





Corporation Name Federal Business Code **Initial Return** Final Return If new address check here Address Amended Incorporated in State of Return Refund Return State Zip+4 Date Date Qualified in Montana Check this box if you do not need the Montana corporation license tax return and instructions sent to you next year Copy of signed Federal Form 1120 as filed with the Internal Revenue Service must be attached Part I - Filing Method. Check applicable filing method (see instructions). a. Separate Company......a. 🗖 e. Limited Combination......e. 🗖 Part II - Amended Return Only. Check all that apply. b. NOL carryback/carryforward; year of loss .....b. 🖵 e. Application and/or change in tax credit; type of credit being claimed \_\_\_\_ Part III - General Questions. All questions must be answered. a. Describe in detail the nature and location(s) of your Montana activities (if necessary, provide the description on an additional page). If this corporation is a successor to your previously existing business, enter name and FEIN of your previous business: If so, indicate whether your corporation has: ■ Withdrawn: Merged (please attach detailed statement); Dissolved (please attach detailed statement); Reorganized (please attach detailed statement). Date of withdrawal, dissolution, merger, or reorganization d. For any periods, has the Internal Revenue Service issued an official notice of change or correction that you If "Yes," indicate the periods that have not been filed \_ e. Are any statute of limitation waivers currently in force that have been executed with the Internal Revenue If "Yes," which taxable years are covered and what are the expiration dates of the waivers? If "Yes," for which years have you filed amended Montana returns? If "Yes," enter the number of entities included in this return that are active in Montana.

Forr	n CLT-4, Page 2 FEIN			_		
Pa	rt III - continued					
h.	Was your corporation included as a member of a consolidated group for Internal Revenue Service file	ing				
	purposes?		. 🖵 Yes	☐ No		
	If "Yes," you will need to provide support for your consolidated taxable income by attaching pages 1	through				
	4 of the consolidated federal Form 1120 that you filed with the Internal Revenue Service.					
	Enter the ultimate U.S. parent's FEIN: and Name:					
i.	Did an individual at the end of the taxable year own, directly or indirectly, 50% or more of the voting	stock of				
	this corporation? Name: % of ownership:		Yes	☐ No		
j.	Did a partnership, corporation, estate or trust at the end of the taxable year own, directly or indirectly	, 50%				
	or more of the voting stock of this corporation?		. 🖵 Yes	☐ No		
k.	If the answer to question (i) or (j) is "Yes," did the same individual, partnership, corporation, estate or	r trust				
	at the end of the taxable year also own, directly or indirectly, 50% or more of the voting stock of ano					
	(brother-sister) corporation?		. 🖵 Yes	☐ No		
I.	Did this corporation or any member of the consolidated group own, directly or indirectly, 50% or more	e of the				
	outstanding voting stock of a domestic corporation that is not included in the consolidated group refe	erenced				
	in (h) above?		. 🖵 Yes	☐ No		
m.	Did this corporation or any member of the consolidated group own, directly or indirectly, 50% or more	e of the				
	outstanding voting stock of a controlled foreign corporation?		. 🖵 Yes	☐ No		
	If you answered "Yes" to any of the above questions (j - m), you will need to complete Schedule M.					
$\subseteq$						
Pa	rt IV - Reporting of Special Transactions.					
	Check <b>"Yes"</b> if you filed any of the following forms with the Internal Revenue Service.					
<u> </u>	You will need to attach to your Montana return a complete copy of any of these applicable forms.					
a.	I filed federal Form 8264 – Application for Registration of a Tax Shelter with the Internal Reve	ıue				
	Service.		☐ Yes	<b>□</b> No		
-	Form 8264 is required to be filed to register a tax shelter.					
b.	I filed federal Form 8271 – Investor Reporting of Tax Shelter Registration Number with the Interest Revenue Service.	ernai	☐ Yes	□No		
	Form 8271 is used to report the tax shelter registration number that the Internal Revenue Service as	eiane to	u ies	■ INO		
	certain tax shelters required to be registered under 26 USC 6111 and to report the name and identify					
	number of the tax shelter.	9				
c.	I filed federal Form 8824 – Like-Kind Exchanges with the Internal Revenue Service.		Yes	□No		
	Check "Yes" if your like-kind exchange includes Montana property.					
	Form 8824 is used to report each exchange of business or investment property for property of a like	-kind.				
<u>d</u> .	I filed federal Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnershi					
	the Internal Revenue Service.	•	☐ Yes	☐ No		
	Form 8865 is used to report the information required under 26 USC 6038 (reporting with respect to compare the compared to the	controlled				
	foreign partnerships), section 6038B (reporting of transfers to foreign partnerships), or section 6046a	4				
<u> </u>	(reporting of acquisitions, dispositions, and changes in foreign partnership interest.)					
e.	I filed federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal					
	Revenue Service.		☐ Yes	<b>□</b> No		
I	Form 8886 is used to disclose information for each reportable transaction in which you participated.					
f.	I filed federal Form 13657 - Notice of Election by Corporation to Participate in Announcement					
	2005-19 Settlement Initiative with the Internal Revenue Service.	NOT 40	☐ Yes	☐ No		
	Form 13657 is an election to participate in the settlement initiative as described in Announcement 20 and as contained in Internal Revenue Bulletin 2005-11 dated March 14, 2005.	105-19				
<u></u>		tivo				
g.	I filed federal Form 13750 – Election to Participate in Announcement 2005-80 Settlement Initia with the Internal Revenue Service.	live	☐ Yes	□No		
	Form 13750 is an election to participate in the settlement initiative as described in Announcement 20	)05 <b>-</b> 80	163	<b>—</b> 1100		
	and as contained in Internal Revenue Bulletin 2005-46 dated November 14, 2005.	700 00				
Dec	laration - Under penalties of perjury, I, the undersigned officer of the corporation, declare that to the	nest of my	knowledo	and helief		
	return and accompanying schedules are a true, correct, and complete return made in good faith for the					
	suant to Montana corporation license tax law and regulations.	,	•	,		
_						
Sigr	nature of officer	Date				
Prin	t name Title	Telephone	e number	ext.		
Nan	ne of person or firm preparing return	Date				
Pre	parer's identification number	Telephone	e number			
	Check here to authorize the Montana Department of Revenue to discuss your return with the individu	•				

Form	CLT-4, Page 3	Period End Date			_ FEIN_			_
Comp	utation of Montan	a Taxable Income a	nd Net Amount Due					
1. Ta	axable income repo	rted on your federal r	eturn (line 28) (attach a	copy of signed fed	deral Forn	n 1120)	1.	
2. A	dditions:	-						
2a.	Montana corporation	on license tax (attach	breakdown of your Forn	n 1120, line 17)	2a.			
	•	-	e taxes based on income	·				
		_						
	•		l endowment credit					
			subsidiaries for worldwide					
		• •	included in federal consc				$\dashv$	
							$\dashv$	
_			only. (attach Schedule \				<del> </del>	
			on federal return				<del></del>	
			ailed breakdown)				$\overline{}$	
			ult. This is the total of ye					
		2) and enter the rest	iii. This is the total of y	our additions			∠.[	
	eductions:	s data and an early and at a de-	4!		٥- 🗀			
			uction					
		•	breakdown)				$\rightarrow$	
		·	rm RCYL)					
			included in federal conso					
			ach federal Schedule D)					
			tailed breakdown)					
			ult. This is the total of y					
			d enter the result. <b>This is</b>					
5. Ir	come apportioned	to Montana (multiply	line 4 X% from S	chedule K, line 5)	and ente	r the result	5.	
C	ombined filers mu	st use the schedule	outlined in the instruc	ctions.				
6. E	nter the income tha	t you allocated direct	ly to Montana (attach a c	detailed breakdow	/n)		6.	
7. N	lontana taxable inco	ome before net opera	ting loss (add lines 5 and	d 6 or enter amou	ınt reporte	d on line 4)	7.	
lf	line 7 is a loss, do	you wish to forego the	e net operating loss carry	y-back provision?	Yes	☐ No		
N	ote: If you have rep	ported a loss on line	7 and have checked neit	her box, the loss f	first has to	be carried ba	ack.	
8. E	nter your Montana ı	net operating loss car	rried over to this period (	attach a detailed	schedule)		8.	
9. S	ubtract line 8 from I	ine 7 and enter the re	esult here. This is your I	Montana taxable	income .		9.	
			you have a valid Water'					
							. 10.	
N	ote: This amount o	annot be less than th	e minimum tax liability o	f \$50.				
			tax liability using the Alte		od.	_		
	ayments:							
	•				11a 🗀			
	· ·							
							$\dashv$	
	-						$\dashv$	
	. Previously issued i				11e. (		<del></del>	
			esult. <b>This is the total o</b>				11	
			ne 10 and enter result. <b>T</b> l					
	·		u want to be applied to yo	•				
			This is your net tax due					
		-	due date, calculated at 1		-			
			st (attach Form CLT-4-UT	·	_	_	. 17	
		using the annualized	I income or adjusted sea	sonal income met	tnoa.	_		
	enalty:						_	
			ctions)					
			structions)					
			lt. This is your total per				. 18.	
	_		ult on line 19a or 19b be					
19a	.If the result is posit	tive, enter the amoun	t due here. <b>This is your</b>				•	
	·			o or vioit our wobo	ita at mt a	ov/revenue/ for	electronic na	vment ontions
	Attach your remitta	nce payable to Monta			_			ymone optione.
19b	Attach your remitta		<i>na Department of Revenu</i> I due here. <b>This is your</b>		_			)
	Attach your remitta	ative, enter the refund	due here. This is your	total overpayme	ent			)
	Attach your remitta	ative, enter the refund at deposit for your refundation	d due here. <b>This is your</b> und, enter your bank rou	total overpayme	ent		19b. (	)
	Attach your remitta	ative, enter the refund at deposit for your refundation	due here. This is your	total overpayme	ent			) g

	edule K - Apportionment Factors for Multi-state Taxpayers			
	r dollar values in columns A and B. Enter percentages in column C.	A. Everywhere	B. Montana	C. Factor
	roperty Factor: Enter average values for real and tangible personal property	. ,		
	a. Land1a.			
	o. Buildings			
	c. Machinery			
	d. Equipment			
	· ·			
	e. Furniture and fixtures			
	Leased property1f.			
	g. Inventories1g.			
	n. Supplies and other1h.			,
	. Property of foreign subsidiaries included in combined unitary group1i.			,
1j	Property of unconsolidated subsidiaries included in combined unitary group1j.			
11	c. Property of pass-through entities included in combined unitary group 1k.			
11	. Multiply amount of rents by 8 and enter result1I.			
	otal Property Value - add lines 1a through 1l			
	ake the total in column B and divide it by the total in column A. Multiply			l
	at result by 100 and enter the result. <b>This is your property factor</b>			
	ayroll Factor:			
	a. Compensation of officers2a.			
	b. Salaries and wages			
	Payroll included in:			l
2	c. Costs of goods sold			[
	d. Repairs			
	e. Other deductions			
	Payroll of foreign subsidiaries included in combined unitary group2f.			
20	g. Payroll of unconsolidated subsidiaries included in combined			
	unitary group2g.L			
	n. Payroll of pass-through entities included in combined unitary group2h.			
To	otal Payroll Value - add lines 2a through 2h			
	ake the total in column B and divide it by the total in column A. Multiply			
th	at result by 100 and enter the result. This is your payroll factor		2.	
	ales (Gross Receipts) Factor:			
38	a. Gross sales, less returns and allowances3a.			
3b	o. Sales delivered or shipped to Montana purchasers:			
	(1) Shipped from outside Montana	3b.(1)		
	(2) Shipped from within Montana			
30	c. Sales shipped from Montana to:	( )		1
	(1) United States Government	3c (1)		
	(2) Purchasers in a state where the taxpayer is not taxable			
3,	d. Sales other than sales of tangible personal property (i.e. service income)			
	e. Less: Intercompany sales		/	
	· · · ·	(	)	
	Net gains reported on federal Schedule D and federal Form 47973f.			
	g. Other gross receipts (rents, royalties, interest, etc.)3g.			
3ł	n. Sales (receipts) of foreign subsidiaries included in combined unitary group3h.			
3i	. Sales (receipts) of unconsolidated subsidiaries included in combined unitary group			
3j	. Sales (receipts) of pass-through entities included in combined unitary group			
31	Less: Other intercompany transactions	(	(	
	otal Sales Value - add lines 3a through 3k	)	)	
	ake the total in column B and divide it by the total in column A. Multiply			l
	at result by 100 and enter the result. <b>This is your sales factor</b>		2	
	acresult by 100 and enter the result. This is your sales factor			<b></b>
	dd the percentages on lines 1, 2, and 3 in column C. This is the sum of your	r factors	A	l

%

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## Schedule C - Tax Credits

	Type of Credit	Column A Current Year Earned	<b>Column B</b> Total Available	Column C Current Year Applied
1.	Montana Capital Company Credit			
2.	New/Expanded Industry Credit			
3.	Interest Differential Credit			
4.	Montana Dependent Care Assistance Credit (attach Form DCAC)			
5.	Montana College Contribution Credit (attach Form CC)			
6.	Health Insurance for Uninsured Montanans Credit (attach Form HI)			
7.	Montana Recycle Credit (attach Form RCYL)			
8.	Alternative Energy Production Credit (attach Form AEPC)			
9.	Contractor's Gross Receipts Tax Credit (attach supporting schedule)			
10.	Alternative Fuel Credit (attach Form AFCR)			
11.	Infrastructure Users Fee Credit			
12.	Qualified Endowment Credit (attach Form QEC)			
12a.	Qualified Endowment Credit Recapture			( )
13.	Historical Buildings Preservation Credit (attach federal Form 3468)			
13a.	Historical Buildings Preservation Credit Recapture			( )
14.	Increase Research and Development Activities Credit (attach Form RSCH)			
15.	Mineral Exploration Incentive Credit (attach Form MINE-CRED)			
16.	Developmental Disability Account Contribution Credit			
17.	Empowerment Zone Credit			
18.	Film Production Credit (attach Form FPC)			
18a.	Film Production Credit Recapture			( )
19.	Biodiesel Blending and Storage Credit (attach Form BBSC)			
19a.	Biodiesel Blending and Storage Credit Recapture			( )
20.	Oilseed Crushing and Biodiesel/Biolubricant Production Credit (attach Form OSC)			
20a.	Oilseed Crushing and Biodiesel/Biolubricant Production Credit Recapture			( )
21.	Geothermal System Credit (attach Form ENRG-A)			
22.	Insure Montana Credit			
is the	totals of lines 1 through 22 and enter the result here. <b>This e total of your credits.</b> Enter the total in column C on Form  4 page 3 line 12			

To receive these credits, you will have to attach this schedule C and your prescribed corporation tax forms or a detailed schedule to your Form CLT-4.

Send your completed Montana Corporation License Tax Return to: Montana Department of Revenue, PO Box 8021, Helena, MT 59604-8021

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MONTANA Schedule M Rev. 06-07

## Schedule M - Affiliated Entities

Complete the schedules below if your corporation has an affiliated relationship with another business entity. Please note that both schedules must be completed if your corporation is a member of a U.S. consolidated group and has affiliated relationships with other business entities.

## Members of a U.S. Consolidated Group

Please include your information in the following schedule for all members of your U.S. consolidated group.

Federal Employer Identification Number	Name of affiliate/subsidiary/parent corporation	Percentage of ownership	Check if included in this Montana unitary filing	Check if doing business in Montana	Check if filing Montana Form CLT-4 separate from this unitary filing

## **Affiliated Entities**

Please include information in the following schedule for all business entities that are not included in the U.S. consolidated group; i.e. partnerships, limited liability companies, foreign subsidiaries owned greater than 50%, unconsolidated subsidiaries owned greater than 50%. Please include entities that are owned by your corporation and entities that are owned by all members of your U.S. consolidated group.

Federal Employer Identification Number	Name of Entity	Percentage of ownership	Check if included in this Montana unitary filing	Check if doing business in Montana	Type of entity, i.e. foreign subsidiary, unconsolidated subsidiary, partnership, LLC, LLP

Mail to: Montana Department of Revenue, PO Box 8021, Helena, MT 59604-8021