



2018 Montana Partnership Information and Composite Tax Return Include a complete copy of federal Form 1065 and all related forms and schedules.

For calendar year 2018 or tax year beginning and ending MMDDYYYY MMDDYYYY

X Init X Fin X Am	Il that apply: ial return al return nended return fund return P	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	esident Partners onresident Partners	XXXXX XXXXX XXXXX XXXXX
Date F	Registered in	Montana MMDDYYYY MT Secretary of State ID # XXXXXXX	XX	
State	formed in	XX on MMDDYYYY Federal Business Code/NAICS XXXXX	X	
Partn	ers' Distrik	outive Share of Income Items (Form 1065, Schedule K)		
		isiness income (loss)	1. XXXXXXXXXX	XX 00
2.	Net rental r	eal estate income (loss) (include federal Form 8825)	2. XXXXXXXXXX	XX 00
3a.	Other gross	rental income (loss)	00	
		rom other rental activities (include detailed statement) 3b. XXXXXXXXXXXX		
C.	Subtract lin	e 3b from line 3a. This is your other net rental income or loss.	3c. XXXXXXXXXXX	XX 00
4.	Guaranteed	l payments	4. XXXXXXXXXXX	XX 00
5.	Interest ince	ome	5. XXXXXXXXXX	XX 00
6.	Ordinary di	vidends	6. XXXXXXXXXX	XX 00
7.	•			
8.		erm capital gain (loss) (include federal Schedule D, Form 1065)		
	•	m capital gain (loss) (include federal Schedule D, Form 1065)		
		1231 gain (loss) (include federal Form 4797)		
		ne (loss) (include detailed statement)		
		through 11 and enter result. This is your total federal income or loss	12. XXXXXXXXXX	XX 00
		outive Share of Deduction Items (Form 1065, Schedule K)		
13a.		deduction (include federal Form 4562)		
b.		าร		
C.		interest expense		
d.		e)(2) expenditures (include detailed statement)		
e.		ctions (include detailed statement)		
		3a through 13e and enter result. This is your total federal deductions		
		e 14 from line 12. This is your federal income from all sources.	15. XXXXXXXXXX	XX 00
		outive Share of Montana Additions and Deductions to Income		
16a.		dividends not taxable under the Internal Revenue Code 16a. XXXXXXXXXXXXX		
b.		d on income or profits		
C.		ions (include detailed statement)		
47		6a, 16b, and 16c; enter result. This is your total Montana additions to income.		XX 00
		J.S. government obligations (include detailed statement) 17a. XXXXXXXXXXXXX		
		or purchasing recycled material (include Form RCYL) 17b. XXXXXXXXXXXXX		
C.		ctions (include detailed statement)		
a.		onable income/(loss) (include detailed statement) 17d. XXXXXXXXXXXXX		3737 00
40		7a through 17d; enter result. This is your total Montana deductions to income.		
		5 and 16, then subtract line 17 from that result		XX 00
		d Allocated Montana Source Income X Schedule I Not Required (s	,	VV 00
		portioned to Montana. Multiply line 18x XXX XXXX % (see instructions)		
20.		oss allocated directly to Montana (see instructions)		
۷١.	Add lines T	9 and 20; enter result. This is your total Montana source income	∠ 1. ∧∧∧ХХХХХХХХ	XX 00





Form PR-1, Page 2 - 2018 FEIN XXXXXXX	XXX	
Calculation of Amount Owed or Refund		
22. Enter your Montana total composite tax from Schedule IV, column H	22 .XXXXXXXXXXXX	0.0
23. Enter the sum of pass-through withholding from all Montana Schedules K-1, part 5, line 2a	23 .XXXXXXXXXXXX	0.0
Withholding		
24 a. Total Montana mineral royalty tax withheld on your behalf (see instructions) 24a.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
b. Mineral royalty tax withheld distributed to partners24b.XXXXXXXXXXX	ζ 00	
c. Subtract 24b from 24a. Montana mineral royalty tax withheld attributable to partnership	24c.XXXXXXXXXXXXX	0.0
25 a. Total Montana pass-through withholding paid on your behalf (see instructions)25a.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ζ 00	
b. Montana pass-through withholding distributed to partners25b.XXXXXXXXXXXX	ζ 00	
c. Subtract line 25b from 25a. Montana pass-through withholding attributable to partnership		
26. Add lines 24c and 25c. This is the total withholding payments attributable to partnership	26.XXXXXXXXXXXXX	0.0
Return Payments		
27 a. 2017 overpayment applied to 201827a.XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
b. 2018 estimated payments		
c. 2018 extension payment		
d. For amended returns only—payments made with original return27d.XXXXXXXXXXX		
e. For amended returns only—previously issued refunds (see instructions)27e.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
f. Add lines 27a through 27d, then subtract line 27e. This is your total return payments		
28. Add lines 22 and 23, then subtract lines 26 and 27f. This is your amount due or (overpaid).	28.XXXXXXXXXXXXX	0.0
Penalties and Interest (see instructions)		
29 a. Partnership information return late filing penalty		
b. Interest on underpayment of estimated composite tax29b.XXXXXXXXXXXXXX		
c. Composite income tax return late filing penalty29c.XXXXXXXXXXXX		
d. Late payment penalty		
e. Interest		
f. Add lines 29a through 29e. This is your total penalties and interest	29f.XXXXXXXXXXXX	0.0
Amount Owed or Refund		
30. Add lines 28 and 29f		
31. If line 30 results in an amount due, enter it here. This is the amount you owe		0.0
Pay online at revenue.mt.gov. If writing a check, make it payable to MONTANA DEPA		
32. If line 30 results in an overpayment, enter it here. This is your overpayment. Enter as a positive nun	nber. 32.XXXXXXXXXXXXX	0.0
33. Enter the amount from line 32 that you want applied to your 2019 composite estimated tax	7 00	
34. Subtract line 33 from line 32 and enter the amount here. This is your refund.		0.0
34 Suntract line 33 from line 32 and enter the amount here. This is volir retund	54 .XXXXXXXXXXXX	UC

Your Refund	1. RTN#	XXXXXXXX	2. ACCT#	XXXX	XXXXXXX	XXXXX	XXX			
Complete 1, 2, 3 and 4	If using	direct deposit, you are	required to mark one bo		-		-			
(see instructions).	4. Is this re	efund going to an accou	nt that is located outside o	of the Uni	ited States o	r its terr	itories?	X Y	es	X No

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.

Signature of Officer	Date	Printed Name and Title	reiepno	ne ivumi	per
x	MMDDYYYY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXXX

Print/Type Preparer's Name	Preparer's Signature	Date		PTIN	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MMDI	YYYY	Y	XXXXXXXX	
Firm's Name	Firm's Address	Telepho	ne Num	ber	Firm's FEIN
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXXX	XXXXXXXXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				

May the DOR discuss this tax return with your tax preparer? $\,\,\mathrm{X}\,\,$ Yes $\,\,\mathrm{X}\,\,$ No



Schedule I - Apportionment Factors for Multistate Partnerships Enter amounts in columns A and B. Enter percentages in column C. A. Everywhere B. Montana. C. Factor 1. Property Factor: Use average value for real and tangible personal property. XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX 1j. Property of foreign subs included in combined group1j.XXXXXXXXXXX 00 XXXXXXXXXXXXXX 1k. Property of unconsolidated subs included in combined group 1k. XXXXXXXXXXX 00 XXXXXXXXXXX 1I. Property of pass-through entities included in combined group.....1I.XXXXXXXXXXX 00 XXXXXXXXXX 00 2. Payroll Factor: XXXXXXXXXXX Payroll included in: 2e. Payroll of foreign subs included in combined group......2e.XXXXXXXXXXX 00 XXXXXXXXXXXX Divide the total in column B by the total in column A. Multiply the result by 100. This is your payroll factor.2.XXX • XXXX 3. Gross Receipts Factor: 3b. Receipts delivered or shipped to Montana purchasers: 3c. Receipts shipped from Montana to: 3d. Receipts other than receipts of tangible personal property (e.g. service income)..................3d. XXXXXXXXXXXXXXXX 3g. Receipts of foreign subs included in combined group................3g. XXXXXXXXXXX 00 XXXXXXXXXXXXXX 3h. Receipts of unconsolidated subs included in combined group... 3h. XXXXXXXXXXXX 00 XXXXXXXXXXXX 00 3i. Receipts (pro-rata share) of pass-through entities 5. Divide the percentage on line 4 by the number of factors included in the calculation of line 4. If a property, payroll or receipts factor is 0%, it is included in the calculation of line 4 if there's is a value in column A (see instructions).



18DY03XX

Schedule II - Montana Partnership Tax Credits

Тур	e of Credit	Amount of Cre	dit
1.	Dependent Care Assistance Creditinclude Form DCAC	XXXXXXXX	00
2.	College Contribution Creditinclude Form CC		00
3.	Health Insurance for Uninsured Montanans Credit include Form HI		00
4.	Recycle Credit include Form RCYL	XXXXXXXX	00
5.	Alternative Energy Production Creditinclude Form AEPC		00
6.	Contractor's Gross Receipts Tax Credit. If multiple CGR accounts, mark here.		
	CGR Account ID: XXXXXXXXXXCGR	XXXXXXXX	00
7.	Alternative Fuel Creditinclude Form AFCR	XXXXXXXX	00
8.	Infrastructure User Fee Creditinclude Form IUFC		00
9.	Historic Property Preservation Creditinclude federal Form 3468	XXXXXXXXX	00
10.	Mineral and Coal Exploration Incentive Creditinclude Forms MINE-CERT and MINE-CRED	XXXXXXXXX	00
11.	Empowerment Zone Credit		00
12.	Biodiesel Blending and Storage Creditinclude Form BBSC	XXXXXXXXX	00
13.	Innovative Educational Program Credit		00
14.	Student Scholarship Organization Credit	XXXXXXXXX	00
15.	Emergency Lodging Creditinclude Form ELC	XXXXXXXXX	00
16.	Unlocking Public Lands Credit	XXXXXXXXX	00
17.	Apprenticeship Tax Credit	XXXXXXXX	00
Тур	e of Credit Recapture	Amount of Cre	dit
		Recapture	
18.	Historic Property Preservation Credit Recapture	XXXXXXXXX	00
19.	Film Production Credit Recapture	XXXXXXXXX	00
20.	Biodiesel Blending and Storage Credit Recapture	XXXXXXXXX	00
21.	Oilseed Crushing and Biodiesel/Biolubricant Production Credit Recapture	XXXXXXXXX	00

When attributing any credit or credit recapture from a partnership to its partners, use the same proportion the partnership used to report each partner's income or loss for Montana tax purposes. Include a detailed breakdown that shows each partner's share of the credit or credit recapture.

Use Montana Schedule K-1 to notify each partner of the amount of credit available to the partner.



18DY04XX

Schedule IV - Montana Partnership Composite Income Tax Schedule

Part I. Eligible Participating Partners

Enter the number of eligible participating partners. See instructions for more information about eligible participating partners.

Part II. Composite Tax Ratio

Use the amount in column 3 to complete the calculation in column H below.

Enter the amount from page 1, line 15 of this form.

Enter the amount from page 1, line 21 of this form.

XXXXXXXXXXX 00 XXXXXXXXXXX 00 X.XXXXXX

Divide column 2 by column 1 Do not enter more than 1.000000

3

Part III. Enter below in columns A through H the required information and amounts for each eligible participating partner.

XXXXX

	Α	В	С	D	E	F	G	Н
	Name	Social security number or federal employer identification number	Partner's share of federal income from entity	Standard deduction	Exemption \$2,440	Montana taxable income – Subtract columns D and E from column C.	Enter the appropriate tax from the tax table below.	Montana composite income tax. Multiply column G times composite tax ratio from Part II.
1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXX 00	XXXX00	XXXX00	XXXXXXXXX00	XXXXXXXXX 00	XXXXXXXXX00
2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXX 00	XXXX00	XXXX00	XXXXXXXXX00	XXXXXXXXX 00	XXXXXXXXX00
3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXX 00	XXXX00	XXXX00	XXXXXXXXX00	XXXXXXXXX 00	XXXXXXXXX00
4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXX 00	XXXX00	XXXX00	XXXXXXXXX00	XXXXXXXXX 00	XXXXXXXXX00
5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXX 00	XXXX00	XXXX00	XXXXXXXXX00	XXXXXXXXX 00	XXXXXXXXX00
6.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXX 00	XXXX00	XXXX00	XXXXXXXXX00	XXXXXXXXX 00	XXXXXXXXX00
7.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXX 00	XXXX00	XXXX00	XXXXXXXXX00	XXXXXXXXX 00	XXXXXXXXX00
8.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXX 00	XXXX00	XXXX00	XXXXXXXXX00	XXXXXXXXX 00	XXXXXXXXX00
9.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXX 00	XXXX00	XXXX00	XXXXXXXXX 00	XXXXXXXXX 00	XXXXXXXXX00
10.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXX 0 0	XXXX00	XXXX00	XXXXXXXXX 00	XXXXXXXXX 00	XXXXXXXXX00
11.	Enter the total composite tax from all additional	al pages, if used					11.	XXXXXXXXX00
			Add column H, line	s 1 through	11. This is yo	our total composite	income tax liability.	XXXXXXXXX00

Add column H, lines 1 through 11. **This is your total composite income tax liability.** Transfer the amounts from column H to each partner's Montana Schedule K-1, Part 5, Line 1.



If additional space is needed, make copies of this page. Include all additional pages from line 11 with the tax return.

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$0	\$3,000	1% (0.010)	\$0	
\$3,000	\$5,200	2% (0.020)	\$30	
\$5,200	\$8,000	3% (0.030)	\$82	
\$8,000	\$10,800	4% (0.040)	\$162	
\$10,800	\$13,900	5% (0.050)	\$270	
\$13,900	\$17,900	6% (0.060)	\$409	
	More Than \$17,900	6.9% (0.069)	\$570	

XXXXXXXX XXXXXXXXX 00

Schedule VI – Reporting of Special Transactions

Complete Schedule VI only if your partnership filed any of the federal income tax forms described below. Mark the appropriate box indicating which form(s) you filed with the Internal Revenue Service for this tax year. If your answer is "Yes" to one or more of these forms, you need to include a complete copy of your federal tax return Form 1065.

1. The partnership filed federal Form 8918 - Material Advisor Disclosure Statement with the Internal Revenue Service. Χ Yes Material advisors to any reportable transactions must file Form 8918. The partnership filed federal Form 8824 – Like-Kind Exchanges with the Internal Revenue Service. $_{
m Y}$ Yes NOTE: Mark the box if your like-kind exchange includes Montana property. Nonresidents do not have to report a like-kind exchange if the properties involved do not include Montana property. Use Form 8824 to report each exchange of business or investment property for property of a like-3. The partnership filed federal Form 8865 - Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service. Χ Yes Use Form 8865 to report the information required under 26 USC 6038 (reporting with respect to controlled foreign partnerships), Section 6038B (reporting of transfers to foreign partnerships) or Section 6046A (reporting of acquisitions, dispositions and changes in foreign partnership interest). 4. The partnership filed federal Form 8886 - Reportable Transaction Disclosure Statement with the Internal Revenue Service. Χ Yes Use Form 8886 to disclose information for each reportable transaction in which you participated. Complete this section if you made a disbursement to a related party. 5. During this tax year, the partnership made payments to one or more related parties (excluding salary compensation) that exceed \$100,000 per recipient. Χ Yes If you answer "Yes" to this question, please provide the name and federal employer identification number of each related party below and the amount that you paid to each related party: Amount of Payment Name FEIN XXXXXXXXX XXXXXXXXXX 00 XXXXXXXX XXXXXXXXXX 00