



2014 Mobile Home Park Exclusion
15-31-163, MCA

Name (as it appears on your Montana tax return)

Social Security Number [ ]-[ ]-[ ]-[ ]-[ ]-[ ] OR Federal Employer Identification Number [ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]

Part I. Partners in a Partnership or Shareholders of an S Corporation

Enter your portion of the mobile home park exclusion here. See instructions. \$ \_\_\_\_\_

Business Name of Partnership or S Corporation Federal Employer Identification Number [ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]

Part II. Purchaser Information

Name of purchaser \_\_\_\_\_
Contact person \_\_\_\_\_
Address \_\_\_\_\_
Phone \_\_\_\_\_

Mark the appropriate box indicating the purchaser's type of entity:

- Tenants' or mobile home park residents' association
Nonprofit organization under section 501(c)(3) of the Internal Revenue Code
County housing authority created under Title 7, chapter 15, part 21, MCA
Municipal housing authority created under Title 7, chapter 15, parts 44 and 45, MCA

Part III. Exclusion Computation

Table with 6 rows for exclusion computation steps and a column for numerical input.

Where to Report Your Exclusion

- Individuals: Form 2, Schedule II, line 34, "Other Subtractions."
C corporations: Form CIT, line 3g, "Other Reductions."
S corporations: Form CLT-4S, line 16c
Partnerships: Form PR-1, line 17c

If you file your Montana tax return electronically, you do not need to mail this form to us unless we ask you for a copy. When you file electronically, you represent that you have retained the required documents in your tax records and will provide them upon the department's request.



## Form MHPE Instructions

**Tenants' or mobile home park residents' association** means a group of six or more tenants who reside in a mobile home park, have organized for the purpose of eventual purchase of the mobile home park, have established bylaws of the association, and have obtained the approval vote of at least 51% of the residents of the mobile home park to purchase the mobile home park as defined in 15-31-163, Montana Code Annotated (MCA).

### Who can claim this exclusion?

An individual, a C corporation, an S corporation, a partnership or a disregarded entity qualifies for the exclusion of all or a portion of the gain recognized.

### What information do I have to include with my tax return when I claim this exclusion?

- **Individuals.** If you are filing a paper return, include a copy of Form MHPE with your individual income tax return.
- **C corporations.** If you are filing a paper return, include a copy of Form MHPE with your corporate income tax return.
- **S corporations and partnerships.** If you are filing a paper return, include Form MHPE with your Montana information return Form CLT-4S or PR-1 and include a separate statement identifying each owner and their share.

You will need to complete a separate Form MHPE for each source you are receiving the exclusion from. For example, if you are a partner in one partnership that qualifies for this

exclusion, and you, as an individual, also qualify for this exclusion, you would need to complete two forms.

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### How do I claim my exclusion when I am a partner or shareholder in a partnership or an S corporation?

The exclusion amount from a partnership or S corporation is passed through to partners or shareholders in the same proportion used to report the partnership's or corporation's income or loss for Montana tax purposes; this amount should be reported to owners on Montana Schedule K-1.

If you received this exclusion from a partnership or S corporation, you will need to fill out Part I in its entirety. Your portion of the exclusion can be obtained from the Montana Schedule K-1 that you received from the entity. In addition to reporting your portion of the exclusion, you will need to provide the partnership's or S corporation's name and Federal Employer Identification Number.

If you are a partner or shareholder in more than one partnership or S corporation, you will need to complete a separate Form MHPE for each entity you are receiving the exclusion from.

**Questions?** Please call us toll free at (866) 859-2254 (in Helena, 444-6900).