

Column B, Page 2 – Social Security Number or Federal Employer Identification Number. Enter the social security number or federal employer identification number of the participating shareholder as it appears on Form CLT-4S.

Column C, Page 2 – Federal Income from Entity. Enter the participating shareholder's share of the S. corporation's income from all sources as determined for federal income tax purposes.

Column D, Page 2 – Standard Deduction. Each eligible participating shareholder is allowed a standard deduction equal to 20% of Column C, but not less than \$1,480 or more than \$3,330.

Column E, Page 2 – Exemption. Each participating shareholder is allowed one exemption of \$1,780.

Column F, Page 2 – Taxable Income. Subtract columns D and E from column C and enter the result in column F.

Column H, Page 2 – Montana Total Income. Enter the participating shareholder's share of the S. corporation's Montana source income. The share of Montana source income is the aggregate of shareholder's share of income, gain, losses, or deductions or other expenses of the S corporation, which are deductible only by the S. corporation and which are attributable to Montana.

Column I, Page 2 – Ratio. Divide Montana total income in column H by the federal income from the S. corporation reported in column C. Carry to four decimal places. Do not enter more than 1.000.

Column J, Page 2 – Montana Tax Liability. Multiply amount in Column G, tax from tax table, by the ratio in Column I. This is the participant's Montana composite tax liability.

Lines 1 through 7, Page 1 – Enter column totals from page 2 of Form PT-CR1.

Payments and Credits

Line 8, Page 1 – Payment of 2003 estimated tax, amounts credited from previous year. Enter your total Montana

estimated tax payments for 2003. Include overpayments from 2002 that were credited to 2003.

Line 9, Page 1 – Payment made with extension. Enter your total Montana extension tax payment for 2003.

Line 10, Page 1 – Total payments. Enter the sum of lines 8 and 9.

Refund or Balance Due

Line 11, Page 1 – Amount Overpaid. If line 10 is larger than line 7, enter the difference. You can choose to have all or part of this amount applied to your 2004 estimated tax by entering the amount on line 12, or you can have all or part of this amount refunded to you by entering the amount in line 13. Only overpayments of more than \$1 will be refunded.

Line 12, Page 1 – Enter the amount from line 11 that you want applied to estimated tax for year 2004.

Line 13, Page 1 – Enter the amount from line 11 that you want refunded to you.

Line 14, Page 1 – Tax Due. If line 7 is larger than line 10, enter the difference. This is your composite tax.

Line 15, Page 1 – If you were required to make estimated tax payments and did not remit the required amounts, you must pay an underpayment penalty. Complete worksheet I below to calculate the penalty.

Line 16, Page 1 – If you file your composite return late, you may have a late file penalty of \$50 or the amount of tax owing, whichever is smaller. There is no late file penalty if you are receiving a refund.

Line 17, Page 1 – If you file your composite return late or do not pay by the due date of the S. corporation's return, you must pay a late pay penalty. The penalty is 1.5% per month or fraction of month on the unpaid tax. The penalty may not exceed 18% of the tax due.

Line 18, Page 1 – Interest will be assessed on any tax not paid by the due date of the S. corporation's return. Interest is 12% per year accrued at 1% per month or fraction of a month.

Worksheet I - Calculation of Underpayment Penalty for Failure to Make Estimated Payments

In 2003 you must have paid through estimated installments the smaller of 1) 90% of your current year's tax liability after credits, or 2) an amount equal to 100% of your previous year's total tax liability. Payments made with extensions are not considered estimated payments. If you do not meet this requirement, you may be subject to an underpayment penalty.

Short Method

- | | |
|---|---|
| <p>1. Enter your 2003 composite tax from line 7 on Form PT-CR1. _____</p> | <p>8. Total underpayment for the year. Subtract line 7 from line 6. If zero or less, stop here. You do not owe the underpayment penalty. _____</p> |
| <p>2. Enter 90% of line 1 above. _____</p> | <p>9. Multiply line 8 by .07980 and enter the result. _____</p> |
| <p>3. Enter your total amount credited from previous year reported on PT-CR1, line 8. _____</p> | <p>10. If the amount on line 8 was paid on or after the due date of the information return, enter zero. If the amount on line 8 was paid before the due date of the information return multiply: Amount on line 8 x number of days paid before the due date of the information return x .0003288. _____</p> |
| <p>4. Subtract line 3 from line 1. If the result is \$500 or less, do not complete the rest of the form. You do not owe the underpayment penalty. _____</p> | <p>11. Underpayment interest penalty. Subtract line 10 from line 9. Enter the results here and on Form PT-CR1, line 15. _____</p> |
| <p>5. Enter your 2002 composite tax. _____</p> | |
| <p>6. Enter the smaller of line 2 or line 5. _____</p> | |
| <p>7. Enter the amount from line 3 plus any estimated payments made. _____</p> | |



2003 Montana Small Business Corporation Information Return

A copy of your Federal Form 1120S and Schedule K-1's must be attached

S
MONTANA
CLT-4S
Rev. 8-03

For calendar year 2003 or tax year beginning _____, 2003; ending _____, 20_____

Check if Applicable: <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> Multistate Corporation <input type="checkbox"/> Amended	Name	Check box if this is <input type="checkbox"/> a change of address.	FEIN: _____
	Address		Federal Business Code: _____
	City	State	Zip + 4	Incorporated in State of: _____
Reporting Method: Cash _____ Accrual _____ Other (please specify) _____			Date: _____ Date Qualified in Montana: _____

Are you filing the forms below with your Montana S. Corporation Return, CLT-4S?

	Yes	No
Form PT-CR1 - Montana Composite Income Tax Return	<input type="checkbox"/>	<input type="checkbox"/>
Form PT-NRA - Montana Nonresident Income Tax Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Form PT-WH - Nonresident Individual Withholding	<input type="checkbox"/>	<input type="checkbox"/>

1. Ordinary income (loss) from trade or business activities (Form 1120S, page 1, line 21)	1.		
2. Net income (loss) from rental real estate activities	2.		
3. a. Gross income from other rental activities	3a.		
b. Expenses from other rental activities (attach schedule)	3b.		
Net income (loss) from other rental activities (subtract line 3b from line 3a)	3.		
4. Portfolio income (loss):			
a. Interest income	4a.		
b. Dividend income	4b.		
c. Royalty income	4c.		
d. Net short-term capital gain/(loss) (attach Federal Schedule D)	4d.		
e. Net long-term capital gain/(loss) (attach Federal Schedule D)	4e.		
f. Other portfolio income (loss)	4f.		
Total portfolio income	4.		
5. Net gain (loss) under section 1231 (other than due to casualty or theft) (attach Form 4797)	5.		
6. Other income (loss)	6.		
7. Total lines 1 through 6	7.		
8. Charitable contributions (attach schedule)	8.		
9. Section 179 expense deduction (attach Form 4562)	9.		
10. Deductions related to portfolio income/(loss) (you must itemize)	10.		
11. Other deductions (attach schedule)	11.		
12. Total lines 8 through 11	12.		
13. Add:			
a. Interest and dividends not taxable under the Internal Revenue Code (non-Montana)	13a.		
b. Taxes based on income or profits	13b.		
c. Other additions (attach detailed breakdown)	13c.		
Total Montana additions to income	13.		
14. Subtract:			
a. Interest on U.S. Government Obligations (attach schedule)	14a.		
b. Deduction for purchasing recycled material (attach Form RCYL)	14b.		
c. Other deductions (attach detailed breakdown)	14c.		
Total Montana deductions to income	14.		
15. Income taxable to shareholders (line 7 - line 12 + line 13 - line 14)	15.		
16. Multistate taxpayers: line 15 X _____% from Montana Schedule K, line 5	16.		
17. Multistate taxpayers: Income allocated directly to Montana	17.		
Payments			
18. S. corporation late file penalty (see instructions)	18.		

Check here, if you do not need the Montana Small Business Corporation Information Return and Instructions sent to you next year.

Schedule K				Apportionment Factors for Multistate Taxpayers		
	A. Everywhere	B. Montana	C. Factor			
1. Property Factor:			(B divided by A = C)			
Use average value for real and tangible personal property						
Land						
Buildings						
Machinery and equipment						
Furniture and fixtures						
Inventories						
Supplies and other						
Rents multiplied by 8						
Total property						%
2. Payroll Factor:						
Compensation of officers						
Salaries and wages						
Payroll included in:						
Cost of goods sold						
Repairs						
Other deductions						
Total payroll						%
3. Sales (Gross Receipts) Factor:						
Gross sales, less returns						
Other (attach schedule)						
Total sales						%
4. Sum of factors (add lines 1, 2, and 3)						%
5. Apportionment factor (1/3 of line 4; if less than 3 factors exist, see instructions)						%
(Enter here and on line 16, page 1)						%

Declaration

The return must be signed by one of the following: president, vice-president, treasurer, assistant treasurer, or chief accounting officer. I, the undersigned officer of the corporation for which this return is made, hereby declare that this return, including all accompanying schedules and statements, is to the best of my knowledge and belief, a true, correct and complete return, made in good faith for the income period stated, pursuant to the Montana statutes and regulations.

Signature of Officer Date

Name of Person or Firm Preparing Return Date

Title Telephone Number

Address

Telephone Number

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



2003 Montana Composite Income Tax Return

C
MONTANA
PT-CR1
Rev. 8-03

For calendar year 2003 or tax year beginning _____, 2003; ending _____, 20_____

Check if Applicable: ____ Initial Return ____ Final Return ____ Amended Return	Entity Name	FEIN: _____
	Address	Federal Business Code: _____
	City State Zip + 4	

Entity: S. corporation Partnership LLC LLP Disregarded Entity
 Information Return Filed: S. Corporation (CLT-4S) Partnership (PR-1) Disregarded Entity (DER-1)

1. Federal income from entity (Page 2, Column C)	1.		
2. Standard deduction (Page 2, Column D)	2.		
3. Exemption (Page 2, Column E)	3.		
4. Taxable income (Page 2, Column F)	4.		
5. Tax from tax table (Page 2, Column G)	5.		
Payments and Credits			
6. Montana total income (Page 2, Column H)	6.		
7. Montana total tax (Page 2, Column J)	7.		
Refund or Amount Owed			
8. Payment of 2003 estimated tax, amounts credited from previous year	8.		
9. Payment made with extension	9.		
10. Total payments (Line 8 and Line 9)	10.		
11. If line 10 is larger than line 7, enter the difference. Overpayment =	11.		
12. Amount on line 11 to be applied to 2004 estimate 12. <input type="text"/>			
13. Enter the amount on line 11 you want refunded to you (Refunds more than \$1.00 will be issued.) Refund =	13.		
14. If line 7 is larger than line 10, enter the difference (If you owe, see instructions for this line.) Tax Due =	14.		
15. Underpayment penalty (See Worksheet I)	15.		
16. Late filing penalty	16.		
17. Late payment penalty	17.		
18. Interest 1% (.01) per month	18.		
19. Total of lines 14 through 18 (attach a separate check with payment coupon, IT-Comp)	19.		

Name, address and telephone number of tax preparer _____

May the Department of Revenue discuss this return with the tax preparer shown above? Yes No

I declare under penalty of false swearing that the information in this return and attachments is true, correct and complete.

Your Signature is Required

Date

Daytime Telephone Number

Form PT-CR1 must be signed and dated by the president, vice president, treasure, assistant treasure, chief accounting officer, general partner, LLC member or any other officer duly authorized to sign the return. Form PT-CR1 is not considered to be complete unless it is signed.

Tax Table				Tax Table			
If Taxable Income is:				If Taxable Income is:			
Over	But not over	Multiply by	and Subtract =Tax	Over	But not over	Multiply by	and Subtract = Tax
\$ 0	..... \$ 2,200	..... X ... 2 %	.....\$ 0	\$17,800	..... \$22,200	.....X ... 7 %	.....\$ 466
\$ 2,200	..... \$ 4,400	..... X ... 3 %	..... \$ 22	\$22,200	..... \$31,100	.....X ... 8 %	.....\$ 688
\$ 4,400	..... \$ 8,900	..... X ... 4 %	.....\$ 66	\$31,100	..... \$44,500	.....X ... 9 %	.....\$ 999
\$ 8,900	..... \$13,300	..... X ... 5 %	.....\$155	\$44,500	..... \$77,800	.....X ...10 %	.....\$ 1,444
\$13,300	..... \$17,800	..... X ... 6 %	.....\$288	\$77,800	.....	.....X ...11 %	.....\$ 2,222

Example = taxable income \$2,400 x 3% (.03) = \$72 subtract \$22 = \$50 tax

Questions? Please call (406) 444-6900 or TDD (406) 444-2830 for hearing impaired.

Montana Composite Income Tax Return

Name of Entity							Federal Employer Identification Number		
Number of nonresident individuals, foreign C. corporations or pass-through entities participating in this filing.									
Column A Name and Address of Shareholder, Partner or Member	Column B Social Security Number	Column C Federal Income from Entity	Column D Standard Deduction	Column E Exemption \$1,780	Column F Taxable Income	Column G Tax from Tax Table	Column H Montana Total Income	Column I Ratio	Column J Montana Tax Liability
Enter total of columns here and on Page 1 of Form PT-CR1									

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If there are more than six qualifying nonresident individuals, foreign C. corporations or pass-through entities participating in filing of the composite return, photocopy and attach additional pages as needed. A computer printout in the same format is acceptable.



Statement of Montana Income Tax Withheld for Nonresident Individual

Nonresident Individual's Name and Mailing Address			Entity's Name and Mailing Address		
Name			Name		
Street or Other Mailing Address			Street or Other Mailing Address		
City	State	Zip Code	City	State	Zip Code
Social Security Number		Spouse's Social Security Number	Federal Employer Identification Number		
1. Nonresident individual's share of Montana source income reflected on the entity's information tax return..... \$ _____			Type of Entity (check only one) <input type="checkbox"/> S. Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Disregarded Entity		
2. Amount of Montana income tax withheld and remitted (11% of the amount on line 1). See instructions..... \$ _____			Taxable year of entity Beginning _____, 20____ and ending _____, 20____		

To be filed in the absence of Form PT-NRA, a nonresident income tax agreement, or participation in a composite return. Nonresident individual - Attach a copy to the Montana Form 2. **Entity** - Attach a copy and payment to your information return and transmittal, Form PT-WHREM.

Instructions

Who Must File Form PT-WH

Every S. corporation, partnership, limited liability company, limited liability partnership, or disregarded entity must complete the Statement of Montana Income Tax Withholding for Nonresident Individual, Form PT-WH, for each nonresident individual partner, shareholder or member, who does not complete a Montana Nonresident Income Tax Agreement Form PT-NRA or elects to participate in the filing of a composite income tax return. Do not file Form PT-WH for partners, shareholders or members other than individuals.

Amount of Withholding

The amount withheld is 11% of the nonresident individual's share of Montana source income reflected on the entity's information return. The amount on line 1 entries from each Form PT-WH should equal the amount entered on the Montana Partnership Return of Income, Form PR1; or the Montana S. Corporation Income Tax Return, Form CLT-4S as each individual owner's total Montana source income.

Nonresident Individual

The nonresident individual taxpayer named on this Form PT-WH is required to file a Montana Individual Income Tax Return, Form 2, with the Montana Department of Revenue. The amount entered on line 2, Form PT-WH,

will be allowed as a credit against the nonresident individual's Montana income tax liability and is claimed as a Montana estimated tax payment on Montana Form 2. Attach a copy of Form PT-WH to your Form 2 in the space otherwise provided for attaching Federal Form W-2.

When and Where to File

The Form PT-WH and remittance must be filed with the entity's Montana information tax return, Form CLT-4S, PR-1 or DER-1. Complete Form PT-WHREM transmittal document and attach Form PT-WH with your payment.

Payment

To assure the proper application of your payment remit a separate check with your transmittal document PT-WHREM. Include on the memo line of your check the form name PT-WHREM and the federal identification number of the partnership, S. corporation or disregarded entity making the payment. Do not attach Forms PT-WHREM and PT-WH to your information return (Forms CLT-4S, PR-1 or DER-1 or if filing a composite return, PT-CR1) but include the PT-WHREM and PT-WH in the mailing of your information return.

