

Entity name _____ Tax period ending _____ FEIN _____

Schedule III - Montana Partnership Information

Complete columns F through J for a nonresident individual, foreign or second-tier pass-through entity partner.

Resident and nonresident individual, foreign C. corporation and second-tier pass-through entity partner information					Nonresident individual, foreign C. corporation and second-tier pass-through entity partner information				
A	B	C	D	E	F	G	H	I	J
Name and address of partner Total number of partners____	Social Security Number	Federal Employer Identification Number	Owner %	Montana source income	Subject to composite, consent or withholding	Federal income from entity (from federal Schedule K-1)	Composite income tax (from Schedule IV, column K)	Partner withholding (from Schedule V, column E or F)	Consent agreement or statement (enter year signed)
1.					<input type="checkbox"/> yes				
2.					<input type="checkbox"/> yes				
3.					<input type="checkbox"/> yes				
4.					<input type="checkbox"/> yes				
5.					<input type="checkbox"/> yes				
6.					<input type="checkbox"/> yes				
7.					<input type="checkbox"/> yes				
8.					<input type="checkbox"/> yes				
9.					<input type="checkbox"/> yes				
10.					<input type="checkbox"/> yes				
11.					<input type="checkbox"/> yes				
Column totals									

Entity name _____ Tax period ending _____ FEIN _____

Schedule IV - 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.

A	Identification number		Taxable income				Montana composite income tax liability			K
	B	C	D	E	F	G	H	I	J	
Name Number of participating partners _____	Social Security Number	Federal Employer Identification Number	Federal income from entity	Standard deduction	Exemption \$1840	Taxable income (D - E - F)	Tax from tax table	Montana source income	Ratio (I / D)	Montana composite income tax (H x J)
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										
23.										
24.										
25.										
26.										
Total										

14

Tax Table

If Taxable Income is Over	But not Over	Multiply by	and Subtract = Tax	If Taxable Income is Over	But not Over	Multiply by	and Subtract = Tax
\$ 0	\$ 2,300	X 2%	\$ 0	\$ 18,400	\$ 22,900	X 7%	\$ 483
\$ 2,300	\$ 4,600	X 3%	\$ 23	\$ 22,900	\$ 32,100	X 8%	\$ 712
\$ 4,600	\$ 9,200	X 4%	\$ 69	\$ 32,100	\$ 45,900	X 9%	\$ 1,033
\$ 9,200	\$ 13,800	X 5%	\$ 161	\$ 45,900	\$ 80,300	X 10%	\$ 1,492
\$ 13,800	\$ 18,400	X 6%	\$ 299	\$ 80,300		X 11%	\$ 2,295

Example = taxable income \$2,400 x 3% (.03) = \$72 subtract \$23 = \$49 tax

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Schedule V - Pass-Through Entity Withholding Estimated Payment Schedule

Nonresident individual, foreign C. corporation and second-tier pass-through entity	Identification number		Income and Backup Withholding		
A	B	C	D	E	F
Name and address Total number of partners subject to Schedule V _____	Social Security Number	Federal Employer Identification Number	Montana source income reported on Form PT-WH, line 1	Montana corporation tax withheld	Montana individual tax withheld
				6.75%	11%
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
Column totals (transfer to Form PR-1, lines 34 and 35)					
				Total (add columns E and F)	