

**Partnership Worksheets and Forms (Fill-in Version)**

**Line 9, Page 1 - Payment made with extension** Enter your total Montana extension tax payment for 2002.

**Line 10, Page 1 - Total Payments** Enter the sum of lines 8 and 9.

**Refund or Balance Due**

**Line 11, Page 1 - Amount Overpaid** If line 10 is larger than line 7, enter the difference. This is your overpayment. You can choose to have all or part of this amount refunded to you (line 13). The remainder, if any, can be applied to your estimated tax for 2003 (line 12). Only overpayments of more than \$1 will be refunded.

**Line 12, Page 1** - Enter the amount from line 11 that you want applied to your estimated tax for year 2003.

**Line 13, Page 1** - Enter the amount from line 11 that you want refunded to you.

**Line 14, Page 1 - Tax Due** If line 7 is larger than line 10, enter the difference. This is your composite tax due.

**Line 15, Page 1** - If you were required to make estimated tax payments and did not remit the required amounts, you must pay an underpayment penalty. Complete worksheet to calculate the penalty.

**Line 16, Page 1** - If you file your composite return late, you may have a late file penalty of \$50 or the amount of tax owing, whichever is smaller. There is no late file penalty if you are receiving a refund.

**Line 17, Page 1** - If you file your composite return late or do not pay by the due date of the entity's return, you must pay a late pay penalty. The penalty is 1.5% per month or fraction of month on the unpaid tax. The penalty may not exceed 18% of the tax due.

**Line 18, Page 1** - Interest will be assessed on any tax not paid by the due date of the entity's return. Interest is 12% per year accrued at 1% per month or fraction of a month.

**Worksheet I - Calculation of Underpayment Penalty for Failure to Make Estimated Payments**

**Underpayment Penalty of Estimated Tax**

In 2002 you must have paid through estimated installments or a combination of withholding and estimated installments the smaller of 1) 90% of your current year's tax liability after credits, or 2) an amount equal to 100% of your previous year's total tax liability. Payments made with extensions are not considered estimated payments. If you do not meet this requirement, you may be subject to an underpayment penalty.

**Short Method**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Enter your 2002 composite tax from line 7 on Form PT-CR1. _____</p> <p>2. Enter 90% of line 1 above. _____</p> <p>3. Enter your total amount credited from previous year reported on PT-CR1, line 8. _____</p> <p>4. Subtract line 3 from line 1. If the result is \$500 or less, do not complete the rest of the form. You do not owe the underpayment penalty. _____</p> <p>5. Enter your 2001 composite tax. _____</p> | <p>6. Enter the smaller of line 2 or line 5. _____</p> <p>7. Enter the amount from line 3 plus any estimated payments made. _____</p> <p>8. <u>Total underpayment for the year.</u> Subtract line 7 from line 6. If zero or less, stop here. You do not owe the underpayment penalty. _____</p> <p>9. Multiply line 8 by .07980 and enter the result. _____</p> <p>10. If the amount on line 8 was paid on or after the due date of the information return, enter -0-. If the amount on line 8 was paid before, the due date of the information return multiply: Amount on line 8 x number of days paid before the due date of the information return x .0003288. _____</p> <p>11. Underpayment interest penalty. Subtract line 10 from line 9. Enter the results here and on Form PT-CR1, line 15. <b>Total Due:</b> _____</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



# 2002 Montana Partnership Information Return

**MONTANA**  
PR-1  
Rev. 8-02

For calendar year 2002 or tax year beginning \_\_\_\_\_, 2002; ending \_\_\_\_\_, 20\_\_\_\_

Check if Applicable: <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> Multistate Partnership	Name _____ Address _____ City _____ State _____ Zip + 4 _____	Check box if this is <input type="checkbox"/> a change of address.  FEIN: _____ Federal Business Code: _____  Date Qualified in Montana: _____
Reporting Method: Cash _____ Accrual _____ Other (please specify) _____		

Are you filing the forms below with your Montana Partnership Return, PR-1?

	Yes	No
Form PT-CR1 - Montana Composite Income Tax Return	<input type="checkbox"/>	<input type="checkbox"/>
Form PT-CON - Montana Nonresident Income Tax Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Form PT-WH - Nonresident Individual Withholding	<input type="checkbox"/>	<input type="checkbox"/>

1. Ordinary income (loss) from trade or business activities (Form 1065, Schedule K, line 1) . . . . .	1.		
2. Net income (loss) from rental real estate activities (Form 1065, Schedule K) . . . . .	2.		
3. a. Gross income from other rental activities (Form 1065, Schedule K) . . . . . 3a. _____			
b. Expenses from other rental activities (Form 1065, Schedule K) . . . . . 3b. _____			
Net income (loss) from other rental activities (subtract line 3b from line 3a) . . . . .	3.		
4. Portfolio income (loss): (Form 1065, Schedule K)			
a. Interest income . . . . . 4a. _____			
b. Ordinary dividends . . . . . 4b. _____			
c. Royalty income . . . . . 4c. _____			
d. Net short-term capital gain/(loss) (attach Federal Schedule D, Form 1065) 4d. _____			
e. Net long-term capital gain/(loss) (attach Federal Schedule D, Form 1065) 4e. _____			
f. Other portfolio income (loss) . . . . . 4f. _____			
Total portfolio income . . . . .	4.		
5. Guaranteed payments to partners (Form 1066, Schedule K) . . . . .	5.		
6. Net gain (loss) under section 1231 (other than due to casualty or theft) (attach Form 4797) . . . . .	6.		
7. Other income (loss) . . . . .	7.		
8. Total lines 1 through 7 . . . . .	8.		
9. Charitable contributions (attach schedule) . . . . .	9.		
10. Section 179 expense deduction (attach Form 4562) . . . . .	10.		
11. Deductions related to portfolio income/(loss) (you must itemize) . . . . .	11.		
12. Other deductions (attach schedule) . . . . .	12.		
13. Total lines 9 through 12 . . . . .	13.		
14. Add: a. Interest and dividends not taxable under the Internal Revenue Code (non-Montana) . . . . . 14a. _____			
b. Taxes based on income or profits . . . . . 14b. _____			
c. Other additions (attach detailed breakdown) . . . . . 14c. _____			
Total Montana additions to income . . . . .	14.		
15. Subtract: a. Interest on U.S. Government Obligations (attach Schedule) . . . . . 15a. _____			
b. Deduction for purchasing recycled material (attach Form RCYL) 15b. _____			
c. Other deductions (attach detailed breakdown) . . . . . 15c. _____			
Total Montana deductions to income . . . . .	15.		
16. Income taxable to partners (line 8 - line 13 + line 14 - line 15) . . . . .	16.		
17. Multistate taxpayers: Line 16 X _____% from Schedule K, line 5 . . . . .	17.		
18. Multistate taxpayers: Income allocated directly to Montana . . . . .	18.		
<b>Payments</b>			
19. Partnership return late file penalty (see instructions) . . . . .	19.		

Check here, if you do not need the Montana Partnership Information Return and Instructions sent to you next year.

**A copy of your Federal Form 1065 and Schedule K-1's must be attached**

Schedule K Apportionment Factors for Multistate Taxpayers

	A. Everywhere	B. Montana	C. Factor
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**1. Property Factor:** (B divided by A = C)  
 Use average value for real and tangible personal property

Land . . . . .			
Buildings . . . . .			
Machinery and equipment . . . . .			
Furniture and fixtures . . . . .			
Inventories . . . . .			
Supplies and other . . . . .			
Rents multiplied by 8 . . . . .			
<b>Total Property</b> . . . . .			%

**2. Payroll Factor:**

Compensation of officers . . . . .			
Salaries and wages . . . . .			
<b>Payroll included in:</b>			
Cost of goods sold . . . . .			
Repairs . . . . .			
Other deductions . . . . .			
<b>Total Payroll</b> . . . . .			%

**3. Sales (Gross Receipts) Factor:**

Gross sales, less returns . . . . .			
Other (attach schedule) . . . . .			
<b>Total Sales</b> . . . . .			%

4. <b>Sum of Factors</b> (add lines 1, 2, and 3) . . . . .			%
5. <b>Apportionment Factor</b> (1/3 of line 4; if less than 3 factors exist, see instructions) (Enter here and on line 16, page 1) . . . . .			%

**Declaration**

The return must be signed by a partner of the partnership. I, the undersigned partner 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

\_\_\_\_\_  
 Name of Person or Firm Preparing Return Date

\_\_\_\_\_  
 Title Telephone Number

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Telephone Number

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

**Montana Partnership Information**

Partnership FEIN# \_\_\_\_\_

Note: Complete columns d, e, and f for nonresident individuals only.

	a.	b.	c.	d.	e.	f.
Names and Addresses of Partners *List from highest to lowest ownership %	SSN or FEIN	Owner-ship %	Total Montana source income	Check if included in composite return	Check if PT-CON is signed	Check if PT-WH is required
		%				
		%				
		%				
		%				
		%				
		%				
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		%				
		%				
		%				
		%				

If there are more than 12 partners, photocopy and attach additional pages as needed. A computer printout in the same format is acceptable.



# 2002 Montana Composite Income Tax Return

**MONTANA**  
PT-CR1  
New 8-02

For calendar year 2002 or tax year beginning \_\_\_\_\_, 2002; ending \_\_\_\_\_, 20\_\_\_\_

Check if Applicable: <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> Amended Return	Entity Name	FEIN: _____
	Address	Federal Business Code: _____
	City <span style="float: right;">State</span> <span style="float: right;">Zip + 4</span>	

S. corporation  
  Partnership  
  Limited Liability Company  
  Limited Liability Partnership  
  Disregarded Entity

1. Federal income from entity (Page 2, Column C) . . . . .	1.		
2. Standard deduction (Page 2, Column D) . . . . .	2.		
3. Exemption (Page 2, Column E) . . . . .	3.		
4. Taxable income (Page 2, Column F) . . . . .	4.		
5. Tax from tax table (Page 2, Column G) . . . . .	5.		
6. Montana total income (Page 2, Column H) . . . . .	6.		
7. Montana total tax (Page 2, Column J) . . . . .	7.		
<b>Payments and Credits</b>			
8. Payment of 2002 estimated tax, amounts credited from previous year . . . . .	8.		
9. Payment made with extension . . . . .	9.		
10. Total payments (Line 8 and Line 9) . . . . .	10.		
<b>Refund or Amount Owed</b>			
11. If line 10 is larger than line 7, enter the difference. . . . . <b>Overpayment =</b>	11.		
12. Amount on line 11 to be applied to 2003 estimate    12. <input style="width: 100px;" type="text"/>			
13. Enter the amount on line 11 you want refunded to you (Refunds more than \$1.00 will be issued.) <b>Refund =</b>	13.		
14. If line 7 is larger than line 10, enter the difference (If you owe, see instructions for this line.) <b>Tax Due =</b>	14.		
15. Underpayment penalty (See Worksheet I) . . . . .	15.		
16. Late filing penalty . . . . .	16.		
17. Late payment penalty . . . . .	17.		
18. Interest 1% (.01) per month . . . . .	18.		
19. Total of lines 14 through 18 . . . . .	19.		

Name, address and telephone number of tax preparer \_\_\_\_\_

May the Department of Revenue discuss this return with the tax preparer shown above?  Yes     No

I declare under penalty of false swearing that the information in this return and attachments is true, correct and complete.

Your Signature	Date	Daytime Telephone Number
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If Taxable Income is:				Tax Table				If Taxable Income is:				
Over	But not over	Multiply by	and Subtract = Tax	Over	But not over	Multiply by	and Subtract = Tax	Over	But not over	Multiply by	and Subtract = Tax	
\$ 0	\$ 2,200	X	2 %	\$ 0	\$ 17,400	X	7 %	\$ 458	\$ 21,800	X	8 %	\$ 676
\$ 2,200	\$ 4,400	X	3 %	\$ 22	\$ 21,800	X	8 %	\$ 981	\$ 30,500	X	9 %	\$ 1,416
\$ 4,400	\$ 8,700	X	4 %	\$ 66	\$ 30,500	X	10 %	\$ 2,178	\$ 43,500	X	11 %	\$ 2,178
\$ 8,700	\$ 13,100	X	5 %	\$ 153	\$ 43,500	X	10 %	\$ 1,416	\$ 76,200	X	10 %	\$ 1,416
\$ 13,100	\$ 17,400	X	6 %	\$ 284	\$ 76,200	X	11 %	\$ 2,178				

**Example = taxable income \$2,400 x 3% (.03) = \$72 subtract \$22 = \$50 tax**

Questions? Please call (406) 444-6900 or TDD (406) 444-2830 for hearing impaired.

# Montana Composite Income Tax Return

Name of Entity	Federal Employer Identification Number
Number of qualifying nonresident shareholders, partners or members filing a composite return:	

Column A Name of Shareholder, Partner or Member	Column B Social Security Number	Column C Federal Income from Entity	Column D Standard Deduction	Column E Exemption	Column F Taxable Income	Column G Tax from Tax Table	Column H Montana Total Income	Column I Ratio	Column J Montana Tax Liability
Enter total of columns here and on Page 1 of Form PT-CR1									

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If there are more than 17 nonresident shareholders, partners or members, photocopy and attach additional pages as needed.  
A computer printout in the same format is acceptable.



## Montana Nonresident Income Tax Agreement

**Type of Organization (check only one)**

S. corporation    Partnership    Limited Liability Company    Limited Liability Partnership    Disregarded Entity

Taxable year of organization  
Beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

Nonresident's taxable year including organization, year end  
Beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

**Nonresident Individual's Name and Mailing Address**  
Name

**Organization's Name and Mailing Address**  
Name

Street or other mailing address

Street or other mailing address

City                      State                      Zip Code

City                      State                      Zip Code

Social Security Number

Spouse's Social Security Number

Federal Employer Identification Number

Internal Revenue Service Center where nonresident individual's federal return is filed

I declare that I am or have been a nonresident of Montana and hereby agree that I will timely file a Montana individual income tax return, Form 2, and pay any income tax due; and I will include in my Montana adjusted gross income the portion of the above named organization's income attributable to my interest in the said organization for the indicated taxable year. This agreement shall be binding upon my heir's representatives, assigned successors, executors, and administrators.

Signature of nonresident, partner, member, or shareholder

Date

**Attach this agreement to the organization's Montana income tax return.**

Questions? Please call (406) 444-6900 or TDD (406) 444-2830 for hearing impaired.

### Instructions

**Who may file.** Any nonresident individual taxpayer who has Montana source income derived from an S. corporation, partnership, limited liability company, limited liability partnership, or disregarded entity may complete a Montana Nonresident Income Tax Agreement, Form PT-CON, if the taxpayer was a nonresident of Montana during any part of the organization's tax year.

**When and where to file.** Form PT-CON must be completed and delivered to the organization prior to the filing of the organization's Montana information return. The due date for the Montana information return for partnerships is the 15<sup>th</sup> day of the fourth month following the close of the taxable year. The due date for the Montana information return of an S. corporation is the 15<sup>th</sup> day of the third month following the close of the taxable year. The due date for the Montana information return of a disregarded entity is the due date of the individual or entity in which the income, gain, loss, deduction or credit is reported for federal income tax purposes.

**If Form PT-CON is filed.** The nonresident individual who has filed the Form PT-CON is required to timely file a Montana individual income tax return, Form 2. Such return must report and pay tax on the nonresident's share of the organization's Montana income attributable to their interest in the organization during the taxable year as well as any

as any other Montana source income the nonresident has earned. Nonresidents must report their total income, notwithstanding the source of the income and are entitled to full exemptions and deductions in arriving at taxable income. Their Montana tax liability is based on multiplying the ratio of Montana source income to total income from all sources. (See Montana Form 2 instruction booklet for further details).

**If Form PT-CON is not filed.** If a Form PT-CON is not attached to the organization's information return for a nonresident individual, and the nonresident individual has not elected to participate in the filing of a composite return, the organization is required to remit 11 percent of the nonresident's share of the organization's income derived from or attributable to Montana sources. The withholding is to be remitted with the Statement of Montana Income Tax Withholding for Nonresident Individual, Form PT-WH, and the organization's Montana return. When the nonresident files an individual income tax return Form 2, the remittance submitted by the organization will be allowed as a credit against the taxpayer's Montana income tax liability.

If the organization has filed a Form PT-WH and withheld tax on all the Montana income attributable to the nonresident, this withholding is considered an estimated payment on the account of the nonresident individual and does not relieve the individual of the requirements of filing a Montana individual income tax return.



## Statement of Montana Income Tax Withheld for Nonresident Individual

<b>Nonresident Individual's Name and Mailing Address</b>			<b>Organization's Name and Mailing Address</b>		
Name			Name		
Street or Other Mailing Address			Street or Other Mailing Address		
City	State	Zip Code	City	State	Zip Code
Social Security Number		Spouse's Social Security Number		Federal Employer Identification Number	
1. Nonresident individual's share of Montana source income reflected on the organization's income tax return.		\$ _____		<b>Type of Organization (check only one)</b>	
2. Amount of Montana income tax withheld and remitted (11% of the amount on line 1). See instructions.		\$ _____		<input type="checkbox"/> S. corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Disregarded Entity	
				Taxable year of organization	
				Beginning _____, 20____ and ending _____, 20____	

**To be filed in the absence of Form PT-CON, a nonresident income tax agreement, or participation in a composite return.**



## Statement of Montana Income Tax Withheld for Nonresident Individual

<b>Nonresident Individual's Name and Mailing Address</b>			<b>Organization's Name and Mailing Address</b>		
Name			Name		
Street or Other Mailing Address			Street or Other Mailing Address		
City	State	Zip Code	City	State	Zip Code
Social Security Number		Spouse's Social Security Number		Federal Employer Identification Number	
1. Nonresident individual's share of Montana source income reflected on the organization's income tax return.		\$ _____		<b>Type of Organization (check only one)</b>	
2. Amount of Montana income tax withheld and remitted (11% of the amount on line 1). See instructions.		\$ _____		<input type="checkbox"/> S. corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Disregarded Entity	
				Taxable year of organization	
				Beginning _____, 20____ and ending _____, 20____	

**To be filed in the absence of Form PT-CON, a nonresident income tax agreement, or participation in a composite return.**

### Instructions

**Who must file.** Every S. corporation, partnership, limited liability company, limited liability partnership, or disregarded entity must complete the Statement of Montana Income Tax Withholding for Nonresident Individual, Form PT-WH, for each nonresident individual partner, member, or shareholder who did not complete a Montana Nonresident Income Tax Agreement Form PT-CON or elected to participate in the filing of a composite income tax return. Do not file Form PT-WH for entities other than individuals.

**When and where to file.** The Form PT-WH and remittance must accompany the organization's Montana information tax return when filed with the Montana Department of Revenue. Complete Form PT-WHREM transmittal document and attach Form PT-WH with your payment.

**Amount of withholding.** The amount withheld is 11% of the nonresident individual's share of Montana source income reflected on the organization's income tax return. The total on line 1 entries from each Form PT-WH should equal the amount entered on the Montana Partnership Return of Income, Form PR1; or the Montana S. corporation Income Tax Return, Form CLT-4S.

**Nonresident Individual.** The nonresident taxpayer named on this Form PT-WH is required to file a Montana Individual Income Tax Return, Form 2, with the Montana Department of Revenue. The amount entered on line 2, Form PT-WH, will be allowed as a credit against the taxpayer's Montana income tax liability and should be claimed as Montana income tax withheld on Form 2. Attach a copy of Form PT-WH to your Form 2 in the space otherwise provided for attaching Federal Form W-2.