

FORM
CLT- 4

MONTANA CORPORATION LICENSE TAX RETURN

1997

For calendar year 1997 or tax year beginning _____, 1997; ending _____, 19

Check if
Applicable:

Corporation Name: _____

FEIN : _____

Address: _____

Federal Business Code: _____

Initial Return

Incorporated in State of: _____

Final Return

City: _____

State: _____

Zip Code: _____

Date: _____

Date Qualified

In Montana : _____

Reporting Method: Cash Accrual Other (please specify)

1. Taxable income per federal return (line 28) (COPY OF FEDERAL 1120 MUST BE ATTACHED).....	1	
2. ADD: a. Montana Corporation License Tax..... 2a		
b. Other state, local, foreign, and franchise taxes based on income..... 2b		
c. Federal Environmental Tax..... 2c		
d. Federal tax exempt interest..... 2d		
e. Other additions (A DETAILED BREAKDOWN MUST BE ATTACHED)..... 2e		
Total Additions.....	2	
3. LESS: a. IRC Section 243 dividend received deduction..... 3a		
b. Nonbusiness income (A DETAILED BREAKDOWN MUST BE ATTACHED)..... 3b		
c. Other reductions (A DETAILED BREAKDOWN MUST BE ATTACHED)..... 3c		
Total Reductions.....	3	
4. Adjusted taxable income (line 1 + line 2 - line 3).....	4	
5. Income apportioned to Montana (line 4 X _____% from Schedule K, line 5).....	5	
6. Income allocated directly to Montana (Multi-state taxpayers only; A detailed breakdown MUST Be Attached).....	6	
7. Montana taxable income before net operating loss (line 5 + line 6 or enter amount reported on line 4).....	7	
If line 7 is a loss, do you wish to forego the net operating loss carryback provision? Y _____ N _____		
8. Montana net operating loss carryover (A detailed schedule MUST be attached).....	8	
9. Montana taxable income (line 7 less 8).....	9	
10. Montana tax liability (line 9 X 6.75%) (line 9 X 7% for those corporations electing a water's edge filing)..... <small>Not to be less than the MINIMUM tax liability of \$50 (The minimum tax applies to each corporation with Montana activity)</small>	10	
11. LESS: a. 1996 overpayment..... 11a		
b. Tentative payment..... 11b		
c. Quarterly estimated tax payments..... 11c		
Total Payments.....	11	
12. LESS: Credits (from Schedule C).....	12	
13. Tax due (line 10 - line 11 - line 12) Send your payment with the coupon provided in the booklet.....	13	
14. Interest from due date @ 12% per annum.....	14	
15. Estimated tax underpayment interest penalty (attach Form CLT-4UT).....	15	
16. Penalty. See Instructions.....	16	
17. Total due or overpayment (line 13 + 14 + 15 + 16).....	17	
18. Overpayment to be credited to 1998 estimated tax.....	18	
19. Refund Due.....	19	

Check here, if you DO NOT need the Montana Corporate License Tax Return and Instructions sent to you next year.

PLEASE ANSWER ALL QUESTIONS ON PAGE 2 OF THIS FORM

DECLARATION

This 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 Corporation License Tax Law and Regulations.

Signature of officer _____ Date _____

Name of person or firm preparing return _____ Date _____

Title _____ Telephone number _____

Address and Zip Code _____ Telephone number _____

ATTACH REMITTANCE PAYABLE TO DEPARTMENT OF REVENUE

COPY OF FEDERAL FORM 1120 MUST BE ATTACHED

GENERAL QUESTIONS

1. Describe, in detail, the nature and location(s) of your Montana activities (If necessary, please provide the description on an additional page): _____

Yes No

___ ___

2. Is this the corporation's first return?

If so, please indicate whether:

_____ New business

_____ Successor to previously existing business

Enter name, address, and FEIN of previous business: _____

Yes No

___ ___

3. Is this the corporation's final return?

If so, indicate whether:

_____ Withdrawn

_____ Dissolved

_____ Merged

_____ Reorganized.

Date of withdrawal, dissolution, merger, or reorganization: _____

If your status has been changed as a result of dissolution, merger, or reorganization; attach a statement with the details.

Yes No

___ ___

4. Is this a consolidated return?

If "Yes," ATTACH a list of all companies and their FEIN included in the return.

Yes No

___ ___

5. Are you included as a member of a consolidated group for U.S. Consolidated Income Tax Purposes?

If "Yes," you **MUST** attach pages 1 through 4 of the **consolidated** U.S. Corporation Income Tax Return (Form 1120) and a schedule of gross income and deductions, by company, supporting the consolidated taxable income. If you are a member of an affiliated group of corporations, you **MUST** attach a list of the names of any other corporation within the group which files a Montana Corporation License Tax return.

Yes No

___ ___

6. Have there been any changes to your federal taxable income (Form 1120), due to federal Internal Revenue Service audits, that you have not notified the Department of Revenue about?

If "Yes," indicate the most recent taxable year and completion date for which an Internal Revenue Service audit has been completed: _____

Yes No

___ ___

7. Are any statute of limitation waivers currently in force which have been executed with the Internal Revenue Service?

If "Yes," which taxable years are covered and what are the expiration dates of the waivers?

Yes No

___ ___

8. Has an amended federal return been filed for any of the last five (5) taxable years?

If "Yes," which taxable year(s) were amended? _____

If "Yes," has an amended Montana return been filed? _____

SCHEDULE K:

FEIN:

YEAR

Apportionment Factors for Multistate Taxpayers

	A. EVERYWHERE	B. MONTANA	C. FACTOR <small>(B divided by A = C)</small>
1. Property Factor:			
Use average value for real and tangible personal property:			
Land.....			
Buildings.....			
Machinery.....			
Equipment.....			
Furniture and fixtures.....			
Inventories.....			
Supplies and other.....			
Rents X 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 5, page 1).....			%

Questions Required of Multistate Taxpayers Only:

- | | | |
|---|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you at the end of the taxable year own, directly or indirectly, 50% or more of the outstanding voting stock of a domestic corporation? If "Yes," attach a schedule showing name, address, and percentage owned. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Were you a U.S. shareholder of any controlled foreign corporation?
If "Yes," you MUST attach a schedule showing name, address, and percentage owned. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did any individual, partnership, corporation, estate, or trust at the end of the taxable year own, directly or indirectly, 50% or more of your voting stock? If "Yes," you MUST attach a schedule showing name, address, and percentage owned. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. If the answer to question 3 is "Yes," did the same individual, partnership, corporation, estate, or trust at the end of the taxable year also own, directly or indirectly, 50% or more of the voting stock of another (brother-sister) corporation? If "Yes," you MUST attach a schedule of the other corporate entity(ies). |
| 5. Check Applicable Filing Method: | | |
| <input type="checkbox"/> Separate Company Apportionment | | |
| <input type="checkbox"/> Separate Accounting | | |
| <input type="checkbox"/> Worldwide Combination | | |
| <input type="checkbox"/> Domestic Combination | | |
| <input type="checkbox"/> Limited Combination | | |
| <input type="checkbox"/> Water's Edge Return (MUST have a valid election) | | |

SCHEDULE C:**FEIN:****YEAR** _____

Type of Credit	Amount of Credit	
1 Montana Capital Company Credit (Form MCC1-84)		
2 New/Expanded Industry Credit		
3 Interest Differential Credit		
4 Montana Dependent Care Assistance Credit (Form DCA-CT)		
5 Montana College Contribution Credit (Form CC-CT)		
6 Montana Disability Insurance for Uninsured Montanans Credit (Form DIPC-CT)		
7 Montana Recycling Credit (Form RCYL-CT)		
8 Wind Energy Producers Credit (Form MW-1)		
9 Contractor's Gross Receipts Tax Credit		
10 Credit for Alternative Fuel Motor Vehicles Conversion		
11 Infrastructure Users Fee Credit		
12 Charitable Endowment Contribution Credit (Note. This is a new credit)		
13 Montana Investment Tax Credit Carryforward (years beginning prior to 1/1/83)		
14 Less: Investment Tax Credit Recapture	()
TOTAL CREDITS (enter here and on line 12 of the CLT-4)		

NOTE: To receive these credits, the prescribed Corporation Tax forms (form numbers are noted above) or a detailed schedule **must** be attached with this schedule to your CLT-4.