

Form CIT

2016 Montana Corporate Income Tax Return

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

For calendar year 2016 or tax year beginning MMDD2016 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

Mark all that apply:

- Do not need Form CIT sent next year, Amended Return, Initial Return, Refund Return, Final Return

Part I - Filing Method.

- 1. Mark 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 mark one of the following filing methods and include Schedule M:
5. If you answered "Yes" to questions 2 or 3 above, you must include pages 1 through 5 of the parent's consolidated federal Form 1120 that you filed with the Internal Revenue Service, and enter:

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

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



See electronic options at revenue.mt.gov



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Part III - continued

- c. Is this your corporation's final Montana tax return?..... Yes No
 If "Yes," please include 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 Withdrawn Merged Dissolved Reorganized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 _____ 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 need to complete and include Schedule M.**

Part IV - Reporting of Special Transactions.

Mark "Yes" if you filed any of the following forms with the Internal Revenue Service.
You need to include with 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
Mark "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.
- e. **I filed federal Schedule UTP – Uncertain Tax Position Statement with the Internal Revenue Service.** Yes No
 Schedule UTP is used to disclose uncertain tax positions.



Computation of Montana Taxable Income and Net Amount Due

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

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2. Additions

2a. State, local, foreign and franchise taxes based on income (include breakdown of your Form 1120, line 17).....	2a.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00		
		00					
2b. Federal tax exempt interest.....	2b.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00		
		00					
2c. Contributions used to compute qualified endowment credit.....	2c.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00		
		00					
2d. Income/loss of foreign parent and foreign subsidiaries for worldwide combined filers	2d.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00		
		00					
2e. Income/loss of unitary corporations not included in federal consolidated return.....	2e.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00		
		00					
2f. Deemed dividends—Water’s Edge filers only (include Schedule WE).....	2f.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00		
		00					
2g. Income/loss of corporations incorporated in tax havens—Water’s Edge filers only	2g.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00		
		00					
2h. Federal capital loss carry-over utilized on federal return (include Schedule D)	2h.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00		
		00					
2i. All of your other additions (include a detailed breakdown).....	2i.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00		
		00					
Add lines 2a through 2i and enter the result. This is the total of your additions.			2.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00
		00					

3. Reductions

3a. IRC Section 243 dividend received deduction.....	3a.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00		
		00					
3b. Nonbusiness income (include a detailed breakdown)	3b.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00		
		00					
3c. Montana recycling deduction (include Form RCYL).....	3c.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00		
		00					
3d. Income/loss of nonunitary corporations included in federal consolidated return.....	3d.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00		
		00					
3e. Income/loss of 80/20 companies—Water’s Edge filers only.....	3e.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00		
		00					
3f. Capital loss incurred in current year (include federal Schedule D).....	3f.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00		
		00					
3g. All of your other reductions (include a detailed breakdown).....	3g.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00		
		00					
Add lines 3a through 3g and enter the result. This is the total of your reductions.			3.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00
		00					
4. Add lines 1 and 2, then subtract line 3 and enter the result. This is your adjusted taxable income.			4.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00
		00					
5. Income apportioned to Montana (multiply line 4 X _____ % from Schedule K, line 5)			5.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00
		00					

Combined filers must use the Schedule K included on page 5 of Form CIT.

6. Enter the income that you allocated directly to Montana (include a detailed breakdown).....	6.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00
		00			
7. Montana taxable income before net operating loss (add lines 5 and 6 or enter amount reported on line 4) ..	7.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00
		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 marked either box, the loss has to be carried back first.

8. Enter your Montana net operating loss carried over to this period (include a detailed schedule)	8.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00
		00			
9. Subtract line 8 from line 7 and enter the result here. This is your Montana taxable income.	9.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00
		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.	<table border="1" style="float: right;"><tr><td> </td><td> </td><td>00</td></tr></table>			00
		00			

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

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 (continued)

11. Your Montana tax liability from line 10 11. 00

12. Payments

12a. 2015 overpayment.....	12a.	<input type="text"/>	<input type="text"/>	00
12b. Tentative payment	12b.	<input type="text"/>	<input type="text"/>	00
12c. Quarterly estimated tax payments.....	12c.	<input type="text"/>	<input type="text"/>	00
12d. Montana mineral royalty tax withheld (include Form(s) 1099).....	12d.	<input type="text"/>	<input type="text"/>	00
12e. Montana tax withheld from pass-through entities (include MT Schedule(s) K-1)	12e.	<input type="text"/>	<input type="text"/>	00
12f. All other payments. Describe	12f.	<input type="text"/>	<input type="text"/>	00
12g. Previously issued refunds. (Do not include any overpayments to 2017.).....	12g.	<input type="text"/>	<input type="text"/>	00
Add lines 12a through 12f and subtract line 12g; enter the result. This is the total of your payments				12.
13. Enter total credits (from Schedule C)	13.	<input type="text"/>	<input type="text"/>	00
14. Add lines 12 and 13, then subtract from line 11 and enter result. This is your tax due or overpayment ...	14.	<input type="text"/>	<input type="text"/>	00
15. Enter the amount of overpayment that you want to be applied to your 2017 estimated tax.....	15.	<input type="text"/>	<input type="text"/>	00
16. Add lines 14 and 15; enter the result. This is your net tax due or overpayment	16.	<input type="text"/>	<input type="text"/>	00
17. Enter interest on all the tax paid after the due date, calculated at 12% per year, on a daily basis	17.	<input type="text"/>	<input type="text"/>	00
18. Enter estimated tax underpayment interest (include Form CIT-UT)	18.	<input type="text"/>	<input type="text"/>	00

Mark 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. **This is your total penalty**..... 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. **This is your total amount due**. 20a. 00

Visit our website at revenue.mt.gov for electronic payment options or include your remittance payable to Montana Department of Revenue.

20b. If the result is negative, enter the refund due here. **This is your total refund**. 20b. 00


For Direct Deposit of your refund, complete 1, 2, 3 and 4. Please see instructions.

1. RTN#

2. ACCT#

3. If using direct deposit, you are required to mark one box. Checking Savings

4. Is this refund going to an account that is located outside of the United States or its territories? Yes No

 See electronic options at revenue.mt.gov Please mail your completed Form CIT to: MT Department of Revenue PO Box 8021 Helena, MT 59604-8021	Paid preparer information. Please print.		May the DOR discuss this return with your tax preparer?*(See instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name		
	Address		
	City, State and Zip		
Contact's Name	Phone Number		
PTIN, SSN or FEIN	Date		

*If you would like to authorize a representative to discuss tax matters with the department, you must complete a Power of Attorney form. This form is available at revenue.mt.gov under Forms.

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 X	Date	Telephone Number
Printed Name of Officer	Title	



Schedule K - Apportionment Factors for Multi-State Taxpayers

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

1. Property Factor: Enter average values for real and tangible personal property.

	A. Everywhere	B. Montana	C. Factor
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	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.....	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 that 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 deductions.....	00	00	
2e. Payroll of foreign subsidiaries included in combined unitary group..	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	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 that 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.....		00	
(2) Shipped from within Montana.....		00	
3c. Sales shipped from Montana to:			
(1) United States government.....		00	
(2) Purchasers in a state where the taxpayer is not taxable.....		00	
3d. Sales other than sales of tangible personal property (for example, service income).....		00	
3e. Net gains reported on federal Schedule D and federal Form 4797..	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 that 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 percentage on line 4 by the number of factors included in the calculation of line 4. If a property, payroll or sales factor is 0%, it is included in the calculation of line 4 if there is a value in column A (see instructions). Enter the result here and also on Form CIT, page 3, line 5. **This is your apportionment factor..... 5.** %



Schedule C - Tax Credits

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

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



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. Include a separate sheet if necessary.

A	B	C	D		E		F
Federal Employer Identification Number (FEIN)	Name of affiliate/subsidiary/parent corporation	Percentage of ownership	Included in this Montana unitary filing?		Doing business in Montana?		Mark if filing Montana Form CIT 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, disregarded entities, foreign subsidiaries owned greater than 50%, or 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. Include a separate sheet if necessary.

A	B	C	D		E		F
Federal Employer Identification Number (FEIN)	Name of entity	Percentage of ownership	Included in this Montana unitary filing?		Doing business in Montana?		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 CIT
Apportionment Factors for Combined Filers**

	A	Montana Separate Entity Activity		B	C
		Everywhere Activity *	Corporate Name FEIN		
1. Property Factor (Enter average values for real and tangible personal property)				Grand Total of Montana Columns *	Factor
(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) through (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).)					%
2. Payroll Factor					
(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.



M	M	D	D	Y	Y	Y	Y
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Schedule K-Combined for Montana Form CIT (continued)
Apportionment Factors for Combined Filers



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		A		Montana Separate Entity Activity		B	C
		Everywhere Activity *	Corporate Name	Corporate Name	Grand Total of Montana Columns *	Factor	
			FEIN	FEIN			
3. Sales Factor							
(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).)					%	
4. Sum of the Factors (Add lines (1p), (2j), and (3m) for each corporation.)			%	%			
5. Apportionment Factor							
(5a)	Separate entity Apportionment Factor (Divide line 4 by the number of factors that can be included in the calculation. See instructions.)		%	%			
(5b)	Total Apportionment Factor (Add columns on line (5a). Enter here and on page 5, line 5 of the Schedule K.)					%	
6. Montana Taxable Income							
(6a)	Montana adjusted taxable income. (Enter the amount from CIT, 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 CIT.)						
(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 CIT.)						
(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 CIT.)						
(6j)	Montana credits on a separate entity basis (Attach applicable form.)						

* 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 80/20 Companies

1. Enter the positive federal line 30 income of your 80/20 companies. (See instructions).....1.	<input type="text" value=""/>	<input type="text" value="00"/>
2. Enter your consolidated 1120 positive federal line 30 income. (See instructions).....2.	<input type="text" value=""/>	<input type="text" value="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 income3.	<input type="text" value=""/> <input type="text" value="."/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
4. Enter the tax liability, after tax credits, which you reported on your consolidated 1120.....4.	<input type="text" value=""/>	<input type="text" value="00"/>
5. Multiply line 3 by line 4. This is the federal tax liability associated with your 80/20 companies ...5.	<input type="text" value=""/>	<input type="text" value="00"/>
6. Enter the section 78 gross-up received by your 80/20 companies (include schedule)6.	<input type="text" value=""/>	<input type="text" value="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 zero7.	<input type="text" value=""/>	<input type="text" value="00"/>
8. Enter the after-tax net income of all unconsolidated 80/20 companies8.	<input type="text" value=""/>	<input type="text" value="00"/>
9. Add lines 7 and 8; enter the result. This is your total after-tax net income.....9.	<input type="text" value=""/>	<input type="text" value="00"/>
10. Multiply line 9 by 20% and enter the result here and on line 2(g) of Form CIT, page 3. This is your 20% deemed dividend10.	<input type="text" value=""/>	<input type="text" value="00"/>

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

1. Name	2. FEIN	3. Income/Loss	4. Dividends Received
		<input type="text" value="00"/>	<input type="text" value="00"/>
		<input type="text" value="00"/>	<input type="text" value="00"/>
		<input type="text" value="00"/>	<input type="text" value="00"/>
		<input type="text" value="00"/>	<input type="text" value="00"/>
		<input type="text" value="00"/>	<input type="text" value="00"/>
		<input type="text" value="00"/>	<input type="text" value="00"/>
		<input type="text" value="00"/>	<input type="text" value="00"/>
		<input type="text" value="00"/>	<input type="text" value="00"/>
Totals		<input type="text" value="00"/>	<input type="text" value="00"/>

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

1. Name	2. Country of Incorporation/Organization	3. Income/Loss
		<input type="text" value="00"/>
		<input type="text" value="00"/>
		<input type="text" value="00"/>
		<input type="text" value="00"/>
		<input type="text" value="00"/>
		<input type="text" value="00"/>
		<input type="text" value="00"/>
		<input type="text" value="00"/>
Total		<input type="text" value="00"/>

