

2010 Montana Corporation License Tax Return

Attach a copy of federal Form 1120 as filed with the Internal Revenue Service

For calendar year 2010 or tax year beginning MMDD2010 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, Do not need Form CLT-4 sent next year, Initial Return, Final Return, Amended Return, Refund Return



Did you know? You have e-file options. revenue.mt.gov/efile

Part I - Filing Method.

- 1. Check this box if you are exempt from tax under the provision of Public Law 86-272.
2. Are you a member (parent or subsidiary) of a consolidated group for federal purposes?
3. Are you filing a combined return for Montana purposes?
4. If you answered "Yes" to questions 2 or 3 above, then check one of the following filing methods and attach Schedule M:
5. If you answered "Yes" to questions 2 or 3 above, you must attach pages 1 through 4 of the parent's consolidated federal Form 1120 that you filed with the Internal Revenue Service, and enter:

Part II - Amended Return Only. Check all that apply.

- a. Federal Revenue Agent Report; a complete copy of this report must be attached
b. NOL carryback/carryforward; year(s) of loss
c. Apportionment factor changes; attach a statement explaining all adjustments in detail
d. Amended federal tax return (Form 1120X); a complete copy of the federal Form 1120X must be attached
e. Application and/or change in tax credit; type of credit being claimed
f. Other; attach a statement explaining all adjustments in detail

Part III - General Questions. All questions must be answered.

- a. Describe in detail the nature and location(s) of your Montana activities (if necessary, provide the description on an additional page).
b. Is this your corporation's first Montana tax return?
If this corporation is a successor to a previously existing business, enter predecessor's: Name and FEIN



Part III - continued

- c. Is this your corporation's final Montana tax return? .....  Yes  No  
 If "Yes," please attach detailed statement and indicate whether your corporation has:  
 Withdrawn                     Merged  
 Dissolved                     Reorganized  
 Date of withdrawal, dissolution, merger, or reorganization \_\_\_\_\_  
 If applicable, enter the successor's name \_\_\_\_\_ and FEIN \_\_\_\_\_
- d. For any tax period(s), has the Internal Revenue Service issued an official notice of change or correction that you have not filed with the Montana Department of Revenue? .....  Yes  No  
 If "Yes," indicate what period(s) \_\_\_\_\_
- e. Are any statute of limitation waivers currently in force that have been executed with the Internal Revenue Service? .....  Yes  No  
 If "Yes," which taxable year(s) is covered and what is the expiration date(s) of the waiver(s)? \_\_\_\_\_  
 \_\_\_\_\_
- f. Have you filed an amended federal tax return for any of the last five taxable periods? .....  Yes  No  
 If "Yes," for which years have you filed amended Montana returns? \_\_\_\_\_
- g. Did an individual at the end of the taxable year own, directly or indirectly, 50% or more of the voting stock of this corporation? If "Yes," enter name \_\_\_\_\_ and % of ownership \_\_\_\_\_  Yes  No
- h. Did a partnership, corporation, estate or trust at the end of the taxable year own, directly or indirectly, 50% or more of the voting stock of this corporation? If "Yes," enter name \_\_\_\_\_ and % of ownership \_\_\_\_\_  Yes  No
- i. If the answer to question (g) or (h) 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? .....  Yes  No
- j. Did this corporation or any member of the consolidated group own, directly or indirectly, 50% or more of the outstanding voting stock of a domestic corporation that is not included in the consolidated group? .....  Yes  No
- k. Did this corporation or any member of the consolidated group own, directly or indirectly, 50% or more of the outstanding voting stock of a foreign corporation? .....  Yes  No
- l. Was your corporation owned 50% or more, directly or indirectly, by a corporation or entity that was organized or incorporated outside the U.S.? If "Yes," enter foreign entity's name \_\_\_\_\_ and % of ownership \_\_\_\_\_  Yes  No

If you answered "Yes" to any of the above questions (h) through (l), you will need to complete and attach Schedule M.

Part IV - Reporting of Special Transactions.

Check "Yes" if you filed any of the following forms with the Internal Revenue Service. You will need to attach to your Montana tax return a complete copy of any of these applicable forms.

- a. **I filed federal Form 8918 – Material Advisor Disclosure Statement with the Internal Revenue Service.** .....  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 Internal Revenue Service.** .....  Yes  No  
**Check "Yes" if your like-kind exchange includes Montana property.**  
 Form 8824 is used to report each exchange of business or investment property for property of a like-kind.
- c. **I filed federal Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service.** .....  Yes  No  
 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.)
- d. **I filed federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service.** .....  Yes  No  
 Form 8886 is used to disclose information for each reportable transaction in which you participated.

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



Computation of Montana Taxable Income and Net Amount Due

1. Taxable income reported on your federal tax return (line 28) (attach a copy of signed federal Form 1120) ... 1. 00

2. Additions

Table with 2 columns: Description and Amount. Rows include 2a. State, local, foreign and franchise taxes based on income (attach breakdown of your Form 1120, line 17) 00, 2b. Federal tax exempt interest 00, 2c. Contributions used to compute qualified endowment credit 00, 2d. Income/loss of foreign parent and foreign subsidiaries for worldwide combined filers 00, 2e. Income/loss of unitary corporations not included in federal consolidated return 00, 2f. Extraterritorial income exclusion 00, 2g. Deemed dividends—Water’s Edge filers only. (attach Schedule WE) 00, 2h. Income/loss of corporations incorporated in tax havens—Water’s Edge filers only 00, 2i. Federal capital loss carry-over utilized on federal return 00, 2j. All of your other additions (attach a detailed breakdown) 00.

Add lines 2a through 2j and enter the result. This is the total of your additions. 2. 00

3. Reductions

Table with 2 columns: Description and Amount. Rows include 3a. IRC Section 243 dividend received deduction 00, 3b. Nonbusiness income (attach a detailed breakdown) 00, 3c. Montana recycling deduction (attach Form RCYL) 00, 3d. Income/loss of nonunitary corporations included in federal consolidated return 00, 3e. Income/loss of 80/20 companies—Water’s Edge filers only 00, 3f. Capital loss incurred in current year (attach federal Schedule D) 00, 3g. All of your other reductions (attach a detailed breakdown) 00.

Add lines 3a through 3g and enter the result. This is the total of your reductions. 3. 00

4. Add lines 1 and 2, then subtract line 3 and enter the result. This is your adjusted taxable income. 4. 00

5. Income apportioned to Montana (multiply line 4 X \_\_\_\_\_ % from Schedule K, line 5)..... 5. 00

Combined filers must use the Schedule K included on page 5 of Form CLT-4.

6. Enter the income that you allocated directly to Montana (attach a detailed breakdown) ..... 6. 00

7. Montana taxable income before net operating loss (add lines 5 and 6 or enter amount reported on line 4) .. 7. 00

If line 7 is a loss, do you wish to forego the net operating loss carry-back provision?  Yes  No

Note: If you have reported a loss on line 7 and have not checked either box, the loss has to be carried back first.

8. Enter your Montana net operating loss carried over to this period (attach a detailed schedule)..... 8. 00

9. Subtract line 8 from line 7 and enter the result here. This is your Montana taxable income. .... 9. 00

10. Multiply line 9 by 6.75% (or line 9 by 7% if you have a valid Water’s Edge election). This is your Montana tax liability. (This amount cannot be less than the minimum tax liability of \$50.)..... 10. 00

Check this box if you are calculating your tax liability using the Alternative Tax method.



M	M	D	D	Y	Y	Y	Y
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**Computation of Montana Taxable Income and Net Amount Due (continued)**

11. Your Montana tax liability from line 10.....	11.		00
<b>12. Payments</b>			
12a. 2009 overpayment.....	12a.		00
12b. Tentative payment .....	12b.		00
12c. Quarterly estimated tax payments.....	12c.		00
12d. Montana mineral royalty tax withheld (attach Form(s) 1099) .....	12d.		00
12e. Montana tax withheld from pass-through entities (attach Form(s) PT-WH).....	12e.		00
12f. All other payments. Describe. _____ .....	12f.		00
12g. Previously issued refunds. (Do not include any overpayments to 2011.).....	12g.		00
Add lines 12a through 12f and subtract line 12g; enter the result. <b>This is the total of your payments.</b> ....			
12.			00
13. Enter total credits (from Schedule C) .....	13.		00
14. Add lines 12 and 13, then subtract from line 11 and enter result. <b>This is your tax due or overpayment.</b> ...	14.		00
15. Enter the amount of overpayment that you want to be applied to your 2011 estimated tax.....	15.		00
16. Add lines 14 and 15; enter the result. <b>This is your net tax due or overpayment.</b> .....	16.		00
17. Enter interest on all the tax paid after the due date, calculated at 12% per year, on a daily basis .....	17.		00
18. Enter estimated tax underpayment interest (attach Form CLT-4-UT).....	18.		00

Check this box if you are using the annualized income or adjusted seasonal income method.

**19. Penalty**

19a. Enter your late filing penalty (see instructions).....	19a.		00
19b. Enter your late payment penalty (see instructions) .....	19b.		00
Add lines 19a and 19b; enter the result. <b>This is your total penalty.</b> .....			
19.			00
20. Add lines 16 through 19; enter the result on line 20a or 20b below.			
20a. If the result is positive, enter the amount due here. <b>This is your total amount due.</b> .....	20a.		00
<i>Attach your remittance payable to Montana Department of Revenue or visit our website at revenue.mt.gov for electronic payment options.</i>			
20b. If the result is negative, enter the refund due here. <b>This is your total refund.</b> .....	20b.		00

<p>For Direct Deposit of your refund, complete 1, 2, 3 and 4. Please see instructions on page 6</p>	1. RTN#		2. ACCT#	
	3. If using direct deposit, you are required to mark one box. ►			
	<input type="checkbox"/> Checking		<input type="checkbox"/> Savings	
	4. Is this refund going to an account that is located outside of the United States or its territories? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<p>Please mail your completed Form CLT-4 to: Montana Department of Revenue PO Box 8021 Helena, MT 59604-8021</p>	<b>Paid preparer information. Please print.</b>		<p>May the DOR discuss this return with your tax preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	Name		
	Address		
	Telephone number		
	Contact's name		
PTIN ,SSN or FEIN		Date	

**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.

Signature of officer <b>X</b>	Date	Telephone number
Print name of officer	Title	



MMDDYYYY

XXXXXXXXXX

Schedule K - Apportionment Factors for Multi-State Taxpayers

Enter dollar values in columns A and B. Enter percentages in column C.

Table with 3 columns: A. Everywhere, B. Montana, C. Factor. Rows include Property Factor (1a-1m) and Total Property Value.

Divide the total in column B by the total in column A. Multiply that result by 100 and enter the result. This is your property factor.

Table with 3 columns: A. Everywhere, B. Montana, C. Factor. Rows include Payroll Factor (2a-2g) and Total Payroll Value.

Divide the total in column B by the total in column A. Multiply that result by 100 and enter the result. This is your payroll factor.

Table with 3 columns: A. Everywhere, B. Montana, C. Factor. Rows include Sales (Gross Receipts) Factor (3a-3j) and Total Sales Value.

Divide the total in column B by the total in column A. Multiply that result by 100 and enter the result. This is your sales factor.

4. Add the percentages on lines 1, 2, and 3 in column C. This is the sum of your factors. 5. Divide the total percentage on line 4, column C, by the number of factors that can be included in the calculation.



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### Schedule C - Tax Credits

Type of Credit	Column A Current Year Earned	Column B Total Available	Column C Current Year Applied
<b>Nonrefundable Credits</b>			
1. New/Expanded Industry Credit	00	00	00
2. Montana Dependent Care Assistance Credit (attach Form DCAC)	00	00	00
3. Montana College Contribution Credit (attach Form CC)	00	00	00
4. Health Insurance for Uninsured Montanans Credit (attach Form HI)	00	00	00
5. Montana Recycle Credit (attach Form RCYL)	00	00	00
6. Alternative Energy Production Credit (attach Form AEPC)	00	00	00
7. Contractor's Gross Receipts Tax Credit (attach supporting schedule)	00	00	00
8. Alternative Fuel Credit (attach Form AFCR)	00	00	00
9. Infrastructure Users Fee Credit (attach Form IUFC)	00	00	00
10. Qualified Endowment Credit (attach Form QEC)	00	00	00
11. Historical Buildings Preservation Credit (attach federal Form 3468)	00	00	00
12. Increase Research and Development Activities Credit (attach Form RSCH)	00	00	00
13. Mineral and Coal Exploration Incentive Credit (attach Forms MINE-CRED and MINE-CERT)	00	00	00
14. Empowerment Zone Credit	00	00	00
15. Film Employment Production Credit – Nonrefundable (attach Form FPC)	00	00	00
16. Biodiesel Blending and Storage Credit (attach Form BBSC)	00	00	00
17. Oilseed Crushing and Biodiesel/Biolubricant Production Credit (attach Form OSC)	00	00	00
18. Geothermal System Credit (attach Form ENRG-A)	00	00	00
19. Add lines 1 through 18 and enter the result. <b>This is your total nonrefundable credits.</b>	00	00	00
<b>Refundable Credits</b>			
20. Film Employment Production Credit – Refundable (attach Form FPC)	00	00	00
21. Film Qualified Expenditures Credit (attach Form FPC)	00	00	00
22. Insure Montana Small Business Health Insurance Credit	00	00	00
23. Temporary Emergency Lodging Credit (attach Form TELC)	00	00	00
24. Add lines 20 through 23 and enter the result. <b>This is your total refundable credits.</b>	00	00	00
<b>Tax Credits Recapture</b>			
25. Qualified Endowment Credit Recapture			00
26. Historical Buildings Preservation Credit Recapture			00
27. Film Production Credit Recapture			00
28. Biodiesel Blending and Storage Credit Recapture			00
29. Oilseed Crushing and Biodiesel/Biolubricant Production Credit Recapture			00
30. Add lines 25 through 29 and enter the result. <b>This is your total recapture of tax credits.</b>			00
31. Add totals of lines 19 and 24; then subtract line 30. Enter the result here. <b>This is the total of your credits.</b> Enter the total in column C on Form CLT-4, page 4, line 13.	00	00	00

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



M	M	D	D	Y	Y	Y	Y
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### Schedule M - Affiliated Entities

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

**1. Members of a U.S. Consolidated Group**

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

A Federal Employer Identification Number	B Name of affiliate/subsidiary/parent corporation	C Percentage of ownership	D Included in this Montana unitary filing?		E Doing business in Montana?		F Check if filing Montana Form CLT-4 separate from this unitary filing
			Yes	No	Yes	No	

**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.

A Federal Employer Identification Number	B Name of entity	C Percentage of ownership	D Included in this Montana unitary filing?		E Doing business in Montana?		F Type of entity, i.e. foreign subsidiary, unconsolidated subsidiary, partnership, LLC, LLP
			Yes	No	Yes	No	



M	M	D	D	Y	Y	Y	Y
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**Schedule K-Combined for Montana Form CLT-4  
Apportionment Factors for Combined Filers**

	A		Montana Separate Entity Activity		B	C
	Everywhere Activity *	Corporate Name FEIN	Corporate Name FEIN	Grand Total of Montana Columns *	Factor	
<b>1. Property Factor</b> (Enter average values for real and tangible personal property)						
(1a) Land						
(1b) Buildings						
(1c) Machinery						
(1d) Equipment						
(1e) Furniture and fixtures						
(1f) Leases and leased property						
(1g) Inventories						
(1h) Depletable assets						
(1i) Supplies and other						
(1j) Property of foreign subsidiaries included in combined unitary group						
(1k) Property of unconsolidated subsidiaries included in combined unitary group						
(1l) Property of pass-through entities included in combined unitary group						
(1m) Multiply amount of rents by 8 and enter result						
(1n) Total Montana average property (Add lines (1a) through (1m) above)						
(1o) Total Everywhere average property (Enter in each column the total of lines (1a) thru (1m) in the Everywhere column.)						
(1p) Separate entity Property Factor (Divide line (1n) by line (1o) and multiply the result by 100.)						
(1q) Total Property Factor (Add columns on line (1p).)						%
<b>2. Payroll Factor</b>						
(2a) Compensation of officers						
(2b) Salaries and wages						
Payroll included in:						
(2c) Costs of goods sold						
(2d) Other deductions						
(2e) Payroll of foreign subsidiaries included in combined unitary group						
(2f) Payroll of unconsolidated subsidiaries included in combined unitary group						
(2g) Payroll of pass-through entities included in combined unitary group						
(2h) Total Montana payroll (Add lines (2a) through (2g) above.)						
(2i) Total Everywhere payroll (Enter in each column the total of lines (2a) through (2g) in the Everywhere column.)						
(2j) Separate entity Payroll Factor (Divide line (2h) by line (2i) and multiply the result by 100.)						
(2k) Total Payroll Factor (Add columns on line (2j).)						%

\* Please include the amounts in columns A and B on Schedule K.





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**Schedule K-Combined for Montana Form CLT-4 (continued)**  
**Apportionment Factors for Combined Filers**



	A		Montana Separate Entity Activity		B	C
	Everywhere Activity *	Corporate Name	Corporate Name	Grand Total of Montana Columns *	Factor	
		FEIN	FEIN			
<b>3. Sales Factor</b>						
(3a) Gross sales, less returns and allowances						
(3b) Sales delivered or shipped to Montana purchasers:						
(1) Shipped from outside Montana						
(2) Shipped from within Montana						
(3c) Sales shipped from Montana to:						
(1) United States government						
(2) Purchasers in a state where the taxpayer is not taxable						
(3d) Sales other than sales of tangible personal property (i.e. service income)						
(3e) Net gains reported on federal Schedule D and federal Form 4797						
(3f) Other gross receipts (rents, royalties, interest, etc)						
(3g) Sales (receipts) of foreign subsidiaries included in combined unitary group						
(3h) Sales (receipts) of unconsolidated subsidiaries included in combined unitary group						
(3i) Sales (receipts) of pass-through entities included in combined unitary group						
(3j) Less: All intercompany transactions						
(3k) Total Montana sales (Add lines (3a) through (3j).)						
(3l) Total Everywhere sales (Enter in each column the total of lines (3a) through (3j) in the Everywhere column.)						
(3m) Separate entity Sales Factor (Divide line (3k) by line (3l) and multiply the result by 100.)						
(3n) Total Sales Factor (Add columns on line (3m).)						%
<b>4. Sum of the Factors</b> (Add lines (1p), (2j), and (3m) for each corporation.)		%	%			
<b>5. Apportionment Factor</b>						
(5a) Separate entity Apportionment Factor (Divide line 4 by the number of factors that can be included in the calculation. See instructions on page 7.)		%	%			
(5b) Total Apportionment Factor (Add columns on line (5a). Enter here and on page 5, line 5 of the Schedule K.)						%
<b>6. Montana Taxable Income</b>						
(6a) Montana adjusted taxable income. (Enter the amount from CLT-4, page 3, line 4.)						
(6b) Income apportioned to Montana (In each column, multiply line (5a) by line (6a).)						
(6c) Income directly allocated to Montana						
(6d) Montana taxable income before net operating loss (In each column, add lines (6b) and (6c).)						
(6e) Montana net operating loss (NOL) carryover on a separate entity basis						
Total NOL carryover (Add columns on line (6e). Enter this amount on line 8, page 3 of the CLT-4.)						
(6f) Montana taxable income (Subtract line (6e) from line (6d) and enter result.)						
(6g) Total Montana Taxable Income (Add all columns on line (6f) and enter result. This should equal line 9, page 3 of the CLT-4.)						
(6h) Montana tax liability (Multiply (6f) by 6.75% or 7% if you have a valid water's edge election.)						
(6i) Total Montana tax liability (Add all columns on line (6h) and enter the result. This should equal line 10, page 3 of the CLT-4.)						

\* Please include the amounts in columns A and B on Schedule K.

## Schedule WE - Water's Edge Schedule

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

1. Enter the tax periods for which a valid water's edge election has been approved. \_\_\_\_\_

**Part II. Calculation of Deemed Dividends Received from Corporations Incorporated Outside of the United States**

1. Enter the positive federal line 30 income of your 80/20 companies. (See instructions) .....	1.	00
2. Enter your consolidated 1120 positive federal line 30 income. (See instructions).....	2.	00
3. Divide the amount on line 1 by the amount on line 2. This is the ratio of your 80/20 positive income to your consolidated 1120 positive income. ....	3.	<input type="text" value=""/> . <input type="text" value=""/>
4. Enter the tax liability, after tax credits, which you reported on your consolidated 1120.....	4.	00
5. Multiply line 3 by line 4. This is the federal tax liability associated with your 80/20 companies ...	5.	00
6. Enter the section 78 gross-up received by your 80/20 companies (attach schedule). ....	6.	00
7. Subtract the total of lines 5 and 6 from line 1; enter the result. This is the after-tax net income of your 80/20 companies. If the result is less than zero, enter zero. ....	7.	00
8. Enter the after-tax net income of all unconsolidated 80/20 companies. ....	8.	00
9. Add lines 7 and 8; enter the result. This is your total after-tax net income.....	9.	00
10. Multiply line 9 by 20% and enter the result here and on line 2(g) of Form CLT- 4, page 3. <b>This is your 20% deemed dividend</b> .....	10.	00

**Part III. List your 80/20 Companies.** Attach a separate sheet if necessary.

1. Name	2. FEIN	3. Income/Loss	4. Dividends Received
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
		00	00
<b>Totals</b>		00	00

**Part IV. List your Controlled Foreign Corporations.** Attach a separate sheet if necessary.

1. Name	2. Country of Incorporation/Organization	3. Income/Loss
		00
		00
		00
		00
		00
		00
		00
<b>Total</b>		00

