

**MONTANA CORPORATION LICENSE TAX RETURN**

(PLEASE TYPE OR PRINT)

For calendar year 1991 or other taxable year beginning \_\_\_\_\_, 1991, ending \_\_\_\_\_, 19

**1991**

**Form CLT-4**

Name \_\_\_\_\_

If name has changed from last year, enter old name here: \_\_\_\_\_

Number and Street or P.O. Box No. \_\_\_\_\_

City or Town, State, and Zip Code \_\_\_\_\_

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

Federal Employer's No. \_\_\_\_\_

Federal Business Code No. \_\_\_\_\_

Kind of Business \_\_\_\_\_

Incorporated in \_\_\_\_\_

State of \_\_\_\_\_ Year \_\_\_\_\_

Date Qualified in Montana \_\_\_\_\_

(Multistate corporations only)

Reporting Method: Cash \_\_\_\_\_ Accrual \_\_\_\_\_ Other (specify) \_\_\_\_\_

Check applicable boxes: (1)  Initial Return (2)  Final Return (3)  Change in Address (4)  Consolidated Return

NOTE: IF COMPLETE FEDERAL RETURN COPY IS ATTACHED, OMIT LINES 1 THROUGH 27 ON THIS PAGE

YOU MAY ROUND TO THE NEAREST DOLLAR

<b>GROSS INCOME</b>	1. Gross receipts or gross sales .....Less: Returns and allowances .....	
	2. Less: Costs of goods sold and/or operations ( <b>attach Schedule</b> ) .....	
	3. Gross profit .....	
	4. Dividends (attach schedule) .....	
	5. Interest .....	
	6. Gross rents .....	
	7. Gross royalties .....	
	8. Capital gain net income (attach separate Schedule D) .....	
	9. Net gains (losses)—( <b>attach Federal Form 4797</b> ) .....	
	10. Other income (attach schedule) .....	
	11. TOTAL INCOME—Add lines 3 through 10 .....	
<b>DEDUCTIONS</b>	12. Compensation of officers (attach schedule) .....	
	13. Salaries and wages (not deducted elsewhere) .....	
	14. Repairs (do not include capital expenditures) .....	
	15. Bad debts .....	
	16. Rents .....	
	17. Taxes ( <b>attach schedule—may be subject to state adjustments</b> ) .....	
	18. Interest .....	
	19. Contributions .....	
	20. Depreciation .....	
	21. Less depreciation claimed elsewhere on return .....	( )
	22. Depletion (attach schedule) .....	
	23. Advertising .....	
	24. Pension, profit-sharing, etc., plans.....	
	25. Employee benefit programs .....	
	26. Other deductions (attach schedule) .....	
	27. TOTAL DEDUCTIONS on lines 12 through 26 .....	
	28. Taxable income before net operating loss and special deductions (line 11 less line 27) .....	

Note: If business entirely in Montana, complete lines 29 through 40 on this page.

MULTISTATE TAXPAYERS: Carry line 28 amount to line 6, page 3, and omit lines 29, 30, 31 on this page.

A.T. \_\_\_\_\_  
Interest \_\_\_\_\_  
Penalty \_\_\_\_\_  
TOTAL \_\_\_\_\_  
O.A. \_\_\_\_\_

<b>State Adjustments</b>	29. Add: (a) Montana Corporation License Tax ... \$ _____ (b) Other (attach schedule) .....	
	Deduct: (c) Other (attach schedule) .....	( )
	30. Montana Net Income:(For loss, see page 4, question 8) .....	
<b>Computation of tax due</b>	31. Less: Montana net operating loss deduction (attach schedule).....	( )
	32. MONTANA TAXABLE INCOME (line 30 less 31).....	\$ _____
	33. Tax liability—6¾% of line 32 (7% for Electing Water's Edge Corporations) BUT NOT LESS THAN \$50.	
	Sec. 15-31-202-Small business Corporation--\$10 .....	\$ _____
	34. Less: Tentative Payments..... \$ _____ 1990 Overpayment.....\$ _____ Quarterly Estimated Payments .....\$ _____ Contractor's Gross Receipts Tax Credit \$ _____ Tax Credits (from page 4).....\$ _____	\$ ( )
	35. Adjusted tax liability (line 33, less line 34).....	\$ _____
	36. Add: Investment Credit Recapture .....	\$ _____
	37. Tax Due (line 35 plus line 36) .....	\$ _____
	38. Add: Interest from due date @ 12% ..... \$ _____ Penalty if applicable @ 10% of line 37 ... \$ _____	\$ _____
	39. Balance due (line 37 plus line 38) .....	\$ _____
	40. If line 39 is a refund, amount to be applied to 1992 estimate.....	\$ _____

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(A) Amount	(B) Total	(C) Amount	(D) Total
<b>ASSETS</b>				
1. Cash .....				
2. Trade notes and accounts receivable .....				
(a) Less allowance for bad debts .....				
3. Inventories .....				
4. Gov't obligations (a) U.S. and instrumentalities .....				
(b) State, subdivisions thereof, etc. ....				
5. Other current assets (attach schedule) .....				
6. Loans to stockholders .....				
7. Mortgage and real estate loans .....				
8. Other investments (attach schedule) .....				
9. Buildings and other fixed depreciable assets .....				
(a) Less accumulated depreciation .....				
10. Depletable assets .....				
(a) Less accumulated depletion .....				
11. Land (net of any amortization) .....				
12. Intangible assets (amortizable only) .....				
(a) Less accumulated amortization .....				
13. Other assets (attach schedule) .....				
14. Total assets .....				
<b>Liabilities and Stockholders' Equity</b>				
15. Accounts payable .....				
16. Mtges., notes, bonds payable in less than 1 yr .....				
17. Other current liabilities (attach schedule) .....				
18. Loans from stockholders .....				
19. Mtges., notes, bonds payable in 1 yr. or more .....				
20. Other liabilities (attach schedule) .....				
21. Capital stock: (a) Preferred stock .....				
(b) Common stock .....				
22. Paid-in or capital surplus .....				
23. Retained earnings—Appropriated (attach schedule) .....				
24. Retain earnings—Unappropriated .....				
25. Less cost of treasury stock .....		( )		( )
26. Total liabilities and stockholders' equity .....				

Schedule M-1 Reconciliation of Income Per Books With Income Per Return			
1. Net income per books .....		7. Income recorded on books this year not included in this return (itemize)	
2. Federal income tax .....		(a) Tax-exempt interest .....	
3. Excess of capital losses over capital gains .....			
4. Income subject to tax not recorded on books this year, (itemize) .....		8. Deductions in this tax return not charged against book income this year (itemize)	
		(a) Depreciation \$ .....	
5. Expenses recorded on books this year not deducted in this return (itemize)		(b) Contributions \$ .....	
(a) Depreciation \$ .....		Carryover .....	
(b) Contributions \$ .....			
Carryover .....		9. Total of lines 7 and 8 .....	
		10. Income (line 28, page 1)—line 6 less 9	
6. Total of lines 1 through 5 .....			

Schedule M-2 Analysis of Unappropriated Retained Earnings Per Books (line 24 above)			
1. Balance at beginning of year .....		5. Distributions out of current or accumulated earnings and profits: (a) Cash .....	
2. Net income per books .....		(b) Stock .....	
3. Other increases (itemize)		(c) Property .....	
		6. Other decreases (itemize) .....	
		7. Total of lines 5 and 6 .....	
		8. Balance at end of year (line 4 less 7) .....	
4. Total of lines 1, 2, and 3 .....			



SCHEDULE K

To be completed by Corporations doing business both within and without the State of Montana

APPORTIONMENT FACTORS FOR MULTISTATE BUSINESSES

		A. TOTAL	B. MONTANA	C. FACTOR
		(B divided by A = C)		
<b>1. Property Factor:</b> Use average value for real property and tangible personal property				
Land .....	ORIGINAL COST			
Buildings .....				
Machinery .....				
Equipment .....				
Furniture & Fixtures .....				
Inventories .....				
Supplies and other .....				
Rents x 8 .....				
Total .....				%
<b>2. Payroll Factor:</b>				
Line 12, Compensation of Officers .....				
Line 13, Salaries and Wages .....				
<b>Payroll Included in:</b>				
Line 2, Cost of goods sold and/or operations .....				
Line 14, Repairs .....				
Line 26, other deductions .....				
Total .....				%
<b>3. Sales (Gross Receipts)</b>				
Gross Sales, Less Returns and Allowances .....				
Other (Attach Schedule) .....				
Total .....				%
<b>4. Sum of Factors—(lines 1, 2, and 3)</b> .....				%
<b>5. ONE THIRD OF LINE 4</b> .....				%

COMPUTATION OF MONTANA TAXABLE INCOME  
FOR MULTISTATE TAXPAYERS ONLY

<b>State Adjustments</b>	<b>6.</b> Enter amount from line 28, page 1 .....	\$ _____
	<b>7.</b> Add: (a) Montana Corporation License Tax .....	\$ _____
	(b) Other state and foreign income taxes .....	_____
	(c) Other (attach schedule) .....	_____
	TOTAL .....	\$ _____
	Deduct: (d) Allocable income (attach schedule) .....	\$ _____
	(e) Other (attach schedule) .....	_____
<b>8.</b> Income subject to apportionment: .....	\$ _____	
<b>9.</b> Income apportioned to Montana: Line 8 times _____ % from Sch. K., line 5 .....	_____	
<b>10.</b> Add: Income allocated directly to Montana (attach schedule) .....	_____	
<b>11.</b> Less: Montana net operating loss deduction (attach schedule) .....	_____	
<b>12.</b> MONTANA TAXABLE INCOME (enter this amount on line 32, page 1) .....	\$ _____	
	(If a net operating loss, see page 4, question 8)	

QUESTIONS REQUIRED OF MULTISTATE TAXPAYERS ONLY

YES NO 1. (a) Did you at the end of the taxable year own, directly or indirectly, 50% or more of the outstanding voting stock of a domestic corporation?  
If "Yes," attach a schedule showing name, address, and percentage owned.  
\_\_\_\_\_  
(b) Were you a U.S. shareholder of any controlled foreign corporation?  
If "Yes," attach a schedule showing name, address, and percentage owned.  
\_\_\_\_\_

YES NO 2. Did any individual, partnership, corporation, estate or trust at the end of the taxable year own, directly or indirectly, 50% or more of your voting stock?  
If "Yes," attach a schedule showing name, address, and percentage owned.  
\_\_\_\_\_  
3. If the answer to question 2 is "Yes," did the same individual, partnership, corporation, estate or trust at the end of the taxable year also own, directly or indirectly, 50% or more of the voting stock of another (brother-sister) corporation?  
If "Yes," attach a schedule of the other corporate entity(ies).  
\_\_\_\_\_

TAX CREDITS (page 1, line 34):

- 1. Montana Capital Company Credit (see instructions page 2) . . . . . \$ \_\_\_\_\_
- 2. New/Expanded Industry Credit—attach schedule (see instructions) . . . . . \_\_\_\_\_
- 3. Wind Energy Generation Tax Credit (Attach Form MW-1) . . . . . \_\_\_\_\_
- 4. Add carryover of Montana investment credit (Earned during tax years beginning prior to 1-1-83) . . . . . \_\_\_\_\_
- 5. Interest differential credit (see instructions) . . . . . \_\_\_\_\_
- 6. Dependent Care Assistance Credit . . . . . \_\_\_\_\_
- 7. Credit for Contribution to University Foundation and Montana Private Colleges . . . . . \_\_\_\_\_
- 8. Employer disability insurance premium credit . . . . . \_\_\_\_\_
- 9. TOTAL CREDITS (add lines 1 thru 8 and enter on line 34, page 1 the lessor of  
(a) this amount or (b) line 33 on page 1.) . . . . . \$ \_\_\_\_\_

QUESTIONS REQUIRED OF ALL TAXPAYERS

YES NO

- 1. Are you included as a member of a consolidated group for U.S. Corporation Income Tax purposes?  
If "Yes," pages 1 through 4 of the consolidated U.S. Corporation Income Tax Return (Form 1120) and a schedule of gross income and deductions, by company, supporting the consolidated taxable income must be attached to this return.  
If you are a member of an affiliated group of corporations, please attach a list of the names of any other corporations within the group which file a Montana Corporation License Tax return.  
\_\_\_\_\_
- 2. Has the Internal Revenue Service determined your taxable income (Form 1120, line 28) or income tax liability to be different from that report for any previous year?  
If "Yes," indicate the most recent taxable year and completion date for which an Internal Revenue Service audit has been completed: \_\_\_\_\_  
\_\_\_\_\_
- 3. Are any statute of limitation waivers currently in force which have been executed with the Internal Revenue Service?  
If "Yes," which taxable years are covered and what are the expiration dates of the waivers? \_\_\_\_\_  
\_\_\_\_\_
- 4. Has an amended federal return been filed for any of the last five (5) taxable years?  
If "Yes," which taxable year was amended? \_\_\_\_\_  
\_\_\_\_\_

5. Describe the nature and location(s) of your Montana activities:

- 6. If this is the corporation's first return, indicate whether:  New business, or  Successor to previously existing business. Enter name, address and Federal employer identification number of previous business \_\_\_\_\_
- 7. If this is the corporation's final return, indicate whether:  Dissolved,  Withdrawn, or  Merged or reorganized on date \_\_\_\_\_. If your status has been changed by merger or dissolution, attach a statement with the details.
- 8.  Check here if you wish to forego the net operating loss carryback provision.

9. If this is a consolidated return, please list all companies included in the return.

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DECLARATION

This return must be signed by one of the following: the president, the vice-president, the treasurer, the assistant treasurer or the chief accounting officer.

I, the undersigned officer of the corporation 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 Corporation License Tax Law and Regulations.

\_\_\_\_\_  
Date Signature of officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Person or firm preparing return Date

\_\_\_\_\_  
Address and Zip Code Telephone Number