

2015 Montana Disregarded Entity Information Return

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For calendar year 2015 or tax year beginning MMDDYYYY and ending MMDDYYYY

Name, Social Security Number, Address, Federal Employer Identification Number, City, State, Zip + 4, Mark this box if this FEIN or SSN is the same as the owner's FEIN or SSN.

- 1. Enter any assumed business name under which the entity does business in Montana.
2. Domestic entities: the date the entity was incorporated or formed in Montana.
3. Foreign entities: the date the entity obtained a certificate of authority from the Montana Secretary of State.
4. Montana Secretary of State ID #.
5. State or country where the entity was incorporated or formed.
6. Disregarded Entity Type (Mark appropriate entity type. See instructions for the correct box to mark.)
A. Single Member Limited Liability Company (SMLLC)
B. Entity Type Other than SMLLC



See online options at revenue.mt.gov



\*15ED01XX\*

Owner Backup Withholding

- 7. Enter the total income tax withholding from Schedule I, Column E or Column F ..... 7. XXXXXXXXXXXXXX 00
8a. Total Montana mineral royalty tax withheld..... 8a. XXXXXXXXXXXXXX 00
b. Mineral royalty tax withheld distributed to owner..... 8b. XXXXXXXXXXXXXX 00
c. Subtract 8b from 8a. Montana mineral royalty tax withheld attributable to disregarded entity..... 8c. XXXXXXXXXXXXXX 00
9a. Total Montana pass-through withholding ..... 9a. XXXXXXXXXXXXXX 00
b. Montana pass-through withholding distributed to owner ..... 9b. XXXXXXXXXXXXXX 00
c. Subtract 9b from 9a. Montana pass-through withholding attributable to disregarded entity. .... 9c. XXXXXXXXXXXXXX 00
10. Add lines 8c and 9c. This is the total withholding payments attributable to disregarded entity..... 10. XXXXXXXXXXXXXX 00
11. Subtract line 10 from line 7..... 11. XXXXXXXXXXXXXX 00
12. Late filing penalty (see instructions) ..... 12. XXXXXXXXXXXXXX 00
13. Late payment penalty (see instructions)..... 13. XXXXXXXXXXXXXX 00
14. Interest (see instructions) ..... 14. XXXXXXXXXXXXXX 00
15. Add lines 12 through 14 and enter the result here. This is the sum of your total tax, penalties and interest. .... 15. XXXXXXXXXXXXXX 00
16. Add lines 11 and 15..... 16. XXXXXXXXXXXXXX 00
17. If line 16 results in an amount due, enter it here. This is the amount you owe. .... 17. XXXXXXXXXXXXXX 00
18. If line 16 results in an overpayment, enter it here. Enter as a positive number. This is your refund. .... 18. XXXXXXXXXXXXXX 00

Direct Deposit Your Refund

- 1. RTN# XXXXXXXXXX 2. ACCT# XXXXXXXXXXXXXXXXXXXX
3. If using direct deposit, you are required to mark one box. X Checking X Savings
4. Is this refund going to an account that is located outside of the United States or its territories? X Yes X No

This tax return has to be signed by a partner, limited liability company member manager, president, vice president, treasurer, assistant treasurer, chief accounting officer, fiduciary or officer representing the fiduciary.

Declaration - 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 Date Printed Name and Title Telephone Number
X \_\_\_\_\_ MMDDYYYY XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXX XXX XXXX

Print/Type Preparer's Name Preparer's Signature Date PTIN
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX \_\_\_\_\_ MMDDYYYY XXXXXXXXX
Firm's Name Firm's Address Telephone Number Firm's FEIN
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXX XXX XXXX XXXXXXXXXX

May the DOR discuss this tax return with your tax preparer? X Yes X No

Questions? Call us toll free at (866) 859-2254 (in Helena, 444-6900), or TDD (406) 444-2830 for hearing impaired.



