Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the calendar year 2015, or tax year beginning MMDDYYYY **and ending** MMDDYYYY

Part 1 Pass-Through Entity Information

Mark applicable boxes: X Form CLT-4S X Form PR-1 X Amended Schedule K-1 X Final Schedule K-1

Entity's Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Federal Employer Identification Number XXXXXXXXX

Mailing Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

City XXXXXXXXXXXXXXXXXXXXX State XX Zip Code XXXXXXXXX

Part 2 Partner/Shareholder Information

Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Federal Employer Identification Number XXXXXXXXX

OR

Mailing Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Social Security Number XXXXXXXXX

City XXXXXXXXXXXXXXXXXXXXX State XX Zip Code XXXXXXXXX

X Resident X Nonresident

Is the partner/shareholder included in a composite income tax return? X Yes X No

If yes, the partner/shareholder does not file a Montana return.

Part 3 Montana Adjustments

A	**Montana additions to income**		
1.	Federal tax-exempt interest and dividends	A1.	XXXXXXXXXXXX 00
2.	Taxes based on income or profits	A2.	XXXXXXXXXXXX 00
3.	Other additions. List type XXXXXXXXXXXXXXXXXXXXXXXXXXX and amount	A3.	XXXXXXXXXXXX 00
B	**Montana deductions from income**		
1.	Interest on US government obligations	B1.	XXXXXXXXXXXX 00
2.	Deduction for purchasing recycled material	B2.	XXXXXXXXXXXX 00
3.	Other deductions. List type XXXXXXXXXXXXXXXXXXXXXXXXXXX and amount	B3.	XXXXXXXXXXXX 00

Part 4 Distributive Share of Montana Source Income (Loss)

1.	Ordinary business income (loss)	1.	XXXXXXXXXXXX 00
2.	Net rental real estate income (loss)	2.	XXXXXXXXXXXX 00
3.	Other net rental income (loss)	3.	XXXXXXXXXXXX 00
4.	Guaranteed payments	4.	XXXXXXXXXXXX 00
5.	Interest income	5.	XXXXXXXXXXXX 00
6.	Ordinary dividends	6.	XXXXXXXXXXXX 00
7.	Royalties	7.	XXXXXXXXXXXX 00
8.	Net short-term capital gain (loss)	8.	XXXXXXXXXXXX 00
9.	Net long-term capital gain (loss)	9.	XXXXXXXXXXXX 00
10.	Net section 1231 gain (loss)	10.	XXXXXXXXXXXX 00
11.	Other income (loss). List type XXXXXXXXXXXXXXXXXXXXXXXXXXX and amount	11.	XXXXXXXXXXXX 00
12.	Section 179 expense deduction apportionable and/or allocable to Montana	12.	XXXXXXXXXXXX 00
13.	Other expense deductions apportionable and/or allocable to Montana	13.	XXXXXXXXXXXX 00

Part 5 Supplemental Information

1.	Montana composite income tax paid on behalf of partner/shareholder	1.	XXXXXXXXXXXX 00
2.	Montana income tax withheld on behalf of partner/shareholder	2.	XXXXXXXXXXXX 00
3.	Montana mineral royalty tax withheld	3.	XXXXXXXXXXXX 00
4.	Separately stated allocable items (include schedule)	4.	XXXXXXXXXXXX 00
5.	Other information. List type XXXXXXXXXXXXXXXXXXXXXXXXXXX and amount	5.	XXXXXXXXXXXX 00

Part 6 Tax Credits and Recapture

1.	Insure Montana small business health insurance credit. Business FEIN XXXXXXXXX	1.	XXXXXXXXXXXX 00
1a.	Insure Montana small business health insurance premiums from Part 3, A - MT Additions, line 3	1a.	XXXXXXXXXXXX 00
2.	Contractor's gross receipts tax credit. If multiple CGR accounts, please mark here X CGR Account ID XXXXXXXXXXCGR	2.	XXXXXXXXXXXX 00
3.	Health insurance for uninsured Montanans credit	3.	XXXXXXXXXXXX 00
4.	Other credit/recapture information. List type XXXXXXXXXXXXXXXXXXXX and amount	4.	XXXXXXXXXXXX 00

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