

2008 Corporation License Tax Return



	For calen	dar year 2008 or t	ax year beginnir	ng (MM-DD)		and ending (MM-	DD-YY)	_ -
Ch	eck if applicable:	Corporation Name					FEIN	
H	Initial Return Final Return						Federal Busine	ess Code
5	Amended Return	Mailing Address			If new a	ddress check here	Incorporated in	State of
Ш	Refund Return	City		State		Zip+4	Date	
							Date Qualified	in Montana
	Check this box	if you do not need the	Montana corporation	on license tax return	and instruction	s sent to you next yea	r.	
	Сору о	f signed federa	I Form 1120 a	s filed with th	e Internal	Revenue Servic	e must be atta	ched
Pa	art I - Filing M	lethod.						
1.	Check this b	ox if you are exemp	t from tax under th	ne provision of Pu	blic Law 86-2	72	1	. 🗖
	If checked, S	Schedule K must be	completed and at	tached to your ret	urn and skip	questions 2 through	5 of this part.	
						oses?		No
3.	Are you filing	a combined return	for Montana purp	oses?				No
	If "Yes," ente	r the number of enti	ities with Montana	activity included	in this return.			
4.	If you answe	red "Yes" to questio	ns 2 or 3 above, t	hen check one of	the following	filing methods and a	attach Schedule M:	
	a. Separate	Company		d. Domestic Cor	mbination			
	b. Separate	Accounting		e. Limited Comb	oination			
	c. Worldwid	e Combination		f. Water's Edge (You must have a	e a valid election	and Schedule WE	must be attached.))
5.	If you answe	red "Yes" to questio	ns 2 or 3 above, y	ou must attach pa	ages 1 throug	h 4 of the parent's c	onsolidated federal	Form 1120
	that you filed	I with the Internal R	evenue Service, a	nd enter:				
	a. U.S. pare	ent's name as report	ted on federal tax	return				
	b. U.S. pare	ent's FEIN						
	art II. Amand	ad Datum Only Cl						
			nack all that anni	V				1
		•	heck all that appl	•	t he attached		а	
a.	Federal Rev	enue Agent Report;	a complete copy	of this report must				
a. b.	Federal Revo	enue Agent Report; ck/carryforward; yea	a complete copy of ar(s) of loss	of this report must			b	. 🗖
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-orr	n CL1-4, Page 2 Period End Date	FEIN		-	
Pa	rt III - continued				
f.	Have you filed an amended federal return for any of the last five	taxable periods?	🖵 Yes	☐ No	
	If "Yes," for which years have you filed amended Montana return				
g.	Did an individual at the end of the taxable year own, directly or				
J	this corporation? If "Yes," enter name:			☐ No	
h.	Did a partnership, corporation, estate or trust at the end of the t				
	or more of the voting stock of this corporation?			☐ No	
	If "Yes," enter name:				
i.	If the answer to question (g) or (h) is "Yes," did the same individ				
	at the end of the taxable year also own, directly or indirectly, 50	· · · · · · · · · · · · · · · · · · ·			
	(brother-sister) corporation?			☐ No	
j.	Did this corporation or any member of the consolidated group o				
•	outstanding voting stock of a domestic corporation that is not in			☐ No	
k.	Did this corporation or any member of the consolidated group o				
	outstanding voting stock of a foreign corporation?			☐ No	
I.	Was your corporation owned 50% or more, directly or indirectly,				
	or incorporated outside the U.S.? If "Yes," enter foreign entity's				
	and % of ownership:		🖵 Yes	☐ No	
	If you answered "Yes" to any of the above questions (h) thi	ough (I), you will need to complete ar	nd attach Sched	ule M.	
Pa	rt IV - Reporting of Special Transactions.				
	Check "Yes" if you filed any of the following forms with the Inter-				
	You will need to attach to your Montana tax return a complete of				
a.	I filed federal Form 8918 – Material Advisor Disclosure Stat	ement with the Internal Revenue		_	
	Service.		☐ Yes	□ No	
_	Form 8918 is required to be filed by material advisors to any rep				
b.	I filed federal Form 8824 – Like-Kind Exchanges with the In				
	Check "Yes" if your like-kind exchange includes Montana prope		Yes	□ No	
_	Form 8824 is used to report each exchange of business or inve				
c.	I filed federal Form 8865 – Return of U.S. Persons With Res	pect to Certain Foreign Partnerships			
	the Internal Revenue Service.	100 0000 (Yes	□ No	
	Form 8865 is used to report the information required under 26 the foreign partnerships), Section 6038B (reporting of transfers to find the foreign partnerships).		rolled		
	(reporting of acquisitions, dispositions, and changes in foreign				
<u>Ч</u>	I filed federal Form 8886 – Reportable Transaction Disclosu	· · · · · · · · · · · · · · · · · · ·			
٠	Revenue Service.		☐ Yes	□ No	
	Form 8886 is used to disclose information for each reportable to	ansaction in which you participated.			
		2001.0001.000			
De	claration - Under penalties of perjury, I, the undersigned officer of	f the corporation, declare that to the bes	t of my knowledg	e and	
bel	ief, this return and accompanying schedules are a true, correct, a	ind complete return made in good faith fo			
abo	ove, pursuant to Montana corporation license tax law and regulati	ons.			
Sig	nature of officer		Date		
Pri	nt name of officer Title	-	Telephone numbe	er ext	
	Title		TOTOPHONE HANDS	o., o	
Preparer's name Date					
Pre	eparer's identification number	-	Telephone numbe	er	
	Topard of dominion			-	

Check here to authorize the Montana Department of Revenue to discuss your return with the individual/preparer listed above.

Form	n CLT-4, Page 3 Period End Date	FEIN_				
Com	putation of Montana Taxable Income and Net Amount Due					
1.	Taxable income reported on your federal return (line 28) (attach a copy of signed federal return)	eral Fo	rm 1	120)	1.	
2.	Additions:					
2a.	State, local, foreign and franchise taxes based on income (attach breakdown of your					
01	1120, line 17)		-			_
	Federal tax exempt interest					4
	Contributions used to compute qualified endowment credit					-
	Income/loss of foreign parent and foreign subsidiaries for worldwide combined filers					_
	Income/loss of unitary corporations not included in federal consolidated return Extraterritorial income exclusion		-			1
2g.	Deemed dividends - Water's Edge filers only. (attach Schedule WE)	2g.				
2h.	Income/loss of corporations incorporated in tax havens—Water's Edge filers only	2h.				
	Federal capital loss carry-over utilized on federal return					
2j.	All of your other additions (attach a detailed breakdown)					
	Add lines 2a through 2j and enter the result. This is the total of your additions				2	
	Reductions:	2-				٦
	IRC Section 243 dividend received deduction					-
	Nonbusiness income (attach a detailed breakdown)					-
	Income/loss of nonunitary corporations included in federal consolidated return					-
	Income/loss of 80/20 companies—Water's Edge filers only					=
	Capital loss incurred in current year (attach federal Schedule D)					-
	All of your other reductions (attach a detailed breakdown)					†
- 3	Add lines 3a through 3g and enter the result. This is the total of your reductions				3	
4.	Add lines 1 and 2, then subtract line 3 and enter the result. This is your adjusted tax					
	Income apportioned to Montana (multiply line 4 X% from Schedule K, line 5) a					
	Combined filers must use the Schedule K-Combined included on page 7 of Form	m CLT	-4.			
6.	Enter the income that you allocated directly to Montana (attach a detailed breakdown)			6	
7.	Montana taxable income before net operating loss (add lines 5 and 6 or enter amount	t repor	ted o	n line 4	l) 7.	
	If line 7 is a loss, do you wish to forego the net operating loss carry-back provision?	☐ Ye	es 🗆	〕 No		
	Note: If you have reported a loss on line 7 and have not checked either box, the loss ha	as to be	e carı	ied bac	ck first.	
	Enter your Montana net operating loss carried over to this period (attach a detailed so					
	Subtract line 8 from line 7 and enter the result here. This is your Montana taxable in					
10.	Multiply line 9 by 6.75% (or line 9 by 7% if you have a valid Water's Edge election). T		-			
	liability				10	
	Note: This amount cannot be less than the minimum tax liability of \$50.	th a d				
44	☐ Check this box if you are calculating your tax liability using the Alternative Tax me	tnoa.				
	Payments: 2007 overpayment	112				٦
	Tentative payment					=
	Quarterly estimated tax payments					-
	Montana mineral royalty tax withheld (attach Form(s) 1099) NEW			-		†
	All other payments. Describe					-
	Previously issued refunds. Describe				1	-
	Add lines 11a through 11f and enter the result. This is the total of your payments					
12.	Enter total credits (from Schedule C)					
	Add lines 11 and 12, then subtract from line 10 and enter result. This is your tax due					
	Enter the amount of overpayment that you want to be applied to your 2009 estimated		_	-		
	Add lines 13 and 14; enter the result. This is your net tax due or <overpayment></overpayment>					
	Enter interest on all the tax paid after the due date, calculated at 12% per year, on a continuous					
	Enter estimated tax underpayment interest (attach Form CLT-4-UT)	-				
	☐ Check this box if you are using the annualized income or adjusted seasonal income	ne me	thod.			
	Penalty:					_
	Enter your late filing penalty (see instructions)					
18b.	Enter your late payment penalty (see instructions)					
	Add lines 18a and 18b; enter the result. This is your total penalty				18	
	Add lines 15 through 18; enter the result on line 19a or 19b below.				_	
	If the result is positive, enter the amount due here. This is your total amount due					
	ach your remittance payable to Montana Department of Revenue or visit our website at					
	If the result is negative, enter the refund due here. This is your total refund				19b	. (
II)	you wish to use direct deposit for your refund, enter your bank routing and account nu	mbers	neio	w.	¬ D	Checking
	RTN# ACCT# ACCT#					Savings

Form CLT-4, Page 4	Period End Date		FEIN		
Schedule K - Apport	ionment Factors for Multi-State	Taxpavers			
	columns A and B. Enter percentages		A. Everywhere	B. Montana	C. Factor
	Enter average values for real and ta				
property	9				
1a. Land		1a.]
1b. Buildings		1b.			1
1c. Machinery		1c.			1
					1
	d fixtures				1
1f. Leased prope	erty	1f.			1
					†
•	ssets	~ h			1
	other				1
	oreign subsidiaries included in comb				1
	unconsolidated subsidiaries included				†
		- 1			
0 1	ass-through entities included in com				1
	unt of rents by 8 and enter result	, ,			†
	ilue - add lines 1a through 1m				1
	blumn B and divide it by the total in] Column A Multiply that re	esult by 100 and ent	ter the result This	J
	factor				9/
2. Payroll Factor:					
	on of officers	22		I	1
•	wages				1
Payroll include	•	20.			-
		20		1	-
-	ds sold			 	-
	ions	· 1			-
	eign subsidiaries included in combir				-
	consolidated subsidiaries included in				
• .					-
	ss-through entities included in comb	ined unitary group2g.			-
	ie - add lines 2a through 2g		1.1. 400 1	1 10 71 1]
	olumn B and divide it by the total in o				
	ctor			2.	9/
3. Sales (Gross Rec		. [1	
	less returns and allowances]	
	ed or shipped to Montana purchase				,
	rom outside Montana				1
	rom within Montana	3b.(2)]
	d from Montana to:				-
	ates government				<u>]</u>
	rs in a state where the taxpayer is n				<u>]</u>
	han sales of tangible personal prope				
·					<u> </u>
	mpany sales		(()]
3f. Net gains rep	oorted on federal Schedule D and fe	deral Form 47973f.			
3g. Other gross r	receipts (rents, royalties, interest, et	c.)3g.[]
3h. Sales (receip	ts) of foreign subsidiaries included i	n combined unitary]
group		3h.			
3i. Sales (receip	its) of unconsolidated subsidiaries ir	ncluded in combined]
unitary group)	3i.			
3j. Sales (receip	its) of pass-through entities included	I in combined unitary]
group		3j.			
3k. Less: Other in	ntercompany transactions	3k.	()	()]
	- add lines 3a through 3k				1
Take the total in co	olumn B and divide it by the total in	column A. Multiply that re	esult by 100 and ent	ter the result. This	-
	or				9/
4. Add the percentag	jes on lines 1, 2, and 3 in column C.	This is the sum of you	ır factors	4.	%
	rcentage on line 4, column C, by the	_			-
	column A for a factor category (Prop				
(see instructions).	5 ,				
	ere and also insert in Form CLT-4 r	page 3 line 5 This is vo	our apportionment	factor 5	0

Form CLT-4, Page 5	Period End Date	FFIN	
roilli GLI-4, rage 5	renou Enu Date	 LEIIN_	

Schedule C - Tax Credits

	Type of Credit	Column A Current Year Earned	Column B Total Available	Column C Current Year Applied
1.	New/Expanded Industry Credit			
2.	Interest Differential Credit			
3.	Montana Dependent Care Assistance Credit (attach Form DCAC)			
4.	Montana College Contribution Credit (attach Form CC)			
5.	Health Insurance for Uninsured Montanans Credit (attach Form HI)			
6.	Montana Recycle Credit (attach Form RCYL)			
7.	Alternative Energy Production Credit (attach Form AEPC)			
8.	Contractor's Gross Receipts Tax Credit (attach supporting schedule)			
9.	Alternative Fuel Credit (attach Form AFCR)			
10.	Infrastructure Users Fee Credit			
11.	Qualified Endowment Credit (attach Form QEC)			
11a.	Qualified Endowment Credit Recapture			()
12.	Historical Buildings Preservation Credit (attach federal Form 3468)			
12a.	Historical Buildings Preservation Credit Recapture			()
13.	Increase Research and Development Activities Credit (attach Form RSCH)			
14.	Mineral Exploration Incentive Credit			
15.	Empowerment Zone Credit			
16.	Film Production Credit (attach Form FPC)			
16a.	Film Production Credit Recapture			()
17.	Biodiesel Blending and Storage Credit (attach Form BBSC)			
17a.	Biodiesel Blending and Storage Credit Recapture			()
18.	Oilseed Crushing and Biodiesel/Biolubricant Production Credit (attach Form OSC)			
18a.	Oilseed Crushing and Biodiesel/Biolubricant Production Credit Recapture			()
19.	Geothermal System Credit (attach Form ENRG-A)			
20.	Insure Montana Small Business Health Insurance Credit			
V 21.	Temporary Emergency Lodging Credit (attach Form TELC)			
22.	Add totals of lines 1 through 21 and enter the result here. This is the total of your credits. Enter the total in column C on Form CLT-4, page 3, line 12.			

To receive these credits, you will have to attach this Schedule C and the applicable credit forms or other required information.

Form C	LT-4. I	Page	6
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Period End Date	FEIN
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Schedule M - Affiliated Entities

Complete the schedules below if your corporation has an affiliated relationship with another business entity. Please note that both schedules must be completed if your corporation is a member of a U.S. consolidated group and has affiliated relationships with other business entities.

1. Members of a U.S. Consolidated Group

Please include your information in the following schedule for all members of your U.S. consolidated group. Attach a separate sheet if necessary.

А	В	С)	E		F						
Federal Employer Identification Number	Name of affiliate/subsidiary/parent corporation	Percentage of ownership	Included in this Montana unitary filing?		in this Montana unitary		in this Montana unitary		in this Montana unitary		this business intana Montana?		Check if filing Montana Form CLT-4 separate from this unitary
			Yes	No	Yes	No	filing						

2. Affiliated Entities

Please include information in the following schedule for all business entities that are not included in the U.S. consolidated group; i.e. partnerships, limited liability companies, foreign subsidiaries owned greater than 50%, unconsolidated subsidiaries owned greater than 50%. Please include entities that are owned by your corporation and entities that are owned by all members of your U.S. consolidated group. Attach a separate sheet if necessary.

А	В	С)	E		F
Federal Employer Identification Number	Name of entity	Percentage of ownership	Included in this Montana unitary filing?			ing ess in ana?	Type of entity, i.e. foreign subsidiary, unconsolidated subsidiary,
			Yes	No	Yes	No	partnership, LLC, LLP