

2014 Montana Partnership Information and Composite Tax Return

Include a complete copy of federal Form 1065 and all related forms and schedules.

For calendar year 2014 or tax year beginning

MMDD2014

and ending

MMDDYYYY

Mark all that apply:

- Initial return
Final return
Amended return
Refund return
PTP
Technical termination

Name
Mailing Address
City State Zip Code + 4

FEIN
Enter number of Schedules K-1 Included
Resident Partners
Nonresident Partners
Other Types of Partners

Date Registered in Montana

MMDDYYYY

MT Secretary of State ID #

MT Secretary of State ID #

State formed in

State formed in

on

MMDDYYYY

Federal Business Code/NAICS

Federal Business Code/NAICS



See electronic options at revenue.mt.gov

Partners' Distributive Share of Income Items (Form 1065, Schedule K)

Table with 3 columns: Description, Line Number, Amount. Rows include Ordinary business income, Net rental real estate income, etc.

Partners' Distributive Share of Deduction Items (Form 1065, Schedule K)

Table with 3 columns: Description, Line Number, Amount. Rows include Section 179 deduction, Contributions, etc.

Partners' Distributive Share of Montana Additions and Deductions to Income

Table with 3 columns: Description, Line Number, Amount. Rows include Interest and dividends not taxable, Taxes based on income, etc.

Apportioned and Allocated Montana Source Income

Table with 3 columns: Description, Line Number, Amount. Rows include Income apportioned to Montana, Income allocated to Montana, etc.



FEIN input boxes

Calculation of Amount Owed or Refund

Table with 2 rows: 22. Enter your Montana total composite tax from Schedule III, column E... 22. 00; 23. Enter the amount of total partner withholding from Schedule III, column F... 23. 00

Withholding

Table with 6 rows: 24 a. Total Montana mineral royalty tax withheld (see instructions) ... 24a. 00; 24 b. Mineral royalty tax withheld distributed to partners... 24b. 00; 24 c. Subtract 24b from 24a. Montana mineral royalty tax withheld attributable to partnership. ... 24c. 00; 25 a. Total Montana pass-through withholding ... 25a. 00; 25 b. Montana pass-through withholding distributed to partners ... 25b. 00; 25 c. Subtract line 25b from 25a. Montana pass-through withholding attributable to partnership. ... 25c. 00; 26. Add lines 24c and 25c. This is the total withholding payments attributable to partnership. ... 26. 00

Return Payments

Table with 6 rows: 27 a. 2013 overpayment applied to 2014 ... 27a. 00; 27 b. 2014 estimated payments... 27b. 00; 27 c. 2014 extension payment... 27c. 00; 27 d. For amended returns only—payments made with original return ... 27d. 00; 27 e. For amended returns only—previously issued refunds (see instructions) 27e. 00; 27 f. Add lines 27a through 27d, then subtract line 27e. This is your total return payments. ... 27f. 00; 28. Add lines 22 and 23, then subtract lines 26 and 27f. This is your amount due or (overpaid). ... 28. 00

Penalties and Interest (see instructions)

Table with 6 rows: 29 a. Partnership information return late filing penalty 29a. 00; 29 b. Interest on underpayment of estimated composite tax 29b. 00; 29 c. Composite income tax return late filing penalty 29c. 00; 29 d. Late payment penalty 29d. 00; 29 e. Interest..... 29e. 00; 29 f. Add lines 29a through 29e. This is your total penalties and interest. ... 29f. 00

Amount Owed or Refund

Table with 4 rows: 30. Add lines 28 and 29f..... 30. 00; 31. If line 30 results in an amount due, enter it here. This is the amount you owe. 31. 00; 32. If line 30 results in an overpayment, enter it here. This is your overpayment. Enter as a positive number. . 32. 00; 33. Enter the amount from line 32 that you want applied to your 2015 composite estimated tax 33. 00; 34. Subtract line 33 from line 32 and enter the amount here. This is your refund. 34. 00

Pay online at revenue.mt.gov. If writing a check, make it payable to MONTANA DEPARTMENT OF REVENUE.

Direct Deposit Your Refund section with fields for RTN#, ACCT#, and checkboxes for Checking, Savings, and international account.

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 General Partner or LLC Member Manager section with fields for Date, Printed Name and Title, and Telephone Number.

Preparer information section with fields for Print/Type Preparer's Name, Preparer's Signature, Date, PTIN, Firm's Name, Firm's Address, Telephone Number, and Firm's FEIN.

Checkboxes for "Mark if you do not need Form PR-1 sent next year.", "May the DOR discuss this tax return with your tax preparer?", and "Mark this box to receive your Montana extension."



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.

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. Property of foreign subsidiaries included in combined unitary group	1j.		00		00
1k. Property of unconsolidated subsidiaries included in combined unitary group	1k.		00		00
1l. Property of pass-through entities included in combined unitary group	1l.		00		00
1m. Multiply amount of rents by 8 and enter result	1m.		00		00
Total Property Value add lines 1a through 1m			00		00

Divide the total in column B by the total in column A. Multiply the result by 100. **This is your property factor.** 1. %

2. Payroll Factor:

2a. Compensation of officers	2a.		00		00
2b. Salaries and wages	2b.		00		00
Payroll included in:					
2c. Costs of goods sold	2c.		00		00
2d. Other expenses and deductions	2d.		00		00
2e. Payroll of foreign subsidiaries included in combined unitary group	2e.		00		00
2f. Payroll of unconsolidated subsidiaries included in combined unitary group	2f.		00		00
2g. Payroll of pass-through entities included in combined unitary group	2g.		00		00
Total Payroll Value add lines 2a through 2g			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. Sales (Gross Receipts) Factor:

3a. Gross sales, less returns and allowances	3a.		00		
3b. Sales delivered or shipped to Montana purchasers:					
(1) Shipped from outside Montana	3b.(1)				00
(2) Shipped from within Montana	3b.(2)				00
3c. Sales 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. Sales other than sales of tangible personal property (i.e. service income)	3d.				00
3e. Net gains reported on federal Schedule D and federal Form 4797	3e.		00		00
3f. Other gross receipts (rents, royalties, interest, etc.)	3f.		00		00
3g. Sales (receipts) of foreign subsidiaries included in combined unitary group	3g.		00		00
3h. Sales (receipts) of unconsolidated subsidiaries included in combined unitary group	3h.		00		00
3i. Sales (receipts) of pass-through entities included in combined unitary group	3i.		00		00
3j. Less: All intercompany transactions	3j.		00		00
Total Sales Value add lines 3a through 3j			00		00

Divide the total in column B by the total in column A. Multiply the result by 100. **This is your sales factor.** 3. %

4. Add the percentages on lines 1, 2, and 3 in column C. This is the sum of your factors. 4. %

5. Divide the total percentage on line 4, column C, by the number of factors that can be included in the calculation. If there is a value in column A for a factor category (Property, Payroll or Sales), you should include this factor as part of the calculation (see instructions). Enter the results here and also insert on Form PR-1, page 1, line 19. This is your apportionment factor. 5. %



Schedule II - Montana Partnership Tax Credits

Type of Credit	Amount of Credit
1. Dependent Care Assistance Creditinclude Form DCAC	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	00
5. Alternative Energy Production Credit include Form AEPC	00
6. Contractor's Gross Receipts Tax Credit. If multiple CGR accounts, please mark here. <input type="checkbox"/>	
CGR Account ID: <input type="text"/> - <input type="text"/> - CGR	00
7. Alternative Fuel Credit include Form AFRC	00
8. Infrastructure Users Fee Credit include Form IUFC	00
9. Historic Property Preservation Creditinclude federal Form 3468	00
10. Mineral and Coal Exploration Incentive Creditinclude Forms MINE-CERT and MINE-CRED	00
11. Empowerment Zone Credit.....	00
12. Film Production Credit.....include Form FPC	00
13. Biodiesel Blending and Storage Credit.....include Form BBSC	00
14. Oilseed Crushing and Biodiesel/Biolubricant Production Credit.....include Form OSC	00
15. Insure Montana Small Business Health Insurance Credit.	
Business FEIN: <input type="text"/> - <input type="text"/>	00
16. Temporary Emergency Lodging Creditinclude Form TELC	00
17. Unlocking State Lands Credit.....	00

Type of Credit Recapture	Amount of Credit Recapture
18. Historic Property Preservation Credit Recapture.....	00
19. Film Production Credit Recapture	00
20. Biodiesel Blending and Storage Credit Recapture	00
21. Oilseed Crushing and Biodiesel/Biolubricant Production Credit Recapture	00

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

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



Schedule III – Montana Partnership Information

Summary Schedule and Supplemental Information

Complete columns E, F or G if the partner is a nonresident individual, estate, trust, foreign C corporation or second-tier pass-through entity. If electing composite tax, mark column E.

Complete columns A through D for all partners.

A	B	C	D	E	F	G
Name Street Address or PO Box City State Zip Code	Entity Type (see codes below*) and Identification Number (FEIN or SSN)	Residency Code (R/N)	MT Distributive Share	Composite Income Tax (from Schedule IV, column H)	Partner Withholding (see instructions)	PT-AGR or PT-STM (year)
1.	Entity Type <input type="text"/>	<input type="checkbox"/> R <input type="checkbox"/> N	00	<input type="checkbox"/>	00	00
	FEIN <input type="text"/>					
	SSN <input type="text"/>					
2.	Entity Type <input type="text"/>	<input type="checkbox"/> R <input type="checkbox"/> N	00	<input type="checkbox"/>	00	00
	FEIN <input type="text"/>					
	SSN <input type="text"/>					
3.	Entity Type <input type="text"/>	<input type="checkbox"/> R <input type="checkbox"/> N	00	<input type="checkbox"/>	00	00
	FEIN <input type="text"/>					
	SSN <input type="text"/>					
4.	Entity Type <input type="text"/>	<input type="checkbox"/> R <input type="checkbox"/> N	00	<input type="checkbox"/>	00	00
	FEIN <input type="text"/>					
	SSN <input type="text"/>					
5.	Entity Type <input type="text"/>	<input type="checkbox"/> R <input type="checkbox"/> N	00	<input type="checkbox"/>	00	00
	FEIN <input type="text"/>					
	SSN <input type="text"/>					
6.	Entity Type <input type="text"/>	<input type="checkbox"/> R <input type="checkbox"/> N	00	<input type="checkbox"/>	00	00
	FEIN <input type="text"/>					
	SSN <input type="text"/>					
7.	Entity Type <input type="text"/>	<input type="checkbox"/> R <input type="checkbox"/> N	00	<input type="checkbox"/>	00	00
	FEIN <input type="text"/>					
	SSN <input type="text"/>					
8. Enter the totals of columns D, E and F from all pages (see instructions).....			00	<input type="checkbox"/>	00	00

Transfer the total from column E to Form PR-1, line 22. Transfer the total from column F to Form PR-1, line 23.
Include all additional pages from line 8 with the tax return.

*Column B Entity Type Codes:
C – C corporation **D** – Disregarded entity **E** – Estate **F** – Foreign C corporation **I** – Individual **P** – Partnership **PTP** – Publicly traded partnership **S** – S corporation **T** – Trust **TE** – Tax-exempt entity

If additional space is needed, please make copies of this page.



Schedule IV – Montana Partnership Composite Income Tax Schedule

<p>Part I. Eligible Participating Partners</p> <p>Enter the number of eligible participating partners. <input style="width:50px;" type="text"/></p> <p>See instructions for more information about eligible participating partners.</p>	<p>Part II. Composite Tax Ratio</p> <p>Use the amount in column 3 to complete the calculation in column H below.</p>	1	2	3
		Enter the amount from Form PR-1, line 15	Enter the amount from Form PR-1, line 21	Divide column 2 by column 1
		<input style="width:50px;" type="text"/> 00	<input style="width:50px;" type="text"/> 00	<input style="width:50px;" type="text"/> . <input style="width:50px;" type="text"/>

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

A	B	C	D	E	F	G	H	
Name	Social security number or federal employer identification number	Partner's share of federal income from entity	Standard deduction	Exemption \$2,330	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.			00	00	00	00	00	
2.			00	00	00	00	00	
3.			00	00	00	00	00	
4.			00	00	00	00	00	
5.			00	00	00	00	00	
6.			00	00	00	00	00	
7.			00	00	00	00	00	
8.			00	00	00	00	00	
9.			00	00	00	00	00	
10.			00	00	00	00	00	
11.	Enter the total composite tax from all additional pages, if used						11.	00
Add column H, lines 1 through 11. This is your total composite income tax liability.							00	

Transfer the amounts from column H to Form PR-1, Schedule III, column E.



If additional space is needed, please 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	\$2,800	1% (0.010)	\$0	
\$2,800	\$5,000	2% (0.020)	\$28	
\$5,000	\$7,600	3% (0.030)	\$78	
\$7,600	\$10,300	4% (0.040)	\$154	
\$10,300	\$13,300	5% (0.050)	\$257	
\$13,300	\$17,100	6% (0.060)	\$390	
More Than \$17,100		6.9% (0.069)	\$544	

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 will 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. Yes

Form 8918 is required to be filed by material advisors to any reportable transactions.

2. The partnership filed federal **Form 8824 – Like-Kind Exchanges** with the Internal Revenue Service. 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.

Form 8824 is used to report each exchange of business or investment property for property of a like-kind.

3. The partnership filed federal **Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnerships** with the Internal Revenue Service. Yes

Form 8865 is used 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. Yes

Form 8886 is used 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.** Yes

If your answer is “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:

Name	FEIN	Amount of Payment
		00
		00
		00

