSN

Owner Type T E Resident Nonresident  
Special Allocations (See instructions) Profit and loss percentage 3.0000 %  
The owner is included in a PTET election Capital/Ownership 3.0000 %  
Resident owner PTET election (See instructions)  
The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A          |          | B        |
|---|------------|----------|----------|
|   | Everywhere |          | Montana  |
| 1 Additions   | 1          | 11250 00 | 11250 00 |
| 2 Subtractions  | 2          | 12750 00 | 12750 00 |

| Part IV. Distributive Share of Montana Source Income (Loss) |    |            |            |
|---|----|------------|------------|
| 1 Ordinary business income (loss)                           | 1  | 4500000 00 | 4500000 00 |
| 2 Net rental real estate income (loss)                      | 2  | 00         | 00         |
| 3 Other net rental income (loss)                            | 3  | 00         | 00         |
| 4a Guaranteed payments: services                            | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                             | 4b | 4666 00    | 4666 00    |
| 5 Interest income   | 5  | 1050 00    | 1050 00    |
| 6 Ordinary dividends  | 6  | 1500 00    | 1500 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                        | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                         | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                             | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement)         | 11 | 495 00     | 495 00     |
| 12 Section 179 expense deduction                            | 12 | 00         | 00         |
| 13 Other expense deductions                                 | 13 | 1215 00    | 1215 00    |
| 14 Total distributive share (See instructions)              | 14 | 4504996 00 | 4504996 00 |

### Part V. Supplemental Information

X The owner filed Form PT-AGR Year 2021 The owner is a Domestic 2nd tier PTE  
1 PTET paid on behalf of owner. (See instructions) 1 00  
2 Montana composite income tax paid on behalf of owner 2 00  
3a Montana income tax withheld on behalf of owner. (See instructions) 3a 00  
3b Montana income tax withheld by a lower tier pass-through entity 3b 00  
3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. 3c 00  
4 Montana mineral royalty tax withheld 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 1 A A | 11250 00 | 2 Code 2 A A | 11250 00 | 3 Code 1 S L | 12750 00 |
| 4 Code 2 S L | 12750 00 | 5 Code       | 00       | 6 Code       | 00       |



\*24TT1201\*



# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Eightteen FEIN 1 0 0 0 0 0 0 1 8  
Mailing Address 2 Lancelot Lane or SSN  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type P Resident Nonresident  
Special Allocations (See instructions) Profit and loss percentage 6.0000 %  
The owner is included in a PTET election Capital/Ownership 6.0000 %  
Resident owner PTET election (See instructions)  
 The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A |            | B        |
|---|---|------------|----------|
|   |   | Everywhere | Montana  |
| 1 Additions   | 1 | 22500 00   | 22500 00 |
| 2 Subtractions  | 2 | 25500 00   | 25500 00 |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |    |            |            |
|---|----|------------|------------|
| 1 Ordinary business income (loss)                   | 1  | 9000000 00 | 9000000 00 |
| 2 Net rental real estate income (loss)              | 2  | 00         | 00         |
| 3 Other net rental income (loss)                    | 3  | 00         | 00         |
| 4a Guaranteed payments: services                    | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                     | 4b | 9332 00    | 9332 00    |
| 5 Interest income                                   | 5  | 2100 00    | 2100 00    |
| 6 Ordinary dividends                                | 6  | 3000 00    | 3000 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                 | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                     | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement) | 11 | 990 00     | 990 00     |
| 12 Section 179 expense deduction                    | 12 | 00         | 00         |
| 13 Other expense deductions                         | 13 | 2430 00    | 2430 00    |
| 14 Total distributive share (See instructions)      | 14 | 9009992 00 | 9009992 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

|  |    |           |
|--|----|-----------|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1  | 00        |
| 2 Montana composite income tax paid on behalf of owner                                 | 2  | 530482 00 |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a | 00        |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b | 00        |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c | 00        |
| 4 Montana mineral royalty tax withheld   | 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 1 A A | 22500 00 | 2 Code 2 A A | 22500 00 | 3 Code 1 S L | 25500 00 |
| 4 Code 2 S L | 25500 00 | 5 Code       | 00       | 6 Code       | 00       |



\*24TT1201\*



# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Nineteen FEIN 1 0 0 0 0 0 0 1 9  
Mailing Address 2 Lancelot Lane or SSN  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type P Resident Nonresident  
Special Allocations (See instructions) Profit and loss percentage 2.0000 %  
The owner is included in a PTET election Capital/Ownership 2.0000 %  
Resident owner PTET election (See instructions)  
The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A |            | B |         |
|---|---|------------|---|---------|
|   |   | Everywhere |   | Montana |
| 1 Additions   | 1 | 7500 00    |   | 7500 00 |
| 2 Subtractions  | 2 | 8500 00    |   | 8500 00 |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |    |            |            |
|---|----|------------|------------|
| 1 Ordinary business income (loss)                   | 1  | 3000000 00 | 3000000 00 |
| 2 Net rental real estate income (loss)              | 2  | 00         | 00         |
| 3 Other net rental income (loss)                    | 3  | 00         | 00         |
| 4a Guaranteed payments: services                    | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                     | 4b | 3111 00    | 3111 00    |
| 5 Interest income                                   | 5  | 700 00     | 700 00     |
| 6 Ordinary dividends                                | 6  | 1000 00    | 1000 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                 | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                     | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement) | 11 | 330 00     | 330 00     |
| 12 Section 179 expense deduction                    | 12 | 00         | 00         |
| 13 Other expense deductions                         | 13 | 810 00     | 810 00     |
| 14 Total distributive share (See instructions)      | 14 | 3003331 00 | 3003331 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

|  |    |    |           |
|--|----|----|-----------|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1  |    | 00        |
| 2 Montana composite income tax paid on behalf of owner                                 | 2  |    | 00        |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a |    | 176897 00 |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b |    | 00        |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c |    | 176897 00 |
| 4 Montana mineral royalty tax withheld   | 4  |    | 00        |
| 5 Other information. List type and amount  | 5  | 00 | 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 1 A A | 7500 00 | 2 Code 2 A A | 7500 00 | 3 Code 1 S L | 8500 00 |
| 4 Code 2 S L | 8500 00 | 5 Code       | 00      | 6 Code       | 00      |



\*24TT1201\*



# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Twenty FEIN 1 0 0 0 0 0 0 2 0  
Mailing Address 2 Lancelot Lane or SSN  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type P T P Resident Nonresident

Special Allocations (See instructions) Profit and loss percentage 4.0000 %  
The owner is included in a PTET election Capital/Ownership 4.0000 %  
Resident owner PTET election (See instructions)  
 The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A |            | B        |
|---|---|------------|----------|
|   |   | Everywhere | Montana  |
| 1 Additions   | 1 | 15000 00   | 15000 00 |
| 2 Subtractions  | 2 | 17000 00   | 17000 00 |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |    |            |            |
|---|----|------------|------------|
| 1 Ordinary business income (loss)                   | 1  | 6000000 00 | 6000000 00 |
| 2 Net rental real estate income (loss)              | 2  | 00         | 00         |
| 3 Other net rental income (loss) -                  | 3  | 00         | 00         |
| 4a Guaranteed payments: services                    | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                     | 4b | 6222 00    | 6222 00    |
| 5 Interest income                                   | 5  | 1400 00    | 1400 00    |
| 6 Ordinary dividends                                | 6  | 2000 00    | 2000 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                 | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                     | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement) | 11 | 660 00     | 660 00     |
| 12 Section 179 expense deduction                    | 12 | 00         | 00         |
| 13 Other expense deductions                         | 13 | 1620 00    | 1620 00    |
| 14 Total distributive share (See instructions)      | 14 | 6006662 00 | 6006662 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

|  |    |           |
|--|----|-----------|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1  | 00        |
| 2 Montana composite income tax paid on behalf of owner                                 | 2  | 353286 00 |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a | 00        |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b | 00        |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c | 00        |
| 4 Montana mineral royalty tax withheld   | 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 1 A A | 15000 00 | 2 Code 2 A A | 15000 00 | 3 Code 1 S L | 17000 00 |
| 4 Code 2 S L | 17000 00 | 5 Code       | 00       | 6 Code       | 00       |



\*24TT1201\*





# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Twenty-One FEIN 1 0 0 0 0 0 0 2 1  
Mailing Address 2 Lancelot Lane or SSN  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type P T P Resident Nonresident  
Special Allocations (See instructions) Profit and loss percentage 4.0000 %  
The owner is included in a PTET election Capital/Ownership 4.0000 %  
Resident owner PTET election (See instructions)  
The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A          |          | B        |
|---|------------|----------|----------|
|   | Everywhere | Montana  |          |
| 1 Additions   | 1          | 15000 00 | 15000 00 |
| 2 Subtractions  | 2          | 17000 00 | 17000 00 |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |    |            |            |
|---|----|------------|------------|
| 1 Ordinary business income (loss)                   | 1  | 6000000 00 | 6000000 00 |
| 2 Net rental real estate income (loss)              | 2  | 00         | 00         |
| 3 Other net rental income (loss)                    | 3  | 00         | 00         |
| 4a Guaranteed payments: services                    | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                     | 4b | 6222 00    | 6222 00    |
| 5 Interest income                                   | 5  | 1400 00    | 1400 00    |
| 6 Ordinary dividends                                | 6  | 2000 00    | 2000 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                 | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                     | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement) | 11 | 660 00     | 660 00     |
| 12 Section 179 expense deduction                    | 12 | 00         | 00         |
| 13 Other expense deductions                         | 13 | 1620 00    | 1620 00    |
| 14 Total distributive share (See instructions)      | 14 | 6006662 00 | 6006662 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE  
1 PTET paid on behalf of owner. (See instructions) 1 [REDACTED] 00  
2 Montana composite income tax paid on behalf of owner 2 00  
3a Montana income tax withheld on behalf of owner. (See instructions) 3a 00  
3b Montana income tax withheld by a lower tier pass-through entity 3b 00  
3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. 3c 00  
4 Montana mineral royalty tax withheld 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 1 A A | 15000 00 | 2 Code 2 A A | 15000 00 | 3 Code 1 S L | 17000 00 |
| 4 Code 2 S L | 17000 00 | 5 Code       | 00       | 6 Code       | 00       |



\*24TT1201\*



Montana Schedule K-1 (PTE)

Clear Form

2024v1 5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 201111111
Mailing Address 1793 Legendborn Way
City Helena State MT ZIP Code 59602

Part II. Owner Information

Name Owner Twenty-Two FEIN 100000022
Mailing Address 2 Lancelot Lane or SSN
City Pendragon State PA ZIP Code 15237 Beneficial Owner FEIN or SSN

Owner Type S Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 4.0000 %
The owner is included in a PTET election Capital/Ownership 4.0000 %
Resident owner PTET election (See instructions)
[X] The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Additions (15000.00) and Subtractions (17000.00).

Part IV. Distributive Share of Montana Source Income (Loss)

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Ordinary business income (6000000.00), Net rental real estate income (00), Other net rental income (00), Guaranteed payments (6222.00), Interest income (1400.00), Ordinary dividends (2000.00), Royalties (00), Net short-term capital gain (00), Net long-term capital gain (00), Net section 1231 gain (00), Other income (660.00), Section 179 expense deduction (00), Other expense deductions (1620.00), Total distributive share (6006662.00).

Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE
1 PTET paid on behalf of owner. (See instructions) 1 00
2 Montana composite income tax paid on behalf of owner 2 353286 00
3a Montana income tax withheld on behalf of owner. (See instructions) 3a 00
3b Montana income tax withheld by a lower tier pass-through entity 3b 00
3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. 3c 00
4 Montana mineral royalty tax withheld 4 00
5 Other information. List type and amount 5 00

Part VI. Tax Credits

Table with 3 columns: Code, Credit Authorization Number, Amount of Credit. Rows 1 and 2.

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

Table with 6 columns: Code, Amount, Code, Amount, Code, Amount. Rows 1, 2, 3, 4, 5, 6.



\*24TT1201\*



# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Twenty-Three FEIN 1 0 0 0 0 0 2 3  
Mailing Address 2 Lancelot Lane or SSN  
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type S Resident Nonresident  
Special Allocations (See instructions) Profit and loss percentage 4.0000 %  
The owner is included in a PTET election Capital/Ownership 4.0000 %  
Resident owner PTET election (See instructions)  
The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A          |          | B        |
|---|------------|----------|----------|
|   | Everywhere |          | Montana  |
| 1 Additions   | 1          | 15000 00 | 15000 00 |
| 2 Subtractions  | 2          | 17000 00 | 17000 00 |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |    |            |            |
|---|----|------------|------------|
| 1 Ordinary business income (loss)                   | 1  | 6000000 00 | 6000000 00 |
| 2 Net rental real estate income (loss)              | 2  | 00         | 00         |
| 3 Other net rental income (loss)                    | 3  | 00         | 00         |
| 4a Guaranteed payments: services                    | 4a | 00         | 00         |
| 4b Guaranteed payments: capital                     | 4b | 6222 00    | 6222 00    |
| 5 Interest income                                   | 5  | 1400 00    | 1400 00    |
| 6 Ordinary dividends                                | 6  | 2000 00    | 2000 00    |
| 7 Royalties   | 7  | 00         | 00         |
| 8 Net short-term capital gain (loss)                | 8  | 00         | 00         |
| 9 Net long-term capital gain (loss)                 | 9  | 00         | 00         |
| 10 Net section 1231 gain (loss)                     | 10 | 00         | 00         |
| 11 Other income (loss) (include detailed statement) | 11 | 660 00     | 660 00     |
| 12 Section 179 expense deduction                    | 12 | 00         | 00         |
| 13 Other expense deductions                         | 13 | 1620 00    | 1620 00    |
| 14 Total distributive share (See instructions)      | 14 | 6006662 00 | 6006662 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

1 PTET paid on behalf of owner. (See instructions) 1 00  
2 Montana composite income tax paid on behalf of owner 2 00  
3a Montana income tax withheld on behalf of owner. (See instructions) 3a 353793 00  
3b Montana income tax withheld by a lower tier pass-through entity 3b 00  
3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. 3c 353793 00  
4 Montana mineral royalty tax withheld 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 1 A A | 15000 00 | 2 Code 2 A A | 15000 00 | 3 Code 1 S L | 17000 00 |
| 4 Code 2 S L | 17000 00 | 5 Code       | 00       | 6 Code       | 00       |



\*24TT1201\*



# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Twenty-Four FEIN  
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 2 4  
City Helena State M T ZIP Code 5 9 6 0 2 Beneficial Owner FEIN  
or SSN

Owner Type  I  Resident  Nonresident

Special Allocations (See instructions) Profit and loss percentage 1.0000 %  
The owner is included in a PTET election Capital/Ownership 1.0000 %  
Resident owner PTET election (See instructions)  
The owner is included in a composite income tax return

### Part III. Montana Adjustments (See worksheet on page 9)

|                | A<br>Everywhere | B<br>Montana |
|----------------|-----------------|--------------|
| 1 Additions    | 1 3750 00       | 3750 00      |
| 2 Subtractions | 2 4250 00       | 4250 00      |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |               |            |
|---|---------------|------------|
| 1 Ordinary business income (loss)                   | 1 1500000 00  | 1500000 00 |
| 2 Net rental real estate income (loss)              | 2 00          | 00         |
| 3 Other net rental income (loss)                    | 3 00          | 00         |
| 4a Guaranteed payments: services                    | 4a 00         | 00         |
| 4b Guaranteed payments: capital                     | 4b 1555 00    | 1555 00    |
| 5 Interest income                                   | 5 350 00      | 350 00     |
| 6 Ordinary dividends                                | 6 500 00      | 500 00     |
| 7 Royalties   | 7 00          | 00         |
| 8 Net short-term capital gain (loss)                | 8 00          | 00         |
| 9 Net long-term capital gain (loss)                 | 9 00          | 00         |
| 10 Net section 1231 gain (loss)                     | 10 00         | 00         |
| 11 Other income (loss) (include detailed statement) | 11 165 00     | 165 00     |
| 12 Section 179 expense deduction                    | 12 00         | 00         |
| 13 Other expense deductions                         | 13 405 00     | 405 00     |
| 14 Total distributive share (See instructions)      | 14 1501665 00 | 1501665 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

|  |    |    |
|--|----|----|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1  | 00 |
| 2 Montana composite income tax paid on behalf of owner                                 | 2  | 00 |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a | 00 |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b | 00 |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c | 00 |
| 4 Montana mineral royalty tax withheld   | 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 1 A A 3750 00 | 2 Code 1 S L 4250 00 | 3 Code 00 |
| 4 Code 00            | 5 Code 00            | 6 Code 00 |



\*24TT1201\*





# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Twenty-Five FEIN  
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 2 5  
City Helena State M T ZIP Code 5 9 6 0 2 Beneficial Owner FEIN  
or SSN

Owner Type  I  Resident  Nonresident

Special Allocations (See instructions) Profit and loss percentage 7.0000 %  
The owner is included in a PTET election Capital/Ownership 7.0000 %  
Resident owner PTET election (See instructions)  
The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A          |          | B        |
|---|------------|----------|----------|
|   | Everywhere |          | Montana  |
| 1 Additions   | 1          | 26250 00 | 26250 00 |
| 2 Subtractions  | 2          | 29750 00 | 29750 00 |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |    | A           | B           |
|---|----|-------------|-------------|
|   |    | Everywhere  | Montana     |
| 1 Ordinary business income (loss)                   | 1  | 10500000 00 | 10500000 00 |
| 2 Net rental real estate income (loss)              | 2  | 00          | 00          |
| 3 Other net rental income (loss)                    | 3  | 00          | 00          |
| 4a Guaranteed payments: services                    | 4a | 00          | 00          |
| 4b Guaranteed payments: capital                     | 4b | 10888 00    | 10888 00    |
| 5 Interest income                                   | 5  | 2450 00     | 2450 00     |
| 6 Ordinary dividends                                | 6  | 3500 00     | 3500 00     |
| 7 Royalties   | 7  | 00          | 00          |
| 8 Net short-term capital gain (loss)                | 8  | 00          | 00          |
| 9 Net long-term capital gain (loss)                 | 9  | 00          | 00          |
| 10 Net section 1231 gain (loss)                     | 10 | 00          | 00          |
| 11 Other income (loss) (include detailed statement) | 11 | 1155 00     | 1155 00     |
| 12 Section 179 expense deduction                    | 12 | 00          | 00          |
| 13 Other expense deductions                         | 13 | 2835 00     | 2835 00     |
| 14 Total distributive share (See instructions)      | 14 | 10511658 00 | 10511658 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

|  |    |    |    |
|--|----|----|----|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1  |    | 00 |
| 2 Montana composite income tax paid on behalf of owner                                 | 2  |    | 00 |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a |    | 00 |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b |    | 00 |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c |    | 00 |
| 4 Montana mineral royalty tax withheld   | 4  |    | 00 |
| 5 Other information. List type and amount  | 5  | 00 | 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 1 A A | 26250 00 | 2 Code 1 S L | 29750 00 | 3 Code | 00 |
| 4 Code       | 00       | 5 Code       | 00       | 6 Code | 00 |



\*24TT1201\*



# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1  
Mailing Address 1793 Legendborn Way  
City Helena State M T ZIP Code 5 9 6 0 2

### Part II. Owner Information

Name Owner Twenty-Six FEIN  
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 2 6  
City Helena State M T ZIP Code 5 9 6 0 2 Beneficial Owner FEIN  
or SSN

Owner Type  I  Resident  Nonresident

Special Allocations (See instructions) Profit and loss percentage 5.0000 %  
The owner is included in a PTET election Capital/Ownership 5.0000 %  
Resident owner PTET election (See instructions)  
The owner is included in a composite income tax return

### Part III. Montana Adjustments (See worksheet on page 9)

|                | A<br>Everywhere | B<br>Montana |
|----------------|-----------------|--------------|
| 1 Additions    | 1 18750 00      | 18750 00     |
| 2 Subtractions | 2 21250 00      | 21250 00     |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   | A<br>Everywhere | B<br>Montana |
|---|-----------------|--------------|
| 1 Ordinary business income (loss)                   | 1 7500000 00    | 7500000 00   |
| 2 Net rental real estate income (loss)              | 2 00            | 00           |
| 3 Other net rental income (loss)                    | 3 00            | 00           |
| 4a Guaranteed payments: services                    | 4a 00           | 00           |
| 4b Guaranteed payments: capital                     | 4b 7777 00      | 7777 00      |
| 5 Interest income                                   | 5 1750 00       | 1750 00      |
| 6 Ordinary dividends                                | 6 2500 00       | 2500 00      |
| 7 Royalties   | 7 00            | 00           |
| 8 Net short-term capital gain (loss)                | 8 00            | 00           |
| 9 Net long-term capital gain (loss)                 | 9 00            | 00           |
| 10 Net section 1231 gain (loss)                     | 10 00           | 00           |
| 11 Other income (loss) (include detailed statement) | 11 825 00       | 825 00       |
| 12 Section 179 expense deduction                    | 12 00           | 00           |
| 13 Other expense deductions                         | 13 2025 00      | 2025 00      |
| 14 Total distributive share (See instructions)      | 14 7508327 00   | 7508327 00   |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

|  |    |    |
|--|----|----|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1  | 00 |
| 2 Montana composite income tax paid on behalf of owner                                 | 2  | 00 |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a | 00 |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b | 00 |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c | 00 |
| 4 Montana mineral royalty tax withheld   | 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 1 A A 18750 00 | 2 Code 1 S L 21250 00 | 3 Code 00 |
| 4 Code 00             | 5 Code 00             | 6 Code 00 |



\*24TT1201\*



# 2024 Interest on Underpayment of Estimated Tax for Composite Tax and Pass-Through Entity Tax

Form EST-PTI  
V1 8/2024

[15-30-2512.MCA](#)

Pass-Through Entity Name

Test Partnership 1 LLC

FEIN

2 0 1 1 1 1 1 1 1

## Part I. Required Pass-Through Entity Tax and/or Composite Tax Annual Payment

|    |  |    |         |
|----|--|----|---------|
| 1  | 2024 pass-through entity tax and/or composite tax liability from Form PTE, lines 25 and 28.  | 1  | 3268170 |
| 2  | Multiply line 1 by 90% (0.90)  | 2  | 2941353 |
| 3a | 2024 total flow-through payments applied to pass-through entity tax and/or composite tax liability from Form PTE, lines 26 and 29          | 3a | 5550    |
| 3b | Overpayment from 2023 Form PTE, line 46, applied to pass-through entity tax and/or composite tax   | 3b |         |
| 3  | Add lines 3a and 3b.   | 3  | 5550    |
| 4  | Subtract line 3 from line 1. If the result is less than \$500, stop here. You do not owe interest on your underpayment of estimated taxes. | 4  | 3262620 |
| 5  | 2023 pass-through entity tax and/or composite tax liability from Form PTE, line 30   | 5  | 3855150 |
| 6  | Enter the lesser of line 2 or line 5. <b>This is your required annual payment.</b>   | 6  | 2941353 |

## Part II. Underpayment of Estimated Tax – Short Method

You can use this method if you did not make estimated tax payments or you made four equal estimated tax payments by the required due dates.

|   |   |   |         |
|---|---|---|---------|
| 1 | Estimated tax payments made for tax year 2024 for pass-through entity tax and/or composite tax  | 1 |         |
| 2 | Add line 1 and Part I, line 3   | 2 | 5550    |
| 3 | Subtract line 2 from Part I, line 6. If the result is zero or less, stop here; you do not owe interest on the underpayment of your estimated taxes. <b>This is your total underpayment for 2024.</b>  | 3 | 2935803 |
| 4 | Multiply line 3 by 0.046685   | 4 | 137058  |
| 5 | If the amount on line 3 was paid on or after March 17, 2025, enter zero. If the amount on line 3 was paid before March 17, 2025, multiply the number of days the amount was paid before March 17, 2025, by line 3. Then, multiply the result by 0.000219. | 5 |         |
| 6 | Subtract line 5 from line 4. Enter here and on Form PTE, line 31. <b>This is your interest on the underpayment of estimated taxes.</b>  | 6 | 137058  |

**Part III. Regular Method**

Use this method if you made payments of unequal amounts. The due dates shown are for calendar year taxpayers. Adjust these dates accordingly for fiscal year filers.

|  | A<br>4/15/2024 | B<br>6/17/2024 | C<br>9/16/2024 | D<br>1/15/2025 |            |
|--|----------------|----------------|----------------|----------------|------------|
| <i>Complete lines 1 through 4 in each column before going to line 5.</i>   |                |                |                |                |            |
| 1 Divide Part I, line 6, by four and enter the result in each column. If using the annualized method, enter Part IV, line 22.  | 1              | 735388         | 735388         | 735388         | 735388     |
| 2 Divide Part I, line 3a, by four and enter the result in each column  | 2              | 1388           | 1388           | 1388           | 1388       |
| 3 Subtract line 2 from line 1  | 3              | 733951         | 733951         | 733951         | 733951     |
| 4 Amount of estimated tax paid by the date in each column. Include the amount from Part I, line 3b in Column A.  | 4              | 0              | 0              | 0              | 0          |
| <i>Complete lines 5 through 11 of one column before going to the next column.</i>  |                |                |                |                |            |
| 5 Overpayment from the previous period, if any, from line 11 of the previous column  | 5              |                | 0              | 0              | 0          |
| 6 Add lines 4 and 5.<br>This is your estimated payment for the period.   | 6              | 0              | 0              | 0              | 0          |
| 7 Add lines 9 and 10 from the previous column.<br>This is your total underpayment to date.   | 7              |                | 733951         | 1467902        | 2201852    |
| 8 Subtract line 7 from line 6. If zero or less enter 0.  | 8              | 0              | 0              | 0              | 0          |
| 9 If the amount on line 8 is zero, subtract line 6 from line 7. Otherwise, enter 0.<br>This is the underpayment from the previous period.                                      | 9              |                | 733951         | 1467902        | 2201852    |
| 10 If line 8 is equal to or less than line 3, subtract line 8 from line 3. If line 8 is greater than line 3, go to line 11.<br><b>This is the current period underpayment.</b> | 10             | 733951         | 733951         | 733951         | 733951     |
| 11 If line 3 is less than line 8, subtract line 3 from line 8. Then go to line 5 in the next column.<br><b>This is the overpayment for period.</b>                             | 11             | 0              | 0              | 0              | 0          |
| <i>Complete lines 12 through 14 of the columns where there is an amount on line 10.</i>  |                |                |                |                |            |
| 12 Date(s) you paid the amount on line 10 or March 17, 2025, whichever is earlier (See instructions)   | 12             | 03/17/2025     | 03/17/2025     | 03/17/2025     | 03/17/2025 |
| 13 Number of days from the installment due date to the date shown on line 12 (See instructions)  | 13             | 336            | 273            | 182            | 61         |
| 14 Multiply line 10 by line 13.<br>Then, multiply the result by 0.000219   | 14             | 54007          | 43881          | 29254          | 9805       |
| 15 Add the amounts on line 14 in each column. Enter here and on Form PTE, line 31.<br><b>This is your interest on underpayment of estimated taxes.</b>                         | 15             |                |                |                | 136946     |

## Apportionable Income Worksheet

This Worksheet must be filed with the return. Use this worksheet to segregate the PTE's income per income type for lines 16b, 16c, and 16d, and determine the PTE's income that is apportioned to Montana (Column G) before adjustments. The PTE must include the amounts from Column G on the Montana Source Income Schedule, Column D.

|  | A<br>Federal Schedule<br>K | B (line 16b)<br>Federal Schs K-1 | C (line 16c)<br>DERs | D (line 16d)<br>Nonapportionable<br>income | E<br>Apportionable<br>Income<br>(A - B - C - D) | F<br>Apportionment<br>factor from Sch I,<br>Line 5 | G<br>Income apportioned to<br>MT (E x F) |
|--|----------------------------|----------------------------------|----------------------|--|---|--|--|
| 1 Ordinary business income (loss)                                | \$ 150,000,000             | \$ 222,222                       |                      |  | \$ 149,777,778                                  | 100.0000%  | \$ 149,777,778                           |
| 2 Net rental real estate income (loss)                           | \$ -                       |                                  |                      |  | \$ -  | 100.0000%  | \$ -                                     |
| 3 Other net rental income (loss)                                 | \$ -                       |                                  |                      |  | \$ -  | 100.0000%  | \$ -                                     |
| 4a Guaranteed Payments - Services                                | \$ -                       |                                  |                      |  | \$ -  | 100.0000%  | \$ -                                     |
| 4b Guaranteed Payments - Capital                                 | \$ 155,540                 |                                  |                      |  | \$ 155,540                                      | 100.0000%  | \$ 155,540                               |
| 5 Interest income  | \$ 35,000                  |                                  |                      |  | \$ 35,000                                       | 100.0000%  | \$ 35,000                                |
| 6 Ordinary dividends   | \$ 50,000                  |                                  |                      |  | \$ 50,000                                       | 100.0000%  | \$ 50,000                                |
| 7 Royalties  | \$ -                       |                                  |                      |  | \$ -  | 100.0000%  | \$ -                                     |
| 8 Net short-term capital gain (loss)                             | \$ -                       |                                  |                      |  | \$ -  | 100.0000%  | \$ -                                     |
| 9 Net long-term capital gain (loss)                              | \$ -                       |                                  |                      |  | \$ -  | 100.0000%  | \$ -                                     |
| 10 Net §1231 gain (loss)   | \$ -                       |                                  |                      |  | \$ -  | 100.0000%  | \$ -                                     |
| 11 Other income (loss)   | \$ 16,500                  |                                  |                      |  | \$ 16,500                                       | 100.0000%  | \$ 16,500                                |
| 12 §179 expense deduction apportionable and/or allocable to MT   | \$ -                       |                                  |                      |  | \$ -  | 100.0000%  | \$ -                                     |
| 13 Other expense deductions apportionable and/or allocable to MT | \$ 40,500                  |                                  |                      |  | \$ 40,500                                       | 100.0000%  | \$ 40,500                                |
| 14 Total   | \$ 150,216,540             | \$ 222,222                       | \$ -                 | \$ -                                       | \$ 149,994,318                                  | 100.0000%  | \$ 149,994,318                           |



**Case 2: Form PTE (Partnership)**

Test Partnership 2 is operating in multiple states, including Montana. The company is filing a timely refund return on extension. The company is making both a Pass-through Entity Tax (PTET) Election and a Resident Pass-through Entity Tax (Resident PTET) Election. Pay special attention to resident owners on the Montana Schedules K-1 in relation to the Resident PTET election.

The company has one \$5,000 Tentative payment. The company is also receiving Mineral Royalty Withholding credit of \$3,000, Pass-through Withholding credit of \$11,000 and a Pass-through Entity Tax credit of \$20,000. (A mistake was made and associated income from the credits was not included within the case. Assume the credits do not have associated income) This return will ultimately be in a refund position.

**\*\*Any field in the following case that is highlighted in Orange requires a calculated value\*\***

**Forms/Information Provided by DOR:**

- Schedule K Information

**Forms Required to be Provided by Vendors:**

Montana:

- Apportionable Income Worksheet
- Form PTE
- Flow-through Payment Schedule
- Schedule I
- Schedule II
- Schedule IV
- Schedule VI
- Schedule VII
- Schedule DE
- Montana Adjustments Worksheet
- Schedule MTSI
- Montana Schedules K-1

Federal:

- Form 1065
- Schedule K

**Required Attachments:**

- Example PDF attachment (PDF stating "Attachment Example")

**Taxpayer Information:** Test Partnership 2 LLC  
763 Lambda Ave, APT H3  
Lykos, MS 72016

|                           |             |                              |            |
|---------------------------|-------------|------------------------------|------------|
| FEIN:                     | 20-2222222  | Date Formed:                 | 01/28/2014 |
| State Formed in:          | Mississippi | Federal Business Code/NAICS: | 541715     |
| MT Secretary of State ID: | M3824120    | Date registered in MT:       | 7/15/2014  |
| Schedules DE Included:    | 1           | Schedules K-1 Received:      | 3          |

Owners: 5 total owners consisting of 1 Resident Owners, 2 Nonresident Owners, and 2 Other Types of Owners of various types. All Forms and attachments are required to be included in the PDF submission.



# 2024 Montana Pass-Through Entity Tax Return

Include a complete copy of all related federal forms and schedules.

Partnership

S corporation

Form PTE

2024v1

5/2024

For calendar year 2024 or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

Mark all that apply:

Name: Test Partnership 2 LLC FEIN: 2 0 2 2 2 2 2 2 2

Initial return: Test Partnership 2 LLC Federal Business Code/NAICS: 5 4 1 7 1 5

Final return: Mailing Address MT Secretary of State ID #: M 3 8 2 4 1 2 0

Amended return: 736 Lambda Ave APT H3 Date of Registration in Montana: 0 7 1 5 2 0 1 4

Refund return: City: Lykos State: M S ZIP Code + 4: 7 2 0 1 6 State formed in M S on: 0 1 2 8 2 0 1 4

PTET

Resident PTET Enter Number of: Schedules K-1 Included: 5 Nonresident Owners: 2 Schedules DE Included: 1  
Resident Owners: 1 Other Types of Owners: 2 Schedules K-1 Received:

### Owners' Distributive Share of Income Items (federal Schedule K)

|    |  |    |  |              |
|----|--|----|--|--------------|
| 1  | Ordinary business income (loss)                                    | 1  | 400000   | 00           |
| 2  | Net rental real estate income (loss) (include federal Form 8825)   | 2  |  | 00           |
| 3a | Other gross rental income (loss)                                   | 3a | 00   |              |
| 3b | Expenses from other rental activities (include detailed statement) | 3b | 00   |              |
| 3  | Subtract line 3b from line 3a.                                     |    | <b>This is your other net rental income or loss.</b> | 3 00         |
| 4a | Guaranteed payments: Services                                      | 4a | 5750   | 00           |
| 4b | Guaranteed payments: Capital                                       | 4b | 4100   | 00           |
| 4  | Add lines 4a and 4b  |    | <b>This is your total guaranteed payments.</b>       | 4 9850 00    |
| 5  | Interest income  | 5  | 185000   | 00           |
| 6  | Ordinary dividends   | 6  | 15000  | 00           |
| 7  | Royalties  | 7  |  | 00           |
| 8  | Net short-term capital gain (loss) (include federal Schedule D)    | 8  |  | 00           |
| 9  | Net long-term capital gain (loss) (include federal Schedule D)     | 9  |  | 00           |
| 10 | Net section 1231 gain (loss) (include federal Form 4797)           | 10 |  | 00           |
| 11 | Other income (loss) (include detailed statement)                   | 11 |  | 00           |
| 12 | Add lines 1 through 11 and enter result.                           |    | <b>This is your total federal income or loss.</b>    | 12 609850 00 |

### Owners' Distributive Share of Deduction Items – Montana Source Income (include federal Schedule K)

|     |   |                     |   |                                  |
|-----|---|---------------------|---|----------------------------------|
| 13a | Section 179 deduction (include federal Form 4562)   | 13a                 | 00  |                                  |
| 13b | Contributions   | 13b                 | 00  |                                  |
| 13c | Investment interest expense   | 13c                 | 00  |                                  |
| 13d | Section 59(e)(2) expenditures (include detailed statement)  | 13d                 | 00  |                                  |
| 13e | Other deductions (include detailed statement)   | 13e                 | 115000  | 00                               |
| 13  | Add lines 13a through 13e and enter result.   |                     | <b>This is your total federal deductions.</b>                               | 13 115000 00                     |
| 14  | Subtract line 13 from line 12.  |                     | <b>This is your federal income from all sources.</b>                        | 14 494850 00                     |
| 15  | Montana additions to the PTE's apportionable activities   | 15                  |   | 15299 00                         |
| 16a | Montana subtractions from the PTE's apportionable activities  | 16a                 | 00  |                                  |
| 16b | Total everywhere income (loss) from federal Schedules K-1   | 16b                 | 00  |                                  |
| 16c | Total everywhere income (loss) from disregarded entities  | 16c                 | 3450  | 00                               |
| 16d | Other nonapportionable income (loss) from the PTE's own activities  | 16d                 | 5750  | 00                               |
| 16  | Add lines 16a through 16d.  |                     | <b>This is your deductions including nonapportionable income.</b>           | 16 9200 00                       |
| 17  | Add lines 14 and 15, then subtract line 16.   | 17                  | 500949  | 00                               |
| 18  | Mark the box that describes your business activity or enter your apportionment factor.  |                     |   |                                  |
|     | 100% Montana activity   | 0% Montana activity | 35 . 0000   | % Apportionment factor x line 17 |
| 18  |   |                     |   | 18 175332 00                     |
| 19a | Total Montana source income received from pass-through entities (Montana source income from MT Schedules K-1 issued to this entity) | 19a                 | 00  |                                  |
| 19b | Total Montana source income from Schedules VII  | 19b                 | 1627  | 00                               |
| 19c | Nonapportionable income allocated to Montana. (See instructions)  | 19c                 | 5750  | 00                               |
| 19  | Add lines 19a through 19c.  |                     | <b>This is the total nonapportionable income (loss) sourced to Montana.</b> | 19 7377 00                       |
| 20  | Add lines 18 and 19; enter result.  |                     | <b>This is your total Montana source income.</b>                            | 20 182709 00                     |



\*24TT0101\*

Name Test Partnership 2 LLC

FEIN 2 0 2 2 2 2 2 2 2

Prepayments

Table with 3 columns: Line number, Description, Amount. Includes rows for 2024 payments, 2023 overpayment, and Total prepayments.

Pass-through Entity Tax, Composite Tax, and Pass-Through Withholding

Table with 3 columns: Line number, Description, Amount. Includes rows for Total taxable income, Total pass-through entity tax, Composite tax, and Total PTE taxes.

Amended Return

Table with 3 columns: Line number, Description, Amount. Includes rows for previously issued refunds and payments made with original return.

Penalty and Interest

Table with 3 columns: Line number, Description, Amount. Includes rows for Late payment penalty, Interest, and Total tax, penalties, and interest.

Amount Owed or Refund

Table with 3 columns: Line number, Description, Amount. Includes rows for amount owed, overpayment, and refund.

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

Table with 3 columns: Line number, Description, and checkboxes for Checking and Savings.

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.

Officer

Signature x, Printed Name Darrow Au Andromedus, Date Signed 0 8 1 9 2 0 2 4, Phone 5 9 7 6 3 4 2 1 9 3

Tax Preparer

Signature, Print Name Pierce Brown, Date Signed 0 8 1 9 2 0 2 4, Phone 4 5 8 9 6 1 7 3 2 3, PTIN P 1 3 2 4 5 1 0 8

Tax Preparation Firm

Firm Name Red Rising, Firm's FEIN, Mailing Address 1 0 Reaper Street, City Lykos, State M S ZIP 7 2 0 1 6

Pass-Through Entity Tax Authorized Representative: Required if making a PTET Election (See instructions)

Name Sevro Au Barca, Title Gold, Telephone Number 5 9 8 2 6 4 7 3 1 9, Email S o n o f A r e s @ H o w l e r s . c o m



\*24TT0201\*



# 2024 Montana Form PTE – Flow-Through Payments Schedule

2024v1  
5/2024

Name **Test Partnership 2 LLC**

FEIN **2 0 2 2 2 2 2 2**

**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.

| Entity Name | FEIN              | A<br>Mineral Royalty<br>Withholding Received | B<br>Pass-Through<br>Withholding Received | C<br>Pass-Through Entity<br>Tax Received |
|-------------|-------------------|--|---|--|
| 1 MRW LLC   | 1 0 0 0 0 0 0 0 1 | 3000 00                                      | 00  | 00                                       |
| 2 PTW LLC   | 1 0 0 0 0 0 0 0 2 | 00   | 11000 00                                  | 00                                       |
| 3 PTET LLC  | 1 0 0 0 0 0 0 0 3 | 00   | 00  | 20000 00                                 |
| 4           |                   | 00   | 00  | 00                                       |
| 5 Totals    |                   | 3000 00                                      | 11000 00                                  | 20000 00                                 |

**Part II. Flow-through payment allocations (See instructions)**

Schedules K-1 subject to:

|  |    | A<br>Pass-Through Entity Tax | B<br>Composite Tax | C<br>Other |
|--|----|------------------------------|--------------------|------------|
| 1 Sum of profit and loss percentage of all MT Schedules K-1 subject to applicable Column(s) A, B, and C  | 1  | 92.5000 %                    | 7.5000 %           | 0.0000 %   |
| 2 Multiply total in Part I, Column A by percentage on line 1 for each Column   | 2  | 2775 00                      | 225 00             | 00         |
| 3 Mineral royalty withholding passed to owners   | 3  |                              |                    | 00         |
| 4 Enter Column A, line 2 and Column B, line 2.<br>Subtract Column C, line 3 from Column C, line 2.<br><b>Balance of mineral royalty withholding the PTE can claim as a credit.</b> | 4  | 2775 00                      | 225 00             | 00         |
| 5 Multiply total in Part I, Column B by percentage on line 1 for each Column   | 5  | 10175 00                     | 825 00             | 00         |
| 6 Pass-through withholding passed to owners  | 6  |                              |                    | 00         |
| 7 Enter Column A, line 5 and Column B, line 5.<br>Subtract Column C, line 6 from Column C, line 5.<br><b>Balance of pass-through withholding the PTE can claim as a credit.</b>    | 7  | 10175 00                     | 825 00             | 00         |
| 8 If Column A, line 1 is greater than 0%, enter the total from Part I, Column C  | 8  | 20000 00                     |                    |            |
| 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 <b>Total pass-through entity tax passed to owners</b>   | 10 |                              |                    | 00         |
| 11 Enter Column B, line 9.<br>Subtract Column C, line 10 from line 9.<br><b>Credit balance for PTE not electing to pay PTET.</b>   | 11 |                              | 00                 | 00         |
| 12 Add lines 4, 7, 8, and 11 in each Column.<br><b>Total payments the PTE can claim as a credit.</b>   | 12 | 32950 00                     | 1050 00            | 00         |



\*24TT0301\*



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

2024v1  
5/2024

Name Test Partnership 2 LLC

FEIN 2 0 2 2 2 2 2 2 2

Enter amounts in Columns A and B. Enter percentages in Column C.

|  | A          | B         | C   |
|--|------------|-----------|---|
|  | Everywhere | Montana   | Factor  |
| <b>1 Property Factor:</b> Use average value for real and tangible personal property  |            |           |   |
| 1a Land  | 100000 00  |           | 25000 00  |
| 1b Buildings   | 50000 00   |           | 25000 00  |
| 1c Machinery   | 30000 00   |           | 10000 00  |
| 1d Equipment   | 55000 00   |           | 15000 00  |
| 1e Furniture and fixtures  | 00         |           | 00  |
| 1f Leases and leased property  | 15000 00   |           | 00  |
| 1g Inventories   | 00         |           | 00  |
| 1h Depletable assets   | 00         |           | 00  |
| 1i Supplies and other  | 00         |           | 00  |
| 1j Multiply amount of rents by 8 and enter result  | 00         |           | 00  |
| 1k <b>Total Property Value.</b> add lines 1a through 1j  | 250000 00  |           | 75000 00  |
| Divide the total in Column B by the total in Column A. Multiply the result by 100.   |            |           | <b>This is your property factor.</b> 1 30.0000 %      |
| <b>2 Payroll Factor:</b>   |            |           |   |
| 2a Compensation of officers  | 100000 00  |           | 50000 00  |
| 2b Salaries and wages  | 25000 00   |           | 25000 00  |
| <b>Payroll included in:</b>  |            |           |   |
| 2c Costs of goods sold   | 00         |           | 00  |
| 2d Other expenses and deductions   | 00         |           | 00  |
| 2e <b>Total Property Value.</b> Add lines 2a through 2d.   | 125000 00  |           | 75000 00  |
| Divide the total in Column B by the total in Column A. Multiply the result by 100.   |            |           | <b>This is your payroll factor.</b> 2 60.0000 %       |
| <b>3 Gross Receipts Factor:</b>  |            |           |   |
| 3a Gross Receipts, less returns and allowances   | 500000 00  |           |   |
| 3b Receipts delivered or shipped to Montana purchasers:  |            |           |   |
| (1) Shipped from outside Montana   |            | 100000 00 |   |
| (2) Shipped from within Montana  |            | 25000 00  |   |
| 3c Receipts shipped from Montana to:   |            |           |   |
| (1) United States government   |            |           | 00  |
| (2) Purchasers in a state where the taxpayer is not taxable  |            |           | 00  |
| 3d Receipts other than receipts of tangible personal property (e.g., service income)   |            |           | 00  |
| 3e Net gains reported on federal Schedule D and Form 4797  | 00         |           | 00  |
| 3f Other gross receipts (rents, royalties, interest, etc.)   | 100000 00  |           | 25000 00  |
| 3g <b>Total Receipts Value.</b> Add lines 3a through 3f.   | 600000 00  |           | 150000 00   |
| Divide the total in Column B by the total in Column A. Multiply the result by 100.   |            |           | <b>This is your receipts factor.</b> 3 25.0000 %      |
| 4 Enter the amount reported on line 3  |            |           | 4 25.0000 %   |
| 5 Add the percentages from lines 1, 2, 3, and 4 in Column C.   |            |           | <b>This is the sum of your factors.</b> 5 140.0000 %  |
| 6 Divide the total percentage from line 5, Column C, 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 Column A (See instructions). |            |           |   |
|  |            |           | <b>This is your apportionment factor.</b> 6 35.0000 % |



\*24TT0401\*





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

2024v1  
5/2024

Name Test Partnership 2 LLC

FEIN 2 0 2 2 2 2 2 2 2

Use the corresponding credit code in the instructions to report the credit you are claiming in Column A. If you were provided an authorization number to claim the credit, enter that number in Column B. Report the total amount of credit in Column C. Use Montana Schedule K-1 to notify each owner of their share of the credit. Attach a copy of the credit's form to your return (if applicable). See instructions for more information.

| A<br>Credit Code | B<br>Credit Authorization Number | C<br>Amount of Credit |
|------------------|----------------------------------|-----------------------|
| 1                |                                  | 00                    |
| 2                |                                  | 00                    |
| 3                |                                  | 00                    |
| 4                |                                  | 00                    |
| 5                |                                  | 00                    |



\*24TT0501\*



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

2024v1  
5/2024

Name Test Partnership 2 LLC

FEIN 2 0 2 2 2 2 2 2 2

### Part I. Eligible Participating Owners

Enter the number of eligible participating owners. See instructions for more information about eligible participants 1

### Part II. Adjusted Federal Income

|   |  |          |                  |
|---|--|----------|------------------|
| 1 | Federal income from all sources from page 1, line 14                               | 1        | 494850 00        |
| 2 | Total guaranteed payments for services from page 1, line 4a                        | 2        | 5750 00          |
| 3 | Total Everywhere Additions from Montana Adjustments Worksheet, Column E, line 1    | 3        | 15299 00         |
| 4 | Total Everywhere Subtractions from Montana Adjustments Worksheet, Column E, line 2 | 4        | 00               |
| 5 | Add lines 1 and 3, then subtract lines 2 and 4.                                    |          |                  |
|   | <b>Adjusted federal income</b>   | <b>5</b> | <b>504399 00</b> |

### Part III. Composite Tax Ratio

|   |  |          |                 |
|---|--|----------|-----------------|
| 1 | Total Montana source income from page 1, line 20                             | 1        | 182709 00       |
| 2 | Multiply Part II, line 2 by the apportionment factor from Schedule I, line 6 | 2        | 5750 00         |
| 3 | Subtract line 2 from line 1. Adjusted Montana source income                  | 3        | 176959 00       |
| 4 | Divide line 3 by Part II, line 5. (Do not enter more than 1.000000).         |          |                 |
|   | <b>Composite tax ratio</b>   | <b>4</b> | <b>0.350832</b> |

### Part IV. Composite Tax

Enter the required information and amounts for each eligible participants in Columns A-H.

|    | A<br>Name   | B<br>Social Security Number<br>or<br>Federal Employer Identification Number | C<br>Total Distributive Share from Owner's Schedule K-1, Column A, Part IV, Line 14 | D<br>(Partnerships only) Guaranteed Payments for Services from Owner's Schedule K-1, Column A, Part IV, Line 4a | E<br>Standard Deduction (\$14,600) | F<br>Subtract Columns D and E from Column C<br>Montana Taxable Income | G<br>Tax from Tax Table<br>(See instructions) | H<br>Multiply Column G by composite tax ratio from Part III, Line 4<br>Montana Composite Income Tax |    |
|----|---|---|---|---|------------------------------------|---|---|---|----|
| 1  | Owner Five  | 2 0 0 0 0 0 0 5   | 38261   | 431 00  | 14600                              | 23230 00  | 1125 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. |   |   |   |                                    |   |   | 11  | 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     |   |   |   |                                    |   |   | 12  | 00 |



\*24TT0601\*





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

2024v1  
5/2024

Name Test Partnership 2 LLC

|    | A<br>Name | B<br>FEIN         | C<br>Montana SOS<br>Registration<br>Number | D<br>LLC | E<br>Q Sub | F<br>If Q Sub, Enter<br>Election Date | G<br>DE has<br>Multistate<br>Activities | H<br>DE is a<br>Segment of<br>the PTE | I<br>Montana Source<br>Income from<br>DE's Own Activities |
|----|-----------|-------------------|--|----------|------------|---------------------------------------|---|---------------------------------------|---|
| 1  | Test DE 1 | 9 8 7 6 5 4 3 2 1 | D 6 5 4 3 2 1                              | X        |            |                                       | X                                       |                                       | 1627 00   |
| 2  | Test DE 2 | 1 9 2 8 3 7 6 4 5 | C 1 6 2 5 3 4                              |          |            |                                       |   | X                                     | 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  |
|    |           |                   |  |          |            |                                       |   | <b>15 Total</b>                       | <b>1627 00</b>  |



\*24TT0801\*



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

2024v1  
5/2024

Name Test Partnership 2 LLC

FEIN 2 0 2 2 2 2 2 2 2

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 Test DE 1

Disregarded Entity FEIN 9 8 7 6 5 4 3 2 1

### Business Income and Deductions

|   |    | A<br>Everywhere | B<br>Montana |
|---|----|-----------------|--------------|
| 1a Gross income   | 1a | 12500 00        |              |
| 1b Returns and allowances   | 1b | 450 00          |              |
| 1c Balance. Subtract line 1b from line 1a.  | 1c | 12050 00        |              |
| 1d Cost of goods sold (provide statement)   | 1d | 6000 00         |              |
| 1e Gross profit. Subtract line 1d from line 1c.   | 1e | 6050 00         |              |
| 1f Other income including gains (provide statement)                                       | 1f | 300 00          |              |
| 1g Add lines 1e and 1f. <b>This is your total income.</b>                                 | 1g | 6350 00         |              |
| 1h Wages  | 1h | 1300 00         |              |
| 1i Rent   | 1i | 1100 00         |              |
| 1j Other deductions (provide statement)   | 1j | 500 00          |              |
| 1k Add lines 1h through 1j. <b>This is your total deductions.</b>                         | 1k | 2900 00         |              |
| 1 Subtract line 1k from line 1g. <b>This is your total income from trade or business.</b> | 1  | 3450 00         | 1627 00      |

### Other Income

|  |    |         |         |
|--|----|---------|---------|
| 2 Net rental real estate income (loss)   | 2  | 00      | 00      |
| 3 Other net rental income (loss)   | 3  | 00      | 00      |
| 4 Guaranteed payments (partnerships only)  | 4  | 00      | 00      |
| 5 Interest income  | 5  | 00      | 00      |
| 6 Ordinary dividends   | 6  | 00      | 00      |
| 7 Royalties  | 7  | 00      | 00      |
| 8 Net short-term capital gain (loss) (include federal Schedule D)  | 8  | 00      | 00      |
| 9 Net long-term capital gain (loss) (include federal Schedule D)   | 9  | 00      | 00      |
| 10 Net section 1231 gain (loss) (include federal Form 4797)  | 10 | 00      | 00      |
| 11 Other income (loss) (include detailed statement)  | 11 | 00      | 00      |
| 12 Section 179 deduction (include federal Form 4562)   | 12 | 00      | 00      |
| 13 Other deductions (include detailed statement)   | 13 | 00      | 00      |
| 14 Add lines 1 through 11, then subtract lines 12 and 13   | 14 | 3450 00 | 1627 00 |
| 15 Montana additions to income   | 15 | 00      | 00      |
| 16 Montana subtractions from income  | 16 | 00      | 00      |
| 17 Add lines 14 and 15, then subtract line 16.<br><input checked="" type="checkbox"/> Mark this box if some income is apportionable. | 17 | 3450 00 | 1627 00 |

### Apportionment Factor

|  |    |         |            |
|--|----|---------|------------|
| 1a Everywhere property   | 1a | 2742 00 |            |
| 1b Montana property  | 1b |         | 1114 00    |
| 1 Divide line 1b by line 1a. <b>This is your Property factor.</b>  | 1  |         | 40.6273 %  |
| 2a Everywhere payroll  | 2a | 6713 00 |            |
| 2b Montana payroll   | 2b |         | 1700 00    |
| 2 Divide line 2b by line 2a. <b>This is your Payroll factor.</b>   | 2  |         | 25.3240 %  |
| 3a Everywhere receipts   | 3a | 8536 00 |            |
| 3b Montana receipts  | 3b |         | 5234 00    |
| 3 Divide line 3b by line 3a. <b>This is your Receipts factor.</b>  | 3  |         | 61.3168 %  |
| 4 Enter the amount reported on line 3  | 4  |         | 61.3168 %  |
| 5 Add the percentages from lines 1, 2, 3, and 4. <b>This is the sum of your factors.</b>   | 5  |         | 188.5849 % |
| 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. <b>This is your Apportionment factor.</b> | 6  |         | 47.1462 %  |



\*24TT0901\*







# 2024 Montana Form PTE – Montana Source Income Schedule

2024v1  
5/2024

Name Test Partnership 2 LLC

|   |  | A  | B   | C  | D   | E                               |
|---|--|--|---|--|---|---------------------------------|
|   |  | Montana Source Income<br>from<br>Montana Schedules K-1 | Montana Source Income<br>from<br>Schedules DE | Montana Source Income<br>from<br>Nonapportionable Income | Montana Source Income<br>from PTE's<br>Apportionable Activities | Total of<br>Columns A through D |
| Sum of Montana source income per item of income (loss) and deduction. |  |  |   |  |   |                                 |
| 1   | Ordinary business income (loss)                                    | 00   | 1627 00                                       | 00   | 138793 00   | 140420 00                       |
| 2   | Net rental real estate income (loss)                               | 00   | 00  | 00   | 00  | 00                              |
| 3   | Other net rental income (loss)                                     | 00   | 00  | 00   | 00  | 00                              |
| 4a  | Guaranteed payments: services                                      | 00   | 00  | 5750 00  | 00  | 5750 00                         |
| 4b  | Guaranteed payments: capital                                       | 00   | 00  | 00   | 1435 00   | 1435 00                         |
| 5   | Interest income  | 00   | 00  | 00   | 64750 00  | 64750 00                        |
| 6   | Ordinary dividends   | 00   | 00  | 00   | 5250 00   | 5250 00                         |
| 7   | Royalties  | 00   | 00  | 00   | 00  | 00                              |
| 8   | Net short-term capital gain (loss)                                 | 00   | 00  | 00   | 00  | 00                              |
| 9   | Net long-term capital gain (loss)                                  | 00   | 00  | 00   | 00  | 00                              |
| 10  | Net §1231 gain (loss)  | 00   | 00  | 00   | 00  | 00                              |
| 11  | Other income (loss).   | 00   | 00  | 00   | 00  | 00                              |
| 12  | §179 expense deduction apportionable and/or allocable to Montana   | 00   | 00  | 00   | 00  | 00                              |
| 13  | Other expense deductions apportionable and/or allocable to Montana | 00   | 00  | 00   | 40250 00  | 40250 00                        |
| 14  | <b>Total Montana Source Income</b>                                 | <b>00</b>  | <b>1627 00</b>                                | <b>5750 00</b>   | <b>169978 00</b>  | <b>177355 00</b>                |



\*24TT1101\*



Montana Schedule K-1 (PTE)

2024v1 5/2024

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

For the calendar year 2024, or tax year beginning 01012024 and ending 12312024

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

Part I. Pass-through Entity Information

Name Test Partnership 2 LLC FEIN 202222222
Mailing Address 736 Lambda Ave APT H3
City Lykos State MS ZIP Code 72016

Part II. Owner Information

Name Owner One FEIN
Mailing Address 755 Bellona Blvd. or SSN 200000001
City Olympia State WA ZIP Code 98501 Beneficial Owner FEIN or SSN

Owner Type I Resident X Nonresident

Special Allocations (See instructions)

Profit and loss percentage 30.0000 %

X The owner is included in a PTET election

Capital/Ownership 30.0000 %

Resident owner PTET election (See instructions)

The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Additions (1, 4590.00, 1606.00) and Subtractions (2, 00, 00).

Part IV. Distributive Share of Montana Source Income (Loss)

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Ordinary business income (1, 120000.00, 42126.00), Net rental real estate income (2, 00, 00), and Total distributive share (14, 153045.00, 54813.00).

Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

Table with 3 columns: Description, A Everywhere, B Montana. Rows include PTET paid on behalf of owner (1, 3234.00), Montana composite income tax paid on behalf of owner (2, 00), and Montana mineral royalty tax withheld (4, 00).

Part VI. Tax Credits

Table with 3 columns: Code, Credit Authorization Number, Amount of Credit. Rows 1 and 2.

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

Table with 6 columns: Code, Amount, Code, Amount, Code, Amount. Rows 1, 2, 3, 4.



\*24TT1201\*



Montana Schedule K-1 (PTE)

Clear Form

2024v1 5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

Part I. Pass-through Entity Information

Name Test Partnership 2 LLC FEIN 2 0 2 2 2 2 2 2 2
Mailing Address 736 Lambda Ave APT H3
City Lykos State M S ZIP Code 7 2 0 1 6

Part II. Owner Information

Name Owner Two FEIN
Mailing Address 755 Bellona Blvd. or SSN 2 0 0 0 0 0 0 0 2
City Helena State M T ZIP Code 5 9 6 0 2 Beneficial Owner FEIN or SSN

Owner Type I Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 30.0000 %
The owner is included in a PTET election Capital/Ownership 30.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Additions (1) and Subtractions (2).

Part IV. Distributive Share of Montana Source Income (Loss)

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Ordinary business income (loss), Net rental real estate income (loss), Guaranteed payments (services and capital), Interest income, Ordinary dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Net section 1231 gain (loss), Other income (loss), Section 179 expense deduction, Other expense deductions, and Total distributive share.

Part V. Supplemental Information

Table with 3 columns: Description, A Everywhere, B Montana. Rows include PTET paid on behalf of owner, Montana composite income tax paid on behalf of owner, Montana income tax withheld on behalf of owner, Montana mineral royalty tax withheld, and Other information.

Part VI. Tax Credits

Table with 3 columns: Code, Credit Authorization Number, Amount of Credit. Rows include codes 1 and 2.

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

Table with 6 columns: Code, Amount, Code, Amount, Code, Amount. Rows include codes 1, 2, 3, 4, 5, and 6.



\*24TT1201\*



# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 2 LLC FEIN 2 0 2 2 2 2 2 2  
Mailing Address 736 Lambda Ave APT H3  
City Lykos State M S ZIP Code 7 2 0 1 6

### Part II. Owner Information

Name Owner Three FEIN  
Mailing Address 755 Bellona Blvd. or SSN 2 0 0 0 0 0 0 0 3  
City Olympia State W A ZIP Code 9 8 5 0 1 Beneficial Owner FEIN  
or SSN

Owner Type I Resident  Nonresident

Special Allocations (See instructions)

Profit and loss percentage 17.5000 %

The owner is included in a PTET election

Capital/Ownership 17.5000 %

Resident owner PTET election (See instructions)

The owner is included in a composite income tax return

### Part III. Montana Adjustments (See worksheet on page 9)

|                | A<br>Everywhere | B<br>Montana |
|----------------|-----------------|--------------|
| 1 Additions    | 1 2677 00       | 937 00       |
| 2 Subtractions | 2 00            | 00           |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |             |          |
|---|-------------|----------|
| 1 Ordinary business income (loss)                   | 1 70000 00  | 24573 00 |
| 2 Net rental real estate income (loss)              | 2 00        | 00       |
| 3 Other net rental income (loss)                    | 3 00        | 00       |
| 4a Guaranteed payments: services                    | 4a 1006 00  | 1006 00  |
| 4b Guaranteed payments: capital                     | 4b 718 00   | 251 00   |
| 5 Interest income                                   | 5 32375 00  | 11331 00 |
| 6 Ordinary dividends                                | 6 2625 00   | 919 00   |
| 7 Royalties   | 7 00        | 00       |
| 8 Net short-term capital gain (loss)                | 8 00        | 00       |
| 9 Net long-term capital gain (loss)                 | 9 00        | 00       |
| 10 Net section 1231 gain (loss)                     | 10 00       | 00       |
| 11 Other income (loss) (include detailed statement) | 11 00       | 00       |
| 12 Section 179 expense deduction                    | 12 00       | 00       |
| 13 Other expense deductions                         | 13 20125 00 | 7044 00  |
| 14 Total distributive share (See instructions)      | 14 89276 00 | 31973 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

|  |           |
|--|-----------|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1 1886 00 |
| 2 Montana composite income tax paid on behalf of owner                                 | 2 00      |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a 00     |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b 00     |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c 00     |
| 4 Montana mineral royalty tax withheld   | 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 1 A A 2677 00 | 2 Code 2 A A 937 00 | 3 Code 00 |
| 4 Code 00            | 5 Code 00           | 6 Code 00 |



\*24TT1201\*





# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test Partnership 2 LLC FEIN 2 0 2 2 2 2 2 2  
Mailing Address 736 Lambda Ave APT H3  
City Lykos State M S ZIP Code 7 2 0 1 6

### Part II. Owner Information

Name Owner Four FEIN 2 0 0 0 0 0 0 4  
Mailing Address 755 Bellona Blvd. or SSN  
City Olympia State W A ZIP Code 9 8 5 0 1 Beneficial Owner FEIN or SSN

Owner Type P Resident Nonresident

Special Allocations (See instructions)

Profit and loss percentage 15.0000 %

The owner is included in a PTET election

Capital/Ownership 15.0000 %

Resident owner PTET election (See instructions)

The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A |            | B       |
|---|---|------------|---------|
|   |   | Everywhere | Montana |
| 1 Additions   | 1 | 2295 00    | 803 00  |
| 2 Subtractions  | 2 | 00         | 00      |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |    |          |          |
|---|----|----------|----------|
| 1 Ordinary business income (loss)                   | 1  | 60000 00 | 21063 00 |
| 2 Net rental real estate income (loss)              | 2  | 00       | 00       |
| 3 Other net rental income (loss)                    | 3  | 00       | 00       |
| 4a Guaranteed payments: services                    | 4a | 863 00   | 1294 00  |
| 4b Guaranteed payments: capital                     | 4b | 615 00   | 215 00   |
| 5 Interest income                                   | 5  | 27750 00 | 9713 00  |
| 6 Ordinary dividends                                | 6  | 2250 00  | 788 00   |
| 7 Royalties   | 7  | 00       | 00       |
| 8 Net short-term capital gain (loss)                | 8  | 00       | 00       |
| 9 Net long-term capital gain (loss)                 | 9  | 00       | 00       |
| 10 Net section 1231 gain (loss)                     | 10 | 00       | 00       |
| 11 Other income (loss) (include detailed statement) | 11 | 00       | 00       |
| 12 Section 179 expense deduction                    | 12 | 00       | 00       |
| 13 Other expense deductions                         | 13 | 17250 00 | 6038 00  |
| 14 Total distributive share (See instructions)      | 14 | 7652 300 | 27838 00 |

### Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

|  |    |         |
|--|----|---------|
| 1 PTET paid on behalf of owner. (See instructions)                                     | 1  | 1642 00 |
| 2 Montana composite income tax paid on behalf of owner                                 | 2  | 00      |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  | 3a | 00      |
| 3b Montana income tax withheld by a lower tier pass-through entity                     | 3b | 00      |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. | 3c | 00      |
| 4 Montana mineral royalty tax withheld   | 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 1 A A 2295 00 | 2 Code 2 A A 803 00 | 3 Code 00 |
| 4 Code 00            | 5 Code 00           | 6 Code 00 |



\*24TT1201\*



Montana Schedule K-1 (PTE)

Clear Form

2024v1 5/2024

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

For the calendar year 2024, or tax year beginning 01012024 and ending 12312024

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

Part I. Pass-through Entity Information

Name Test Partnership 2 LLC FEIN 202222222
Mailing Address 736 Lambda Ave APT H3
City Lykos State MS ZIP Code 72016

Part II. Owner Information

Name Owner Five FEIN 200000005
Mailing Address 755 Bellona Blvd. or SSN
City Olympia State WA ZIP Code 98501 Beneficial Owner FEIN or SSN

Owner Type F Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 7.5000 %
The owner is included in a PTET election Capital/Ownership 7.5000 %
Resident owner PTET election (See instructions)
X The owner is included in a composite income tax return

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Additions (1147.00) and Subtractions (0.00).

Part IV. Distributive Share of Montana Source Income (Loss)

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Ordinary business income (3000.00), Net rental real estate income (0.00), Interest income (1387.50), and Total distributive share (3826.10).

Part V. Supplemental Information

Table with 3 columns: Description, A Everywhere, B Montana. Rows include PTET paid on behalf of owner (0.00), Montana composite income tax paid on behalf of owner (0.00), and Montana income tax withheld on behalf of owner (0.00).

Part VI. Tax Credits

Table with 3 columns: Code, Credit Authorization Number, Amount of Credit. Rows include Code 1 (0.00) and Code 2 (0.00).

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

Table with 6 columns: Code, Amount, Code, Amount, Code, Amount. Rows include Code 1AA (1147.00), Code 2AA (402.00), and Code 6 (0.00).



\*24TT1201\*

## Apportionable Income Worksheet

This Worksheet must be filed with the return. Use this worksheet to segregate the PTE's income per income type for lines 16b, 16c, and 16d, and determine the PTE's income that is apportioned to Montana (Column G) before adjustments. The PTE must include the amounts from Column G on the Montana Source Income Schedule, Column D.

|   | A<br>Federal<br>Schedule K | B (line 16b)<br>Federal Schs K-1 | C (line 16c)<br>DREs | D (line<br>16d)<br>Nonappor<br>tionable<br>income | E<br>Apportionable<br>Income<br>(A - B - C - D) | F<br>Apportionment<br>factor from Sch I,<br>Line 5 | G<br>Income<br>apportioned to<br>MT (E x F) |
|---|----------------------------|----------------------------------|----------------------|---|---|--|---|
| 1 Ordinary business income (loss)                                   | \$ 400,000                 |                                  | \$ 3,450             |   | \$ 396,550                                      | 35.0000%   | \$ 138,793                                  |
| 2 Net rental real estate income (loss)                              | \$ -                       |                                  |                      |   | \$ -  | 35.0000%   | \$ -  |
| 3 Other net rental income (loss)                                    | \$ -                       |                                  |                      |   | \$ -  | 35.0000%   | \$ -  |
| 4a Guaranteed Payments - Services                                   | \$ 5,750                   |                                  |                      | \$ 5,750  | \$ -  | 35.0000%   | \$ -  |
| 4b Guaranteed Payments - Capital                                    | \$ 4,100                   |                                  |                      |   | \$ 4,100  | 35.0000%   | \$ 1,435                                    |
| 5 Interest income   | \$ 185,000                 |                                  |                      |   | \$ 185,000                                      | 35.0000%   | \$ 64,750                                   |
| 6 Ordinary dividends  | \$ 15,000                  |                                  |                      |   | \$ 15,000                                       | 35.0000%   | \$ 5,250                                    |
| 7 Royalties   | \$ -                       |                                  |                      |   | \$ -  | 35.0000%   | \$ -  |
| 8 Net short-term capital gain (loss)                                | \$ -                       |                                  |                      |   | \$ -  | 35.0000%   | \$ -  |
| 9 Net long-term capital gain (loss)                                 | \$ -                       |                                  |                      |   | \$ -  | 35.0000%   | \$ -  |
| 10 Net §1231 gain (loss)  | \$ -                       |                                  |                      |   | \$ -  | 35.0000%   | \$ -  |
| 11 Other income (loss)  | \$ -                       |                                  |                      |   | \$ -  | 35.0000%   | \$ -  |
| 12 §179 expense deduction<br>apportionable and/or allocable to MT   | \$ -                       |                                  |                      |   | \$ -  | 35.0000%   | \$ -  |
| 13 Other expense deductions<br>apportionable and/or allocable to MT | \$ 115,000                 |                                  |                      |   | \$ 115,000                                      | 35.0000%   | \$ 40,250                                   |
| 14 Total  | \$ 494,850                 | \$ -                             | \$ 3,450             | \$ 5,750  | \$ 485,650                                      | 35.0000%   | \$ 169,978                                  |

**Case 3: Form PTE (S-Corp)**

Test S-Corp 1 Inc is a company that has minimal operations and is filing a timely final return. The company operates only in Montana with 100% of its property, payroll, and gross receipts within Montana. The company's total Montana source income is \$1,984.

The company is also receiving Mineral Royalty Withholding credit of \$117 and is distributing all of the credit to its shareholders.

**\*\*Any field in the following case that is highlighted in Orange requires a calculated value\*\***

**Forms/Information Provided by DOR:**

- Schedule K Information

**Forms Required to be Provided by Vendors:**

**Montana:**

- Apportionable Income Worksheet
- Form PTE
- Flow-through Payment Schedule
- Schedule I
- Schedule II
- Montana Adjustments Worksheet
- Schedule MTSI
- Montana Schedules K-1

**Federal:**

- Form 1065
- Schedule K

**Required Attachments:**

- Example PDF attachment (PDF stating "Attachment Example")

**Taxpayer Information:** Test S-Corp 1 LLC  
246 Nipcopper Close  
Tortall, NY 10611

|                           |            |                              |            |
|---------------------------|------------|------------------------------|------------|
| FEIN:                     | 20-3333333 | Date Formed:                 | 10/01/2006 |
| State Formed in:          | New York   | Federal Business Code/NAICS: | 333320     |
| MT Secretary of State ID: | T0401246   | Date registered in MT:       | 9/04/2020  |
| Schedules DE Included:    | 0          | Schedule K-1 Received:       | 0          |

Owners: 2 total owners consisting of 2 Nonresident Owners. All Forms and attachments are required to be included in the PDF submission.



# 2024 Montana Pass-Through Entity Tax Return

Include a complete copy of all related federal forms and schedules.

Partnership  S corporation

Form PTE

2024v1

5/2024

For calendar year 2024 or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

Mark all that apply: Name FEIN 2 0 3 3 3 3 3 3 3

Initial return Test S-corp 1 Inc Federal Business Code/NAICS 3 3 3 3 2 0

Final return Mailing Address MT Secretary of State ID# T 0 4 0 1 2 4 6

Amended return 246 Nipcopper Close Date of Registration in Montana 0 9 0 4 2 0 2 0

Refund return City State ZIP Code +4 State formed in N Y on 1 0 0 1 2 0 0 6

PTP Tortall N Y 1 0 6 1 1 2 0 0 9

PTET

Resident PTET **Enter Number of:** Schedules K-1 Included 2 Nonresident Owners 2 Schedules DE Included  
Resident Owners Other Types of Owners Schedules K-1 Received

## Owners' Distributive Share of Income Items (federal Schedule K)

|    |   |  |    |          |
|----|---|--|----|----------|
| 1  | Ordinary business income (loss)                                       |  | 1  | 5000 00  |
| 2  | Net rental real estate income (loss) (include federal Form 8825)      |  | 2  | -5000 00 |
|    | 3a Other gross rental income (loss)                                   | 3a   |    | -3000 00 |
|    | 3b Expenses from other rental activities (include detailed statement) | 3b   |    | 00       |
| 3  | Subtract line 3b from line 3a.  | <b>This is your other net rental income or loss.</b> | 3  | -3000 00 |
|    | 4a Guaranteed payments: Services                                      | 4a   |    | 00       |
|    | 4b Guaranteed payments: Capital                                       | 4b   |    | 00       |
| 4  | Add lines 4a and 4b   | <b>This is your total guaranteed payments.</b>       | 4  | 00       |
| 5  | Interest income   |  | 5  | 00       |
| 6  | Ordinary dividends  |  | 6  | 250 00   |
| 7  | Royalties   |  | 7  | 4984 00  |
| 8  | Net short-term capital gain (loss) (include federal Schedule D)       |  | 8  | 00       |
| 9  | Net long-term capital gain (loss) (include federal Schedule D)        |  | 9  | 00       |
| 10 | Net section 1231 gain (loss) (include federal Form 4797)              |  | 10 | 00       |
| 11 | Other income (loss) (include detailed statement)                      |  | 11 | 00       |
| 12 | Add lines 1 through 11 and enter result.                              | <b>This is your total federal income or loss.</b>    | 12 | 2234 00  |

## Owners' Distributive Share of Deduction Items – Montana Source Income (include federal Schedule K)

|     |   |   |    |         |
|-----|---|---|----|---------|
| 13a | Section 179 deduction (include federal Form 4562)   | 13a   |    | 150 00  |
| 13b | Contributions   | 13b   |    | 00      |
| 13c | Investment interest expense   | 13c   |    | 00      |
| 13d | Section 59(e)(2) expenditures (include detailed statement)  | 13d   |    | 00      |
| 13e | Other deductions (include detailed statement)   | 13e   |    | 100 00  |
| 13  | Add lines 13a through 13e and enter result.   | <b>This is your total federal deductions.</b>                               | 13 | 250 00  |
| 14  | Subtract line 13 from line 12.  | <b>This is your federal income from all sources.</b>                        | 14 | 1984 00 |
| 15  | Montana additions to the PTE's apportionable activities   |   | 15 | 00      |
|     | 16a Montana subtractions from the PTE's apportionable activities  | 16a   |    | 00      |
|     | 16b Total everywhere income (loss) from federal Schedules K-1   | 16b   |    | 00      |
|     | 16c Total everywhere income (loss) from disregarded entities  | 16c   |    | 00      |
|     | 16d Other nonapportionable income (loss) from the PTE's own activities  | 16d   |    | 00      |
| 16  | Add lines 16a through 16d.  | <b>This is your deductions including nonapportionable income.</b>           | 16 | 00      |
| 17  | Add lines 14 and 15, then subtract line 16.   |   | 17 | 1984 00 |
| 18  | Mark the box that describes your business activity or enter your apportionment factor.  |   |    |         |
|     | <input checked="" type="checkbox"/> 100% Montana activity <input type="checkbox"/> 0% Montana activity 1.00 . 0000 % Apportionment factor x line 17 |   | 18 | 1984 00 |
| 19a | Total Montana source income received from pass-through entities<br>(Montana source income from MT Schedules K-1 issued to this entity)              | 19a   |    | 00      |
| 19b | Total Montana source income from Schedules VII  | 19b   |    | 00      |
| 19c | Nonapportionable income allocated to Montana. (See instructions)  | 19c   |    | 00      |
| 19  | Add lines 19a through 19c.  | <b>This is the total nonapportionable income (loss) sourced to Montana.</b> | 19 | 00      |
| 20  | Add lines 18 and 19; enter result.  | <b>This is your total Montana source income.</b>                            | 20 | 1984 00 |



\*24TT0101\*



Name Test S-corp 1 Inc

FEIN 2 0 3 3 3 3 3 3 3

**Prepayments**

|    |                                  |  |                          |           |
|----|----------------------------------|--|--------------------------|-----------|
| 21 | 2024 payments                    | Mark this box if you made estimated payments using the annualization method (See instructions) | 21                       | 00        |
| 22 | 2023 overpayment applied to 2024 |  | 22                       | 00        |
| 23 | Add lines 21 and 22.             |  | <b>Total prepayments</b> | <b>23</b> |
|    |                                  |  |                          | <b>00</b> |

**Pass-through Entity Tax, Composite Tax, and Pass-Through Withholding**

|    |  |   |    |    |
|----|--|---|----|----|
| 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 |
| 27 | Subtract lines 23 and 26 from line 25.   | <b>Pass-through entity tax due or (overpayment).</b>                                  | 27 | 00 |
| 28 | Total composite tax from Schedule IV, Column H   |   | 28 | 00 |
| 29 | Flow-Through Payments Schedule, Column B, line 12  |   | 29 | 00 |
| 30 | Add lines 27 and 28, then subtract line 29.  | <b>Composite tax and pass-through entity tax due or (overpayment).</b>                | 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 |
| 35 | Add lines 32 and 33, then subtract line 34.  | <b>Pass-through withholding and other partnership liability due or (overpayment).</b> | 35 | 00 |
| 36 | PTE information return late filing penalty   |   | 36 | 00 |
| 37 | Add lines 30, 31, 35, and 36.  | <b>Total PTE taxes with interest and/or penalty.</b>                                  | 37 | 00 |

**Amended Return**

|    |   |  |    |    |
|----|---|--|----|----|
| 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. | <b>Total tax, penalties, and interest.</b> | 43 | 00 |

**Amount Owed or Refund**

|    |  |                                    |    |    |
|----|--|------------------------------------|----|----|
| 44 | If line 43 is more than zero, enter the amount here.                 | <b>This is the amount you owe.</b> | 44 | 00 |
| 45 | If line 43 is less than zero, enter the amount here.                 | <b>This is your overpayment.</b>   | 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.                                       | <b>This is your refund.</b>        | 47 | 00 |

**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. |          |         |

**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.

**Officer**

|              |                |             |                     |
|--------------|----------------|-------------|---------------------|
| Signature    | x              | Date Signed | 0 8 1 9 2 0 2 4     |
| Printed Name | Rebakah Cooper | Phone       | 4 0 6 2 3 0 2 0 1 1 |

**Tax Preparer**

|                                     |   |             |                     |
|-------------------------------------|---|-------------|---------------------|
| Signature                           |   | Date Signed | 0 8 1 9 2 0 2 4     |
| Print Name                          | Tamora Pierce   | Phone       | 6 3 9 8 5 1 6 7 3 9 |
| <input checked="" type="checkbox"/> | Mark this box if you allow the DOR to discuss this tax return with your tax preparer. | PTIN        | P 8 4 2 3 5 9 7 5   |

**Tax Preparation Firm**

|                 |               |             |                   |
|-----------------|---------------|-------------|-------------------|
| Firm Name       | Provost Guard | Firm's FEIN | 1 2 7 2 4 3 2 4 9 |
| Mailing Address | 2 Jane Street |             |                   |
| City            | Corus         | State       | N Y               |
|                 |               | ZIP         | 1 0 6 1 1 2 0 0 9 |

**Pass-Through Entity Tax Authorized Representative: Required if making a PTET Election (See instructions)**

|       |   |       |         |                  |                     |
|-------|---|-------|---------|------------------|---------------------|
| Name  | Pounce Hestaka                                      | Title | Manager | Telephone Number | 5 9 4 7 8 2 3 6 1 8 |
| Email | W a n d e r e r @ c o n s t e l l a t i o n . c o m |       |         |                  |                     |



\*24TT0201\*



# 2024 Montana Form PTE – Flow-Through Payments Schedule

2024v1  
5/2024

Name Test S-corp 1 Inc

FEIN 2 0 3 3 3 3 3 3 3

**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.

| Entity Name   | FEIN              | A<br>Mineral Royalty<br>Withholding Received | B<br>Pass-Through<br>Withholding Received | C<br>Pass-Through Entity<br>Tax Received |
|---------------|-------------------|--|---|--|
| 1 Royalty PTR | 1 2 0 0 0 0 0 0 1 | 117 00                                       | 00  | 00                                       |
| 2             |                   | 00   | 00  | 00                                       |
| 3             |                   | 00   | 00  | 00                                       |
| 4             |                   | 00   | 00  | 00                                       |
| 5 Totals      |                   | 117 00                                       | 00  | 00                                       |

**Part II. Flow-through payment allocations (See instructions)**

Schedules K-1 subject to:

|  |    | A<br>Pass-Through Entity Tax | B<br>Composite Tax | C<br>Other |
|--|----|------------------------------|--------------------|------------|
| 1 Sum of profit and loss percentage of all MT Schedules K-1 subject to applicable Column(s) A, B, and C  | 1  | %                            | %                  | 100.0000 % |
| 2 Multiply total in Part I, Column A by percentage on line 1 for each Column   | 2  | 00                           | 00                 | 117 00     |
| 3 Mineral royalty withholding passed to owners   | 3  |                              |                    | 00         |
| 4 Enter Column A, line 2 and Column B, line 2.<br>Subtract Column C, line 3 from Column C, line 2.<br><b>Balance of mineral royalty withholding the PTE can claim as a credit.</b> | 4  | 00                           | 00                 | 00         |
| 5 Multiply total in Part I, Column B by percentage on line 1 for each Column   | 5  | 00                           | 00                 | 00         |
| 6 Pass-through withholding passed to owners  | 6  |                              |                    | 00         |
| 7 Enter Column A, line 5 and Column B, line 5.<br>Subtract Column C, line 6 from Column C, line 5.<br><b>Balance of pass-through withholding the PTE can claim as a credit.</b>    | 7  | 00                           | 00                 | 00         |
| 8 If Column A, line 1 is greater than 0%, enter the total from Part I, Column C  | 8  | 00                           |                    |            |
| 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 <b>Total pass-through entity tax passed to owners</b>   | 10 |                              |                    | 00         |
| 11 Enter Column B, line 9.<br>Subtract Column C, line 10 from line 9.<br><b>Credit balance for PTE not electing to pay PTET.</b>   | 11 |                              | 00                 | 00         |
| 12 Add lines 4, 7, 8, and 11 in each Column.<br><b>Total payments the PTE can claim as a credit.</b>   | 12 | 00                           | 00                 | 00         |



\*24TT0301\*



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

2024v1  
5/2024

Name **Test S-corp 1 Inc**

FEIN **2 0 3 3 3 3 3 3 3**

Enter amounts in Columns A and B. Enter percentages in Column C.

**1 Property Factor:** Use average value for real and tangible personal property

|   | A          |                                      | B       |  | C        |   |
|---|------------|--------------------------------------|---------|--|----------|---|
|   | Everywhere |                                      | Montana |  | Factor   |   |
| 1a Land   | 1a         | 00                                   |         |  | 00       |   |
| 1b Buildings  | 1b         | 00                                   |         |  | 00       |   |
| 1c Machinery  | 1c         | 00                                   |         |  | 00       |   |
| 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 <b>Total Property Value.</b> add lines 1a through 1j | 1k         | 00                                   |         |  | 00       |   |
|   |            | <b>This is your property factor.</b> |         |  | <b>1</b> | % |

Divide the total in Column B by the total in Column A. Multiply the result by 100.

**2 Payroll Factor:**

|  |    |    |  |    |
|--|----|----|--|----|
| 2a Compensation of officers                              | 2a | 00 |  | 00 |
| 2b Salaries and wages                                    | 2b | 00 |  | 00 |
| <b>Payroll included in:</b>                              |    |    |  |    |
| 2c Costs of goods sold                                   | 2c | 00 |  | 00 |
| 2d Other expenses and deductions                         | 2d | 00 |  | 00 |
| 2e <b>Total Property Value.</b> Add lines 2a through 2d. | 2e | 00 |  | 00 |

Divide the total in Column B by the total in Column A. Multiply the result by 100.

**This is your payroll factor.** 2 %

**3 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    |  | 00 |
| 3f Other gross receipts (rents, royalties, interest, etc.)                           | 3f | 00    |  | 00 |
| 3g <b>Total Receipts Value.</b> Add lines 3a through 3f.                             | 3g | 00    |  | 00 |

Divide the total in Column B by the total in Column A. Multiply the result by 100.

**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 in Column C.

**This is the sum of your factors.** 5 %

6 Divide the total percentage from line 5, Column C, 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 Column A (See instructions).

**This is your apportionment factor.** 6 100.0000 %



\*24TT0401\*



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

2024v1  
5/2024

Name Test S-corp 1 Inc

FEIN 2 0 3 3 3 3 3 3 3

Use the corresponding credit code in the instructions to report the credit you are claiming in Column A. If you were provided an authorization number to claim the credit, enter that number in Column B. Report the total amount of credit in Column C. Use Montana Schedule K-1 to notify each owner of their share of the credit. Attach a copy of the credit's form to your return (if applicable). See instructions for more information.

| A           | B                           | C                |
|-------------|-----------------------------|------------------|
| Credit Code | Credit Authorization Number | Amount of Credit |
| 1           |                             | 00               |
| 2           |                             | 00               |
| 3           |                             | 00               |
| 4           |                             | 00               |
| 5           |                             | 00               |



\*24TT0501\*



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

2024v1  
5/2024

Name Test S-corp 1 Inc

FEIN 2 0 3 3 3 3 3 3 3

### 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

|  |          |           |
|--|----------|-----------|
| 1 Federal income from all sources from page 1, line 14                               | 1        | 00        |
| 2 Total guaranteed payments for services from page 1, line 4a                        | 2        | 00        |
| 3 Total Everywhere Additions from Montana Adjustments Worksheet, Column E, line 1    | 3        | 00        |
| 4 Total Everywhere Subtractions from Montana Adjustments Worksheet, Column E, line 2 | 4        | 00        |
| 5 Add lines 1 and 3, then subtract lines 2 and 4.                                    |          |           |
| <b>Adjusted federal income</b>   | <b>5</b> | <b>00</b> |

### Part III. Composite Tax Ratio

|  |          |    |
|--|----------|----|
| 1 Total Montana source income from page 1, line 20                             | 1        | 00 |
| 2 Multiply Part II, line 2 by the apportionment factor from Schedule I, line 6 | 2        | 00 |
| 3 Subtract line 2 from line 1. Adjusted Montana source income                  | 3        | 00 |
| 4 Divide line 3 by Part II, line 5. (Do not enter more than 1.000000).         |          |    |
| <b>Composite tax ratio</b>   | <b>4</b> |    |

### Part IV. Composite Tax

Enter the required information and amounts for each eligible participants in Columns A-H.

|    | A<br>Name  | B<br>Social Security Number<br>or<br>Federal Employer Identification Number | C<br>Total Distributive Share from Owner's Schedule K-1, Column A, Part IV, Line 14 | D<br>(Partnerships only)<br>Guaranteed Payments for Services from Owner's Schedule K-1, Column A, Part IV, Line 4a | E<br>Standard Deduction (\$14,600) | F<br>Subtract Columns D and E from Column C<br>Montana Taxable Income | G<br>Tax from Tax Table (See instructions) | H<br>Multiply Column G by composite tax ratio from Part III, Line 4<br>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. |   |   |  |                                    |   |  | 11  | 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     |   |   |  |                                    |   |  | 12  | 00 |



\*24TT0601\*







# 2024 Montana Form PTE – Montana Adjustments Worksheet

2024v1  
5/2024

Name Test S-corp 1 Inc

FEIN 2 0 3 3 3 3 3 3 3

**Montana Adjustments to Everywhere Income**

|              |  |       | A<br>PTE's Apportionable<br>Activities | B<br>Nonapportionable<br>Income | C<br>From MT Schedules K-1,<br>Part 3, Column A | D<br>From Schedules DE,<br>Column A, Lines 15 and 16 | E<br>Total Everywhere<br>Adjustments |
|--------------|--|-------|--|---------------------------------|---|--|--------------------------------------|
| <b>1</b>     | <b>Montana Additions<br/>to Everywhere Income</b>      | Code  | 00                                     | 00                              | 00  | 00   | 00                                   |
|              |  | 00    | 00                                     | 00                              | 00  | 00   |                                      |
|              |  | 00    | 00                                     | 00                              | 00  | 00   |                                      |
|              |  | 00    | 00                                     | 00                              | 00  | 00   |                                      |
|              |  | 00    | 00                                     | 00                              | 00  | 00   |                                      |
|              |  | 00    | 00                                     | 00                              | 00  | 00   |                                      |
|              |  | 00    | 00                                     | 00                              | 00  | 00   |                                      |
| <b>2</b>     | <b>Montana Subtractions<br/>from Everywhere Income</b> | Total | 00                                     | 00                              | 00  | 00   | 00                                   |
|              |  | 00    | 00                                     | 00                              | 00  | 00   |                                      |
|              |  | 00    | 00                                     | 00                              | 00  | 00   |                                      |
|              |  | 00    | 00                                     | 00                              | 00  | 00   |                                      |
|              |  | 00    | 00                                     | 00                              | 00  | 00   |                                      |
|              |  | 00    | 00                                     | 00                              | 00  | 00   |                                      |
|              |  | 00    | 00                                     | 00                              | 00  | 00   |                                      |
| <b>Total</b> |  |       | 00                                     | 00                              | 00  | 00   | 00                                   |

**Adjustments to Montana Source Income**

|              |                                    |      | A<br>PTE's Apportionable<br>Activities | B<br>Nonapportionable Income | C<br>From MT Schedules K-1,<br>Part 3, Column B | D<br>From Schedules DE,<br>Column B, Lines 15 and 16 | E<br>Total Montana Source<br>Income Adjustments |
|--------------|------------------------------------|------|--|------------------------------|---|--|---|
| <b>3</b>     | <b>Montana Source Additions</b>    | Code | 00                                     | 00                           | 00  | 00   | 00  |
|              |                                    | 00   | 00                                     | 00                           | 00  | 00   |   |
|              |                                    | 00   | 00                                     | 00                           | 00  | 00   |   |
|              |                                    | 00   | 00                                     | 00                           | 00  | 00   |   |
|              |                                    | 00   | 00                                     | 00                           | 00  | 00   |   |
|              |                                    | 00   | 00                                     | 00                           | 00  | 00   |   |
|              |                                    | 00   | 00                                     | 00                           | 00  | 00   |   |
| <b>Total</b> |                                    |      | 00                                     | 00                           | 00  | 00   | 00  |
| <b>4</b>     | <b>Montana Source Subtractions</b> | Code | 00                                     | 00                           | 00  | 00   | 00  |
|              |                                    | 00   | 00                                     | 00                           | 00  | 00   |   |
|              |                                    | 00   | 00                                     | 00                           | 00  | 00   |   |
|              |                                    | 00   | 00                                     | 00                           | 00  | 00   |   |
|              |                                    | 00   | 00                                     | 00                           | 00  | 00   |   |
|              |                                    | 00   | 00                                     | 00                           | 00  | 00   |   |
|              |                                    | 00   | 00                                     | 00                           | 00  | 00   |   |
| <b>Total</b> |                                    |      | 00                                     | 00                           | 00  | 00   | 00  |



\*24TT1001\*



## 2024 Montana Form PTE – Montana Source Income Schedule

2024v1  
5/2024

Name Test S-corp 1 Inc

FEIN 2 0 3 3 3 3 3 3 3

|   |           | A<br>Montana Source Income<br>from<br>Montana Schedules K-1 | B<br>Montana Source Income<br>from<br>Schedules DE | C<br>Montana Source Income<br>from<br>Nonapportionable Income | D<br>Montana Source Income<br>from PTE's<br>Apportionable Activities | E<br>Total of<br>Columns A through D |
|---|-----------|---|--|---|--|--------------------------------------|
| Sum of Montana source income per item of income (loss) and deduction. |           |   |  |   |  |                                      |
| 1 Ordinary business income (loss)                                     | 1         | 00  | 00   | 00  | 5000 00  | 5000 00                              |
| 2 Net rental real estate income (loss)                                | 2         | 00  | 00   | 00  | -5000 00   | -5000 00                             |
| 3 Other net rental income (loss)                                      | 3         | 00  | 00   | 00  | -3000 00   | -3000 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  | 250 00   | 250 00                               |
| 7 Royalties   | 7         | 00  | 00   | 00  | 4984 00  | 4984 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  | 150 00   | 150 00                               |
| 13 Other expense deductions apportionable and/or allocable to Montana | 13        | 00  | 00   | 00  | 100 00   | 100 00                               |
| <b>14 Total Montana Source Income</b>                                 | <b>14</b> | <b>00</b>   | <b>00</b>  | <b>00</b>   | <b>1984 00</b>   | <b>1984 00</b>                       |



\*24TT1101\*



Montana Schedule K-1 (PTE)

2024v1 5/2024

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

For the calendar year 2024, or tax year beginning 01012024 and ending 12312024

Mark applicable boxes: Amended Schedule K-1 [ ] Final Schedule K-1 [X]

Part I. Pass-through Entity Information

Name Test S-corp 1 Inc FEIN 203333333
Mailing Address 246 Nipcooper Close
City Corus State NY ZIP Code 106112009

Part II. Owner Information

Name Owner One FEIN
Mailing Address 1 Court Street or SSN 300000001
City Dancing Dove State NY ZIP Code 900211601 Beneficial Owner FEIN or SSN

Owner Type I Resident [ ] Nonresident [X]

Special Allocations (See instructions) Profit and loss percentage 50.0000 %
The owner is included in a PTET election Capital/Ownership 50.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Additions and Subtractions.

Part IV. Distributive Share of Montana Source Income (Loss)

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Ordinary business income, Net rental real estate income, etc.

Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

Table with 3 columns: Description, A Everywhere, B Montana. Rows include PTET paid on behalf of owner, Montana composite income tax paid, etc.

Part VI. Tax Credits

Table with 3 columns: Code, Credit Authorization Number, Amount of Credit. Rows 1 and 2.

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

Table with 6 columns: Code, Amount, Code, Amount, Code, Amount. Rows 1 and 4.



\*24TT1201\*



# Montana Schedule K-1 (PTE)

Clear Form

2024v1  
5/2024

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

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

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

### Part I. Pass-through Entity Information

Name Test S-corp 1 Inc FEIN 2 0 3 3 3 3 3 3 3  
Mailing Address 24 6 Nipcopper Close  
City Corus State N Y ZIP Code 1 0 6 1 1 2 0 0 9

### Part II. Owner Information

Name Owner Two FEIN  
Mailing Address 1 Court Street or SSN 3 0 0 0 0 0 0 0 2  
City Dancing Dove State N Y ZIP Code 9 0 0 2 1 1 6 0 1 Beneficial Owner FEIN  
or SSN

Owner Type I Resident  Nonresident

Special Allocations (See instructions) Profit and loss percentage 50.0000 %  
The owner is included in a PTET election Capital/Ownership 50.0000 %  
Resident owner PTET election (See instructions)  
The owner is included in a composite income tax return

| Part III. Montana Adjustments (See worksheet on page 9) | A          |    | B       |    |
|---|------------|----|---------|----|
|   | Everywhere |    | Montana |    |
| 1 Additions   | 1          | 00 | 00      | 00 |
| 2 Subtractions  | 2          | 00 | 00      | 00 |

### Part IV. Distributive Share of Montana Source Income (Loss)

|   |    |          |          |
|---|----|----------|----------|
| 1 Ordinary business income (loss)                   | 1  | 2500 00  | 2500 00  |
| 2 Net rental real estate income (loss)              | 2  | -2500 00 | -2500 00 |
| 3 Other net rental income (loss)                    | 3  | -1500 00 | -1500 00 |
| 4a Guaranteed payments: services                    | 4a | 00       | 00       |
| 4b Guaranteed payments: capital                     | 4b | 00       | 00       |
| 5 Interest income                                   | 5  | 00       | 00       |
| 6 Ordinary dividends                                | 6  | 125 00   | 125 00   |
| 7 Royalties   | 7  | 24 9200  | 2492 00  |
| 8 Net short-term capital gain (loss)                | 8  | 00       | 00       |
| 9 Net long-term capital gain (loss)                 | 9  | 00       | 00       |
| 10 Net section 1231 gain (loss)                     | 10 | 00       | 00       |
| 11 Other income (loss) (include detailed statement) | 11 | 00       | 00       |
| 12 Section 179 expense deduction                    | 12 | 75 00    | 75 00    |
| 13 Other expense deductions                         | 13 | 50 00    | 50 00    |
| 14 Total distributive share (See instructions)      | 14 | 992 00   | 992 00   |

### Part V. Supplemental Information

| The owner filed Form PT-AGR  | Year | The owner is a Domestic 2nd tier PTE |    |    |
|--|------|--------------------------------------|----|----|
| 1 PTET paid on behalf of owner. (See instructions)                                     |      |                                      | 1  | 00 |
| 2 Montana composite income tax paid on behalf of owner                                 |      |                                      | 2  | 00 |
| 3a Montana income tax withheld on behalf of owner. (See instructions)                  |      |                                      | 3a | 00 |
| 3b Montana income tax withheld by a lower tier pass-through entity                     |      |                                      | 3b | 00 |
| 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. |      |                                      | 3c | 00 |
| 4 Montana mineral royalty tax withheld   |      |                                      | 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 | 00 | 2 Code | 00 | 3 Code | 00 |
| 4 Code | 00 | 5 Code | 00 | 6 Code | 00 |



\*24TT1201\*



## Apportionable Income Worksheet

This Worksheet must be filed with the return. Use this worksheet to segregate the PTE's income per income type for lines 16b, 16c, and 16d, and determine the PTE's income that is apportioned to Montana (Column G) before adjustments. The PTE must include the amounts from Column G on the Montana Source Income Schedule, Column D.

|   | A<br>Federal Schedule K | B (line 16b)<br>Federal Schs K-1 | C (line 16c)<br>DREs | D (line 16d)<br>Nonapportionabl<br>e income | E<br>Apportionable<br>Income<br>(A - B - C - D) | F<br>Apportionment factor<br>from Sch I, Line 5 | G<br>Income<br>apportioned to<br>MT (E x F) |
|---|-------------------------|----------------------------------|----------------------|---|---|---|---|
| 1 Ordinary buiness income (loss)                                    | \$ 5,000                |                                  | \$ -                 | \$ -  | \$ 5,000  | 100.0000%                                       | \$ 5,000                                    |
| 2 Net rental real estate income (loss)                              | \$ (5,000)              |                                  | \$ -                 |   | \$ (5,000)                                      | 100.0000%                                       | \$ (5,000)                                  |
| 3 Other net rental income (loss)                                    | \$ (3,000)              |                                  | \$ -                 |   | \$ (3,000)                                      | 100.0000%                                       | \$ (3,000)                                  |
| 4a Guaranteed Payments - Services                                   | \$ -                    |                                  |                      |   |   | 100.0000%                                       | \$ -  |
| 4b Guaranteed Payments - Capital                                    | \$ -                    |                                  | \$ -                 |   | \$ -  | 100.0000%                                       | \$ -  |
| 5 Interest income   | \$ -                    |                                  | \$ -                 |   | \$ -  | 100.0000%                                       | \$ -  |
| 6 Ordinary dividends  | \$ 250                  |                                  | \$ -                 |   | \$ 250  | 100.0000%                                       | \$ 250                                      |
| 7 Royalties   | \$ 4,984                |                                  | \$ -                 |   | \$ 4,984  | 100.0000%                                       | \$ 4,984                                    |
| 8 Net short-term capital gain (loss)                                | \$ -                    |                                  | \$ -                 |   | \$ -  | 100.0000%                                       | \$ -  |
| 9 Net long-term capital gain (loss)                                 | \$ -                    |                                  | \$ -                 |   | \$ -  | 100.0000%                                       | \$ -  |
| 10 Net §1231 gain (loss)  | \$ -                    |                                  | \$ -                 |   | \$ -  | 100.0000%                                       | \$ -  |
| 11 Other income (loss)  | \$ -                    |                                  | \$ -                 |   | \$ -  | 100.0000%                                       | \$ -  |
| 12 §179 expense deduction<br>apportionable and/or allocable to MT   | \$ 150                  |                                  | \$ -                 |   | \$ 150  | 100.0000%                                       | \$ 150                                      |
| 13 Other expense deductions<br>apportionable and/or allocable to MT | \$ 100                  |                                  | \$ -                 |   | \$ 100  | 100.0000%                                       | \$ 100                                      |
| 14 Total  | \$ 1,984                | \$ -                             | \$ -                 | \$ -  | \$ 1,984  | 100.0000%                                       | \$ 1,984                                    |