



2002 Corporation License Tax Return

MONTANA
Form CLT-4
Rev. 8-02

For calendar year 2002 or tax year beginning _____, 2002; ending _____, 20_____

Check if Applicable: ___ Initial Return ___ Final Return	Corporation name	FEIN: _____	
	Address	Federal Business Code: _____	
		Incorporated in State of: _____	
	City	State	Date: _____
		Zip + 4	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 (Attach breakdown of federal 1120 line 17).... 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 endowment credit.....2d			
e. Extraterritorial income exclusion.....2e			
f. Other additions (A Detailed Breakdown Must be Attached).....2f			
Total Additions.....	2		
3. Subtract: 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			
d. Montana recycling deduction (Attach Form RCYL-CT).....3d			
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).....	7		
If line 7 is a loss, do you wish to forego the net operating loss carryback provision? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*If a loss is reported on line 7 and neither box is checked, the loss must be carried back.			
8. Montana net operating loss carryover (A Detailed Schedule Must be Attached).....	8		
9. Montana taxable income (line 7 - line 8).....	9		
10. Montana tax liability (line 9 X 6.75%)(line 9 X 7% for those corporations electing a water's edge filing).....	10		
Not to be less than the MINIMUM tax liability of \$50 (The minimum tax applies to each corporation with Montana activity) <input type="checkbox"/> Alternative Tax			
11. Subtract: a. 2001 overpayment.....11a			
b. Tentative payment.....11b			
c. Quarterly estimated tax payments.....11c			
Total Payments.....	11		
12. Subtract: 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).... <input type="checkbox"/> Check box for annualized income or adjusted seasonal income method.	15		
16. Penalty: a. Late Filing Penalty (see instructions)..... 16a			
b. Late Payment Penalty (see instructions)..... 16b			
Total Penalty Payment	16		
17. Total due or overpayment (line 13 + 14 + 15 + 16).....	17		
18. Overpayment to be credited to 2003 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
Preparer's ID# _____
202

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 / combined 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? _____

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 and fixtures.....			
Inventories.....			
Supplies and other.....			
Rents X 8.....			
<u>Total Property</u>			%

2. Payroll Factor:

Compensation of officers.....			
Salaries and wages.....			
Payroll included in:			
Costs of goods sold.....			
Repairs.....			
Other deductions.....			
<u>Total Payroll</u>			%

3. Sales (Gross Receipts) Factor:

Gross sales, less returns.....			
Other (attach schedule).....			
<u>Total Sales</u>			%

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

5. Apportionment Factor (1/3 of line 4; if less than 3 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: (Please note: Combined filings are required for all members of a "unitary" group.)
- _____ 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 Company Credit		
2.	New/Expanded Industry Credit		
3.	Interest Differential Credit		
4.	Montana Dependent Care Assistance Creditattach Form DCAC		
5.	Montana College Contribution Creditattach Form CC-CT		
6.	Disability Insurance for Uninsured Montanan's Creditattach Form HI		
7.	Montana Recycle Credit attach Form RCYL-CT		
8.	Alternative Energy Production Creditattach Form AEPC		
9.	Contractor's Gross Receipts Tax Credit		
10.	Alternative Fuel Creditattach Form AFCR		
11.	Infrastructure Users Fee Credit		
12.	Qualified Endowment Creditattach Form QEC		
13.	Historical Buildings Preservation Creditattach Federal Form 3468		
14.	Increase Research and Development Activities Creditattach Form RSCH		
15.	Mineral Exploration Incentive Creditattach Form MINE-CRED		
16.	Affordable Housing Revolving Loan Account Contributions 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