



2006 Montana Partnership Information and Composite Tax Return

P
MONTANA
PR-1
Rev. 5-06

Attach a copy of federal Form 1065 and Schedule K-1(s)

For calendar year 2006 or tax year beginning (MM-DD) ___ - ___ - **06** and ending (MM-DD-YY) ___ - ___ - ___

Name		Check box if this is a change of address. <input type="checkbox"/>	FEIN: _____
Address		Federal Business Code: _____	
City	State	Zip + 4	Date Registered in Montana: _____

- Check here, if you do not need the Montana Partnership Information Return and Instructions sent to you next year.
- Check here, if you are filing Schedule V, Backup Withholding Payments with this return.
- Check here, if you are requesting a refund with this return.

<input type="checkbox"/> Check if this is an initial return	<input type="checkbox"/> Check here if this is an amended return
<input type="checkbox"/> Check if this is a final return	If you check the box above, check all that apply below:
Reason for final return	a. Federal Revenue Agent Report (a complete copy of this report is required) a. <input type="checkbox"/>
a. Withdrawn a. <input type="checkbox"/>	b. Apportionment factor changes (attach a statement explaining adjustments) b. <input type="checkbox"/>
b. Dissolved b. <input type="checkbox"/>	c. Amended federal return c. <input type="checkbox"/>
c. Merged c. <input type="checkbox"/>	d. Amended composite return d. <input type="checkbox"/>
d. Reorganized d. <input type="checkbox"/>	e. Other (attach a statement explaining all adjustments in detail) e. <input type="checkbox"/>

Partners' Shares of Income (Loss) (Form 1065, Schedule K)

Partner's Distributive Share Items

1. Ordinary business income (loss).....	1.	
2. Net rental real estate income (loss) (attach federal Form 8825)	2.	
3. a. Other gross rental income (loss)	3a.	
b. Expenses from other rental activities (attach schedule)	3b.	
c. Subtract line 3b from line 3a. This is your other net rental income or loss.	3c.	
4. Guaranteed payment	4.	
5. Interest income	5.	
6. Ordinary dividends	6.	
7. Royalties	7.	
8. Net short-term capital gain (loss) (attach federal Schedule D, Form 1065)	8.	
9. Net long-term capital gain (loss) (attach federal Schedule D, Form 1065)	9.	
10. Net section 1231 gain (loss) (attach federal Form 4797)	10.	
11. Other income (loss)	11.	
12. Add lines 1 through 11 and enter result. This is your total share of income or loss.	12.	

Partners' Shares of Deduction (Form 1065, Schedule K)

13. Enter section 179 deduction (attach federal Form 4562)	13.	
14. a. Contributions	14a.	
b. Investment interest expense	14b.	
c. Section 59(e)(2) expenditures. Type _____ Amount →	14c.	
d. Other deductions (attach schedule)	14d.	
15. Add lines 13 through 14d and enter result. This is your total share of deductions.	15.	

Partners' Distributive Shares of Montana Additions and Exclusions to Income

16. a. Interest and dividends not taxable under the Internal Revenue Code (non-Montana).....	16a.	
b. Taxes based on income or profits	16b.	
c. Other additions (attach detailed breakdown)	16c.	
Add lines 16a, 16b, and 16c and enter result. This is your total Montana additions to income.	16.	
17. a. Interest on U.S. Government obligations (attach schedule)	17a.	
b. Deduction for purchasing recycled material (attach Form RCYL)	17b.	
c. Other deductions (attach detailed breakdown)	17c.	
Add lines 17a, 17b, and 17c and enter result. This is your total Montana deductions to income.	17.	
18. Subtract line 15 from line 12. Add the result to line 16, then subtract line 17 from that result	18.	

Partners' Distributive Shares of Multi-state Apportionment and Allocation

19. Multi-state taxpayers: Enter line 18 X _____ % from Montana Schedule I, line 5	19.	
20. Multi-state taxpayers should enter here their income or loss that they allocate directly to Montana	20.	

Calculation of Net Amount Due

Partnership Information Return Late Filing Penalty

21. Partnership information return late filing penalty (see instructions) 21.

Partnership Composite Return Tax

22. Enter your Montana total composite tax from Schedule IV, column J 22.

Return Payments

23. a. 2005 overpayment applied to 2006 23a.
 b. 2006 estimated payments 23b.
 c. 2006 extension payment 23c.
 d. Other payments 23d.
 e. Previously issued refunds (amended return only - see instructions) 23e. ()
 f. Add lines 23a through 23e and enter the result here. **This is the total of your return payments.** .. 23f.
 24. Subtract line 23f from line 22 and enter the result here 24.

This is your net Montana composite tax due or overpaid.

Composite Return Penalties and Interest Calculation

25. Interest on underpayment of estimated taxes 25.
 26. Composite income tax return late filing penalty 26.
 27. Composite income tax return late payment penalty 27.
 28. Interest (see instructions) 28.
 29. Add lines 25 through 28 and enter the result here 29.

This is your Montana composite penalties and interest.

Refund or Amount Owed

30. Add lines 21, 24 and 29 and enter the result here 30.
 31. If the amount on line 30 is greater than zero, enter it here. **This is your return(s) amount due.** 31.
 32. If the amount on line 30 is less than zero, enter it here. **This is your return(s) overpayment.** 32. ()
 33. Enter the amount from line 32 you want applied to your 2007 composite estimated tax 33.
 34. Add lines 32 and 33 and enter the result here. **This is your refund.** 34. ()

Partnership Backup Withholding Payment from Schedule V

35. Enter your Montana corporation license tax withheld from Schedule V, column E 35.
 36. Enter your Montana individual income tax withheld from Schedule V, column F 36.
 37. Payments previously made for tax withheld 37.
 38. Add lines 35 and 36, then subtract line 37. **This is your total partnership backup withholding due.** 38.
 39. If the amount on line 31 is greater than zero, add lines 31 and 38. **This is your total due.** 39.

This return has to be signed by a general partner or limited liability company member.

Declaration

I, the undersigned general partner or limited liability company member of the partnership for which this return is made, hereby declare that this return, including all accompanying schedules and statements, is to the best of my knowledge and belief a true, correct and complete return, made in good faith for the income period stated, pursuant to the Montana statutes and regulations.

Signature of partner		Date
Print name	Title	Telephone number, ext.
Name of person or firm preparing return		Date
Preparer's identification number		Telephone number

Check here to authorize the Montana Department of Revenue to discuss your return with the individual/preparer listed above.

Entity Name _____ Tax period ending _____ FEIN _____

Reporting of Special Transactions

You will need to attach to your Montana return a complete copy of the applicable form if you checked “yes” for any of the following.	
<p>1. I filed federal Form 8264 – Application for Registration of a Tax Shelter with the Internal Revenue Service.</p> <p>Form 8264 is required to be filed to register a tax shelter.</p>	<input type="checkbox"/> Yes
<p>2. I filed federal Form 8271 – Investor Reporting of Tax Shelter Registration Number with the Internal Revenue Service.</p> <p>Form 8271 is used to report the tax shelter registration number that the Internal Revenue Service assigns to certain tax shelters required to be registered under 26 USC 6111 and to report the name and identifying number of the tax shelter.</p>	<input type="checkbox"/> Yes
<p>3. I filed federal Form 8824 – Like-Kind Exchanges with the Internal Revenue Service.</p> <p>Check “yes” if your like-kind exchange includes Montana property.</p> <p>Form 8824 is used to report each exchange of business or investment property for property of a like-kind.</p>	<input type="checkbox"/> Yes
<p>4. I filed federal Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service.</p> <p>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).</p>	<input type="checkbox"/> Yes
<p>5. I filed federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service.</p> <p>Form 8886 is used to disclose information for each reportable transaction in which you participated.</p>	<input type="checkbox"/> Yes
<p>6. I filed federal Form 13750 – Election to Participate in Announcement 2005-80 Settlement Initiative with the Internal Revenue Service.</p> <p>Form 13750 is an election to participate in the settlement initiative as described in Announcement 2005-80 and as contained in Internal Revenue Bulletin 2005-46 dated November 14, 2005.</p>	<input type="checkbox"/> Yes

Schedule I

Entity Name _____ Tax period ending _____ FEIN _____

Apportionment Factors for Multi-state Partnerships

Enter amounts in columns A and B. Enter percentages in column C.

A. Everywhere	B. Montana	C. Factor
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1. Property Factor: Use average value for real and tangible personal property

a. Land		
b. Buildings		
c. Machinery		
d. Equipment		
e. Furniture and fixtures		
f. Leased property		
g. Inventories		
h. Supplies and other		
i. Property of foreign subsidiaries included in combined unitary group		
j. Property of unconsolidated subsidiaries included in combined unitary group		
k. Property of pass-through entities included in combined unitary group		
l. Multiply amount of rents by 8 and enter result		
Total Property Value add lines 1a through 1l		

Take the total in column B and divide it by the total in column A. Multiply the result by 100.

This is your property factor %

2. Payroll Factor:

a. Compensation of officers		
b. Salaries and wages		
Payroll included in:		
c. Costs of goods sold		
d. Repairs		
e. Other deductions		
f. Payroll of foreign subsidiaries included in combined unitary group		
g. Payroll of unconsolidated subsidiaries included in combined unitary group		
h. Payroll of pass-through entities included in combined unitary group		
Total Payroll Value add lines 2a through 2h		

Take the total in column B and divide it by the total in column A. Multiply the result by 100.

This is your payroll factor %

3. Sales (Gross Receipts) Factor:

a. Gross sales, less returns and allowances		
b. Sales delivered or shipped to Montana purchasers:		
Shipped from outside Montana		
Shipped from within Montana		
c. Sales shipped from Montana to:		
United States Government		
Purchasers in a state where the taxpayer is not taxable		
d. Sales other than sales of tangible personal property (i.e. service income)		
Less: Intercompany sales	()	()
e. Net gains reported on federal Schedule D and federal Form 4797		
f. Other gross receipts (rents, royalties, interest, etc.)		
g. Sales (receipts) of foreign subsidiaries included in combined unitary group		
h. Sales (receipts) of unconsolidated subsidiaries included in combined unitary group		
i. Sales (receipts) of pass-through entities included in combined unitary group		
j. Less: Other intercompany transactions	()	()
Total Sales Value add lines 3a through 3j		

Take the total in column B and divide it by the total in Column A. Multiply the result by 100.

This is your sales factor. %

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

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 it in page 1, line 19 of Form PR-1. This is your apportionment factor. %

Schedule II

Entity Name _____ Tax period ending _____ FEIN _____

Montana Partnership Tax Credits

Type of Credit	Amount of Credit	
1. Montana Dependent Care Assistance Credit attach Form DCAC		
2. Montana College Contribution Credit attach Form CC		
3. Health Insurance for Uninsured Montanans Credit attach Form HI		
4. Montana Recycle Credit attach Form RCYL		
5. Alternative Energy Production Credit attach Form AEPC		
6. Contractor's Gross Receipts Tax Credit attach supporting schedule		
7. Alternative Fuel Credit attach Form AFCR		
8. Infrastructure Users Fee Credit		
9. Qualified Endowment Credit attach Form QEC		
9a. Qualified Endowment Credit Recapture	()
10. Historical Buildings Preservation Credit attach federal Form 3468		
11. Increase Research and Development Activities Credit attach Form RSCH		
12. Mineral Exploration Incentive Credit attach Form MINE-CRED		
13. Developmental Disability Account Contribution Credit		
14. Empowerment Zone Credit		
15. Film Production Credit attach Form FPC		
16. Biodiesel Blending and Storage Credit attach Form BBSC		
17. Oilseed Crushing and Biodiesel Production Credit attach Form OSC		
NEW 18. Geothermal System Credit attach Form ENRG-A		
NEW 19. Insure Montana Credit		
Add lines 1 through 19 and enter result. This is the amount of your total credits.		

Any credit allowed to a partnership has to be attributable to its partners using the same proportion that is used when it reported that partnership's income or loss for Montana income tax purposes. Please provide a detailed breakdown that shows each partner's share of the credit.

In order to receive these credits, all partners will have to attach their applicable credit forms to their individual income or corporation license tax returns.

Schedule III

Entity name _____ Tax period ending _____ FEIN _____

Montana Partnership Information

Columns E through H have to be filled out for all nonresident individual, foreign C. corporation, and eligible second-tier entity partners.

Enter the total number of partners that own this partnership. _____

All Partners			Nonresident Partner Additional Information				
A	B	C	D	E	F	G	H
Name and address of partner (Name Street Address City State Zip Code)	Identification Number	Ownership %	Montana source income	Federal income from entity (from federal Schedule K-1)	Composite income tax (from Schedule IV, column J)	Partner withholding (from Schedule V, column E or F)	Consent agreement or statement (enter year signed)
1.	SSN FEIN						
2.	SSN FEIN						
3.	SSN FEIN						
4.	SSN FEIN						
5.	SSN FEIN						
6.	SSN FEIN						
7.	SSN FEIN						
Column Totals							

Use additional sheets if necessary or you may create your own schedule if you use the exact same format used here.

Schedule IV

Entity name _____ Tax period ending _____ FEIN _____

Montana Partnership Composite Income Tax Schedule

Eligible Participating Partners: An eligible participant is a partner who is a nonresident individual, a foreign C. corporation, or a pass-through entity whose only Montana source income for the tax year is from this entity and from other pass-through entities who have elected to file a composite return and pay a composite tax on behalf of the eligible participating partner. The entity must retain an executed power of attorney signed by the eligible participating partner, authorizing the partnership to file a composite return and act on the partner's behalf.

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

A	B	C	D	E	F	G	H	I	J
Name	Social Security Number or Federal Employer Identification Number	Federal income from entity	Standard deduction	Exemption \$1,980	Calculate Montana taxable income. Subtract column D from column C then subtract column E from the result.	Enter the appropriate tax from the tax table below.	Montana source income	Ratio. Divide column H by column C and enter result.	Montana composite income tax. Multiply column G times column I and enter result.
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
13.									
14.									
Column J Total									

Use additional sheets if necessary or you may create your own schedule if you use the exact same format used here.

Transfer the total from column J to PR-1, page 2, line 22.

If your Taxable Income is Over	but not Over	Multiply your Taxable Income by	and Subtract	equals your Tax
\$ 0	\$ 2,400	0.010	\$ 0	
\$ 2,400	\$ 4,300	0.020	\$ 24	
\$ 4,300	\$ 6,500	0.030	\$ 67	
\$ 6,500	\$ 8,800	0.040	\$ 132	

If your Taxable Income is Over	but not Over	Multiply your Taxable Income by	and Subtract	equals your Tax
\$ 8,800	\$ 11,300	0.050	\$ 220	
\$ 11,300	\$ 14,500	0.060	\$ 333	
\$ 14,500	or more	0.069	\$ 464	

Use additional sheets if necessary or you may create your own schedule if you use the exact same format used here.

Schedule V

Entity name _____ Tax period ending _____ FEIN _____

Pass-Through Entity Backup Withholding Schedule

Enter the appropriate information below.

Total number of partners subject to Schedule V _____

Nonresident individual, foreign C. corporation and second-tier pass-through entity A	Identification number		Income and backup withholding		
	B	C	D	E	F
Name and address	Social Security Number	Federal Employer Identification Number	Montana source income reported on Form PT-WH, line 1	Montana corporation tax withheld Multiply column D by 6.75% and enter result.	Montana individual tax withheld Multiply column D by 6.9% and enter result.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
Column totals (transfer to Form PR-1, page 2, lines 35 and 36)					
Add totals from column E and column F and enter the result here. This is your total backup withholding.					

Use additional sheets if necessary or you can create your own schedule if you use the exact format used here.



2006 Montana Income Tax Withheld for a Nonresident Individual, Foreign C. Corporation, or Second-Tier Pass-Through Entity

Owner Information	Entity Information Enter the information below as it appears on your most recent return filed with the Internal Revenue Service.
Name	Name
Street or Other Mailing Address	Street or Other Mailing Address
City State Zip Code	City State Zip Code
Social Security Number or Federal Employer ID Number	Federal Employer ID Number
1. Owner's Montana source income reflected on the pass-through entity's information return \$ _____	Check the box that describes the type of return that you filed. <input type="checkbox"/> S. Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Disregarded Entity Enter the beginning and ending dates of your taxable year. Tax year beginning (mm/dd)___/___/ 06, and ending (mm/dd/yy)___/___/___
2. Enter the amount of Montana tax withheld. If the owner is a nonresident individual or a second-tier pass-through entity, multiply line 1 by 6.9%. If the owner is a foreign C. corporation, multiply line 1 by 6.75% \$ _____	

This form is to be completed when the owner does not participate in submitting a composite return and does not submit a signed Montana Form PT-AGR or PT-STM.

Owner or Partner Instructions

What does a nonresident individual need to do with this form?

We consider the amount of Montana income tax that is withheld as an estimated payment against your Montana individual income tax liability. When you complete your Montana Individual Income Tax Return, Form 2, you should claim the amount in box 2 above as an estimated payment on line 61 of your 2006 Montana Form 2. Form PT-WH has to be attached to your Montana Form 2 when you claim this estimated payment.

What does a foreign C. corporation need to do with this form?

We consider the amount of Montana income tax that is withheld as an estimated payment against your Montana corporation license tax liability. When you complete your Montana Corporation License Tax Return, Form CLT-4, you should claim the amount in box 2 above as an estimated payment on line 11(c) for your 2006 Montana Form CLT-4. You will have to attach your Form PT-WH to your Montana Form CLT-4 when you claim this estimated payment.

What does a second-tier pass-through entity need to do with this form?

We consider the amount of Montana income tax that is withheld as an estimated payment on the account of the individual, estate, trust or C. corporation in which the Montana source income of the first-tier pass-through entity's income is directly or indirectly passed through. The amount withheld can be claimed as an estimated tax payment on the Montana return filed by the owners of the second-tier pass-through entity. This amount has to be allocated to the owners based on the owners' share of income or loss from the second-tier pass-through entity.

Entity Instructions

What is the purpose of Form PT-WH?

A pass-through entity that has a nonresident individual, foreign C. corporation, or second-tier pass through entity owner at any time during the tax year has to remit amounts to the Department of Revenue on behalf of the owner as provided in 15-30-1113, Montana Code Annotated, if (1) the entity does not have a valid, currently effective tax agreement or statement from the owner and (2) the owner does not participate in filing a composite return with the entity.

How much should the pass-through entity withhold?

For a nonresident individual and a second-tier pass-through entity, the amount withheld is 6.9% of the Montana source income as reflected on your Montana information return. For a foreign C. corporation, the amount withheld is 6.75% of the Montana source income as reflected on your Montana information return.

Where does a pass-through entity report the amount that was withheld?

Transfer the amounts that you reported on lines 1 and 2 above to Form CLT-4S or PR-1, Schedule V. Send Form PT-WH to your owners. We do not require you to submit Form PT-WH to us with your information return.