

2014 Montana Income Tax Return for Estates and Trusts

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Fo	rm i	-ID-3	Include a complete copy of th	e feder	al Form 10	41 and all related for	orms and schedule	es.		
	For o	calendar	year 2014 or tax year beginnin	g M	M D D	2 0 1 4 and	d ending M N	1 D D	YYYY	
Mark	all tha	at apply.	Name of Estate or Trust				FEIN			
	nitial re	eturn								
F	inal re	eturn	Name and Title of Fiduciary				Date Entity Crea	ted M	M D D Y Y Y	Y
<i>F</i>	Amend	ed return					Enter number of:			
		return	Mailing Address				Schedules K-1 inclu	ided		
		ırryback					Resident beneficiar	es		
	Estate of rust ma	or filing ade a	City		State	Zip Code + 4	Nonresident benefic	ciaries		
		15 election					Other types of bene	ficiaries		П
Entity	у Туре	. Mark all th	hat apply.				Residency Status			
	Decede	ent's	Qualified disability trust	Bankı	ruptcy estate	e (Chapter 11)	Resident		Resident part-year	
e	estate		ESBT	Poole	d income fu	nd	Nonresident		State moved to	Τ
	Simple		Grantor type trust	Quali	fied funeral	trust			State moved from	
	Comple	ex trust	Bankruptcy estate (Chapter 7)	Other			Date of char	nge M	M D D Y Y Y	Y
	Er	nter amounts	s on lines 1 through 17 corresponding to y	our fede	ral return. R	ound to the nearest dol	lar. If no entry, leave l	olank.		
	1	Interest inc	come					1		00
	2	Ordinary di	ividends					2		00
	3	Business ir	ncome or (loss).		Federal E	Business Code/NAICS		3		00
	4	Capital gair	ain or (loss)4							00
шe	5	Rents, roya	alties, partnerships, other estates and trusts, etc							00
Income	6	Farm incon	ome or (loss)6							00
	7	Ordinary ga	ain or (loss)		00					
	8	Other incor	me. List type and amount					8		00
	9	9 Add lines 1 through 8. Total federal income . Line 9 must equal the total income reported on federal Form 1041 (see instructions for Electing Small Business Trust).						9		00
	10	Interest						10		00
	11	Taxes (do r	not include federal income tax deduction).					11		00
	12	•	ees							00
	13	Charitable	deduction					13		00
Ξ	14	Attorney, a	ccountant, and return preparer fees	countant, and return preparer fees1						00
nptic	15a		uctions not subject to the 2% floor (include		•					00
Exer			niscellaneous itemized deductions subject to 2% floor							00
and			0 through 15b							00
Deductions and Exemption	17		justed total income or (loss). Subtract line 17.)							0.0
onpe	18	Montana a	dditions from Schedule A, line 10					18		00
۵	19	Montana de	eductions and subtractions from Schedule	B, line 9)			19		00
	20	Add lines 1	7 and 18, then subtract line 19. Montana	adjuste	d total inco	me or (loss)		20		00
	21	Montana in	ncome distribution deduction from Schedul	e C, line	13, but not	less than zero		21		00
	22	Exemption						22	2330	
	23	Add lines 2	21 and 22. Total Montana income distrib	ution de	duction and	d exemption		23		00



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FEIN

25	Montana taxable income from line 24	25	0.0
			00
			00
			00
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			00
			00
	• •		
			00
	·		00
			00
			00
			00
		50	00
Sea	, ,	0.0	
39b			
39			0.0
40	• •		00
41			00
42	• •	42	00
43	Add lines 37 through 42. Total payments and refundable credits.	43	00
44	• • • • • • • • • • • • • • • • • • • •		00
45	-		00
46	•		00
47			00
48			00
49			00
	40 41 42 43 44 45 46 47 48	Tax from the tax table. If line 25 is zero or less, enter zero	Tax from the tax table. If line 25 is zero or less, enter zero

Continue to page 3 for the calculation of the amount the entity owes or its refund.

2014 Montana Fiduciary Income Tax Table

ZOT- MONUMENT					
If Your Taxable	But Not	Multiply	And	This Is	
Income Is More	More Than	Your Taxable	Subtract	Your Tax	
Than		Income By			
\$0	\$2,800	1% (0.010)	\$0		
\$2,800	\$5,000	2% (0.020)	\$28		
\$5,000	\$7,600	3% (0.030)	\$78		
\$7,600	\$10,300	4% (0.040)	\$154		

If Your Taxable	But Not	Multiply	And	This Is
Income Is More	More Than	Your Taxable	Subtract	Your Tax
Than		Income By		
\$10,300	\$13,300	5% (0.050)	\$257	
\$13,300	\$17,100	6% (0.060)	\$390	
More ⁻	Than \$17,100	6.9% (0.069)	\$544	

For example:

Taxable income \$6,800 X 3% (0.030) = \$204

\$204 minus \$78 = \$126 tax

Questions? Call us toll free at (866) 859-2254 (in Helena, 444-6900) or TDD (406) 444-2830 for hearing impaired.



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y Owes Id	50	overpayment (ar	mount on line 45) a	nd it is less than line 49	d lines 44 and 49 OR, it 9, subtract line 45 from	line 49. Enter the	result.	50		00
Amount the Entity Owes or Its Refund	Why not e-pay? See your options at revenue.mt.gov. If writing a check, please make it payable to MONTANA DEF							PARTME	IT OF REVEN	IUE.
	51	51 If the estate or trust has a tax overpayment (amount on line 45) and it is greater than line 49, subtract line 49 from line Enter the result. Overpayment.								00
Д П	52	Enter the amour	nt on line 51 that th	e estate or trust wants	applied to the 2015 esti	mated tax		52		00
⋖	53	Subtract line 52	from line 51 and e	nter the result. Refund.	•			53		0.0
Y Cor	our	t Deposit Refund e 1, 2, 3 and 4 be instructions).	-		2. ACCT# ust is required to mark of the is located outside of the	-	Checking its territories?	Savin	gs Yes	No
		Ities of false swear is true, correct, a		I have examined this re	eturn, including accomp			d to the b	est of my kno	wledge
Sianat	ture of	Fiduciary (or offic	cer representing fid	ucian/)	Date	FEIN of Fidu		Telenho	ne Number	
31911a1 X	uie oi	Fluuciary (or offic	er representing nu	uciai y)	Date	(ii a iiiiaiiciai	institution)	reieprio	ne munibei	
^										
Print/T	ype P	reparer's Name		Preparer's Signature	е	Date		PTIN		
Firm's	Name	Э						Firm's F	EIN	
Firm's	Addre	ess						Telepho	ne Number	
/lay th	e DOF	R discuss this retu	ırn with the tax pre	parer? Yes	No					
Pleas	e sen	d your completed	Form FID-3 to:	Montana Department PO Box 8021 Helena, MT 59604-80			on tana	-file	See electronic	
				Schedule	A - Schedule of A	Additions				
1	Intere	st and mutual fund	d dividends from st	ate, county or municipa	al bonds from other state	es		1		0.0
2	Dividends not included in federal total income						2		0.0	
3	Taxable federal refund							3		0.0
4	Other recoveries of amounts deducted in earlier years that reduced Montana taxable income							4		0.0
5	Montana income taxes paid or accrued							5		0.0
6	Comp	ensation and exp	enditures used to o	compute the film produc	ction credit			6		0.0
7	Insure	e Montana Small E	Business Health Ins	surance Program premi	iums used to compute t	he credit		7		0.0
8	Exper	nses allocated to l	J.S. obligations					8		0.0
9	Other	income. List type	and amount					9		0.0

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	Schedule B – Schedule of Deductions/Subtractions				
1	Federal income tax deduction	00			
2	Exempt interest and mutual fund dividends from federal bonds, notes, and other obligations	00			
3	State tax refunds included on Form FID-3, line 8	00			
4	Other recoveries of amounts deducted in earlier years that did not reduce Montana taxable income4	00			
5	Partial pension and annuity income exemption (see worksheet and instructions)	00			
6	Subtraction for federal taxable U.S. Railroad Retirement Board benefits (Tier I and Tier II)	00			
7	Expenses allocated to other states' interest and mutual fund dividends	00			
8	Other subtractions. List type and amount8	00			
9	Total deductions/subtractions (add lines 1 through 8). Enter the total on Form FID-3, line 19	00			

	Schedule C – Montana Distributable Net Income (MDNI) and Montana Income Distribution I	Deduction (MI	DD)
1	Montana adjusted total income or (loss) from Form FID-3, line 20. If Montana adjusted total income AND the total from Form FID-3, line 4 are losses, use the smaller loss (see instructions)	1	00
2a	Add: Federal tax exempt income (gross)	00	
2b	Less: Expenses allocated to federal tax exempt income	00	
2c	Add: Income from federal obligations that is tax exempt for Montana	00	
2d	Less: Expenses allocated to income from federal obligations that are tax exempt for Montana2d	00	
2e	Add: Expenses allocated to non-Montana municipal income taxable to Montana2e	00	
2f	Less: Non-Montana municipal income taxable to Montana	00	
2	Montana adjusted tax exempt interest income	2	0.0
3a	Enter the amount from federal Form 1041, Schedule B, line 3	00	
3b	Enter the amount from federal Form 1041, Schedule B, line 4	00	
3с	Enter the amount from federal Form 1041, Schedule B, line 5	00	
3	Total net capital gains. Add lines 3a through 3c	3	0.0
4	If the amount on Form FID-3, line 4 is a gain, enter as a negative number. If the amount on Form FID-3, line 4 is a loss, enter the loss as a positive number (see instructions)	4	00
5	Montana distributable net income. Combine lines 1 through 4. If zero or less, enter zero (see instructions)	5	0.0
6	If a complex trust, enter the accounting income for the tax year as determined under the governing instrument	00	
7	Income required to be distributed currently	7	0.0
8	Other amounts paid, credited or otherwise required to be distributed	8	0.0
9	Actual total distributions for the year. Add lines 7 and 8	9	0.0
10	Tax exempt income included in actual distributions included on line 9	10	0.0
11	Tentative income distribution deduction based on actual distributions. Subtract line 10 from line 9	11	0.0
12	Tentative income distribution deduction. Subtract line 2 from line 5. If zero or less, enter zero	12	00
13	Montana income distribution deduction. Enter the smaller of line 11 or line 12 and on Form FID-3, line 21. If zero or less, enter zero	13	00

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Schedule D - Beneficiaries and Montana Income Distributions

List name and address of each beneficiary receiving distributions reported on Form FID-3, line 21. If more than 10 beneficiaries, please see instructions.

Beneficiary Information: Name Street Address City/State IZIp Code Identification Number Residency Status Resident Resident Resident Resident Resident part-year Resi		A		В	С	D	
SSN		Name Street Address		entification Number	Residency Status	Distribution Receive	
FEIN	1				Resident		
Resident Resident Resident Resident Resident Resident Part-year Part-y			SSN				
SSN			FEIN		Nonresident		00
FEIN	2				Resident		
Resident Resident OO			SSN		Resident part-year		
SSN			FEIN		Nonresident		00
FEIN	3				Resident		
Resident			SSN		Resident part-year		
Resident part-year			FEIN		Nonresident		00
SSN	4				Resident		
Resident SSN			SSN				
Resident			FEIN		Nonresident		00
SSN	5				Resident		
Resident			SSN				
Gesident SSN Resident part-year Nonresident OO FEIN Nonresident OO Resident Part-year Resident part-year Resident part-year Nonresident OO Resident Part-year Nonresident OO FEIN Nonresident OO Resident Part-year Resident Part-year Resident Part-year Resident Part-year Resident Part-year Nonresident OO FEIN Nonresident OO Resident Part-year Nonresident OO			FEIN		Nonresident		00
SSN	6				Resident		
7 Resident SSN Resident part-year FEIN Nonresident 8 SSN Resident part-year FEIN Nonresident SSN Resident part-year FEIN Nonresident OO Resident Resident part-year FEIN Nonresident OO Resident part-year Resident part-year Resident part-year FEIN Nonresident OO Resident part-year FEIN Nonresident OO OO OO OO OO OO OO OO OO			SSN				
7 SSN Resident part-year 8 Resident part-year 8 Resident SSN Resident Resident part-year Resident part-year Resident part-year Resident part-year FEIN Nonresident OO Resident part-year FEIN Nonresident OO Resident part-year FEIN Nonresident			FEIN		Nonresident		00
SSN	7				Resident		
8 Resident SSN Resident part-year FEIN Nonresident 9 Resident SSN Resident part-year FEIN Nonresident 00 Resident Resident part-year FEIN Nonresident 10 Resident Resident FEIN Nonresident 00 10 Resident FEIN Nonresident			SSN				
Resident SSN Resident part-year Nonresident SSN Resident Resident Nonresident OO Resident part-year Resident part-year Resident part-year Resident part-year Resident FEIN Nonresident OO Resident FEIN Nonresident OO			FEIN		Nonresident		00
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SSN Resident part-year FEIN Nonresident Resident part-year SSN Resident part-year FEIN Nonresident OO	9				Resident		
10 Resident SSN Resident part-year FEIN Nonresident			SSN				
10 Resident SSN Resident part-year FEIN Nonresident					Nonresident		00
SSN Resident part-year Nonresident Nonresident	10	, ,			Resident		
FEIN Nonresident 00			SSN				
							0.0
		1			Total		

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	Form FID-3, Page 6 – 2014	FEIN		
	Schedule E – Capital Gains Tax Credi	t Calcul	ation	
1	Enter the capital gain or (loss) from Form FID-3, line 4		1	00
2	Enter the net capital gains reported on federal Form 1041, Schedule D, Part III, line 19 column	nn (1) Ben	eficiaries2	0.0

00

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Schedule F - Nonresident/Resident Part-Year Estate and Trust Tax

4 Multiply line 3 by 2% (.02). Allowable capital gains tax credit. Enter on Form FID-3, line 274

		A Total income	B Montana source income included in column A
1	Interest income	00	00
2	Ordinary dividends	00	00
3	Business income or (loss)	00	00
4	Capital gain or (loss)4	00	00
5	Rental real estate, royalties, partnerships, S corporations, other estates and trusts, etc5	00	00
6	Farm income or (loss)6	00	00
7	Ordinary gain or (loss)7	00	00
8	Other income8	00	00
9	Interest and mutual fund dividends from other states' state, county or municipal bonds9	00	00
10	Dividends not included in total federal income	00	00
11	Taxable federal refund	00	00
12	Other recoveries of amounts deducted in earlier years that reduced Montana taxable income	00	00
13	Other additions	00	00
14	Add lines 1 through 13 and enter the result here. Column B is the estate or trust's Montana source income	00	00
15	Divide the amount in column B, line 14 above by the amount in column A, line 14 above and enter decimal places and do not enter more than 1.000000		
16	Enter the resident tax after capital gains tax credit reported on Form FID-3, line 28	16	00
17	Multiply the tax on line 16 by the percentage on line 15 and enter here and on Form FID-3, line 26 nonresident/resident part-year tax after capital gains tax credit		00

Schedule F applies to nonresident and resident part-year estates and trusts only. The fiduciary will use this schedule to compute the ratio of Montana source income to total income. This ratio is then multiplied by the resident tax from FID-3, line 28 to determine the nonresident or resident part-year tax to be reported on FID-3, line 28a.

Column A - Enter on lines 1 through 13 the total income from Form FID-3, lines 1 through 8 and Schedule A.

Column B - Enter on lines 1 through 13 the Montana source income from Form FID-3, lines 1 through 8 and Schedule A.

How does a nonresident estate or trust determine its Montana source income?

For further information and a line-by-line description of Montana source income, refer to Form FID-3, Schedule F instructions beginning on page 11.

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	Form FID-3, Page 7 – 2014	IN	
	Schedule G – Electing Small Business Trust 1	ax Calculation	
1	Total federal adjusted ESBT income (include federal schedule)	1	00
2a	Montana additions to ESBT income (include statement)2a	00	
2b	Montana deductions to ESBT income (include statement)2b	00	
2	Subtract line 2b from 2a	2	00
3	Add lines 1 and 2. Montana adjusted ESBT income.	3	00
4	Tax from tax table. If line 3 is zero or less, enter zero	4	00
5a	Net capital gains reported on line 35a	00	
5	Multiply line 5a by 2%. Capital gains tax credit.	5	00
6	Subtract line 5 from line 4. If zero or less, enter zero. Resident tax after capital gains tax credit	t. 6	00
	If a resident or resident part-year trust, complete lines 7a and 7. If a nonresident trust,	skip lines 7a and 7.	
7a	Enter the total credit for income taxes paid to another state or country (see instructions)7a	00	
7	Subtract line 7a from line 6	7	00
	If a nonresident or resident part-year trust, complete lines 8a through 8c and 8. If a resident true and 8.	st, skip lines 8a through 8c	
8a	Enter the amount from lines 1 and 2a8a	00	
8b	Enter the Montana source income reported on line 3. Include Montana Schedule(s) K-18b	00	
8c	Divide the amount on line 8b by the amount on line 8a (round to 6 decimal places)8c		
8	Multiply the amount on line 8c by line 6 if a nonresident trust. Multiply the amount on line 8c by line 1 trust. Nonresident or resident part-year trust tax after capital gains tax credit		00
9	Tax on lump sum distributions	9	00
10	Endowment credit recapture tax	10	00
11	Other nonrefundable credits. List credit form(s)	11	00

12 If a resident trust, add lines 7, 9 and 10. If a nonresident or resident part-year trust add lines 8 through 10. Subtract line 11

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Schedule H - Reporting of Special Transactions

Complete Schedule H only if the estate or trust filed any of the federal income tax forms described below. Mark the appropriate box indicating which form(s) the estate or trust filed with the Internal Revenue Service for this tax year. If the answer is "Yes" to one or more of these forms, the entity will need to include a complete copy of the federal Form 1041.

com	plete copy of the federal Form 1041.
1	The estate or trust filed federal Form 8918 – Material Advisor Disclosure Statement with the Internal Revenue Service
2	The estate or trust filed federal Form 8824 – Like-Kind Exchanges with the Internal Revenue Service
3	The estate or trust filed federal Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service
4	The estate or trust filed federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service