

2010 Montana S Corporation Information and Composite Tax Return

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

For calendar year 2010 or tax year beginning MMDD 2010 and ending MMDDYYYY

Name, Mailing Address, City, State, Zip + 4, FEIN, Federal Business Code/NAICS, State Incorporated in, Date Qualified in Montana, MT Secretary of State ID

Check if: [] New address [] Requesting a refund. [] Do not need Form CLT-4S sent next year.

- Check if this is an initial return, Check if this is an amended return, Reason for final return: a. Withdrawn, b. Dissolved, c. Merged, d. Reorganized, a. Federal Revenue Agent Report, b. Apportionment factor changes, c. Amended federal return, d. Amended composite return, e. Other

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

Table with 3 columns: Line number, Description, Amount. Includes lines 1-11 for Ordinary business income, Net rental real estate income, Interest income, etc.

Shareholders' Distributive Share of Deduction Items (Form 1120S, Schedule K)

Table with 3 columns: Line number, Description, Amount. Includes lines 12-14 for Section 179 deduction, Contributions, Investment interest expense, etc.

Shareholders' Distributive Share of Montana Additions and Deductions to Income

Table with 3 columns: Line number, Description, Amount. Includes lines 15-17 for Interest and dividends not taxable, Taxes based on income, etc.

Shareholders' Distributive Share of Multistate Apportionment and Allocation

Table with 3 columns: Line number, Description, Amount. Includes lines 18-20 for Income apportioned to Montana, Income allocated to Montana, etc.



FEIN input boxes

Calculation of Amount Owed or Refund

Table with 2 columns: Description and Amount. Row 21: Enter your Montana total composite tax from Schedule III, column F. Row 22: Enter the amount of total shareholder withholding from Schedule III, column G.

S Corporation Montana Mineral Royalty Tax Withheld

Table with 2 columns: Description and Amount. Rows 23a-e: Total Montana mineral royalty tax withheld as reported on federal Form(s) 1099, Mineral royalty tax withheld attributable to Montana residents, Mineral royalty tax withheld attributable to nonresidents not reporting on Schedule IV, Add lines 23b and 23c, Subtract line 23d from 23a.

Return Payments

Table with 2 columns: Description and Amount. Rows 24a-g: 2009 overpayment applied to 2010, 2010 estimated payments, 2010 extension payment, Montana income tax withheld, For amended returns only—payments made with original return, For amended returns only—previously issued refunds, Add lines 24a through 24e; then subtract line 24f. Row 25: Add lines 21 and 22, then subtract lines 23e and 24g.

Penalties and Interest (see instructions)

Table with 2 columns: Description and Amount. Rows 26a-e: S corporation information return late filing penalty, Interest on underpayment of estimated composite tax, Composite income tax return late filing penalty, Late payment penalty, Interest. Row 26f: Add lines 26a through 26e.

Amount Owed or Refund

Table with 2 columns: Description and Amount. Rows 27-31: Add lines 25 and 26f; enter the result here, If line 27 results in an amount due, enter it here, If line 27 results in an overpayment, enter here, Enter the amount from line 29 that you want applied to your 2011 composite estimated tax, Subtract line 30 from line 29 and enter the amount here.

For Direct Deposit of your refund, complete 1, 2, 3 and 4. Please see instructions on page 5. 1. RTN#, 2. ACCT#, 3. If using direct deposit, you are required to mark one box. 4. Is this refund going to an account that is located outside of the United States or its territories?

Did you know? You have e-file options. Name, address and telephone number of paid preparer. PTIN, SSN or FEIN of paid preparer. Check this box and attach a copy of your federal Form 7004 to receive your Montana extension.

May the DOR discuss this return with your tax preparer? Yes No

This return has to be signed by one of the following: president, vice president, treasurer, assistant treasurer, or chief accounting officer. Declaration - Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: Signature of officer, Date, Printed name and title, Telephone number. Signature: X

Questions? Call us toll free at (866) 859-2254 (in Helena, 444-6900), or TDD (406) 444-2830 for hearing impaired.



--	--	--	--	--	--	--	--	--	--

Schedule I – Apportionment Factors for Multistate S Corporations

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

	A. Everywhere	B. Montana	C. Factor
1. Property Factor: Use average value for real and tangible personal property			
1a. Land	00	00	
1b. Buildings.....	00	00	
1c. Machinery.....	00	00	
1d. Equipment.....	00	00	
1e. Furniture and fixtures	00	00	
1f. Leases and leased property	00	00	
1g. Inventories.....	00	00	
1h. Depletable assets.....	00	00	
1i. Supplies and other	00	00	
1j. Property of foreign subsidiaries included in combined unitary group 1j.	00	00	
1k. Property of unconsolidated subsidiaries included in combined unitary group	00	00	
1l. Property of pass-through entities included in combined unitary group 1l.	00	00	
1m. Multiply amount of rents by 8 and enter result	00	00	
Total Property Value add lines 1a through 1m	00	00	
Divide the total in column B by the total in column A. Multiply the result by 100. This is your property factor.			1. %
2. Payroll Factor:			
2a. Compensation of officers.....	00	00	
2b. Salaries and wages.....	00	00	
Payroll included in:			
2c. Costs of goods sold.....	00	00	
2d. Other expenses and deductions.....	00	00	
2e. Payroll of foreign subsidiaries included in combined unitary group 2e.	00	00	
2f. Payroll of unconsolidated subsidiaries included in combined unitary group	00	00	
2g. Payroll of pass-through entities included in combined unitary group 2g.	00	00	
Total Payroll Value add lines 2a through 2g	00	00	
Divide the total in column B by the total in column A. Multiply the result by 100. This is your payroll factor.			2. %
3. Sales (Gross Receipts) Factor:			
3a. Gross sales, less returns and allowances.....	00		
3b. Sales delivered or shipped to Montana purchasers:			
(1) Shipped from outside Montana	3b.(1)	00	
(2) Shipped from within Montana	3b.(2)	00	
3c. Sales shipped from Montana to:			
(1) United States government	3c.(1)	00	
(2) Purchasers in a state where the taxpayer is not taxable	3c.(2)	00	
3d. Sales other than sales of tangible personal property (i.e. service income).....	3d.	00	
3e. Net gains reported on federal Schedule D and federal Form 4797 3e.	00	00	
3f. Other gross receipts (rents, royalties, interest, etc).....	00	00	
3g. Sales (receipts) of foreign subsidiaries included in combined unitary group	00	00	
3h. Sales (receipts) of unconsolidated subsidiaries included in combined unitary group	00	00	
3i. Sales (receipts) of pass-through entities included in combined unitary group	00	00	
3j. Less: All intercompany transactions	00	00	
Total Sales Value add lines 3a through 3j.....	00	00	
Divide the total in column B by the total in column A. Multiply the result by 100. This is your sales factor.			3. %
4. Add the percentages on lines 1, 2, and 3 in column C. This is the sum of your factors.			4. %
5. Divide the total percentage on line 4, column C, by the number of factors that can be included in the calculation. If there is a value in column A for a factor category (Property, Payroll, or Sales) you should include this factor as part of the calculation (see instructions). Enter the results here and also insert in Form CLT-4S, page 1, line 18. This is your apportionment factor.			5. %



--	--	--	--	--	--	--	--	--	--

Schedule II – Montana S Corporation Tax Credits

Type of Credit	Amount of Credit										
1. Montana Dependent Care Assistance Creditattach Form DCAC	00										
2. Montana College Contribution Creditattach Form CC	00										
3. Health Insurance for Uninsured Montanans Creditattach Form HI	00										
4. Montana Recycle Creditattach Form RCYL	00										
5. Alternative Energy Production Creditattach Form AEPC	00										
6. Contractor’s Gross Receipts Tax Creditattach supporting schedule	00										
7. Alternative Fuel Creditattach Form AFRC	00										
8. Infrastructure Users Fee Creditattach Form IUFC	00										
9. Qualified Endowment Creditattach Form QEC	00										
10. Historic Property Preservation Creditattach federal Form 3468	00										
11. Increase Research and Development Activities Credit.....attach Form RSCH	00										
12. Mineral and Coal Exploration Incentive Creditattach Forms MINE-CERT and MINE-CRED	00										
13. Empowerment Zone Credit.....	00										
14. Film Production Creditattach Form FPC	00										
15. Biodiesel Blending and Storage Credit.....attach Form BBSC	00										
16. Oilseed Crushing and Biodiesel/Biolubricant Production Credit.....attach Form OSC	00										
17. Insure Montana Small Business Health Insurance Credit.	00										
Business FEIN: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											00
18. Temporary Emergency Lodging Creditattach Form TELC	00										

Type of Credit Recapture	Amount of Credit Recapture
19. Qualified Endowment Credit Recapture	00
20. Historic Property Preservation Credit Recapture.....	00
21. Film Production Credit Recapture	00
22. Biodiesel Blending and Storage Credit Recapture	00
23. Oilseed Crushing and Biodiesel/Biolubricant Production Credit Recapture	00

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

Please notify each shareholder of the amount of credit available to that shareholder by using Montana Schedule K-1.



FEIN

--	--	--	--	--	--	--	--	--	--

Schedule III – Montana S Corporation Information

Summary Schedule of Income and Supplemental Information

Section A: Resident Shareholders

A	B	C	D
Name Street Address or P O Box City State Zip Code	Identification Number SSN/FEIN	Ownership %	Montana Source Income (see instructions)
1.	SSN		
	FEIN		
			00
2.	SSN		
	FEIN		
			00
3.	SSN		
	FEIN		
			00
4.	SSN		
	FEIN		
			00
Section A Totals			00

Shareholder Withholding: yes no

Composite Income Tax: yes no

Number of Resident Shareholders

Number of Nonresident Shareholders

Total Number of Shareholders



For each nonresident shareholder, complete ONLY one of these three columns: F, G or H. Please refer to the instructions for Schedule III.

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

A	B	C	D	E	F	G	H
Name Street Address or P O Box City State Zip Code	Identification Number SSN/FEIN	Ownership %	Montana Source Income (see instructions)	Federal Income from Entity (from federal Schedule K-1)	Composite Income Tax (from Schedule IV, column H)	Shareholder Withholding (see instructions)	Consent Agreement (year)
1.	SSN						
	FEIN						
			00	00	00		00
2.	SSN						
	FEIN						
			00	00	00		00
3.	SSN						
	FEIN						
			00	00	00		00
Section B Totals			00		00		00
Total of Sections A and B, columns C and D			00				

Transfer the total from Column F to Form CLT-4S, page 2, line 21.

Transfer the total from Column G to Form CLT-4S, page 2, line 22.

Use additional sheets if necessary or you may use a document with columns ordered as shown above.

--	--	--	--	--	--	--	--	--	--

Schedule IV – Montana S Corporation Composite Income Tax Schedule

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

Part I Enter the number of participating shareholders _____ Composite Tax Ratio _____

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

A	B	C	D	E	F	G	H
Name	Social security number or federal employer identification number	Shareholders' share of federal income from entity	Standard deduction	Exemption \$2,130	Calculate Montana taxable income. Subtract column D from column C then subtract column E from the result.	Enter the appropriate tax from the tax table below.	Montana composite income tax. Multiply column G times composite tax ratio from Part I.
1.		00	00	00	00	00	00
2.		00	00	00	00	00	00
3.		00	00	00	00	00	00
4.		00	00	00	00	00	00
5.		00	00	00	00	00	00
6.		00	00	00	00	00	00
7.		00	00	00	00	00	00
8.		00	00	00	00	00	00
9.		00	00	00	00	00	00
10.		00	00	00	00	00	00
11.		00	00	00	00	00	00
12.		00	00	00	00	00	00
13.		00	00	00	00	00	00
Column H Total							00

Transfer the amounts from column H to Form CLT-4S, Schedule III, Section B, column F.

Use additional sheets if necessary or you may use a document with columns ordered as shown above.

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$0	\$2,600	1% (0.010)	\$0	
\$2,600	\$4,600	2% (0.020)	\$26	
\$4,600	\$6,900	3% (0.030)	\$72	
\$6,900	\$9,400	4% (0.040)	\$141	

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$9,400	\$12,100	5% (0.050)	\$235	
\$12,100	\$15,600	6% (0.060)	\$356	
More Than \$15,600		6.9% (0.069)	\$496	



--	--	--	--	--	--	--	--	--	--

Schedule VI – Reporting of Special Transactions

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

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

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

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

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

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

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

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

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

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

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

- 5. During this tax year the S corporation made payments to one or more related parties (excluding salary compensation) that exceed \$100,000 per recipient.** Yes

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

Name	FEIN	Amount of Payment
		00
		00
		00

