;	<b>2007</b> For the c	Montana Income Tax Return for Estates ralendar year 2007 or the tax year beginning (mm-dd), 2007,		MONTANA Form FID-3
Ī			Federal Employer Id	entification Number
li	Final Return			
ı.	Amended	Name and title of fiduciary	☐ Check this	Type of entity (check
	Return		box if you	only one)
	Check here if	Mailing Address	are claiming	Decedent's Estate
ľ		City or town, state and Zip code + 4	PT-WH	Trust
	Carryback.	Ony of town, state and zip code + 4	Residency status	□ ESBT
	Attach a convert	your federal Form 1041 and Schedule K-1(s)	Resident	Grantor Trust Other
Entor			Nonresident	Other
		onding to your federal return. Round to nearest dollar. If no entry leave		4
		/idends		2a. [
		ds allocable to: (1) Beneficiaries (2) Estate and Trust		-
		e or (loss). Attach federal Schedule C or C-EZ (Form 1040) NAICS		
		oss). Attach federal Schedule D (Form 1041)		
	-	partnerships, other estates and trusts, etc. Attach federal Schedule E	•	
		(loss). Attach federal Schedule F (Form 1040)		
7	. Ordinary gain or	(loss). Attach federal Form 4797		.7.
8	. Other income. Li	st type and amount:		8.
9	. Add lines 1, 2a,	and 3 through 8 and enter the result here. This is your total federal inc	ome	.9.
	Line 9 must equa	al your total income reported on your federal Form 1041. (See instruct	ions for Electing S	mall Business Trust.)
10	. Interest and mut	ual fund dividends from other states' state, county and municipal bond	ls	10.
11.	. Dividends not inc	cluded in federal total income		11.
12	. Taxable federal r	refund		12.
12a	. Taxable Montana	a homeowner property tax refund	12	2a.
		of amounts deducted in earlier years that reduced Montana taxable in		
		rating loss carry forward included in Form FID-3, line 8 above		
	•	List type and amount		
		ough 15 and enter the result here. <b>This is your total Montana additio</b>		
		and mutual fund dividends from federal bonds, notes, and other obliga		
	·	s included on Form FID-3, line 8 above		
		s of amounts deducted in earlier years that did not reduce Montana tax		
		and annuity income exemption. See worksheet and instructions on page		
	· ·	erating loss carry forward from Montana Form NOL Schedule B		
	•	ns. List type and amount		22.
		ugh 22 and enter the result here. <b>This is your total Montana subtractio</b>		
		16 then subtract line 23 and enter the result here. <b>This is your total Mo</b>		
	Interest	Check the box if federal Form 4952 is attached		_
		tax		
	-			
		ction		
	-	tant, and return preparer fees		
		s not subject to the 2% floor. (Attach schedule.)		
		llaneous itemized deductions subject to the 2% floor		
		ough 32 and enter here. This is your deductions before distributions ar		
		from line 24 and enter the result here. This is your adjusted total inc		
		on deduction. Complete and attach Form FID-3, Schedule I		
	•			
37	. Add lines 35 and	36 and enter the result here. This is your total deductions and exe	emptions	37.
38	Subtract line 37	from line 34 and enter the result here. This is your Montana taxable	income	38.

Form	FID-3, Page 2 – 200	/ Federal Emp	oloyer Identification	Number:	<del></del>	
3	9. Montana taxable inco	me from page 1, line	38			39.
4	0. Tax from the tax table	on page 4 of this for	m. If line 39 is zero o	r less, enter zero	4	40.
4	1.2% capital gains tax of	credit			4	41.
4	2. Subtract line 41 from after capital gains ta			nter zero. <b>This is your</b>		42.
42	<ul> <li>a. Nonresident tax after line 17, but not less th</li> </ul>			t from Form FID-3, Scl		2a.
4	3. Tax on lump sum dist	ributions. See instruc	tions. Attach federal	Form 4972		43.
4	4. Add lines 42 or 42a a	nd 43 and enter the r	esult here. <b>This is y</b> e	our total tax	4	44.
4	5. Nonrefundable single	-year credits from Fo	rm FID-3, Schedule I	II, line 12	4	45.
4	6. Nonrefundable carryc	over credits from Forn	n FID-3, Schedule III	line 26	4	46.
4	7. Add lines 45 and 46 a on line 44. <b>This is yo</b>		•	an amount larger than		47.
4	8. Family education sav	ings account recaptu	re tax			48.
4	9. Endowment credit red	capture tax			4	49.
5	0. Rural physician's cred	dit recapture tax				50.
5	1. Add lines 48 through	50 and enter the resu	ılt here. <b>This is your</b>	total recapture taxes	i	51.
5	2. Add lines 44 and 51 a here. <b>This is your 20</b>			nt on line 47 and enter		52.
5	3. Montana income tax					
5	4. 2007 estimated tax pa	ayments and amount	applied from your 20	06 return	!	54.
5	5. 2007 extension paym	ents from Form EXT-	07			55.
	6. Refundable credits fro					
	7. Add lines 53 through					
	<ol><li>Interest on underpayr</li></ol>		·		•	
	9. Late file, late pay pen					
6	0. Other penalties. (See	instructions on page	8.)		(	30.
6	1. Enter in boxes 61a th	rough 61d your Volur	ntary Check-off Contr	ibutions	_	
	Nongame wildlife	Child abuse	Agriculture in	End-stage renal	Enter the sum of	
	program	prevention	schools 61c.	disease program	61a through 61d	· ·
6	61a. 2. Add the amounts on I	61b.			here	51.
0.					-	62.
6	3. If line 62 is more than	line 57, enter the dif	ference here. This is	the amount you owe		63.
	Make check payable and access <i>Income T</i>			UE or visit our website ck.	at mt.gov/revenue	
6	4. If line 62 is less than	line 57, enter the diffe	erence here		(	64.
6	5. Enter the amount on	line 64 that you want	applied to your 2008	estimated tax	(	ô5.
6	6. Subtract line 65 from	line 64 and enter the	amount here. This is	s your refund		66.
	If you wish to use direct	t deposit, enter your l	RTN# and ACCT# be	low.	C	Checking
	RTN#	ACC	T#			Savings
	f applicable, check approp		ddress and telephone r	umber of paid preparer.	I	Check this box and attach
	2/3rd farming gross income Annualized estimated payn				- I	a copy of your federal Form 7004 to receive your
	Do not mail 2008 forms and		EIN or PTIN:		N	Montana extension.
May t	he DOR discuss this return	n with your tax preparer	Y∟IYes LINo C	uestions? Call (406) 444-6	900 or 1DD (406) 444	-2830 for hearing impaired.
<u>X</u>						

Signature of fiduciary (or officer representing fiduciary)

Date

FEIN of fiduciary if a financial institution

Telephone number

Form	F	ID-3,	Page	3 –	2007

	Schedule I - Distribution	to	Beneficiarie	es		
List name and address of each beneficiary receiving a porti	on of distributions reported on line 3	5. If	more than 10 be	neficiaries, attach a s	eparate schedule.	
А	В		С	D	E	F
Name and Address of Beneficiary  Name  Street Address  City   State   Zip Code	Identification Number			Interest and Dividends Received by Beneficiary	Capital Gains Received by Beneficiary	Other Income Received by Beneficiary
1.	SSN		Resident			
	FEIN		Nonresident			
2.	SSN		Resident			
	FEIN		Nonresident			
3.	SSN		Resident			
	FEIN		Nonresident			
4.	SSN		Resident			
	FEIN		Nonresident			
5.	SSN		Resident			
	FEIN		Nonresident			
6.	SSN		Resident			
	FEIN		Nonresident			
7.	SSN		Resident			
	FEIN		Nonresident			
8.	SSN		Resident			
	FEIN		Nonresident			
		_				
9.	SSN		Resident			
	FEIN		Nonresident			
		<u> </u>				
10.	SSN		Resident			
	FEIN		Nonresident			
Column Totals						

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

Federal Employe	r Identification	Number:
redetal Employe	i iueniincanon	MUHIDEL.

Schedule II - Nonresident Estate and Trust Tax (Include only the income that has not been distributed.)	Column A - Enter the corresponding income from Form FID-3, page 1	Column B – Montana source income included in the amount in Column A	
1. Montana source interest income1.			<b>_</b> 11.
Montana source ordinary dividends2.			2.
3. Montana source business income or (loss.)			3.
4. Montana source capital gain or (loss.)4.			٦4.
Montana source rental real estate, royalties, partnerships, S corporations, other estates and trusts, etc.			5.
6. Montana source farm income or (loss.)6.			6.
7. Montana source ordinary gain or (loss.)7.			77.
8. Montana source other income8.			٦8.
Montana source interest and mutual fund dividends from other states' state, county or municipal funds.			9.
10. Montana source dividends not included in federal adjusted gross income10.			10
11. Montana source taxable federal refund			711
12. Montana source other recoveries of amounts deducted in earlier years that reduced Montana taxable income in those years			12
13. Montana source other additions13.			13
14. Add lines 1 through 13 and enter the result here. This is your Montana source income in column B			14
15. Divide the amount in Column B, line 14 above by the amount in Column A, line 1 enter result here. Carry to 4 decimal places and do not enter more than 1.0000.			1:
16. Enter your resident tax after capital gains credit reported on Form FID-3, line 42.	16.		716
17. Multiply the tax on line 16 by the percentage on line 15 and enter the result here Form FID-3, page 2, line 42a. This is your nonresident tax after capital gains cred			17

## How do I determine what is my Montana source income when I am a non-resident trust or estate?

In general, as a non-resident estate or trust your Montana source income is all the income that you receive for work performed in Montana, income that you receive from real or personal property that is located in Montana, and income that you receive from a business conducted in Montana. Please refer to page 9 of the instruction booklet for Schedule II.

2007 Montana Fiduciary Income Tax Table										
If your Taxable Income is	but not Over	Multiply your Taxable	and Subtract	equals vour Tax		If your Taxable Income is	but not Over	Multiply your Taxable	and	equals vour Tax
Over		Income by	Subtract	your rax		Over		Income by	Subilaci	your rax
\$0	\$2,500	0.010	\$0			\$9,000	\$11,600	0.050	\$225	
\$2,500	\$4,400	0.020	\$25			\$11,600	\$14,900	0.060	\$341	
\$4,400	\$6,600	0.030	\$69			\$14,900	or more	0.069	\$475	
\$6,600	\$9,000	0.040	\$135	l		. ,				

For example: Taxable income \$4,500 X .03(3%) = \$135.

\$135 minus \$69 = \$66 tax

## **Schedule III - Montana Tax Credits**

Nonrefundable credits that are single-year credits and HAVE NO carryover provision.	
1. Enter credit from an income tax liability paid to another state or country from Form FID-3, Schedule IV.	
Attach Form FID-3, Schedule IV.	1.
2. College contribution credit. Attach Form CC.	2.
3. Qualified endowment credit. Attach Form QEC.	3.
4. Energy conservation installation credit. Attach Form ENRG-C.	4.
5. Alternative fuel credit. Attach Form AFCR.	5.
6. Health insurance for uninsured Montanans credit. Attach Form HI.	6.
7. Elderly care credit. Attach Form ECC.	7.
8. Developmental disability account contribution credit.	8.
9. Recycle credit. Attach Form RCYL.	9.
10. Oil seed crushing and biodiesel production facility credit. Attach Form OSC.	10.
11. Biodiesel blending and storage tax credit. Attach Form BBSC.	11.
12. Add lines 1 through 11 and enter result here and on FID 3, line 45. This is your total nonrefundable	
single-year credits.	12.
Nonrefundable credits that HAVE a carryover provision.	
13. Contractor's gross receipts tax credit.	13.
14. Geothermal systems credit. Attach Form ENRG-A.	14.
15. Alternative energy systems credit. Attach Form ENRG-B.	
16. Alternative energy production credit. Attach Form AEPC	16.
17. Dependent care assistance credit. Attach Form DCAC.	17.
18. Historic property preservation credit. Attach federal Form 3468.	18.
19. Montana capital company credit.	19.
20. Infrastructure user's fee credit.	20.
21. Empowerment zone credit.	21.
22. Increasing research activities credit. Attach Form RSCH.	22.
23. Mineral exploration incentive credit. Attach Form MINE-CRED.	23.
24. Film employment production credit. Attach Form FPC. Report your credit on this line if you have	
made the one-time four year carry forward election.	
25. Adoption credit.	25.
26. Add lines 13 through 25 and enter result here and on Form FID-3, line 46. This is your total nonrefundable credits.	26.
Refundable credits.	
27. Film employment production credit. Attach Form FPC.	27.
28. Film qualified expenditure credit. Attach Form FPC.	
29. Insure Montana small business health insurance credit. Business FEIN:	_ 29.
30. Add lines 27 through 29 and enter result here and on Form FID-3, line 56. <b>This is your total</b>	
refundable credits.	30.

Schedule IV - Credit for an Income Tax Liability Paid to Another State or	Country.
Full-year resident only.	
Enter your income taxable to another state or country that is included in Montana income on Form FID-3, line 24. Where applicable, this includes your share of income taxes paid that were claimed as a deduction by your S corporation or partnership.	1.
Enter your total income from the other state or country you used in calculating your income tax paid to that state or country. Include in this total all income exempt from Montana income tax that was subject to tax in the other state or country.	2.
Enter your total Montana income from Form FID-3, line 24. Where applicable, this includes your share of income taxes paid that are claimed as a deduction by your S corporation or partnership	
Enter your total income tax liability paid to the other state or country.  Enter your Montana tax liability from Form FID-3, line 42.	
Divide line 1 by line 2. Enter the percentage here, but not greater than 100%.  Multiply line 4 by line 6 and enter the result here.	
Divide line 1 by line 3. Enter the percentage here, but not greater than 100%.	8.
Multiply line 5 by line 8 and enter the result here.  Enter here and on Form FID-3, Schedule III, line 1, the smaller of the amounts reported on	10.

## Schedule V - Reporting of Special Transactions Complete Schedule V only if your estate or trust filed for federal income tax purposes any of the federal forms described below. Check the appropriate box indicating which form(s) you filed with your federal income tax return. If your answer is "Yes" to one or more of these forms, you will need to attach a complete copy of your federal income tax return Form 1041. 1. My estate or trust filed federal Form 8264 - Application for Registration of a Tax Shelter with the Internal Yes Revenue Service. Form 8264 is required to be filed to register a tax shelter. 2. My estate or trust filed federal Form 8271 - Investor Reporting of Tax Shelter Registration Number with the Internal Revenue Service. Yes 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. 3. My estate or trust filed federal Form 8824 – Like-Kind Exchanges with the Internal Revenue Service....... Yes NOTE: Check this box if your like-kind exchange includes Montana property. Non-residents 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. 4. My estate or trust filed federal Form 8865 - Return of U.S. Persons With Respect to Certain Foreign Yes Partnerships with the Internal Revenue Service. 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). 5. My estate or trust 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. 6. My estate or trust filed federal Form 13656 - Notice of Election by Executive and Related Person to Participate in Announcement 2005-19 Settlement Initiative with the Internal Revenue Service...... Yes Form 13656 is an election to participate in the settlement initiative as described in Announcement 2005-19 and as contained in Internal Revenue Bulletin 2005-11 dated March 14, 2005. 7. My estate or trust filed federal Form 13750 - Election to Participate in Announcement 2005-80 Settlement Initiative with the Internal Revenue Service. Yes 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.