Montana Department of REVENUE

2004 Montana S. Corporation Information and Composite Tax Return

Attach a copy of federal Form 1120S and Schedule K-1's

MONTANA CLT-4S Poy 9-04

**************************************	Attach a copy of lederal Form 11203 and Schedule r	-13	CLI-4S
	r 2004 or tax year beginning, 2004; ending	, 20	Rev. 9-04
	Name Check b	ox if this is	FEIN:
Check if		e of address.	Federal Business Code:
Applicable: Initial Return	Address		
Final Return			Incorporated in State of:
Amended	City State	Zip + 4	Date:
			Date Qualified
			in Montana:
	ou <u>do not need the Montana Small Business Corporation Information Return an</u> ou are filing Schedule V, Estimated Withholding Payments with your Montana		
		5. Corporation i	Vetuili, OE1-45.
Shareholders' S	Shares of Income (Form 1120S, Schedule K)		
4 0 11 1 1	Shareholders' Pro Rata Share Items	4	
•	ss income (loss)		
	state income (loss) (attach federal Form 8825)		
	ental income (loss)		_
	om other rental activities (attach schedule)		
	ome (loss) from other rental activities (subtract line 3b from line 3a)		
	-4-		
•	nds		
•	nomital ratio (lana) (attach fadaral Cabadula D)		
	capital gain (loss) (attach federal Schedule D)		
•	apital gain(loss) (attach federal Schedule D)		
	1 gain (loss) (attach federal Form 4797)		
•	ugh 10		
	Shares of Deduction (Form 1120S, Schedule K)		1.
	luction (attach federal Form 4562)	1:	2
	duction (attach rederal Point 4502)		
	elated to portfolio income (attach schedule)		
	terest expenseterest		
	e)(2) expenditures Type		
	ions (attach schedule)		
	d 13a through 13e		
	Shares of Montana Additions and Exclusions to Income		
	st and dividends not taxable under the Internal Revenue		
	non-Montana)15a.		
	pased on income or profits		
	additions (attach detailed breakdown)		
	dditions to income	1:	5.
	erest on U.S. Government obligations (attach schedule) ^{16a.}		
	eduction for purchasing recycled material (attach Form RCYL) 16b.		
	her deductions (attach detailed breakdown)16c.		
	eductions to income		6.
	to shareholders (line 11 minus line 14 plus line 15 minus line 16)		
	Shares of Multistate Apportionment and Allocation		
	ayers: Line 17 X % from Montana Schedule I, line 5	18	8.
	yers: Income allocated directly to Montana		
	•		

Payments Payments

	S. Corporation Information Return Late File Penalty	Paymer	nt	
0.	S. corporation late file penalty (see instructions on page 5)		20.	
	S. Corporation Composite Income Tax Payment from	Sched	ule IV	
1.	Montana total composite tax (from Schedule IV, column K)]
	Payments and Credits			
2.	2003 overpayment applied to 2004	22.		
3.	2004 extension payment	23.		
4.	2004 estimated tax payments	24.		_
5.	Total payments (add lines 22 through 24)	25.]
	Refund or Amount Owed			
	If line 25 is larger than line 21, enter the difference		Overpayment 26.	(
7.	If line 21 is larger than line 25, enter the differenceTax D	ue 27.		
	Underpayment interest (from Worksheet I, line 11)	_]
9.	Late file penalty	29.		-
	Late payment penalty			-
	Interest at 1% (.01) per calendar month			
2.	Total Montana composite tax liability (add lines 27 through 31)		32.	
	S. Corporation Backup Withholding Estimated Paymo	ent fron	n Schedule V	
3.	Montana corporation license tax withheld from Schedule V, column E.			1
4.	Montana individual income tax withheld from Schedule V, column F	34.		
	Total S. corporation backup withholding estimated payments (add lin		34)35.	
	S. Corporation Amended Returns Only			
6.	Add: Previously issued refunds	36.		1
	Subtract: Amount paid with original return plus additional amounts	_		_
	paid with previously filed amended return(s)	37.]
8.	Net payments prior to amendment (line 36 minus line 37;			
	if an overpayment enter as a negative number)		38.	
	S. Corporation Combined Payment Due (Refund)			
9.	Total payment due (refund) (total of lines 20, 26, 32, 35 and 38)		39.	
0.	Amount on line 39 to be applied to 2005 estimate	40.		
1.	Enter the amount on line 39 you want refunded to you		41.	
	Declaratio			
Γh	e return must be signed by one of the following: president, vice-president		surer assistant treasure	er or chief accounting off
	ne undersigned officer of the corporation for which this return is mad			
	nedules and statements, is to the best of my knowledge and belief, a			
	ome period stated, pursuant to the Montana statutes and regulation		root and complete retur	n, made in good failif 10
110	ome period stated, pursuant to the Montaria statutes and regulation	15.		
Sig	nature of Officer Date Name	of Persor	or Firm Preparing Retu	urn Date
Titl	e Telephone Number Addre	ss —		
, 10	- Totophone Number Address			
	Teleph	none Num	nber	
	Check here to authorize the Montana Department of Revenue to d	iscuss yo	ur return with the indivi	idual/preparer listed abo