



# 2008 Montana S Corporation Information and Composite Tax Return

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

**S**  
MONTANA  
CLT-4S  
Rev. 8-08

For calendar year 2008 or tax year beginning (MM-DD) \_\_\_ - \_\_\_ - **08** and ending (MM-DD-YY) \_\_\_ - \_\_\_ - \_\_\_

Name		Check box if this is a change of address. <input type="checkbox"/>	FEIN: _____
Mailing Address			Federal Business Code: _____
City	State	Zip + 4	Incorporated in State of: _____
			Date: _____
			Date Qualified in Montana: _____

Check here, if you do not need the Montana S Corporation Information Return and Instructions sent to you next year.  
 Check here, if you are filing Schedule V, Backup Withholding Payments with this tax return.  
 Check here, if you are requesting a refund with this tax return.

Check if this an initial return  
 Check if this is a final return  
 Reason for final return  
 a. Withdrawn  
 b. Dissolved  
 c. Merged  
 d. Reorganized

Check here if this is an amended return  
 If you check the box above, check all that apply below:  
 a. Federal Revenue Agent Report (a complete copy of this report is required)  
 b. Apportionment factor changes (attach a statement explaining adjustments)  
 c. Amended federal return  
 d. Amended composite return  
 e. Other (attach a statement explaining all adjustments in detail)

### Shareholders' Pro Rata Share Items (Form 1120S, Schedule K)

1. Ordinary business income (loss) .....	1.	
2. Net rental real estate income (loss) (attach federal Form 8825) .....	2.	
3. a. Other gross rental income (loss).....	3a.	
b. Expenses from other rental activities (attach schedule) .....	3b.	
c. Subtract line 3b from line 3a. <b>This is your other net rental income or loss.</b> .....	3c.	
4. Interest income .....	4.	
5. Ordinary dividends.....	5.	
6. Royalties.....	6.	
7. Net short-term capital gain (loss) (attach federal Schedule D, Form 1120S) .....	7.	
8. Net long-term capital gain (loss) (attach federal Schedule D, Form 1120S) .....	8.	
9. Net section 1231 gain (loss) (attach federal Form 4797) .....	9.	
10. Other income (loss) .....	10.	
11. Add lines 1 through 10 and enter result. <b>This is your total share of income or loss.</b> .....	11.	

### Shareholders' Shares of Deduction (Form 1120S, Schedule K)

12. Section 179 deduction (attach federal Form 4562) .....	12.	
13. a. Contributions.....	13a.	
b. Investment interest expense.....	13b.	
c. Section 59(e)(2) expenditures (attach detailed schedule) .....	13c.	
d. Other deductions (attach detailed schedule) .....	13d.	
14. Add lines 12 through 13d and enter result. <b>This is your total share of deductions.</b> .....	14.	

### Shareholders' Distributive Shares of Montana Additions and Deductions to Income

15. a. Interest and dividends not taxable under the Internal Revenue Code (see instructions) .....	15a.	
b. Taxes based on income or profits .....	15b.	
c. Other additions (attach a detailed breakdown) .....	15c.	
Add lines 15a, 15b, and 15c; enter result. <b>This is your total Montana additions to income.</b> .....	15.	
16. a. Interest on U.S. government obligations (attach schedule) .....	16a.	
b. Deduction for purchasing recycled material (attach Form RCYL) .....	16b.	
c. Other deductions (attach detailed breakdown) .....	16c.	
Add lines 16a, 16b, and 16c; enter result. <b>This is your total Montana deductions to income.</b> .....	16.	
17. Subtract line 14 from line 11. Add the result to line 15, then subtract line 16 from that result .....	17.	

### Shareholders' Distributive Shares of Multi-State Apportionment and Allocation

18. Income apportioned to Montana. Multiply line 17 X ___ % from Schedule I, line 5 and enter the result. ....	18.	
19. Income allocated to Montana. Enter the income or loss allocated directly to Montana (see instructions) .....	19.	
20. Add lines 18 and 19; enter result. <b>This is the total Montana source income for multi-state taxpayers.</b> .....	20.	



**Schedule I**

Entity name \_\_\_\_\_ Tax period ending \_\_\_\_\_ FEIN \_\_\_\_\_

**Apportionment Factors for Multi-State S Corporations**

Enter amounts in columns A and B. Enter percentages in column C.

	A. Everywhere	B. Montana	C. Factor
<b>1. Property Factor:</b> Use average value for real and tangible personal property			
1a. Land.....			
1b. Buildings.....			
1c. Machinery.....			
1d. Equipment.....			
1e. Furniture and fixtures.....			
1f. Leased property.....			
1g. Inventories.....			
1h. Supplies and other.....			
1i. Property of foreign subsidiaries included in combined unitary group.....			
1j. Property of unconsolidated subsidiaries included in combined unitary group.....			
1k. Property of pass-through entities included in combined unitary group.....			
1l. Multiply amount of rents by 8 and enter result.....			
<b>Total Property Value</b> add lines 1a through 1l.....			
Take the total in column B and divide it by the total in column A. Multiply the result by 100. <b>This is your property factor.</b> .....			1. %
<b>2. Payroll Factor:</b>			
2a. Compensation of officers.....			
2b. Salaries and wages.....			
Payroll included in:			
2c. Costs of goods sold.....			
2d. Repairs.....			
2e. Other deductions.....			
2f. Payroll of foreign subsidiaries included in combined unitary group.....			
2g. Payroll of unconsolidated subsidiaries included in combined unitary group.....			
2h. Payroll of pass-through entities included in combined unitary group.....			
<b>Total Payroll Value</b> add lines 2a through 2h.....			
Take the total in column B and divide it by the total in column A. Multiply the result by 100. <b>This is your payroll factor.</b> .....			2. %
<b>3. Sales (Gross Receipts) Factor:</b>			
3a. Gross sales, less returns and allowances.....			
3b. Sales delivered or shipped to Montana purchasers:			
(1) Shipped from outside Montana.....			
(2) Shipped from within Montana.....			
3c. Sales shipped from Montana to:			
(1) United States government.....			
(2) Purchasers in a state where the taxpayer is not taxable.....			
3d. Sales other than sales of tangible personal property (i.e. service income).....			
3e. Less: Intercompany sales.....	( )	( )	
3f. Net gains reported on federal Schedule D and federal Form 4797.....			
3g. Other gross receipts (rents, royalties, interest, etc).....			
3h. Sales (receipts) of foreign subsidiaries included in combined unitary group.....			
3i. Sales (receipts) of unconsolidated subsidiaries included in combined unitary group.....			
3j. Sales (receipts) of pass-through entities included in combined unitary group.....			
3k. Less: Other intercompany transactions.....	( )	( )	
<b>Total Sales Value</b> add lines 3a through 3k.....			
Take the total in column B and divide it by the total in column A. Multiply the result by 100. <b>This is your sales factor.</b> .....			3. %
<b>4. Add the percentages on lines 1, 2, and 3 in column C. This is the sum of your factors.</b> .....			4. %
<b>5. Divide the total percentage on line 4, column C, by the number of factors that can be included in the calculation. If there is a value in column A for a factor category (Property, Payroll, or Sales) you should include this factor as part of the calculation (see instructions). Enter the results here and also insert in line 18, page 1 of Form CLT-4S. This is your apportionment factor.</b> .....			5. %

**Schedule II**

Entity name \_\_\_\_\_ Tax period ending \_\_\_\_\_ FEIN \_\_\_\_\_

<b>Montana S Corporation Tax Credits</b>	
<b>Type of Credit</b>	<b>Amount of Credit</b>
1. Montana Dependent Care Assistance Credit ..... attach Form DCAC	
2. Montana College Contribution Credit ..... attach Form CC	
3. Health Insurance for Uninsured Montanans Credit ..... attach Form HI	
4. Montana Recycle Credit ..... attach Form RCYL	
5. Alternative Energy Production Credit ..... attach Form AEPC	
6. Contractor's Gross Receipts Tax Credit ..... attach supporting schedule	
7. Alternative Fuel Credit ..... attach Form AFCR	
8. Infrastructure Users Fee Credit	
9. Qualified Endowment Credit ..... attach Form QEC	
9a. Qualified Endowment Credit Recapture	(            )
10. Historical Buildings Preservation Credit ..... attach federal Form 3468	
10a. Historical Buildings Preservation Credit Recapture	(            )
11. Increase Research and Development Activities Credit ..... attach Form RSCH	
12. Mineral Exploration Incentive Credit ..... attach Form MINE-CERT	
13. Empowerment Zone Credit	
14. Film Production Credit ..... attach Form FPC	
14a. Film Production Credit Recapture	(            )
15. Biodiesel Blending and Storage Credit ..... attach Form BBSC	
15a. Biodiesel Blending and Storage Credit Recapture	(            )
16. Oilseed Crushing and Biodiesel/Biolubricant Production Credit ..... attach Form OSC	
16a. Oilseed Crushing and Biodiesel/Biolubricant Production Credit Recapture	(            )
17. Geothermal System Credit ..... attach Form ENRG-A	
18. Insure Montana Small Business Health Insurance Credit. Business FEIN: _____	
<b>NEW</b> 19. Temporary Emergency Lodging Credit ..... attach Form TELC	
Add lines 1 through 19 and enter result. <b>This is the amount of your total credits.</b>	

Any credit allowed to an S corporation has to be attributable to its shareholders using the same proportion that is used when it reported that S corporation's income or loss for Montana income tax purposes. Please provide a detailed breakdown that shows each shareholder's share of the credit.

In order to receive these credits, all shareholders will have to attach their applicable credit forms to their individual income or corporation license tax returns.

**Schedule III**

Entity name \_\_\_\_\_ Tax period ending \_\_\_\_\_ FEIN \_\_\_\_\_

**Montana S Corporation Information**

Summary Schedule of Income and Supplemental Information

**Section A: Resident Shareholders**

A	B	C	D
Name Street Address City   State   Zip Code	Identification Number	Ownership %	Income (See Instructions)
1.	SSN		
	FEIN		
2.	SSN		
	FEIN		
3.	SSN		
	FEIN		
4.	SSN		
	FEIN		
Section A Totals			

Shareholder Withholding:  yes  no

Composite Income Tax:  yes  no

Number of Resident Shareholders

Number of Nonresident Shareholders

Total Number of Shareholders


**Section B: Nonresident Individual Shareholders or Second Tier Pass-Through Entity Owners**

A	B	C	D	E	F	G	H
Name Street Address City   State   Zip Code	Identification Number SSN/FEIN	Ownership %	Montana Source Income (See Instructions)	Federal Income from Entity (from federal Schedule K-1)	Composite Income Tax (from Schedule IV, column J)	Shareholder Withholding (from Schedule V, column D or E)	Consent Agreement (year)
1.	SSN						
	FEIN						
2.	SSN						
	FEIN						
3.	SSN						
	FEIN						
Section B Totals							
Total of Sections A and B, column C only							

Use additional sheets if necessary or you may use a document formatted similarly to Schedule III as a substitute.

**Schedule IV**

Entity name \_\_\_\_\_ Tax period ending \_\_\_\_\_ FEIN \_\_\_\_\_

**Montana S Corporation Composite Income Tax Schedule**

**Eligible Participating Shareholders:** An eligible participant is a shareholder who is a nonresident individual or a pass-through entity whose only Montana source income for the tax year is from this entity and from other pass-through entities who have elected to file a composite return and pay a composite tax on behalf of the eligible participating shareholder. The entity must retain an executed power of attorney signed by the eligible participating shareholder, authorizing the S corporation to file a composite return and act on the shareholder's behalf.

Enter the number of participating shareholders. \_\_\_\_\_

Enter below in columns A through J the required information and amounts for each eligible participating shareholder.

A	B	C	D	E	F	G	H	I	J
Name	Social security number or federal employer identification number <i>(Please enter numbers only--no dashes.)</i>	Federal income from entity	Standard deduction	Exemption \$2,140	Calculate Montana taxable income. Subtract column D from column C then subtract column E from the result.	Enter the appropriate tax from the tax table below.	Montana source income	Ratio. Divide column H by column C and enter result.	Montana composite income tax. Multiply column G times column I and enter result.
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
Column J Total									

Transfer the total from column J to CLT-4S, page 2, line 22. Column J must agree with Schedule III, Sec. B, Column F.

Use additional sheets if necessary or you may use a document formatted similarly to Schedule IV as a substitute.

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$0	\$2,600	1% (0.010)	\$0	
\$2,600	\$4,600	2% (0.020)	\$26	
\$4,600	\$7,000	3% (0.030)	\$72	
\$7,000	\$9,500	4% (0.040)	\$142	

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$9,500	\$12,200	5% (0.050)	\$237	
\$12,200	\$15,600	6% (0.060)	\$359	
More than \$15,600		6.9% (0.069)	\$499	

**Schedule V**

Entity name \_\_\_\_\_ Tax period ending \_\_\_\_\_ FEIN \_\_\_\_\_

**Pass-Through Entity Backup Withholding Schedule**

Enter the appropriate information below.

Total number of shareholders subject to Schedule V _____				
A	B	C	D	E
Name and address of nonresident individual or second tier pass-through entity	Identification number	Income and backup withholding		
		Montana source income reported on Form PT-WH, line 1	Montana corporation tax withheld Multiply column C by 6.75% and enter result.	Montana individual tax withheld Multiply column C by 6.9% and enter result.
1.				
	SSN			
	FEIN			
2.				
	SSN			
	FEIN			
3.				
	SSN			
	FEIN			
4.				
	SSN			
	FEIN			
5.				
	SSN			
	FEIN			
6.				
	SSN			
	FEIN			
7.				
	SSN			
	FEIN			
Column totals (transfer to Form CLT-4S, page 2, lines 36 and 37 respectively)				
Add totals from column D and column E and enter the result here. <b>This is your total backup withholding.</b>				
Column E total must agree with Schedule III, section B, column G.				

Use additional sheets if necessary or you may use a document formatted similarly to Schedule V as a substitute.

**Schedule VI**

Entity name \_\_\_\_\_ Tax period ending \_\_\_\_\_ FEIN \_\_\_\_\_

**Reporting of Special Transactions**

Complete Schedule VI only if your small business corporation filed for federal income tax purposes any of the federal forms described below. Check the appropriate box indicating which form(s) you filed with your federal income tax return. If your answer is "Yes" to one or more of these forms, you will need to attach a complete copy of your federal income tax return Form 1120S.

- 1. **I filed federal Form 8918 – Material Advisor Disclosure Statement with the Internal Revenue Service.**  Yes

Form 8918 is required to be filed by material advisors to any reportable transactions.

- 2. **I filed federal Form 8824 – Like-Kind Exchanges with the Internal Revenue Service.**  Yes

NOTE: Check this box if your like-kind exchange includes Montana property. Nonresidents do not have to report a like-kind exchange if the properties involved do not include Montana property.

Form 8824 is used to report each exchange of business or investment property for property of a like-kind.

- 3. **I filed federal Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service.**  Yes

Form 8865 is used to report the information required under 26 USC 6038 (reporting with respect to controlled foreign partnerships), Section 6038B (reporting of transfers to foreign partnerships), or Section 6046A (reporting of acquisitions, dispositions, and changes in foreign partnership interest.)

- 4. **I filed federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service.**  Yes

Form 8886 is used to disclose information for each reportable transaction in which you participated.

**Complete this section if you made a disbursement to a related party**

- 5. **During this tax year I have made payments to related parties (excluding salary compensation) that exceed \$100,000 per recipient.**  Yes

If your answer is "Yes" to this question, please provide the name and federal employer identification number of each related party below and the amount that you paid to each related party:

Name	FEIN	Amount of Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____