

1998 CORPORATION LICENSE TAX RETURN

MONTANA
Form CLT-4
Rev. 8/98

For calendar year 1998 or tax year beginning _____, 1998; ending _____, 19____

Check if Applicable: _____ Initial Return _____ Final Return	Corporation name _____ Address _____ City _____ State _____ Zip + 4 _____	FEIN: _____ Federal Business Code: _____ Incorporated in State of: _____ Date: _____ Date Qualified in Montana: _____
Reporting Method: Cash _____ Accrual _____ Other (please specify) _____		
1. Taxable income per federal return (line 28) (COPY OF FEDERAL 1120 MUST BE ATTACHED).....		1
2. ADD: a. Montana Corporation License Tax.....2a _____ b. Other state, local, foreign, and franchise taxes based on income.....2b _____ c. Federal tax exempt interest.....2c _____ d. Contributions used to compute charitable contribution credit.....2d _____ e. Other additions (A DETAILED BREAKDOWN MUST BE ATTACHED).....2e _____		2
Total Additions.....		2
3. LESS a. IRC Section 243 dividend received deduction.....3a _____ b. Nonbusiness income (A DETAILED BREAKDOWN MUST BE ATTACHED)....3b _____ c. Other reductions (A DETAILED BREAKDOWN MUST BE ATTACHED).....3c _____		3
Total Reductions.....		3
4. Adjusted taxable income (line 1 + line 2 - line 3).....		4
5. Income apportioned to Montana (line 4X _____ % from Schedule K, line 5).....		5
6. Income allocated directly to Montana (Multi-state taxpayers only; A detailed breakdown MUST be attached).....		6
7. Montana taxable income before net operating loss (line 5 + line 6 or enter amount reported on line 4)..... If line 7 is a loss, do you wish to forego the net operating loss carryback provision? Y _____ N _____		7
8. Montana net operating loss carryover (A detailed schedule MUST be attached).....		8
9. Montana taxable income (line 7 less 8).....		9
10. Montana tax liability (line 9 X 6.75%)(line 9 X 7% for those corporations electing a water's edge filing)..... <small>Not to be less than the MINIMUM tax liability of \$50 (The minimum tax applies to each corporation with Montana activity)</small>		10
11. LESS: a. 1997 overpayment.....11a _____ b. Tentative payment.....11b _____ c. Quarterly estimated tax payments.....11c _____		11
Total Payments.....		11
12. LESS: Credits (from Schedule C).....		12
13. Tax due (line 10 - line 11 - line 12) Send your payment with the coupon provided in the booklet.....		13
14. Interest from due date @ 12% per annum.....		14
15. Estimated tax underpayment interest penalty (attach Form CLT-4UT).....		15
16. Penalty. See Instructions.....		16
17. Total due or overpayment (line 13 + 14 + 15 + 16).....		17
18. Overpayment to be credited to 1999 estimated tax.....		18
19. Refund Due.....		19

Check here, if you DO NOT need the Montana Corporate License Tax Return and instructions sent to you next year.

PLEASE ANSWER ALL QUESTIONS ON PAGE 2 OF THIS FORM

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

ATTACH REMITTANCE PAYABLE TO DEPARTMENT OF REVENUE
COPY OF FEDERAL FORM 1120 MUST BE ATTACHED

GENERAL QUESTIONS

1. Describe in detail, the nature and location(s) of your Montana activities (If necessary, provide the description on an additional page): _____

Yes No
____ ____

2. Is this the corporation's first return?
If so, please indicate whether:
_____ New business
_____ Successor to previously existing business
Enter name, address, and FEIN of previous business:

Yes No
____ ____

3. Is this the corporation's final return?
If so, indicate whether:
_____ Withdrawn
_____ Dissolved
_____ Merged
_____ Reorganized
Date of withdrawal, dissolution, merger, or reorganization: _____
If your status has been changed as a result of dissolution, merger, or reorganization; attach a statement with the details.

Yes No
____ ____

4. Is this a consolidated return?
If "yes," ATTACH a list of all companies and their FEIN included in the return.

Yes No
____ ____

5. Are you included as a member of a consolidated group for U.S. Consolidated Income Tax Purposes?
If "Yes," you **MUST** 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, you **MUST** attach a list of the names of the corporation within the group which files a Montana Corporation License Tax return.

Yes No
____ ____

6. Have there been any changes to your federal taxable income (Form 1120), due to federal Internal Revenue Service audits, that you have not notified the Department of Revenue about? If "Yes", indicate the most recent taxable year and completion date for which an Internal Revenue Service audit has been completed: _____

Yes No
____ ____

7. 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?

Yes No
____ ____

8. Has an amended federal return been filed for any of the last five (5) taxable years? If "Yes", which taxable year(s) were amended? _____

If "Yes" has an amended Montana return been filed? _____

SCHEDULE K:

FEIN:

YEAR _____

Apportionment Factors for Multistate Taxpayers

A. EVERYWHERE	B. MONTANA	C. FACTOR
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(B divided by A = C)

1. Property Factor:

Use average value for real and tangible personal property:

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

2. Payroll Factor:

Compensation of officers.....			
Salaries and wages.....			
Payroll included in:			
Costs 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; if less than 4 factors exist, see instructions)**
 (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.

Yes No 2. Were you a U.S. shareholder of any controlled foreign corporation?
 If "Yes," you MUST attach a schedule showing name, address, and percentage owned.

Yes No 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," you MUST attach a schedule showing name, address, and percentage owned.

Yes No 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," you MUST 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)

SCHEDULE C:**FEIN:****YEAR** _____

Type of Credit		Amount of Credit	
1	Montana Capital Credit (Form MCC1-84)		
2	New/Expanded Industry Credit		
3	Interest Differential Credit		
4	Montana Dependent Care Assistance Credit (Form DCA-CT)		
5	Montana College Contribution Credit (Form CC-CT)		
6	Montana Disability Insurance for Uninsured Montanans Credit (Form DIPC-CT)		
7	Montana Recycling Credit (Form RCYL-CT)		
8	Wind Energy Producers Credit (Form MW-1)		
9	Contractor's Gross Receipts Tax Credit		
10	Credit for Alternative Fuel Motor Vehicles Conversion		
11	Infrastructure Users Fee Credit		
12	Charitable Endowment Contribution Credit		
13	Historical Building Credit		
14	Credit for Increasing Research Activities Note: (This is a new credit)		
15	Mineral Exploration Incentive Credit Note: (This is a new credit)		
TOTAL CREDITS (enter here and on line 12 of the CLT-4)			

Note: To receive these credits, the prescribed Corporation Tax forms (form numbers are noted above) or a detailed schedule **must** be attached with this schedule to your CLT-4.

Send completed Montana Corporation License Tax returns to the following address:

Montana Department of Revenue
Post Office Box 5805
Helena, MT 59604-5805