

# MONTANA 2008

# Corporation License Tax Booklet Form CLT- 4

Dear Montana Business Taxpayer:

Your Montana Department of Revenue is committed to providing the best possible tax services to the citizens and businesses of our great state. We promise to do the best we can

- to provide you with the most accurate and timely assistance to help your business file its tax returns, and
- to ensure that all citizens and businesses pay their fair share of Montana taxes—no more and no less.

We strongly encourage you to file electronically if possible. You can now e-file your Montana corporation license tax return, as part of the joint federal/state electronic filing program. Please visit our website at *mt.gov/revenue* for more details and a listing of approved software vendors. If your tax professional is an *Authorized E-file Provider*, he or she can submit both your federal and state tax returns electronically.

We thank you for filing and paying Montana taxes. By paying taxes, your business supports public services that help make Montana a great place to live, work and conduct commerce. Inside this booklet you'll find charts that show how your tax dollars contribute to Montana's quality of life through education at all levels, modern infrastructure, public order, community health and safety, and other important public services. We also recognize that businesses like yours help make Montana a great state through your support for a wide range of community projects and services, both public and private.

Finally, we continue to work for you. Please let us know how we are doing—so that we can do an even better job for you—by completing the improvement survey attached to the instruction booklet. For your convenience, it is addressed with postage paid. In addition, you may contact us with any questions or requests by sending an e-mail message to *DORFormsDesignTeam* @ *mt.gov* or by calling us toll free at (866) 859-2254 (in Helena 444-6900).

Thank you for helping make our tax system work for all Montanans and for all the businesses that participate in our economy!

Best regards,

Dan Bucks, Director Montana Department of Revenue

#### **Fiscal Year Filers - Please Note:**

These are your corporation license tax forms and instructions for your fiscal year beginning in 2008. Retain this booklet for your 2008 filing purposes.

# **Business Tax Express**

Pay your corporation's current year taxes, estimated taxes amended and tentative payments online.



Available 24 hours a day at http://app.mt.gov/bustax

#### **Electronic Payments for Corporation License Tax (C corporation)**

Business Tax Express is an online application that allows C corporations to make estimated, current year, amended or tentative payments electronically. Business Tax Express is user friendly, secure and free. The application is available 24 hours a day, 7 days a week for your convenience.

If you are currently using Business Tax Express to pay withholding tax, we can expand your account so you can submit corporation license tax payments electronically. If you are new to Business Tax Express, please go to our website at *mt.gov/revenue* and look under Online Services for electronic payment options.

Business Tax Express services include:

- Two years of online payment history
- Payment warehousing
- Capability to add additional accounts under one transmitter number
- Timely customer support

If you have any questions or would like help with Business Tax Express, call us toll free at (866) 859-2254 (in Helena, 444-6900).

Watch our website at *mt.gov/revenue* for additional electronic payment options.

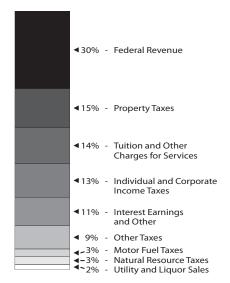
## **Your Tax Dollars at Work**

The table to the right shows where your individual and corporate income tax dollars (about 13% of total state and local revenues) were spent in 2007. For the charts below, the left chart shows the sources of revenue for both state and local governments in Montana for 2006, the most recent year for which totals are compiled. The right chart shows state and local spending.

# Where Your Income Tax Dollar Goes Education 49% Health and Human Services 20% Public Safety and Corrections 11% Transfers to Local Governments 6% General Government Operations 9% Other 5% Total Spending 100%

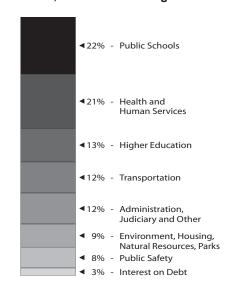
#### What are Montana's Public Revenues?

Total Montana State and Local Revenue, Fiscal Year Ending 2006



#### Where Do Your Public Dollars Go?

Total State and Local Spending in Montana, Fiscal Year Ending 2006



| Contents                                | Page           |
|---|----------------|
| Instructions                            | 1-12           |
| Form CLT-4                              | Form pages 1-8 |
| Schedule K                              | Form page 4    |
| Schedule C                              | Form page 5    |
| Schedule M                              | Form page 6    |
| Schedule K-Combined (sample)            | Form page 7    |
| Schedule WE                             | Form page 8    |
| Corporation License Tax Payment Voucher | Insert         |
| Survey Postcard                         | Insert         |

#### Who Has to File a Corporation License Tax Return?

Every corporation engaged in business in the State of Montana—unless expressly exempted under 15-31-102(1), MCA—has to file an annual Montana Corporation License Tax Return. The term "corporation" includes associations, joint stock companies, common law trusts and business trusts that do business in an organized capacity, whether or not under and pursuant to state laws, agreements or declarations of trust.

A tax of 6.75% needs to be paid on the total Montana net income for the preceding fiscal or calendar year. Corporations that have a valid water's edge election need to pay 7% of the total Montana net income. If your corporation has sustained a net loss, you will need to file a Montana Corporation License Tax Return. The minimum tax that a corporation has to pay is \$50. For a combined tax return, the minimum tax applies to each corporation with Montana activity.

#### When Does a Corporation Need to File?

The due date for calendar year taxpayers is May 15. The due date for fiscal year taxpayers is the fifteenth day of the fifth month after the close of the taxable year. Interest of 12% per year, calculated daily, accrues on any tax liability that you have not paid by the original due date of your tax return.

A corporation is allowed an automatic extension to file its tax return of up to six months following the prescribed filing date. Please see 15-31-111(3)(a), MCA. You are not required to apply for this extension.

#### Where Should a Corporation File?

Did you know that you can now e-file your Montana tax return? Montana participates in the joint federal/ state electronic filing program. Please visit our website at *mt.gov/revenue* for information about electronic filing options.





If you file electronically, you do not have to mail paper copies of your return. When you file electronically, you represent that you have kept all documents required as your tax record and will provide copies to the department if we ask for them. The act of completing and filing electronically is considered an authorized signature.

You can mail your paper tax returns to:

Montana Department of Revenue PO Box 8021 Helena, MT 59604-8021

#### Part I - Filing Method

All corporations must complete lines 1 through 3 of this part. If you check "Yes" to lines 2 or 3, you must complete lines 4 and 5 of this part.

Line 1 - Check this box if you are exempt from tax under the provisions of Public Law 86-272. Please refer to Administrative Rules of Montana, Section 42.26.501 for guidance about whether your corporation's activities in Montana are protected under the provisions of Public Law 86-272. If your activities are protected, you still need to complete and attach Schedule K. If you check this box, skip to Part II if you are filing an amended return; otherwise, skip to Part III.

**Line 2 -** Check the "Yes" box if you are a member of a consolidated group for federal purposes, either as a parent or a subsidiary. Check the "No" box if this does not apply to you.

**Line 3 -** Check the "Yes" box if you are filing a combined return for Montana purposes (see explanation below). If you check the "Yes" box, you must enter the number of entities with activity in Montana for this return. Check the "No" box if you are not filing a combined return.

What is a combined return? If your corporation engages in a particular trade or business with one or more unitary corporations, you will have to file a combined tax return in which you apportion the entire business income from such trade or business. Please see 15-31-305 through 15-31-311, MCA. All unitary affiliated corporations that are owned more than 50% are required to be included

in your combined report. A business is unitary when the operations of that business within the state depend on or contribute to the operations of that business outside the state. If you are filing a combined return for Montana purposes, and have more than one corporation with Montana activity, you will need to complete and attach Schedule K-Combined (see sample on page 7 of Form CLT-4). An acceptable template of Schedule K-Combined, in Excel format, is available on our website at *mt.gov/revenue*.

- Line 4 If you answered "Yes" to questions 2 or 3 of this part, check the box that indicates the filing method that applies to your company, and complete and attach a Montana Schedule M. Your corporation has to qualify in order to file under methods other than a combined method. The same filing method should be used from year to year.
- a. Separate Company Check this filing method if your corporation is a part of a combined federal consolidated group but is filing a separate, proforma tax return for Montana purposes (non-unitary with the other members of the federal consolidated group). Note: If you attach a proforma federal Form 1120 to your Montana tax return, you also have to attach a signed copy of the federal Form 1120 prepared for your ultimate parent corporation.
- b. Separate Accounting Check this filing method if your corporation's business operations in Montana are not unitary with your corporation's business operations outside of Montana. All of your corporation's income and expenses that are attributed to business operations within Montana have to be able to be separated from the total income and expenses of your corporation. You will also have to attach a detailed description of your Montana activity.
- c. Worldwide Combination Check this filing method if your corporation has a unitary relationship with its domestic and foreign subsidiaries. You will need to attach federal Forms 5471 for each controlled foreign corporation or a detailed schedule of your foreign income.
- d. Domestic Combination Check this filing method if your corporation has a unitary relationship with its domestic subsidiaries, and does not have 50% or greater ownership of a foreign subsidiary.
- e. Limited Combination Check this filing method if your corporation has excluded one or more of its subsidiaries from its combined unitary group. Include on your Schedule M all those subsidiaries (foreign and domestic) that are not included in this unitary group.
- **f. Water's Edge -** You can use this method of filing only if your corporation has made a valid water's edge

election with the State of Montana. Multinational, unitary corporations that wish to file under the water's edge method will have to file a written election within the first 90 days of the tax period for which that election is to become effective. This election has to be approved by the department and it is binding for three consecutive taxable periods. If your corporation wishes to extend this election for another three-year period, it will have to file a new election within the first 90 days of the tax period for which the extension to this election is to become effective.

For tax periods that begin after December 31, 2003, corporations that make a valid water's edge election have to include in their water's edge group all of that group's subsidiaries that are incorporated in tax havens. Please see 15-31-322(1)(f), MCA, for a list of these countries.

Those corporations filing under a valid water's edge election must submit Schedule WE with their Montana Form CLT-4. Please refer to Schedule WE and its instructions on pages 10 through 12 of this booklet.

**Line 5** - If you answered "Yes" to questions 2 or 3 of this part, enter the name and FEIN of your ultimate parent corporation and attach pages 1 through 4 of the parent's consolidated federal Form 1120.

#### Part II - Amended Tax Return

Use this form to amend your original tax return. Indicate at the top of the form that this represents an amended filing and check the box that indicates the reason(s) why you are amending your tax return. Please attach the applicable forms and statements that can explain in detail all of your adjustments. Complete the entire form using the corrected amounts.

- Interest is not paid on a refund that results from a net operating loss carry-back or carry-forward. Please see 15-31-119(9), MCA.
- Interest is computed on overpayments of tax or additional tax due at the rate of 12% per year.
- Statute of Limitations. For years beginning on or after March 13, 1997, a refund or credit for any tax return that you file within three years of its original due date can be allowed without regard to an extension of time to file. See 15-31-509(2), MCA.
- If you file an amended return that reflects an increased tax liability, you may not be required to pay the late payment penalty. We may waive the late payment penalty if you check the "Amended Return" box on the top left-hand corner of the tax form and pay the tax and applicable interest in full. By checking this box, you are requesting a waiver of the late payment penalty.

#### Part III - General Questions (a-I)

Check the appropriate box. You will need to answer all of the questions. If you answer "Yes" to any of the questions (h-l), you will have to complete and attach Schedule M.

#### Part IV - Reporting of Special Transactions

Check the appropriate box. You will need to answer all of the questions. If you answer "Yes" to any question, you will have to attach a copy of the applicable form.

**Declaration** - If any questions in parts I through IV are not answered or your return is not signed, your tax form may be returned to you to be completed.

#### Montana Taxable Income and Net Amount Due

#### Line 1 - Taxable Income.

Enter on line 1 of your Montana tax return (Form CLT-4) the taxable income that you reported on line 28 of your federal tax return (Form 1120). Attach to your Form CLT-4 a complete copy of the signed Form 1120 that you filed with the Internal Revenue Service. If your Form 1120 is voluminous, please attach pages 1 through 4, along with the schedules that you used to compute your income and deductions and the supporting federal schedules for each of the following items, if applicable:

- Line 2 Cost of Goods Sold and/or Operations
- Line 8 Net Capital Gains (Schedule D)
- Line 9 Ordinary Gains (Loss) (Form 4797)
- · Line 10 Other Income
- Line 17 Taxes
- Line 19 Charitable Contributions
- Line 26 Other Deductions
- Form 1120-FSC U.S. Income Tax Return of a Foreign Sales Corporation
- Form 8873 Extraterritorial Income Exclusion
- Schedule M-3 Net Income (Loss) Reconciliation for Corporations with Total Assets of \$10 Million or More
- Schedule N Foreign Operations of U.S. Corporations

#### Line 2 - Montana Additions.

a. The Montana corporation license tax and other state, local and foreign income taxes that have been deducted on your federal tax return have to be added back to your income on line 2a. Please see 15-31-114(1)(e), MCA. Please attach a breakdown of your federal Form 1120, line 17 taxes.

- **b.** Federal tax-exempt interest is taxable for Montana purposes and needs to be added to your income on line 2b. Please see 15-31-113(1)(a)(i), MCA.
- **c.** If you claim the qualified endowment credit on your tax return, the amount of contribution that you used to compute your credit needs to be added to income on line 2c. Please see 15-31-161, MCA.
- d. Corporations that are engaged in a unitary relationship with an international group are required to make a worldwide combined filing. Enter any income or loss from your foreign parent, if applicable, and from all foreign subsidiaries that are included in the worldwide combined group. Attach supporting schedules or your federal Form(s) 5471.
- e. Unitary filers need to enter the income or loss from unitary subsidiary corporations that are not included in their federal consolidated group. For example, subsidiary corporations in which members of the collective unitary group own more than 50% of that corporation need to be included here. Attach a copy of the federal Form 1120 and supporting schedules for the separately filed corporation(s).
- f. The federal extraterritorial income exclusion is not allowed for Montana tax purposes. Consequently, your federal deduction for extraterritorial income has to be added back when you compute your Montana taxable income. Please attach federal Form 8873, Extraterritorial Income Exclusion and federal Schedule N, Foreign Operations of U.S. Corporations.
- g. Enter the amount from line 11 of your Schedule WE. Schedule WE is on page 8 of Form CLT-4, and is also available on our website at mt.gov/revenue.
- h. For water's edge filers only, enter any income or loss of unitary corporations incorporated in a tax haven country. Attach a supporting schedule. Please see 15-31-322(1)(f), MCA.
- i. The federal capital loss carryover is not allowed as part of your allowable deduction for Montana corporation license tax purposes. Any amount of federal capital loss carryover that you used on your federal tax return has to be added back when you compute your Montana taxable income.
- j. Attach to your Form CLT-4 a detailed breakdown of any other additions to your income and report it on line 2i.

#### Examples of other additions:

 Film Production Credit - If you claim a film production credit, you have to include the amount of the expenditures that you used to compute this credit in your income for the year you incurred this expenditure.

- Insure Montana Credit If you claim a credit for insurance premiums paid during the year, you have to include the amount of insurance premiums that was used to compute this credit in your income for the year that you incurred the expense. The amount to include is two times the amount of the allowable credit. Please see 33-22-2006(4), MCA.
- Foreign Sales Corporation Income If you owned a foreign sales corporation, you have to include the total net income (before the federal exemptions) reported on each federal Form 1120-FSC in your calculation of Montana taxable income.

#### Line 3 - Montana Reductions.

- **a.** Montana allows a deduction for Section 243 dividends at the same percentage as the federal deduction. This deduction should be reported here.
- b. Nonbusiness Income (for multi-state taxpayers only) Business income means income arising from transactions and activity in the regular course of your trade or business. It includes income from tangible and intangible property if the acquisition, management and disposition of that property constitute integral parts of your trade or business operations. Gains or losses from the sale of capital or business assets, dividends, interest, rents, or royalties are business income unless they can be clearly classified as nonbusiness income. You will have to attach to your tax return a statement or schedule that describes the type of income and which explains in detail why you consider that income to be nonbusiness. Report all nonbusiness income here.
- c. You may deduct an additional 10% of the cost for the purchase of recycled material, as computed on Form RCYL. You will have to attach a copy of Form RCYL to your tax return. Please see 15-32-610, MCA.
- d. Multi-state corporations need to enter the income or loss of all their non-unitary corporations that are included in the federal consolidated group.
- e. If you are using the water's edge method of filing, you will need to enter on line 3e, the total of federal line 28 income or loss of all your 80/20 companies.
- f. You have to deduct capital losses in the year that you incurred those losses. Please see 15-31-114(1) (b), MCA. Enter the amount of capital loss that you incurred during the tax period that has not already been deducted on your federal tax return. Please attach your federal Schedule D.
- g. Report here any other deductions that are allowable as you compute your Montana taxable income. Please attach a detailed schedule to your tax return.

#### Examples are:

- The amount of contributions made by a small business to its independent liability fund. Please see 33-27-117(1), MCA.
- A portion of an investment made in a building for the purpose of conserving energy. Please see 15-32-103, MCA. To qualify, the building has to be used in the corporation's business and the result of the investment has to show a substantial reduction in the amount of energy needed to render the building usable.
- Documented expenses for the donation of mineral exploration information to the Montana Tech Foundation. Please see 15-32-510, MCA.

**Line 4 - Adjusted Taxable Income.** Add lines 1 and 2, then subtract line 3; enter total here.

**Line 5 - Income Apportioned to Montana.** Multi-state taxpayers should multiply the amount reported on line 4 by the apportionment percentage from Schedule K, line 5. Enter the result here.

Line 6 - Income Allocated Directly to Montana. Multistate taxpayers should report on line 6 any income that is allocable to Montana. Attach a detailed description and applicable supporting schedules.

Line 7 - Montana Taxable Income Before Net Operating Loss. Add lines 5 and 6; enter the result on line 7, or enter the amount shown on line 4. If you incurred a net operating loss, enter a negative amount. This loss first has to be carried back to the three preceding taxable periods prior to the year of loss. Please see 15-31-119, MCA.

If you elect to forego the entire carry-back period, check the "Yes" box on this line. Once you make this election to forego the carry-back, that election is irrevocable for the year that you make it. If you report a net loss on line 7 and do not check either box, or check both boxes, that loss has to be carried back.

Line 8 - Montana Net Operating Loss Carryover. If line 7 is a positive amount, the loss that you claim on line 8 cannot exceed the amount of income that you reported on line 7. If line 7 is a negative amount, enter \$0 on line 8. If you have sustained a Montana net operating loss in a preceding year, you can apply the remaining loss against the income that you reported on line 7. You can carry forward any net operating loss that you incurred for seven taxable periods following the year of that loss. If you claim a Montana net operating loss deduction on line 8, attach a detailed schedule of your net operating loss carryover.

If you are filing a combined tax return and have more than one corporation active within Montana, you need to compute the net operating loss on a separate entity basis. Schedule K–Combined on page 7 of the Form CLT-4 is a sample of the format to calculate the separate entity net operating loss. An acceptable template of Schedule K-Combined, in Excel format, is available on our website at *mt.gov/revenue*. Use the instructions for Schedule K on pages 6 through 7 of this booklet to complete the Schedule K-Combined.

If you are claiming a net operating loss carryover deduction from a prior period, you will need to provide the loss detail calculated on a separate entity basis.

**Line 9 - Montana Taxable Income.** Subtract any loss reported on line 8 from line 7 and enter the Montana taxable income on this line.

#### Tax Due

Line 10 - Montana Tax Liability. Multiply line 9 by 6.75% (7% for corporations filing under a valid water's edge election) and enter the total on line 10. Your Montana tax liability cannot be less than \$50, with the exception of the alternative tax. Please see 15-31-121(3), MCA. The \$50 minimum tax applies to each corporation having activity in Montana, regardless of whether the company has a net operating loss. Therefore, line 10 cannot be less than \$50 times the number of companies with Montana activity.

#### **Alternative Tax**

You may elect to pay a tax of 0.5% on the gross sales that you made in Montana in lieu of paying the corporation license tax that is based on your net income. You may make this election if you meet all of the following criteria:

- Your only activities in Montana consist of sales,
- Your Montana activities do not include owning or renting real or tangible personal property, and
- The dollar volume of gross sales that you made during the tax year within Montana did not exceed \$100,000.

If you elect to pay the alternative tax, on line 10 check the box and enter your calculated tax liability. Attach a detailed breakdown of this calculation.

#### Line 11 - Payments.

- a. 2007 Overpayment If you made an overpayment of your 2007 tax that has not been refunded previously, you can claim it as a credit on this line.
- b. Tentative Payment You can elect to make a tentative payment of tax by attaching a remittance to the Montana Corporation License Tax Payment Voucher, inserted in this booklet. Please make your check payable to the Montana Department of Revenue. Be sure to reference your federal employer identification number (FEIN) and tax year on the memo line of your check. If you made a tentative payment, enter the amount on this line.

- **c.** Quarterly Estimated Tax Payments If you made quarterly estimated payments during 2008, enter the total of those payments on this line.
- d. New Montana Mineral Royalty Tax Withheld Effective January 1, 2008, royalty payments made to
  owners of Montana mineral rights are subject to state
  income tax withholding. This withholding should not
  be confused with the amounts deducted from your
  royalty payments for production taxes. Enter the total
  amount of Montana royalty withholding. Please attach
  Form(s) 1099. For more information, please visit the
  "Mineral Royalty Withholding" icon at mt.gov/revenue.
- **e. Other Payments -** Please include any payment that you did not report above. Enter a description of the type of payments included on this line.
- f. Refunds Previously Issued If this is an amended return, and you received a refund when you filed your original tax return or a previous amended tax return, include the amount of the refund on line 11f. Enter on this line a description of the type of payments that you included.

Add the payments reported on lines 11a through 11f and enter the total payments on line 11.

Line 12 - Credits. From Schedule C, column C, enter the total credits on this line. To claim any credit on Form CLT-4, you need to attach a completed copy of Schedule C and the prescribed forms and/or detailed schedules for the credits that you claim. Please see the instructions for Schedule C on pages 7 through 10 of this booklet.

Line 13 - Tax Due or Overpayment. Add lines 11 and 12, then subtract from line 10 and enter the result here. Your tax is due by the fifteenth day of the fifth month following the close of the taxable year. If you choose the automatic extension of up to six months, the tax plus any applicable penalty and interest is due when you file your tax return. Please note that the automatic six-month extension to file is not an extension to pay.

Line 14 - Overpayment Credited to 2009 Estimated Tax. Indicate the amount, if any, of the overpayment you wish to be applied to your 2009 estimated tax. If you are filing an amended return, enter the amount of overpayment applied as requested on the original return or previously amended return.

**Line 15 - Net Tax Due or Overpayment.** Add lines 13 and 14; enter the result on this line.

Line 16 - Interest. When you do not pay your tax by the original date that it is due, interest on the tax due accumulates at the rate of 12% per year until the tax is paid. Interest will be calculated at 12% per year, calculated daily on the unpaid tax. Your taxes are due by the fifteenth day of the fifth month following the close of the taxable year.

Line 17 - Estimated Tax Underpayment Interest. If your tax liability is \$5,000 or greater, you have to make quarterly estimated payments. Please see 15-31-502, MCA. Interest will be charged at 12% per year on any underpayment. Please see 15-31-510, MCA.

Compute the estimated tax underpayment interest, if applicable, on Form CLT-4-UT and attach a completed copy to your tax return. Enter the amount of interest on this line. If you use the annualized/seasonal method to compute the interest, check the box on this line and attach a copy of the federal Form 2220 that you filed with your federal tax return. Form CLT-4-UT and its detailed instructions are available on our website at *mt.gov/revenue*.

#### Line 18 - Penalty.

- a. Late Filing Penalty If you do not file your tax return with the department by the due date (including any extension of time), you will be subject to a late filing penalty of \$50 or the amount of the tax that was due, whichever is smaller. If you have made an overpayment of your tax, no late filing penalty will be charged.
- b. Late Payment Penalty If you do not pay your tax liability by the original date that it is due, you will be charged a late payment penalty of 1.2% per month or fraction of a calendar month on any unpaid tax. This penalty cannot exceed 12% of your tax due. The late payment penalty is calculated from the original due date of your tax return. Please note that the automatic six-month extension to file is not an extension to pay.

**Line 19 - Total Due or Overpayment.** Add any applicable interest or penalties that you reported on lines 16, 17, or 18 to the liability that you reported on line 15.

- **a.** If the result is positive, enter the amount due here. You can use either of the following two methods to submit your payment.
  - Pay the amount due to the Montana Department of Revenue and include the completed Montana Corporation License Tax Payment Voucher that is inserted in this booklet. Send your payment and voucher with your tax return to: Montana Department of Revenue, PO Box 8021, Helena, MT 59604-8021.
  - Visit our website at mt.gov/revenue to enroll in Business Tax Express, a free service that allows your company to pay corporation license tax online. For questions or to add corporation license tax to your current Business Tax Express account, call us toll free at (866)-859-2254 (in Helena, 444-6900). Visit our website at mt.gov/revenue for more electronic payment options.
- **b.** If the result is negative, enter the amount of refund that you are requesting. Please check the "Refund

Return" box located on the top left hand corner of page 1 of Form CLT-4.

If you want your refund directly deposited, enter your financial institution's routing number (RTN#) and your account number (ACCT#) in the space provided, and indicate whether your account is your checking or savings account. Your routing number will be nine digits and your account can be up to 17 characters (both numeric and alpha). Your direct deposit will be rejected if the routing number or account number is incorrect. If your direct deposit is rejected, we will mail you a check.

**Please Note -** Your tax return may be sent back to you to be completed if it is not signed by an officer of the reporting entity, or if it is not completed in its entirety.

#### Instructions for Schedule K

Schedule K applies only to multi-state taxpayers. All multi-state taxpayers have to complete and attach the Schedule K to their Montana Form CLT-4. If you are filing a combined return and have more than one company with Montana activity, you will need to compute each company's apportionment factor on a separate entity basis.

Schedule K-Combined on page 7 of Form CLT-4 is a sample of the format for calculating the separate entity apportionment factor. An acceptable template of Schedule K-Combined, in Excel format, is available on our website at *mt.gov/revenue*.

In most cases, multi-state taxpayers have to compute their Montana taxable income by means of the apportionment factor calculated on Schedule K. The apportionment factor is the standard UDITPA (Uniform Division of Income for Tax Purposes Act) three-factor formula of property, payroll and sales used by most states with a corporate tax based on net income.

When a corporation is engaged in a unitary business within and without Montana, the net income assignable to Montana has to be determined using the apportionment factor. A business is unitary when the operations of that business within the state depend on or contribute to the operations of that business outside the state. Schedule K has to be completed fully by every corporation that carries on a unitary business within and without the state. If you have determined the income that you attribute to Montana on some basis other than the apportionment method, you will need to include a full and detailed description of your business operation along with an explanation of the method that you used. Even if the Department of Revenue pre-approves an alternative method of determining your taxable income, you will still need to complete and submit Schedule K.

Following is a detailed explanation of how to calculate the apportionment factor. To calculate each of the factors, use the following formula: column B divided by column A, times 100. Round out to at least the fourth decimal (example: 25.5555%)

**Property Factor (Line 1, Schedule K)** – Please see 15-31-306, MCA. The property factor is a fraction.

Property owned by the taxpayer is valued at its original cost. Real and tangible personal property that is used in the business includes land, building, machinery, equipment, stocks of goods, inventories, depletable assets and other tangible property actually used in connection with the production of the business income to be apportioned. It does not include money, accounts receivable or other intangible property, or real property that is held for nonbusiness purposes.

Unless otherwise required, the average value of owned property has to be determined by averaging the values at the beginning and ending of the tax period.

All property that was rented has to be valued at eight times the net annual rental rate. Rental expense cannot be averaged. You have to use your rental expense for the current year in the property factor.

The numerator is the average value of the taxpayer's real and tangible personal property owned, leased or rented and used in Montana in the production of business income during the tax period. Enter the numerator values in column B of Schedule K. To the extent that it is utilized in Montana, migratory property has to be included in the numerator.

The denominator is the average value of all the taxpayer's real and tangible personal property owned, leased or rented and used in the production of business income during the tax period. Enter the denominator values in column A of Schedule K.

Payroll Factor (Line 2, Schedule K) – Please see 15-31-308, MCA. The payroll factor is a fraction. The numerator is the total amount that you paid for compensation attributable to the production of business income during the tax period in Montana. Enter the numerator values in column B of Schedule K.

Payroll is considered to be paid in Montana if:

- the base of operations is in Montana.
- there is no base of operations and the place from which the service is directed or controlled is in Montana.
- the base of operations or the place from which the service is directed or controlled is not in a state where some part of the service is performed but the person who provides the service is located in Montana.

The denominator is the total amount that you paid for compensation attributable to the production of business income during the tax period. Enter the denominator values in column A of Schedule K.

**Sales Factor (Line 3, Schedule K)** - Please see 15-31-310, MCA. Sales mean all gross receipts of the taxpayer exclusive of nonbusiness income and inter-company transactions. The sales factor is a fraction.

The numerator is the taxpayer's total sales in Montana during the tax period. Enter the numerator values in column B of Schedule K.

Sales of tangible personal property are in Montana if:

- the property is delivered or shipped to a purchaser in Montana, other than the United States government, or
- the taxpayer is not taxable in the state of the purchaser.

Sales other than sales of tangible personal property are in Montana if:

- the income-producing activity is performed in Montana, or
- the income-producing activity is performed both inside and outside Montana and a greater proportion of the income-producing activity is performed in Montana than in any other state, based on costs of performance.

The denominator is the taxpayer's total sales everywhere during the tax period. Enter the denominator values in column A of Schedule K.

**Sum of Factors (Line 4, Schedule K)** - Add lines 1, 2 and 3 in column C. Enter the result on line 4 in column C.

Apportionment Factor (Line 5, Schedule K) - Divide line 4 by the number of factors present. A factor is present if you have a value in column A for property, payroll, or sales. Enter the apportionment factor on line 5 of Schedule K and also enter it on line 5, page 3 of Form CLT-4, rounding it out to at least the fourth decimal (example: 25.5555%).

#### Instructions for Schedule C - Tax Credits

You have to attach a completed copy of Schedule C – Tax Credits and the required credit forms or detailed supporting schedules to your Form CLT-4 in order to offset any tax liability by these credits.

Calculate the total credit available for each line. Column A is the amount of tax credit earned during the current period. Column B includes the amount from column A plus any tax credits allowed to be carried over from other tax periods and that have not yet been used. Column C is the amount of tax credit that you can use for the current period.

Line 1 - New/Expanded Industry Credit. In order to qualify, you will have to include a detailed schedule. A manufacturing company that begins or expands operations and increases its total full-time employment by at least 30% is eligible for this credit. The amount of this credit is 1% of the total wages, as defined in 39-51-201, MCA, paid to new employees. This credit is available during each of the first three years after that company initiates or expands its manufacturing operation. Please see 15-31-124, MCA. This credit cannot be carried over and it is nonrefundable.

Line 2 - Interest Differential Credit. In order to qualify, you will have to include a detailed schedule. A public utility or financial institution that has lent money to be used for energy conservation purposes prior to July 1, 1995, can claim a credit for the difference between the interest it actually receives and the interest it would have received at the prevailing rate for home improvement loans. Please see 15-32-107, MCA. The credit that a utility can claim cannot exceed \$750,000 per year and the credit that a financial institution can claim cannot exceed \$2,000 per year. This credit is nonrefundable.

Line 3 - Montana Dependent Care Assistance Credit (Form DCAC). An employer can claim a credit for amounts that it paid or incurred for dependent care assistance that it provided to employees. Please see 15-31-131 and 15-31-133, MCA. This credit may be carried forward for five years and is nonrefundable.

This assistance can be in the form of:

- Acquiring, constructing, reconstructing, renovating or improving real property for the primary use as a day-care facility. This credit is the smaller of:
  - \$2,500 times the number of dependents that the day-care facility is designed to accommodate;
  - 15% of acquisition, construction, reconstruction, renovation, or other improvement cost; or
  - \$50,000.
- Providing dependent care assistance to employees that meets the requirements of Internal Revenue Code (IRC) 26 U.S.C.129(d)(2) through (d)(6). The credit is 25% of the amount paid or incurred by the employer during the taxable year with a limit of \$1,575 per employee.
- Providing information and referral services to assist employees within the state in obtaining dependent care. The credit is 25% of the amount paid or incurred by the employer during the taxable year.

Line 4 - Montana College Contribution Credit (Form CC). Taxpayers who make charitable contributions to any general endowment funds of the Montana University System or to any general endowment fund of a Montana private college or its foundation during the year are allowed a credit in the amount of 10% of the aggregate

of these contributions. Please see 15-30-163, MCA. The maximum amount of credit that can be claimed is \$500 per year, and cannot be carried over or refunded.

Line 5 - Health Insurance for Uninsured Montanans Credit (Form HI). Employers can claim a credit for the health insurance premiums that are paid by the employer for its employees. Please see 15-31-132, MCA. The credit can be up to \$25 a month for each employee. The maximum credit that can be claimed each year is \$3,000, and the credit cannot be carried over or refunded. If you are using insurance premiums to calculate the Insure Montana Credit (line 20), these premium payments cannot be used to calculate the Health Insurance for Uninsured Montanans Credit. Please see 33-22-2007(4), MCA.

Line 6 - Montana Recycle Credit/Deduction (Form RCYL). Employers can claim a credit for their investments in equipment or machinery used to collect, process or manufacture a product from reclaimed material or depreciable property that treats soil contaminated by hazardous wastes. Please see 15-32-602 and 15-32-603, MCA. This credit is a percentage (5% to 25%) of the cost of the property used in Montana, before consideration of trade-in equipment. An exception to this is that the basis will be reduced by any trade-in for which this credit has previously been taken. The credit is limited to the current year tax liability and cannot be carried over or refunded.

Line 7 - Alternative Energy Production Credit (Form AEPC). A credit is available to alternative energy producers. Please see 15-32-402, MCA. The credit is 35% of the eligible costs associated with the purchase, installation or upgrading of generating equipment, safety devices and storage equipment, transmission lines necessary to connect with existing transmission facilities, and transmission lines necessary to connect directly to the purchaser of the electricity when no other transmission facilities are available. The credit must first be claimed in the year in which the asset was placed in service; any excess credit may be carried over seven years. Taxpayers who meet criteria established in 15-32-404, MCA, may carry over the credit for 15 years. This credit is nonrefundable.

Line 8 - Contractor's Gross Receipts Tax Credit. A company that has paid public contractor's gross receipts tax under 15-50-207, MCA, is entitled to a credit for a taxable year within which the net income from contracts subject to the gross receipts tax is reported.

After the corporation has deducted its personal property taxes, it can apply the remaining credit, if any, to its corporation license tax liability. Starting in 2006, any excess credit can be carried forward to the next succeeding tax year for up to five years.

To support the credit that you claim, attach a schedule or statement including the contract name (and number, if any), location, general description (for example: building, road, bridge, etc.), name of awarding agency, name of prime contractor and the amount of gross receipts tax paid, as well as the amount that has been applied to personal property taxes. If you report your income from contracts on a percentage-of-completion basis, this credit has to be allocated proportionately.

Line 9 - Alternative Fuel Credit (Form AFCR). Please see 15-30-164, MCA. In order to qualify, you will need to include a detailed schedule. You are allowed a credit for equipment and labor costs that you incur in order to convert a motor vehicle licensed in Montana to operate on alternative fuel. The maximum credit is equal to 50% of the equipment and labor costs incurred but cannot exceed \$500 for conversion of a motor vehicle with a gross weight of 10,000 pounds or less, or \$1,000 for conversion of a motor vehicle with a gross vehicle weight more than 10,000 pounds. This credit can only be claimed in the year in which the conversion was made. It cannot be carried over or refunded.

Line 10 - Infrastructure Users Fee Credit. A credit can be claimed for the infrastructure users fee paid to a local government. To claim the credit described in 17-6-316, MCA, you have to meet the criteria set forth in 17-6-309(2), MCA, and pay the infrastructure users fee. To claim this credit, the county must certify the amount of the infrastructure users fee paid and the timeliness of your payment. This credit can be carried forward for seven years or carried back for three years, and is nonrefundable.

Line 11 - Qualified Endowment Credit (Form QEC). Please see 15-31-161, MCA. A credit is allowed for gifts to a qualified charitable endowment. This credit cannot exceed your tax liability. It is nonrefundable and cannot be carried over. The value of the gift that you used when you calculated your credit cannot be claimed as a deduction under 15-31-114, MCA, and has to be added back on line 2c of the Form CLT-4.

If you file on an accrual basis, the credit that you claim has to be taken in the year that you reported it for federal tax purposes. The appropriate percentage that you used when you calculated your credit has to be determined by the actual date that your gift was made.

Attach Form QEC and your verification requirements for any planned gift or outright charitable gift made to a qualified endowment. See instructions on Form QEC for verification requirements. To learn more about the endowments statewide, visit the Governor's Task Force on Endowed Philanthropy website, *endowmontana.org*.

If a charitable gift is recovered in the current year, the amount of tax due has to be increased by the amount of

credit originally taken in the year the charitable gift was made. Enter the amount of credit recaptured on line 11a.

Line 12 - Historical Buildings Preservation Credit. Please see 15-31-151, MCA. Attach federal Form 3468 to qualify for this credit. A credit may be claimed for expenditures that you made in relation to the preservation of certain historic buildings located in Montana. Qualifying historic buildings are those structures defined in Section 47(c) of the IRC. The allowable Montana credit is 25% of the federal rehabilitation credit provided for in Section 47(a)(2) of the IRC. This credit is a nonrefundable credit, and any unused credit can be carried forward for up to seven years succeeding the year in which the credit is generated.

Line 13 - Increase Research and Development Activities Credit (Form RSCH). A credit is available for increases in qualified research expenses and basic research payments for research that is conducted in Montana. Please see 15-31-150, MCA. The credit is determined in accordance with Section 41 of the IRC, 26 U.S.C. 41, with the exception that the applicable rate is 5% for Montana purposes. Attach to your tax return a completed copy of the Form RSCH. Any unused credit cannot be refunded, but may be carried back two years and carried forward 15 years.

#### **Line 14 - Mineral Exploration Incentive Credit.**

You can claim a credit for certified expenditures of mining exploration activities, not to exceed 50% of the corporation tax liability. Please see 15-32-502, MCA. Certified expenditures are the costs that you incur for activities that directly support the exploration activity conducted at a specific exploration site. This credit applies to activities associated with both new mines and mines that are being reopened. This credit is nonrefundable.

Line 15 - Empowerment Zone Credit. For tax periods beginning on or after October 1, 2003, an employer is allowed a credit for each new employee at a business in an empowerment zone under 15-31-134, MCA. To be eligible for this credit you have to be certified by the Montana Department of Labor and Industry. The credit can be carried forward seven years and carried back three years, and is nonrefundable.

Line 16 - Film Production Credit (Form FPC). To claim this credit, you have to make an application and your fee has to be paid by the time you file your tax return.

You can claim a credit for the employment of residents of this state or for qualified expenditures in this state in connection with a state-certified production. Please see 15-31-902, MCA. The expenditures that you use to calculate this credit cannot be taken as deductions in your calculation of Montana taxable income. If your production company's certification is revoked after you

take the credit, you will need to recapture the credit on line 16a

Line 17 - Biodiesel Blending and Storage Credit (Form BBSC). A credit can be claimed by a qualified taxpayer for the cost of investments in depreciable property used for storing or blending biodiesel made from Montana products with petroleum diesel for sale. Please see 15-32-703, MCA. This credit can be carried forward for seven years if the facility is blending or storing biodiesel for blending. If the facility ceases blending biodiesel for sale for a period of 12 consecutive months within five years of claiming the credit, the credit is subject to recapture. If the facility's biodiesel sales are not at least 2% of all diesel sales by the end of the third year after the credit is initially claimed, the credit is subject to recapture. The recapture is reported on line 17a.

Line 18 - Oilseed Crushing and Biodiesel/
Biolubricant Production Credit (Form OSC). A credit
can be claimed for the cost of investments in qualifying
depreciable property used to crush oilseed crops for
the purpose of making biodiesel fuel or biolubricant, or
used to construct or equip a facility in Montana to be
used for producing biodiesel or biolubricant. Please
see 15-32-701 and 15-32-702, MCA. This credit can be
carried foward for seven years if the facility is crushing
oilseed during the current tax period. If the facility for
which the credit is claimed ceases operations for a
period of 12 consecutive months within five years of
claiming the credit, the credit is subject to recapture. The
recapture is reported on line 18a.

Line 19 - Geothermal System Credit (Form ENRG-A). A credit can be claimed for a portion of the installation costs of a geothermal system according to 15-32-115, MCA, if you are constructing a new residence. The credit of up to \$1,500 may be carried forward for seven years. This credit is effective for tax years beginning after December 31, 2005.

Line 20 - Insure Montana Credit. If you are an eligible small employer, as defined in 33-22-2006. MCA, a credit can be claimed for qualifying insurance premiums paid for coverage of eligible employees, their spouses and dependents under a group health plan. If you claim this credit, please attach a copy of the letter from the State Auditor's Office providing the final amount of tax credit the business received. If you are using insurance premiums to calculate the Health Insurance for Uninsured Montanans Credit (line 5), these premium payments cannot be used to calculate the Insure Montana Credit. In addition, if you deducted these premiums to calculate Montana taxable income, you have to add the amount deducted on your federal tax return back on line 2j of Form CLT-4. The amount to add back is two times the amount of the allowable credit. Please see 33-22-2006(4), MCA. You can claim this credit even if it exceeds your income tax liability on line

10 of Form CLT-4. Any allowable credit in excess of your Montana tax liability must be refunded.

Credit (Form TELC). For tax years beginning after December 31, 2007, a refundable tax credit is available for licensed establishments that provide short-term emergency lodging under the Temporary Emergency Lodging Program. The program helps provide lodging for individuals or families who have been displaced from their residence and have been referred to the establishment by a charitable organization approved by the Montana Department of Public Health and Human Services. Please visit their website at <a href="http://www.dphhs.mt.gov/PHSD/Food-consumer/emergency-lodging.shtml">http://www.dphhs.mt.gov/PHSD/Food-consumer/emergency-lodging.shtml</a> for additional information regarding participation in this program.

The credit is \$30 for each night of lodging provided by the establishment, up to the maximum of five nights. A corporation may claim the credit if it is the owner of the establishment or it has an ownership interest in the partnership that owns the establishment.

Line 22 - Add the total of lines 1 through 21 and enter the amount on this line.

#### Instructions for Schedule WE

#### Who needs to fill out Schedule WE?

If you have a valid water's edge election, you need to fill out Schedule WE. A water's edge election allows you to apportion your worldwide income to this state using only certain affiliated corporations. When you file a return using the water's edge method, you include corporations based upon attributes such as the location of the corporation's payroll and property, and the percentage of ownership that you have in the corporation. Please see 15-31-322, MCA.

#### Part I. Water's Edge Election

If you wish to compute your income attributable to Montana sources on a water's edge basis, you have to file a written election with us within the first 90 days of the tax year in which it is to become effective. Each election binds you for a three-year renewable period. A written election needs to be filed for each three-year period, and must be submitted within the first 90 days of the tax period for which your subsequent election is to become effective. In order to revoke the election, you must make a request and receive our written permission to do so.

On line 1, enter the tax periods for which a valid water's edge election has been approved by the department.

#### Part II. How to Calculate the Deemed Dividends Received from Corporations Incorporated Outside of the United States

An 80/20 company is not eligible to be included in a water's edge filing group. A corporation that is incorporated in the United States that has more than 80% of the average of its payroll and property assignable to a location outside the United States is commonly referred to as an 80/20 company.

The water's edge combined return includes only the income and apportionment factors of the members of the unitary group that meet the criteria set forth in 15-31-322, MCA, and summarized below. If your affiliated entity meets any one of these criteria and is unitary, it is included in your combined return. If your affiliated entity does not meet any of these criteria, it is excluded from your combined return.

- An affiliated entity that:
  - is incorporated in the United States,
  - is in a unitary relationship with you,
  - has less than 80% of its payroll and property assigned to locations outside the United States, and
  - is eligible to be included in a federal consolidated tax return as described in 26 U.S.C. 1501 through 1505, with the exception that the 80% ownership requirement described in 26 U.S.C. 1504 is reduced to ownership of more than 50% of the voting stock directly or indirectly owned or controlled by a member of the water's edge group.
- Domestic international sales corporations, as described in 26 U.S.C. 991 through 994, and foreign sales corporations, as described in 26 U.S.C. 921 through 927.
- Export trade corporations, as described in 26 U.S.C. 970 and 971.
- Foreign corporations deriving gain or loss from disposition of a United States real property interest to the extent recognized under 26 U.S.C. 897.
- A corporation incorporated outside the United States, if more than 50% of its voting stock is owned directly or indirectly by the taxpayer and if less than 80% of the average of its payroll and property is assignable to a location outside the United States.
- An affiliated entity that is in a unitary relationship with you and that is incorporated in a tax haven country. Please refer to Part IV, page 12 for additional details.

A portion of the after-tax net income of United States corporations that are excluded as 80/20 companies and the United States possession corporations described in

Sections 931 through 934 and Section 936 of the IRC are considered dividends received from corporations that are incorporated outside of the United States. These deemed dividends are included in the apportionable income and are to be calculated in Part II.

#### Line 1 - Positive Taxable Income of 80/20

**Companies.** Using a by-company breakdown of your federal consolidated return, enter on line 1 the amount that you reported on line 30 of your federal return for all of your 80/20 companies that had positive income. When you compute 80/20 positive taxable income for this line, do not include any 80/20 companies that reported a loss on line 30 of your federal return.

Line 2 - Consolidated 1120 Positive Taxable Income. Enter the total of the amounts that you reported on your federal Form 1120 line 30 for all of your companies that had a positive income. When you compute consolidated 1120 positive taxable income, do not include any companies that reported a loss on line 30 of your federal return.

Line 3 - Ratio of 80/20 Positive Income to Consolidated 1120 Income. Divide the amount on line 1 by the amount on line 2; enter the result on this line. Round out to at least the fourth decimal (example: 0.5555).

Line 4 - Tax Liability as Reported on Consolidated 1120. Enter the federal tax liability that you reported on your federal consolidated Form 1120, net of any federal tax credits.

Line 5 - Federal Tax Liability Associated with 80/20 Companies. Multiply line 3 by line 4; enter the result on this line.

Line 6 - Section 78 Gross-Up Received by 80/20 Companies. Enter the amount that you reported on your federal Schedule C for Section 78 gross-up that your 80/20 companies received during the tax period.

Line 7 - After-Tax Net Income of 80/20 Companies. Subtract line 5 and line 6 from line 1; enter the result on this line.

Line 8 - After-Tax Net Income of Unconsolidated 80/20 Companies. Calculate the after-tax net income for your U.S. corporations that qualify as an 80/20 company, that are owned greater than 50% and that are not included in your consolidated federal return. After-tax net income is calculated by subtracting the tax liability from the taxable income on the corporation's federal form. Enter this amount on this line.

Line 9 - After-Tax Net Income of U.S. Possession Companies. Calculate the after-tax net income for your U.S. possession corporations described in Sections 931 through 934 and Section 936 of the IRC. After-tax net income is calculated by subtracting the tax liability from

the taxable income on the corporation's federal Form 1120. Enter this amount on this line.

**Line 10 - Total After-Tax Net Income.** Add lines 7, 8 and 9; enter the total on this line.

**Line 11 - 20% Deemed Dividend from 80/20 Companies.** Multiply line 10 by 20% (.20); enter the result on this line, and also on Form CLT-4, line 2(g), page 3.

#### Part III - List of 80/20 Companies

**Column 1 - Name.** Enter the name of each company qualified as an 80/20 company for the filing period.

**Column 2 - FEIN.** Enter the federal employer identification number of each company qualified as an 80/20 company for the filing period.

**Column 3 - Income/Loss.** Enter the income or loss that you reported on your federal consolidated return, line 30, for each company that qualified as an 80/20 company for this filing period.

**Column 4 - Dividends Received.** Enter the total dividends that were received by each company that qualified as an 80/20 company for this filing period.

#### Part IV - List of Controlled Foreign Corporations

**Column 1 - Name.** Enter the name of each company incorporated outside the United States that is directly or indirectly owned greater than 50% by corporations within the water's edge group. Also enter the name of each foreign partnership or foreign disregarded entity in which a corporation within the water's edge group held a direct or indirect interest.

**Column 2 - Country of Incorporation/Organization.** For each company listed in column 1, enter the country of incorporation or organization.

**Column 3 - Income/Loss.** For each company listed in column 1, enter the income or loss that you reported on your federal Form 5471.

You are required to submit a copy of the federal Form 5471 of each company that is incorporated in a tax haven country during this filing period.

For each tax period beginning after December 31, 2003, your water's edge combined return must include the income of each corporation that is in a unitary relationship with you and that is incorporated in a tax haven country. As set forth in 15-31-322, MCA, tax haven countries currently include Andorra, Anguilla, Antigua and Barbuda, Aruba, the Bahamas, Bahrain, Barbados, Belize, Bermuda, British Virgin Islands, Cayman Islands, Cook Islands, Turks and Caicos Islands, Dominica, Gibraltar, Grenada, Guernsey-Sark-Alderney, Isle of Man, Jersey, Liberia, Liechtenstein, Luxembourg, Maldives, Marshall Islands, Monaco, Montserrat, Nauru, Netherlands Antilles, Niue, Panama,

Samoa, Seychelles, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Tonga, U.S. Virgin Islands and Vanuatu. Other tax haven countries include Cyprus, Malta, Mauritius and San Marino.



# 2008 Corporation License Tax Return



|  | For calend   | dar year 2008 or   | tax year beginnir  | ng (MM-DD)   | 08_   | and ending (MM-DI   |                          | v. 0-00<br>—— |
|--|--|--|--|--|---|---|--------------------------|---------------|
| Ch   | eck if applicable:   | Corporation Nam  | е  |  |   |   | TEIN                     |               |
| H  | Initial Return<br>Final Return   |  |  |  |   |   | Federal Business C       | Code          |
| _  | Return   | Mailing Address  |  |  | If new ac   | ddress check here   | Incorporated in Sta      | ate of        |
| Ш  | Refund<br>Return   | City   |  | State  |   | Zip+4   | Date                     |               |
|  |  |  |  |  |   |   | Date Qualified in M      | lontana       |
|  |  |  |  |  |   | s sent to you next year.  |                          |               |
|  | Copy o   | f signed feder   | al Form 1120 a   | s filed with the   | e Internal F  | Revenue Service   | must be attache          | ed            |
|  | art I - Filing M   |  |  |  |   |   |                          |               |
| 1.   |  |  |  |  |   | 72  |                          |               |
|  |  |  |  |  |   | uestions 2 through 5  |                          |               |
|  |  |  |  |  |   | ses?  |                          |               |
| 3.   |  |  |  |  |   |   | 🖵 Yes 🔲 No               |               |
|  |  |  | ntities with Montana   | •  |   |   |                          |               |
| 4.   | -  | · ·  |  |  | _   | iling methods and atta  | ach Schedule M:          |               |
|  | a. Separate  |  |  | d. Domestic Cor  |   |   |                          |               |
|  | b. Separate  | -  |  | e. Limited Comb  |   |   |                          |               |
|  | c. Worldwid  | le Combination   |  | f. Water's Edge (You must have a   | valid election  | and Schedule WE m   | ust be attached.)        |               |
| 5.   | If you answe   | red "Yes" to quest   | ions 2 or 3 above, y   | ou must attach pa  | ages 1 through  | n 4 of the parent's con   | solidated federal For    | m 1120        |
|  | that you filed   | with the Internal  | Revenue Service, a   | and enter:   |   |   |                          |               |
|  | a. U.S. pare   | ent's name as repo   | orted on federal tax   | return   |   |   |                          |               |
|  | b. U.S. pare   | ent's FEIN   |  |  |   |   |                          |               |
| =  |  |  |  |  |   |   |                          |               |
| D  | art II - Amond   | ad Patura Only (   | hock all that appl   | lv.  |   |   |                          |               |
|  |  | -  | Check all that appl  | •  | he attached   |   | аП                       |               |
| a.   | Federal Reve   | enue Agent Repor   | t; a complete copy   | of this report must  |   |   |                          |               |
| a.<br>b.   | Federal Reve<br>NOL carryba  | enue Agent Repor<br>ck/carryforward; y   | rt; a complete copy (rear(s) of loss   | of this report must  |   |   | b. 📮                     |               |
| a.<br>b.<br>c.                                     | Federal Reve<br>NOL carryba<br>Apportionme   | enue Agent Repor<br>ack/carryforward; y<br>ent factor changes;   | t; a complete copy of ear(s) of loss; attach a statement   | of this report must  | ustments in de  | etail   | b. 🖵                     |               |
| a.<br>b.<br>c.<br>d.                               | Federal Reve<br>NOL carryba<br>Apportionme<br>Amended fed  | enue Agent Repor<br>ick/carryforward; y<br>ent factor changes;<br>deral tax return (Fo   | t; a complete copy or car(s) of loss; attach a statement orm 1120X); a comp  | of this report must<br>t explaining all adjublete copy of the fe   | ustments in deederal Form 1   | etail<br>120X must be attache   | b.                       |               |
| a.<br>b.<br>c.<br>d.<br>e.                         | Federal Revo<br>NOL carryba<br>Apportionme<br>Amended fed<br>Application a   | enue Agent Repor<br>ick/carryforward; y<br>ent factor changes;<br>deral tax return (Fo<br>and/or change in ta  | t; a complete copy of tear(s) of loss; attach a statement orm 1120X); a compax credit; type of cre   | of this report must  t explaining all adjubilete copy of the feedit being claimed  | ustments in de  | etail   | b. 🗖d. 🗖 dd. 🗖           |               |
| a.<br>b.<br>c.<br>d.<br>e.<br>f.                   | Federal Revo<br>NOL carryba<br>Apportionme<br>Amended fed<br>Application a<br>Other; attach  | enue Agent Repor<br>ack/carryforward; y<br>ent factor changes;<br>deral tax return (Fo<br>and/or change in ta<br>n a statement expla   | rt; a complete copy of rear(s) of loss; attach a statement orm 1120X); a compax credit; type of creaining all adjustmen  | of this report must<br>t explaining all adjublete copy of the feedit being claimed<br>this in detail   | ustments in de  | etail<br>120X must be attache   | b. 🗖d. 🗖 dd. 🗖           |               |
| a.<br>b.<br>c.<br>d.<br>e.<br>f.                   | Federal Revo<br>NOL carryba<br>Apportionme<br>Amended fed<br>Application a<br>Other; attach  | enue Agent Repor<br>nck/carryforward; y<br>ent factor changes;<br>deral tax return (Fo<br>and/or change in ta<br>n a statement expla   | rt; a complete copy of ear(s) of loss; attach a statement form 1120X); a compax credit; type of creaining all adjustment questions must be   | of this report must<br>t explaining all adjubilete copy of the feedit being claimed<br>ints in detail  | ustments in de<br>ederal Form 1°  | etail   | b. □ c. □ d. □ e. □ f. □ |               |
| a.<br>b.<br>c.<br>d.<br>e.<br>f.                   | Federal Revo<br>NOL carryba<br>Apportionme<br>Amended fed<br>Application a<br>Other; attach  | enue Agent Reportick/carryforward; yent factor changes; deral tax return (Foand/or change in tan a statement explanderal Questions. All detail the nature ar   | rt; a complete copy of ear(s) of loss, attach a statement orm 1120X); a compax credit; type of creaining all adjustmer questions must be and location(s) of you  | of this report must t explaining all adjublete copy of the feedit being claimed into in detail e answered. ur Montana activitie  | ustments in deederal Form 1   | etail   | b.                       |               |
| a.<br>b.<br>c.<br>d.<br>e.<br>f.                   | Federal Revo<br>NOL carryba<br>Apportionme<br>Amended fed<br>Application a<br>Other; attach<br>art III - Genera<br>Describe in con an addition   | enue Agent Reportick/carryforward; yent factor changes; deral tax return (Foand/or change in tan a statement explanational Questions. All detail the nature aronal page).  | rt; a complete copy of ear(s) of loss, attach a statement orm 1120X); a compax credit; type of creaining all adjustmer questions must be and location(s) of you  | of this report must<br>t explaining all adjubilete copy of the feedit being claimed<br>ints in detaile answered.<br>ur Montana activition  | ustments in deederal Form 1   | etail   | b.                       |               |
| a.<br>b.<br>c.<br>d.<br>e.<br>f.                   | Federal Reve<br>NOL carryba<br>Apportionme<br>Amended fed<br>Application a<br>Other; attach<br>art III - Genera<br>Describe in connan addition   | enue Agent Reportick/carryforward; yent factor changes; deral tax return (Found/or change in tan a statement explanational Questions. All detail the nature aronal page).  | rt; a complete copy of ear(s) of loss; attach a statement orm 1120X); a compax credit; type of creaining all adjustmen questions must be and location(s) of you dontana tax return?  | of this report must<br>t explaining all adjubilete copy of the feedit being claimed<br>ints in detail  | ustments in deederal Form 17  | etail   | b.                       |               |
| a.<br>b.<br>c.<br>d.<br>e.<br>f.                   | Federal Revolution Revolution Apportionme Amended fed Application a Other; attach art III - General Describe in contant and additional Is this your collection of the corporation of the | enue Agent Report ck/carryforward; yent factor changes; deral tax return (For and/or change in tax a statement explanation and a statement explanation and page).  | rt; a complete copy of ear(s) of loss; attach a statement orm 1120X); a compax credit; type of creating all adjustment questions must be and location(s) of your floortana tax return?   | of this report must t explaining all adju- plete copy of the fe- edit being claimed ints in detail e answered. ur Montana activition y existing business   | ustments in deederal Form 17  | ry, provide the descrip   | b.                       |               |
| a.<br>b.<br>c.<br>d.<br>e.<br>f.<br>Pa<br>a.<br>b. | Federal Revolution Revolution Apportionme Amended fed Application a Other; attach art III - General Describe in contant and additional strikes your contant III strikes corporation and additional strikes are supported by the strikes of the strikes of the strikes are supported by the strikes are supported b | enue Agent Report ck/carryforward; yent factor changes; deral tax return (For and/or change in tax a statement explanation) at Questions. All detail the nature aronal page).  | rt; a complete copy of ear(s) of loss; attach a statement orm 1120X); a compax credit; type of creating all adjustment questions must be not location(s) of your flontana tax return?  | of this report must  t explaining all adju- blete copy of the fe- edit being claimed ints in detail  e answered.  ur Montana activition y existing business  | ustments in deederal Form 1° ederal Form 1° es (if necessa s, enter:          | ry, provide the descrip   | b.                       | <b>I</b> No   |
| a.<br>b.<br>c.<br>d.<br>e.<br>f.<br>Pa<br>a.<br>b. | Federal Revenue NOL carryba Apportionme Amended fed Application a Other; attach art III - Genera Describe in con an addition Is this your colf this corpora Name:  Is this your colf this  | enue Agent Reportick/carryforward; yent factor changes; deral tax return (Found/or change in tan a statement explained al Questions. All detail the nature aronal page)  | rt; a complete copy of ear(s) of loss; attach a statement orm 1120X); a compax credit; type of creaining all adjustment questions must be and location(s) of you dontana tax return? or to your previously Montana tax return?   | of this report must  t explaining all adju- blete copy of the fe- edit being claimed ints in detail  e answered.  ur Montana activition y existing business  | ustments in deederal Form 1° ederal Form 1° es (if necessa s, enter:          | ry, provide the descrip   | b.                       | <b>I</b> No   |
| a.<br>b.<br>c.<br>d.<br>e.<br>f.<br>Pa<br>a.<br>b. | Federal Revenue NOL carryba Apportionme Amended fed Application a Other; attach art III - Genera Describe in con an additional sthis your colf this corpora Name:  Is this your colf "Yes," indicated and the state of the state o | enue Agent Reportick/carryforward; yent factor changes; deral tax return (For and/or change in tax a statement explanation).  detail the nature aronal page).  corporation's first Mation is a successor corporation's final Material Materia | rt; a complete copy of ear(s) of loss; attach a statement orm 1120X); a compax credit; type of creaining all adjustment questions must be and location(s) of you dontana tax return? or to your previously Montana tax return?   | t explaining all adjublete copy of the feedit being claimed ants in detail   | es (if necessa  | ry, provide the descrip   | b.                       | <b>I</b> No   |
| a.<br>b.<br>c.<br>d.<br>e.<br>f.<br>Pa<br>a.<br>b. | Federal Revolution Revolution Apportionme Amended fed Application and Other; attach art III - General Describe in contant and ditional Is this your collection of this corporation. Is this your collection If "Yes," indicated with the art III - General Describe in contant and its indicated and its indicated art III - General Describe in contant and its indicated and its indicated art III - General Describe in contant and | enue Agent Report ck/carryforward; yent factor changes; deral tax return (For and/or change in tax a statement explanation as tatement explanation and page).  Ecorporation's first Mation is a successor corporation's final Material Whether your eawn;  | rt; a complete copy of ear(s) of loss; attach a statement orm 1120X); a compax credit; type of creating all adjustment equestions must be not location(s) of you fontana tax return? or to your previously wontana tax return? corporation has:  | t explaining all adjudited to explaining all adjudited to explaining all adjudited to explain the feed of the feed | es (if necessa  | ry, provide the descrip   | b.                       | <b>I</b> No   |
| a.<br>b.<br>c.<br>d.<br>e.<br>f.<br>Pa<br>a.<br>b. | Federal Revolution Revolution Apportionme Amended fed Application and Other; attach art III - General Describe in contant and ditional straight of this corporal Name:  Is this your collif "Yes," indication of the corporal straight of the corporal | enue Agent Report ck/carryforward; yent factor changes; deral tax return (For and/or change in tax a statement explanation and page)   | rt; a complete copy of ear(s) of loss; attach a statement orm 1120X); a compax credit; type of creating all adjustmen  | t explaining all adjudite copy of the feedit being claimed into in detail  | es (if necessa s, enter: ad FEIN: Merged (plea                                | ry, provide the descripesse attach detailed state (please attach detailed   | b.                       | <b>I</b> No   |
| a.<br>b.<br>c.<br>d.<br>e.<br>f.<br>Pa<br>a.<br>b. | Federal Revenue NOL carryba Apportionme Amended fed Application and Other; attach art III - General Describe in contant and additional and additional art is corporally and and additional art is corporally and are in the corporal strip and are in the corporal in the corporal art is corp | enue Agent Reportick/carryforward; yent factor changes; deral tax return (Formand/or change in tax a statement explained al Questions. All detail the nature aronal page)  | rt; a complete copy of ear(s) of loss; attach a statement orm 1120X); a compax credit; type of creaining all adjustment of location(s) of your form to your previously Montana tax return? corporation has:  detailed statement), merger, or reorgan   | of this report must  t explaining all adju- plete copy of the fe edit being claimed ints in detail  e answered.  ur Montana activition  y existing business  an  inization   | es (if necessa<br>s, enter:<br>ad FEIN:                                       | ry, provide the descripesse attach detailed state (please attach detailed   | b                        | l No          |
| a. b. c. d. e. f.  Pa a. b.                        | Federal Revenue NOL carryba Apportionme Amended fed Application and Other; attach art III - General Describe in contant and additional and additional and additional and additional art iii - General Describe in contant and additional additional and additional additional and additional additional and additional additio | enue Agent Reportick/carryforward; yent factor changes; deral tax return (For and/or change in tax a statement explained at a statement explained  | t; a complete copy of ear(s) of loss; attach a statement orm 1120X); a compax credit; type of creating all adjustment questions must be and location(s) of you dontana tax return? or to your previously wontana tax return? corporation has:  detailed statement) a, merger, or reorgansor's name:  | t explaining all adjubilete copy of the feedit being claimed ants in detail  | es (if necessa<br>manufacture)  | ry, provide the descrip   | b                        | l No          |
| a. b. c. d. e. f.  Pa a. b.                        | Federal Revolution Revolution Apportionme Amended fed Application and Other; attach art III - General Describe in contant and ditional Is this your collection of this corporal Name:  Is this your collection of this corporal Is this your collection If "Yes," indicated If "Yes," indicated Dissolve Date of without If applicable, For any tax parts of the source of the | enue Agent Reportick/carryforward; yent factor changes; deral tax return (Formand/or change in tax a statement explandation).  In a statement explandation and page).  In a statement explandation is a successory or a successory or a statement explandation is a statement explandation in the successory or a statement explandation is a statement explandation in the successory or a statement explandation is a statement explandation in the successory or a statement explandation is a statement explandation in the successory or a statement explandation in the statement explandation is a statement explandation in the statement explandation is a statement explandation in the statement explandation in the statement explandation is a statement explandation in the stat | rt; a complete copy of ear(s) of loss; attach a statement form 1120X); a complex credit; type of creating all adjustment form all adjustment form all adjustment form all adjustment for to your previously for to your previously for to your previously for to your previously for the your pr | t explaining all adjubilete copy of the feedit being claimed into in detail  | es (if necessa s, enter: Merged (plea Reorganized                             | ry, provide the descrip   | b                        | l No          |
| a. b. c. d. e. f. D. c. d.                         | Federal Reven NOL carryba Apportionme Amended fed Application and Other; attach art III - General Describe in contant and additional and additional and additional and additional art iii - General Describe in contant and additional additional and additional additional and additional a | enue Agent Report ck/carryforward; yent factor changes; deral tax return (For and/or change in tax a statement explanation and statement explanation is a successor corporation's first Mation is a successor corporation's final Matter whether your eawn; ed (please attached awal, dissolution, enter the successor corporation's, has the I tilled with the Moreate what period(s)   | rt; a complete copy of ear(s) of loss; attach a statement orm 1120X); a complex credit; type of creating all adjustmen   | t explaining all adjubilete copy of the feedit being claimed into in detail  | es (if necessa s, enter: Merged (plea Reorganized                             | ry, provide the descripesse attach detailed state (please attach detailed state) and Fifth figure or correction                           | b                        | l No          |
| a. b. c. d. e. f. D. c. d.                         | Federal Reven NOL carryba Apportionme Amended fed Application and Other; attach art III - General Describe in contant and additions this your colf this corporal Name:  Is this your colf "Yes," indical Withdraw Dissolve Date of without If applicable, For any tax produced you have not If "Yes," indicate any state.  | enue Agent Reportick/carryforward; yent factor changes; deral tax return (Formand/or change in tax na statement explantation).  The properties of the proper | rt; a complete copy of ear(s) of loss; attach a statement orm 1120X); a complex credit; type of creating all adjustment of location and location are return? The provided of the location are return? The provided of the location are return? The location are return are return? The location are return are return. The location are return are return. The location are return are return. The location are return are return are return. The location are return are return are return are return. The location are return are return are return are return. The location are return are return are return are return are return. The location are return are return are return are return are return. The location are return are return are return are return. The location are return are return are return are return. The location are return are return are return are return are return are return. The location are return are return are return are return are return. The location are return are return are return are return are return. The location are return are return are return are return are return are return. The location are return a   | t explaining all adjudents copy of the feedit being claimed into in detail   | es (if necessa  s, enter: Merged (plea Reorganized  fficial notice o          | ry, provide the descripesse attach detailed state (please attach detailed state)  and FE f change or correction the the Internal Revenue. | b                        | l No          |
| a. b. c. d. e. f. D. c. d.                         | Federal Reventage NOL carryba Apportionme Amended fed Application and Other; attach art III - General Describe in contant and ditional last this your contant of this corporation. If "Yes," indicate of without If applicable, For any tax proposed you have not if "Yes," indicate any status Service?   | enue Agent Reportick/carryforward; yent factor changes; deral tax return (Formand/or change in tax na statement explanded and a statement explanded and page).  Expression of the statement of the statement explanded and page).  Expression of the statement expression of the | rt; a complete copy of ear(s) of loss; attach a statement form 1120X); a complex credit; type of creating all adjustment form all adjustment | of this report must  t explaining all adjubilete copy of the feet edit being claimed into in detail  e answered.  ur Montana activition  y existing business  an  ;  inization  ervice issued an of Revenue?   | es (if necessa  s, enter: d FEIN:  Merged (plea Reorganized  fficial notice o | ry, provide the descriptions are attach detailed state (please attach detailed for change or corrections the the Internal Revenue         | b                        | l No          |
| a.<br>b.<br>c.<br>d.<br>e.<br>f.<br>Pa<br>a.<br>b. | Federal Reventage NOL carryba Apportionme Amended fed Application and Other; attach art III - General Describe in contant and ditional last this your contant of this corporation. If "Yes," indicate of without If applicable, For any tax proposed you have not if "Yes," indicate any status Service?   | enue Agent Reportick/carryforward; yent factor changes; deral tax return (Formand/or change in tax na statement explanded and a statement explanded and page).  Expression of the statement of the statement explanded and page).  Expression of the statement expression of the | rt; a complete copy of ear(s) of loss; attach a statement form 1120X); a complex credit; type of creating all adjustment form all adjustment | of this report must  t explaining all adjubilete copy of the feet edit being claimed into in detail  e answered.  ur Montana activition  y existing business  an  ;  inization  ervice issued an of Revenue?   | es (if necessa  s, enter: d FEIN:  Merged (plea Reorganized  fficial notice o | ry, provide the descripesse attach detailed state (please attach detailed state)  and FE f change or correction the the Internal Revenue. | b                        | l No          |

| Forr | n CLT-4, Page 2 Period End Date   | FEIN   |             |         | _           |
|------|---|--|-------------|---------|-------------|
| Pa   | rt III - continued  |  |             |         |             |
| f.   | Have you filed an amended federal return for any of the last t  | five taxable periods?                          | [           | Yes     | □No         |
|      | If "Yes," for which years have you filed amended Montana ref  |  |             |         |             |
| g.   | Did an individual at the end of the taxable year own, directly  |  |             |         |             |
| 3    | this corporation? If "Yes," enter name:   | -  | _           | Yes     | ☐ No        |
| h.   | Did a partnership, corporation, estate or trust at the end of the   |  |             |         |             |
|      | or more of the voting stock of this corporation?  |  |             | Yes     | ☐ No        |
|      | If "Yes," enter name:   |  |             |         |             |
| i.   | If the answer to question (g) or (h) is "Yes," did the same ind   |  |             |         |             |
|      | at the end of the taxable year also own, directly or indirectly,  |  |             |         |             |
|      | (brother-sister) corporation?   |  |             | Yes     | ☐ No        |
| j.   | Did this corporation or any member of the consolidated grou   | ip own, directly or indirectly, 50% or more of | f the       |         |             |
| -    | outstanding voting stock of a domestic corporation that is no   | t included in the consolidated group?          |             | Yes     | ☐ No        |
| k.   | Did this corporation or any member of the consolidated grou   | ip own, directly or indirectly, 50% or more of | f the       |         |             |
|      | outstanding voting stock of a foreign corporation?  |  |             | Yes     | ☐ No        |
| I.   | Was your corporation owned 50% or more, directly or indirect  | ctly, by a corporation or entity that was orga | nized       |         |             |
|      | or incorporated outside the U.S.? If "Yes," enter foreign entity  | y's name:                                      |             |         |             |
|      | and % of ownership:   |  |             |         | ☐ No        |
|      | If you answered "Yes" to any of the above questions (h)   | through (I), you will need to complete a       | nd attach   | Sched   | ule M.      |
|      |   |  |             |         |             |
| Pa   | rt IV - Reporting of Special Transactions.  |  |             |         |             |
|      | Check "Yes" if you filed any of the following forms with the In   | nternal Revenue Service.                       |             |         |             |
|      | You will need to attach to your Montana tax return a comple   | te copy of any of these applicable forms.      |             |         |             |
| a.   | I filed federal Form 8918 – Material Advisor Disclosure S   | Statement with the Internal Revenue            |             |         |             |
|      | Service.  |  | Ţ           | Yes     | ☐ No        |
|      | Form 8918 is required to be filed by material advisors to any   | reportable transactions.                       |             |         |             |
| b.   | I filed federal Form 8824 – Like-Kind Exchanges with the  | e Internal Revenue Service.                    | _           |         | _           |
|      | Check "Yes" if your like-kind exchange includes Montana pro   | • •  |             | Yes     | ☐ No        |
| _    | Form 8824 is used to report each exchange of business or in   |  |             |         |             |
| c.   | I filed federal Form 8865 – Return of U.S. Persons With F   | Respect to Certain Foreign Partnerships        |             | _       | _           |
|      | the Internal Revenue Service.   |  |             | Yes     | <b>□</b> No |
|      | Form 8865 is used to report the information required under 2  |  | trolled     |         |             |
|      | foreign partnerships), Section 6038B (reporting of transfers (reporting of acquisitions, dispositions, and changes in foreign |  |             |         |             |
| _    | I filed federal Form 8886 – Reportable Transaction Discle   |  |             |         |             |
| u.   | Revenue Service.  | osure Statement with the internal              | Г           | Yes     | □No         |
|      | Form 8886 is used to disclose information for each reportable   | le transaction in which you participated       |             | 103     |             |
|      | Tomi cocc is about to allocate information for each reportable  | Tanbadion in which you participated.           |             |         |             |
|      |   |  |             |         |             |
| De   | claration - Under penalties of perjury, I, the undersigned office   | er of the corporation, declare that to the bes | st of my k  | nowledg | ge and      |
| bel  | ef, this return and accompanying schedules are a true, correct  | ct, and complete return made in good faith f   |             |         |             |
| abo  | ove, pursuant to Montana corporation license tax law and regu   | ulations.                                      |             |         |             |
|      |   |  |             |         |             |
| Sig  | nature of officer   |  | Date        |         |             |
|      |   |  |             |         |             |
| Pri  | nt name of officer T  | ïtle   | Telephon    | e numb  | er, ext.    |
|      |   |  |             |         |             |
| Pre  | parer's name F  | irm's name                                     | Date        |         |             |
| ' '  | paror o marito  |  | 2410        |         |             |
| _    |   |  | <del></del> |         |             |
| Pre  | parer's identification number   |  | Telephon    | e numb  | er          |

☐ 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   |             |       |      |      |  |
|      | Taxable income reported on your federal return (line 28) (attach a copy of signed federal return (line 28).                       | 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   |             |       |      |      | -  |
|      | Contributions used to compute qualified endowment credit  |             | -     |      |      | -  |
|      | Income/loss of foreign parent and foreign subsidiaries for worldwide combined filers  |             |       |      |      | 4  |
|      | Income/loss of unitary corporations not included in federal consolidated return  Extraterritorial income exclusion                |             |       |      |      | -  |
| 2g.  | Deemed dividends - Water's Edge filers only. (attach Schedule WE)   | 2g.         |       |      |      | 1  |
| _    | Income/loss of corporations incorporated in tax havens—Water's Edge filers only   | _           |       |      |      | 1  |
| 2i.  | Federal capital loss carry-over utilized on federal return  | 2i.         |       |      |      | ]  |
| 2j.  | All of your other additions (attach a detailed breakdown)   |             |       |      |      |  |
|      | Add lines 2a through 2j and enter the result. <b>This is the total of your additions</b>  |             |       |      | 2    |  |
| _    | Reductions:   |             |       |      |      | 7  |
|      | IRC Section 243 dividend received deduction   |             |       |      |      | -  |
|      | Nonbusiness income (attach a detailed breakdown)  |             |       |      |      | 4  |
|      | Montana recycling deduction (attach Form RCYL)  |             |       |      |      | -  |
|      | 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)  |             |       |      |      | 1  |
| og.  | 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   | -           |       |      | .)7. |  |
|      | If line 7 is a loss, do you wish to forego the net operating loss carry-back provision?   |             |       |      |      |  |
|      | Note: If you have reported a loss on line 7 and have not checked either box, the loss have  |             |       |      |      |  |
|      | 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. <b>This is your Montana taxable in</b>                                     |             |       |      |      | ·  |
| 10.  | Multiply line 9 by 6.75% (or line 9 by 7% if you have a valid Water's Edge election). T   |             | -     |      |      |  |
|      | Note: This amount cannot be less than the minimum tax liability of \$50.  |             |       |      | 10   | ,  |
|      | ☐ Check this box if you are calculating your tax liability using the Alternative Tax me   | thod        |       |      |      |  |
| 11.  | Payments:   |             |       |      |      |  |
|      | 2007 overpayment  | 11a.        |       |      |      | 1  |
|      | Tentative payment   |             |       |      |      | 1  |
| 11c. | Quarterly estimated tax payments  | 11c.        |       |      |      | ]  |
| 11d. | Montana mineral royalty tax withheld (attach Form(s) 1099) NEW  | 11d.        |       |      |      | 1  |
|      | All other payments. Describe  |             |       |      |      | 1  |
| 11f. | Previously issued refunds. Describe   | 11f.        | (     |      | )    | <u>]</u>   |
|      | Add lines 11a through 11f and enter the result. This is the total of your payments  |             |       |      | 11.  |  |
|      | 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 state of the date of the date. | -           |       |      |      |  |
| 17.  | Enter estimated tax underpayment interest (attach Form CLT-4-UT)  |             |       |      | 17.  |  |
| 40   | ☐ Check this box if you are using the annualized income or adjusted seasonal income of adjusted seasonal income.                  | ne me       | ınod. |      |      |  |
|      | Penalty: Enter your late filing penalty (see instructions)  | 100         |       |      |      | 7  |
|      | Enter your late filing penalty (see instructions)  Enter your late payment penalty (see instructions)                             |             |       |      |      | 4  |
| 100. | Add lines 18a and 18b; enter the result. This is your total penalty   |             |       |      | 12   | <del>                                     </del> |
| 19   | Add lines 15 through 18; enter the result on line 19a or 19b below.   |             |       |      | 10   | ' <u></u>  |
|      | If the result is positive, enter the amount due here. <b>This is your total amount due</b>  |             |       |      | 19a  |  |
|      | ach your remittance payable to Montana Department of Revenue or visit our website at  |             |       |      |      |  |
|      | If the result is negative, enter the refund due here. <b>This is your total refund</b>  |             |       |      |      |  |
|      | you wish to use direct deposit for your refund, enter your bank routing and account nu  |             |       |      | _    |  |
|      | RTN# ACCT# ACCT#  |             |       |      | 7 💾  | Checking   |
|      | 1\11\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  | _الـــالـــ |       |      |      | Savings  |

| Form CLT-4, Page 4                    | Period End Date                           | <del></del>               | FEIN                 |                                       |           |
|---------------------------------------|---|---------------------------|----------------------|---------------------------------------|-----------|
| Schedule K - Apporti                  | onment Factors for Multi-State 1          | axpavers                  |                      |                                       |           |
|                                       | olumns A and B. Enter percentages in      | _                         | A. Everywhere        | B. Montana                            | C. Factor |
|                                       | Enter average values for real and tan     |                           |                      |                                       |           |
| property                              |   | 5 - 1                     |                      |                                       |           |
| 1a. Land                              |   | 1a.                       |                      |                                       | 1         |
| 1b. Buildings                         |   | 1b.                       |                      |                                       | 1         |
| 1c. Machinery                         |   | 1c.                       |                      |                                       | 1         |
| _                                     |   | -                         |                      |                                       | 1         |
| • •                                   | fixtures                                  |                           |                      |                                       | 1         |
| 1f. Leased prope                      | erty                                      | 1f.                       |                      |                                       | 1         |
| 1g. Inventories                       |   | 1g.                       |                      |                                       | 1         |
| •                                     | ssets                                     | ~ h                       |                      |                                       | 1         |
| · · · · · · · · · · · · · · · · · · · | other                                     |                           |                      |                                       | 1         |
|                                       | reign subsidiaries included in combir     |                           |                      |                                       | 1         |
|                                       | nconsolidated subsidiaries included       |                           |                      |                                       | 1         |
|                                       |   |                           |                      |                                       |           |
| 11. Property of pa                    | ass-through entities included in comb     | ined unitary group.1l.    |                      |                                       | 1         |
| 1m. Multiply amou                     | unt of rents by 8 and enter result        | 1m.                       |                      |                                       | 1         |
|                                       | lue - add lines 1a through 1m             | İ                         |                      |                                       | 1         |
|                                       | lumn B and divide it by the total in co   | olumn A. Multiply that re | esult by 100 and ent | er the result. This                   | _         |
|                                       | actor                                     |                           |                      |                                       | %         |
| 2. Payroll Factor:                    |   |                           |                      |                                       |           |
|                                       | n of officers                             | 2a.[                      |                      |                                       | 1         |
| •                                     | wages                                     |                           |                      |                                       | †         |
| Payroll includ                        | 8   |                           |                      |                                       | †         |
|                                       | ds sold                                   | 2c.                       |                      |                                       | †         |
| -                                     | ons                                       | , t                       |                      |                                       | †         |
|                                       | eign subsidiaries included in combine     | · L                       |                      |                                       | 1         |
|                                       | consolidated subsidiaries included in     |                           |                      |                                       | †         |
|                                       |   |                           |                      |                                       |           |
| • .                                   | s-through entities included in combir     |                           |                      |                                       | 1         |
|                                       | e - add lines 2a through 2g               | , , ,                     |                      |                                       | 1         |
|                                       | lumn B and divide it by the total in co   | olumn A. Multiply that re | esult by 100 and ent | er the result. This                   | _         |
|                                       | ctor                                      |                           |                      |                                       | %         |
| 3. Sales (Gross Rec                   | eipts) Factor:                            |                           |                      |                                       |           |
|                                       | less returns and allowances               | 3a.[                      |                      | ]                                     |           |
|                                       | ed or shipped to Montana purchasers       |                           |                      | •                                     |           |
|                                       | om outside Montana                        |                           |                      |                                       | 1         |
|                                       | om within Montana                         |                           |                      |                                       | 1         |
|                                       | d from Montana to:                        | ( )                       |                      |                                       | _         |
|                                       | ates government                           | 3c.(1)                    |                      |                                       | 1         |
|                                       | rs in a state where the taxpayer is no    |                           |                      |                                       | 1         |
|                                       | nan sales of tangible personal proper     |                           |                      |                                       | 1         |
|                                       |   |                           |                      |                                       |           |
|                                       | npany sales                               | -                         | ( )                  | ( )                                   | 1         |
|                                       | orted on federal Schedule D and fed       |                           | ,                    | ,                                     | 1         |
|                                       | eceipts (rents, royalties, interest, etc. |                           |                      |                                       | 1         |
|                                       | ts) of foreign subsidiaries included in   |                           |                      |                                       | 1         |
| •                                     |   | · 1                       |                      |                                       |           |
|                                       | ts) of unconsolidated subsidiaries inc    |                           |                      |                                       | <b>j</b>  |
|                                       | ······································    |                           |                      |                                       |           |
|                                       | ts) of pass-through entities included i   |                           |                      |                                       | 1         |
|                                       |   |                           |                      |                                       |           |
|                                       | ntercompany transactions                  |                           | ( )                  | ( )                                   | ]         |
|                                       | - add lines 3a through 3k                 | Ì                         | . ,                  | , , , , , , , , , , , , , , , , , , , | 1         |
|                                       | lumn B and divide it by the total in co   | olumn A. Multiply that re | esult by 100 and ent | er the result. This                   | _         |
|                                       | or  |                           |                      |                                       | %         |
| •                                     | es on lines 1, 2, and 3 in column C. I    |                           |                      |                                       | %         |
| -                                     | centage on line 4, column C, by the       | _                         |                      |                                       |           |
|                                       | column A for a factor category (Prope     |                           |                      |                                       |           |
| (see instructions).                   | - · · ·                                   | •                         |                      |                                       |           |
|                                       | ere and also insert in Form CLT-4, pa     | age 3 line 5 This is vo   | our apportionment    | factor 5                              | C         |

| Form CLT-4, Page 5   | Period End Date | FFIN |
|----------------------|-----------------|------|
| roilli CLI-4, rage 5 | renou Enu Date  |      |

#### **Schedule C - Tax Credits**

|              | Type of Credit  | Column A Current Year Earned | Column B<br>Total<br>Available | Column C<br>Current Year<br>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<br>Credit Recapture  |                              |                                | ( )                                 |
| 19.          | Geothermal System Credit (attach Form ENRG-A)   |                              |                                |                                     |
| 20.          | Insure Montana Small Business Health Insurance Credit   |                              |                                |                                     |
| <b>V</b> 21. | Temporary Emergency Lodging Credit (attach Form TELC)   |                              |                                |                                     |
| 22.          | Add totals of lines 1 through 21 and enter the result here. <b>This is the total of your credits.</b> 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 CLT-4, Page | e 6 |  |
|------------------|-----|--|
|------------------|-----|--|

| Period End Date FEIN |
|----------------------|
|----------------------|

#### **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<br>Employer<br>Identification<br>Number | Name of affiliate/subsidiary/parent corporation | Percentage of ownership | in t<br>Mon<br>unit | Included<br>in this<br>Montana<br>unitary<br>filing? |     | his business in tana Montana? |        | ess in | Check if filing<br>Montana<br>Form CLT-4<br>separate from<br>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<br>Employer<br>Identification<br>Number | Name of entity | Percentage of ownership | Included<br>in this<br>Montana<br>unitary<br>filing? |    | business in Montana? |    | Type of entity,<br>i.e. foreign<br>subsidiary,<br>unconsolidated<br>subsidiary, |
|   |                |                         | Yes  | No | Yes                  | No | partnership,<br>LLC, LLP  |
|   |                |                         |  |    |                      |    |   |
|   |                |                         |  |    |                      |    |   |
|   |                |                         |  |    |                      |    |   |
|   |                |                         |  |    |                      |    |   |
|   |                |                         |  |    |                      |    |   |
|   |                |                         |  |    |                      |    |   |
|   |                |                         |  |    |                      |    |   |
|   |                |                         |  |    |                      |    |   |
|   |                |                         |  |    |                      |    |   |

#### **Apportionment Factors for Combined Filers**

An acceptable template of the Schedule K-Combined, in Excel format, is available on our website at mt.gov/revenue.

|                 |  | Everywhere<br>Activity |             | Montana Separate Entity<br>Activity |     |
|-----------------|--|------------------------|-------------|-------------------------------------|-----|
|                 |  |                        | Corporation | Corporation                         |     |
| 1. Property     | Factor (Enter average values for real and tangible personal property)  |                        | Name        | Name                                |     |
| (1a) Land       |  |                        | ·           |                                     |     |
| (1b) Building   |  |                        |             |                                     |     |
| (1c) Machine    | ,  |                        |             |                                     |     |
| (1d) Equipm     | re and fixtures  |                        |             |                                     |     |
| (1f) Leased     |  |                        |             |                                     |     |
| (1g) Invento    |  |                        |             |                                     |     |
| (1h) Depleta    |  |                        |             | 4                                   |     |
| (1i) Supplie    |  |                        |             |                                     |     |
| · "             | y of foreign subsidiaries included in combined unitary group y of unconsolidated subsidiaries included in combined unitary group     |                        |             |                                     |     |
|                 | y of pass-through entities included in combined unitary group  |                        |             |                                     |     |
| · · ·           | amount of rents by 8 and enter result  |                        |             |                                     |     |
| (1n) Total M    | ontana average property (Add lines (1a) through (1m) above)  |                        |             |                                     |     |
|                 | verywhere average property (Enter in each column the total of lines (1a) thru (1m) in the Everywhere column.)                        |                        |             |                                     |     |
|                 | te entity Property Factor (Divide line (1n) by line (1o) and multiply the result by 100.)  |                        |             |                                     |     |
| (1q) Total Pi   | roperty Factor (Add columns on line (1p).)   |                        |             |                                     |     |
| 2. Payroll Fa   | actor  |                        |             |                                     |     |
|                 | nsation of officers  |                        |             |                                     |     |
| (2b) Salaries   | ·  |                        |             |                                     |     |
|                 | included in:   |                        |             |                                     |     |
| (2d) Other d    | f goods sold   |                        |             |                                     |     |
|                 | of foreign subsidiaries included in combined unitary group   |                        |             |                                     |     |
| · · · ——        | of unconsolidated subsidiaries included in combined unitary group  |                        |             |                                     |     |
|                 | of pass-through entities included in combined unitary group  |                        |             |                                     |     |
|                 | ontana payroll (Add lines (2a) through (2g) above.)  |                        |             |                                     |     |
|                 | verywhere payroll (Enter in each column the total of lines (2a) through (2g) in the Everywhere column.)                              |                        |             |                                     |     |
|                 | te entity Payroll Factor (Divide line (2h) by line (2i) and multiply the result by 100.)  ayroll Factor (Add columns on line (2j).)  |                        |             |                                     |     |
| (Zit) Total I t | ayron i actor (rica columno chi mile (2)).)  |                        |             |                                     |     |
| 3. Sales Fac    |  |                        |             |                                     |     |
| · · · —         | ales, less returns and allowances elivered or shipped to Montana purchasers:   |                        |             |                                     |     |
|                 | d from outside Montana   |                        |             |                                     |     |
| · /             | d from within Montana  |                        |             |                                     |     |
|                 | hipped from Montana to:  |                        |             |                                     |     |
|                 | States government  |                        |             |                                     |     |
|                 | sers in a state where the taxpayer is not taxable  |                        |             |                                     |     |
|                 | ther than sales of tangible personal property (i.e. service income)  attercompany sales  |                        |             |                                     |     |
|                 | ns reported on federal Schedule <b>D</b> and federal Form 4797   |                        |             |                                     |     |
| · · · — — —     | ross receipts (rents, royalties, interest, etc)  |                        |             |                                     |     |
|                 | receipts) of foreign subsidiaries included in combined unitary group   |                        |             |                                     |     |
|                 | receipts) of unconsolidated subsidiaries included in combined unitary group  |                        |             |                                     |     |
| · /             | receipts) of pass-through entities included in combined unitary group  |                        |             |                                     |     |
|                 | ontana sales (Add lines (3a) through (3m) above.)  | ( )                    | ( )         | ( )                                 |     |
|                 | verywhere sales (Enter in each column the total of lines (3a) through (3m) in the Everywhere column.)                                |                        |             |                                     |     |
| · · · —         | te entity Sales Factor (Divide line (3n) by line (3o) and multiply the result by 100.)   |                        |             |                                     |     |
| (3q) Total Sa   | ales Factor (Add columns on line (3p).)  |                        |             |                                     |     |
| 4 0641-         | Factor   |                        |             |                                     |     |
| 4. Sum of th    | le Factors les (1q), (2k), and (3q) for each corporation.)   |                        |             |                                     |     |
| (* taa          | 50 (14), (2.1), and (54), 101 odds 001, polation,  |                        |             |                                     |     |
|                 | nment Factor   |                        |             |                                     |     |
|                 | te entity Apportionment Factor (Divide line 4 by the number of factors that can be included in the                                   |                        |             |                                     |     |
|                 | cion. See instructions on page 7.)  poportionment Factor (Add columns on line (5a). Enter here and in line 5, page 3, of the CLT-4.) |                        |             |                                     |     |
| (00) 1010171    | pportion months actor (rida columno on mic (ca). Enter note and in mic o, page o, or the oE1 4.)                                     |                        |             |                                     |     |
|                 | Taxable Income   |                        |             |                                     |     |
|                 | a adjusted taxable income. (Enter the amount from CLT-4, page 3, line 4.)  |                        |             |                                     |     |
| •               | apportioned to Montana (In each column, multiply line (5a) by line (6a).)  |                        |             |                                     |     |
|                 | directly allocated to Montana a taxable income before net operating loss (In each column, add lines (6b) and (6c).)                  |                        |             |                                     |     |
| · · ·           | a net operating loss (NOL) carryover on a separate entity basis  |                        | ( )         | ( )                                 |     |
|                 | OL carryover (Add columns on line (6e). Enter this amount on line 8, page 3 of the CLT-4.)   |                        |             |                                     | ( ) |
|                 | a taxable income (Subtract line (6e) from line (6d) and enter result.)   |                        |             |                                     |     |
| ,               | ontana Taxable Income  |                        |             |                                     |     |
| (Add all        | columns on line (6f) and enter result. This should equal line 9, page 3 of the CLT-4.)   |                        |             |                                     |     |

| Form CLT-4, Pag | е | 8 |
|-----------------|---|---|
|-----------------|---|---|

Period End Date \_\_\_\_\_ FEIN\_\_\_\_

### Schedule WE - Water's Edge Schedule

| Part I. Water's Edge Election  1. Enter the tax periods for which a valid water                 | r's edge election has been a                     | approved            |                    |  |
|---|--|---------------------|--------------------|--|
| Part II. Calculation of Deemed Dividends Rec<br>United States                                   | eived from Corporations                          | Incorporated Ou     | tside of the       |  |
| 1. Enter the positive federal line 30 income of   | your 80/20 companies. (Se                        | e instructions) .1. |                    |  |
| 2. Enter your consolidated 1120 positive feder  | al line 30 income. (See inst                     | ructions)2.         |                    |  |
| 3. Divide the amount on line 1 by the amount of positive income to your consolidated 1120 p     |  |                     |                    |  |
| 4. Enter the tax liability, after tax credits, that y   | ou reported on your consol                       | idated 11204.       |                    |  |
| Multiply line 3 by line 4. This is the federal to companies.                                    |  |                     |                    |  |
| 6. Enter the section 78 gross-up received by y  | our 80/20 companies (attac                       | ch schedule)6.      |                    |  |
| 7. Subtract the total of lines 5 and 6 from line income of your 80/20 companies                 |  |                     |                    |  |
| 8. Enter the after-tax net income of all unconsolidated 80/20 companies8.                       |  |                     |                    |  |
| 9. Enter the after-tax net income of your U.S. possession companies9.                           |  |                     |                    |  |
| 10. Add lines 7, 8, and 9; enter the result. This   | is your total after-tax net inc                  | ome10.              |                    |  |
| 11. Multiply line 10 by 20% and enter the result page 3. <b>This is your 20% deemed dividen</b> | (0)  |                     |                    |  |
| Part III. List your 80/20 Companies. Attach a se  | eparate sheet if necessary.                      |                     |                    |  |
| 1. Name   | 2. FEIN  | 3. Income/          | 4. Dividends       |  |
|   |  | Loss                | Received           |  |
|   |  |                     |                    |  |
|   |  |                     |                    |  |
|   |  |                     |                    |  |
|   |  |                     |                    |  |
|   |  |                     |                    |  |
|   |  |                     |                    |  |
| Part IV. List your Controlled Foreign Corporat  | i -  |                     |                    |  |
| 1. Name   | 2. Country of Incorporation                      | n/Organization      | 3. Income/<br>Loss |  |
|   |  |                     |                    |  |
|   |  |                     |                    |  |
|   |  |                     |                    |  |
|   |  |                     |                    |  |
|   |  |                     |                    |  |
|   | <del>                                     </del> |                     | i e                |  |

#### **Corporation License Tax - Descriptions of Forms Available**

CLT-4......Montana Corporation License Tax Return Schedule M.....Affiliated Entities (included in booklet)

Schedule K-Combined......Apportionment Factors for Combined Filers (sample included in booklet)

Schedule WE......Water's Edge Schedule (included in booklet)

Form CT.....Scannable Payment Voucher (included in booklet)

CLT-4-UT ......Underpayment of Estimated Tax

ATL ......Assumption of Tax Liability INA-CT.....Affidavit of Corporate Inactivity

CRT ......Tax Certificate Request

RDF ......Application to be Considered a Research and Development Firm MINE-CERT......Application and Approval for Mineral Exploration Incentive Credit

#### Schedule C Tax Credit Forms:

DCAC ......Montana Dependent Care Assistance Credit

CC ......Montana College Contribution Credit

HI......Health Insurance for Uninsured Montanans Credit (Employer)

RCYL......Montana Recycling Credit/Deduction

AEPC......Alternative Energy Production Credit

AFCR......Alternative Fuel Credit

QEC......Qualified Endowment Credit

RSCH ......Credit for Increasing Research Activities

FPC .....Film Production Credit

BBSC.....Biodiesel Blending and Storage Credit

OSC......Oilseed Crushing and Biodiesel/Biolubricant Production Credit

ENRG-A.....Geothermal System Credit

TELC .....Temporary Emergency Lodging Credit

All corporation license tax forms listed above can be received by calling our Forms Distribution Center toll free at (866) 859-2254 (in Helena, 444-6900), by e-mailing your request to dorforms @mt.gov, by downloading the forms from our website at mt.gov/revenue, or by mailing your request to: Montana Department of Revenue, PO Box 8021, Helena, Montana 59604-8021.

#### **Important Numbers**

Assistance and Help Line..... toll free (866) 859-2254 (in Helena, 444-6900)

Forms Request...... toll free (866) 859-2254 (in Helena, 444-6900)

For the Hearing Impaired ...... (406) 444-2830

Fax.....(406) 444-6642

#### **Helpful Tips for Filing Your Tax Return**

- File your federal and state tax returns electronically at the same time.
- If you attach a payment, please either include the voucher provided in this booklet or go to our website at mt.gov/revenue to get a payment voucher. You can also go to our website to register for Business Tax Express, which allows you to pay online.
- Please be sure to answer all questions on pages 1 through 3 of the tax return and have an officer sign and date the return.
- Include a copy of your federal Form 1120. If you are a subsidiary of another corporation, you will need to attach a copy of the federal Form 1120 prepared for the ultimate parent corporation of your group.
- If you are filing a return and requesting a refund, please check the "Refund Return" box located on the top left-hand corner of page 1 of Form CLT-4.

Montana Department of Revenue Post Office Box 8021 Helena, MT 59604-8021

PRSRT STD U.S. POSTAGE PAID MONTANA DEPARTMENT OF REVENUE

No Return