

FORM CLT-4

MONTANA CORPORATION LICENSE TAX RETURN

1995

For the calendar year 1995 or tax year beginning 1995, ending 19

Check if Applicable:
Initial Return
Final Return
Multistate Corporation

Name
Number, Street, and Room or Suite No. or P.O. Box No.
City, State, Zip Code

FEIN:
Federal Business Code:
Incorporated in State of:
Date:
Date Qualified in Montana:

Reporting Method: Cash Accrual Other (Please Specify)

Table with 19 rows for tax calculations and a 'FOR OFFICE USE ONLY' section. Rows include Taxable Income per Federal return, Montana additions/reductions, Adjusted Taxable Income, Multistate Taxpayers, Montana taxable income before net operating loss, Montana net operating loss carryover, Montana taxable income, Montana tax liability, LESS: 1994 Overpayment, Tentative Payment, Quarterly Estimated Tax Payments, Credits, Adjusted tax liability, Estimated Tax Underpayment Interest Penalty, Penalty @ 10% of line 13, Interest from due date @ 12% per annum, Total Due or Overpayment, Overpayment to be credited to 1996 estimated tax, Refund Due.

QUESTIONS

- 1. If this is the corporation's first return, indicate whether: New Business, or Successor to previously existing business. Enter name, address, and FEIN of previous business:
2. If this is the corporation's final return, indicate whether: Dissolved, Withdrawn, Merged, or Reorganized. Date dissolved, or date of dissolution, merger, or reorganization:
3. Check if this is a consolidated return. If this is a consolidated return PLEASE ATTACH a list of all companies and their FEIN included in the return.

DECLARATION

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

Signature of Officer Date Name of person or firm preparing return Date
Title Telephone Number Address and Zip Code Telephone Number

File this return on or before the 15th day of the fifth month after the close of taxable year. File with the Montana Department of Revenue, Corporation Tax Bureau, Mitchell Bldg, Helena, MT 59620.

ATTACH REMITTANCE PAYABLE TO STATE TREASURER

COPY OF FEDERAL 1120 MUST BE ATTACHED

Schedule A: Montana Additions to Federal Taxable Income		
1. Montana Corporation License Tax	1	
2. Other State, Local, Foreign, and Franchise Taxes Based on Income	2	
3. Federal Environmental Tax	3	
4. Federal Tax Exempt Interest	4	
5. Other Additions (ATTACH DETAILED BREAKDOWN)	5	
6. Total Additions (enter here and on page 1, line 2)	6	

Schedule B: Montana Reductions from Federal Taxable Income		
1. IRC Section 243 Dividend Received Deduction	1	
2. Non Business Income (Applies only to Multistate Taxpayers) (ATTACH DETAILED BREAKDOWN)	2	
3. Deduction for Purchase of Recycled Materials	3	
4. Other Reductions (ATTACH DETAILED BREAKDOWN)	4	
5. Total Reductions (enter here and on page 1, line 3)	5	

Schedule C: Credits		
1. Less: Investment Credit Recapture	1	()
2. Montana Capital Company Credit (ATTACH Form MCC1-84)	2	
3. New/Expanded Industry Credit (ATTACH SCHEDULE)	3	
4. Interest Differential Credit (ATTACH SCHEDULE)	4	
5. Carryover of Montana Investment Credit (years beginning prior to 1/1/83) (ATTACH SCHEDULE)	5	
6. Dependent Care Assistance Credit (Form DCA-CT)	6	
7. Credit Contribution to University Foundation & Montana Private Colleges (Form CC-CT)	7	
8. Disability Insurance for Uninsured Montanans Credit (Form DIPC-CT)	8	
9. Montana Recycling Credit (Form RCYL-CT)	9	
10. Wind Energy Generation Tax Credit (Form MW-1)	10	
11. Contractor's Gross Receipts Tax Credit (ATTACH SCHEDULE)	11	
12. Credit for Alternative Fuel Motor Vehicle Conversion (ATTACH SCHEDULE)	12	
13. Infrastructure Users Fee Credit	13	
14. Total Credits (enter here and on page 1, line 12)	14	

Questions Required of ALL Taxpayers:

Yes No

1. Are you included as a member of a consolidated group for U.S. Consolidated Income Tax Purposes?
 If "Yes", ATTACH 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. If you are a member of an affiliated group of corporations, please attach a list of the names of any other corporation within the group which files a Montana Corporation License Tax return.
2. Have you notified the Department of all changes made to your federal taxable income (Form 1120, line 28) or federal income tax liability as the result of any federal Internal Revenue Service audits? If "NO", please 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? _____
 If "Yes", has an amended Montana return been filed? _____
5. Describe the nature and location(s) of your Montana activities: _____

Schedule K

Apportionment Factors for Multistate Taxpayers

A. EVERYWHERE	B. MONTANA	C. FACTOR (B divided by A = C)
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1. Property Factor:

Use average value for real and tangible personal property:

Land.....			
Buildings.....			
Machinery.....			
Equipment.....			
Furniture & Fixtures.....			
Inventories.....			
Supplies and other.....			
Rents X 8.....			
TOTAL Property.....			%

2. Payroll Factor:

Compensation of Officers			
Salaries and Wages			
Payroll included in:			
Cost of goods sold.....			
Repairs.....			
Other deductions.....			
TOTAL Payroll.....			%

3. Sales (Gross Receipts) Factor:

Gross Sales, Less returns.....			
Other (attach schedule).....			
TOTAL Sales.....			%

4. Sum of Factors (add lines 1, 2, and 3)..... **%**

5. APPORTIONMENT FACTOR (1/3 of line 4) (enter here and on line 5, page 1)..... **%**

Questions Required of Multistate Taxpayers Only:

- Yes No
1. 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.
2. Were you a U.S. shareholder of any controlled foreign corporation? If "Yes", attach a schedule showing name, address, and percentage owned.
3. 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.
4. If the answer to question 3 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).
5. Check Applicable Filing Method:
- Separate Company Apportionment
 - Separate Accounting
 - Worldwide Combination
 - Domestic Combination
 - Limited Combination
 - Water's Edge Return (MUST have a valid election)