



2008 Corporation License Tax Return

C
MONTANA
Form CLT-4
Rev. 8-08

For calendar year 2008 or tax year beginning (MM-DD) ____ - ____ - **08** and ending (MM-DD-YY) ____ - ____ - ____

- Check if applicable:
- Initial Return
 - Final Return
 - Amended Return
 - Refund Return

Corporation Name		FEIN _____
Mailing Address		Federal Business Code _____
If new address check here <input type="checkbox"/>		Incorporated in State of _____
City	State	Zip+4
		Date _____
		Date Qualified in Montana _____

Check this box if you do not need the Montana corporation license tax return and instructions sent to you next year.

Copy of signed federal Form 1120 as filed with the Internal Revenue Service must be attached

Part I - Filing Method.

1. Check this box if you are exempt from tax under the provision of Public Law 86-272. 1.
If checked, Schedule K must be completed and attached to your return and skip questions 2 through 5 of this part.
2. Are you a member (parent or subsidiary) of a consolidated group for federal purposes? Yes No
3. Are you filing a combined return for Montana purposes? Yes No
If "Yes," enter the number of entities with Montana activity included in this return. _____
4. If you answered "Yes" to questions 2 or 3 above, then check one of the following filing methods and attach Schedule M:

a. Separate Company	<input type="checkbox"/>	d. Domestic Combination	<input type="checkbox"/>
b. Separate Accounting	<input type="checkbox"/>	e. Limited Combination	<input type="checkbox"/>
c. Worldwide Combination	<input type="checkbox"/>	f. Water's Edge	<input type="checkbox"/>

 (You must have a valid election and Schedule WE must be attached.)
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:
 - a. U.S. parent's name as reported on federal tax return _____
 - b. U.S. parent's FEIN _____

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

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

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? Yes No
If this corporation is a successor to your previously existing business, enter:
Name: _____ and FEIN: _____
- c. Is this your corporation's final Montana tax return? Yes No
If "Yes," indicate whether your corporation has:

<input type="checkbox"/> Withdrawn;	<input type="checkbox"/> Merged (please attach detailed statement);
<input type="checkbox"/> Dissolved (please attach detailed statement);	<input type="checkbox"/> Reorganized (please attach detailed statement).

 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) are covered and what are the expiration date(s) of the waiver(s)? _____

Part III - continued

- f. Have you filed an amended federal 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: _____ % 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? Yes No
If "Yes," enter name: _____ % of ownership: _____
 - 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.

Declaration - Under penalties of perjury, I, the undersigned officer of the corporation, declare that to the best of my knowledge and belief, this return and accompanying schedules are a true, correct, and complete return made in good faith for the income period stated above, pursuant to Montana corporation license tax law and regulations.

Signature of officer		Date
Print name of officer	Title	Telephone number, ext.
Preparer's name	Firm's name	Date
Preparer's identification number		Telephone number

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

Mail to: Montana Department of Revenue, PO Box 8021, Helena, MT 59604-8021

Computation of Montana Taxable Income and Net Amount Due

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

2. Additions:

2a. State, local, foreign and franchise taxes based on income (attach breakdown of your Form 1120, line 17) 2a.

2b. Federal tax exempt interest 2b.

2c. Contributions used to compute qualified endowment credit 2c.

2d. Income/loss of foreign parent and foreign subsidiaries for worldwide combined filers 2d.

2e. Income/loss of unitary corporations not included in federal consolidated return 2e.

2f. Extraterritorial income exclusion 2f.

2g. Deemed dividends - Water's Edge filers only. (attach Schedule WE) 2g.

2h. Income/loss of corporations incorporated in tax havens—Water's Edge filers only 2h.

2i. Federal capital loss carry-over utilized on federal return 2i.

2j. All of your other additions (attach a detailed breakdown) 2j.

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

3. Reductions:

3a. IRC Section 243 dividend received deduction 3a.

3b. Nonbusiness income (attach a detailed breakdown) 3b.

3c. Montana recycling deduction (attach Form RCYL) 3c.

3d. Income/loss of nonunitary corporations included in federal consolidated return 3d.

3e. Income/loss of 80/20 companies—Water's Edge filers only 3e.

3f. Capital loss incurred in current year (attach federal Schedule D) 3f.

3g. All of your other reductions (attach a detailed breakdown) 3g.

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

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

5. Income apportioned to Montana (multiply line 4 X _____ % from Schedule K, line 5) and enter the result 5.

Combined filers must use the Schedule K-Combined included on page 7 of Form CLT-4.

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

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

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.

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

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** 10.

Note: This amount cannot be less than the minimum tax liability of \$50.

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

11. Payments:

11a. 2007 overpayment 11a.

11b. Tentative payment 11b.

11c. Quarterly estimated tax payments 11c.

11d. Montana mineral royalty tax withheld (attach Form(s) 1099) **NEW** 11d.

11e. All other payments. Describe _____ 11e.

11f. Previously issued refunds. Describe _____ 11f. ()

Add lines 11a through 11f and enter the result. **This is the total of your payments** 11.

12. Enter total credits (from Schedule C) 12.

13. Add lines 11 and 12, then subtract from line 10 and enter result. **This is your tax due or <overpayment>** ... 13.

14. Enter the amount of overpayment that you want to be applied to your 2009 estimated tax 14.

15. Add lines 13 and 14; enter the result. **This is your net tax due or <overpayment>** 15.

16. Enter interest on all the tax paid after the due date, calculated at 12% per year, on a daily basis 16.

17. Enter estimated tax underpayment interest (attach Form CLT-4-UT) 17.

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

18. Penalty:

18a. Enter your late filing penalty (see instructions) 18a.

18b. Enter your late payment penalty (see instructions) 18b.

Add lines 18a and 18b; enter the result. **This is your total penalty** 18.

19. Add lines 15 through 18; enter the result on line 19a or 19b below.

19a. If the result is positive, enter the amount due here. **This is your total amount due** 19a.

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

19b. If the result is negative, enter the refund due here. **This is your total refund** 19b. ()

If you wish to use direct deposit for your refund, enter your bank routing and account numbers below.

RTN#

ACCT#

Checking
 Savings

Schedule K - Apportionment Factors for Multi-State Taxpayers

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

A. Everywhere	B. Montana	C. Factor
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1. Property Factor: Enter average values for real and tangible personal property

1a. Land.....	1a.		
1b. Buildings.....	1b.		
1c. Machinery.....	1c.		
1d. Equipment.....	1d.		
1e. Furniture and fixtures.....	1e.		
1f. Leased property.....	1f.		
1g. Inventories.....	1g.		
1h. Depletable assets.....	1h.		
1i. Supplies and other.....	1i.		
1j. Property of foreign subsidiaries included in combined unitary group ...	1j.		
1k. Property of unconsolidated subsidiaries included in combined unitary group	1k.		
1l. Property of pass-through entities included in combined unitary group.	1l.		
1m. Multiply amount of rents by 8 and enter result.....	1m.		
Total Property Value - add lines 1a through 1m			

Take the total in column B and divide it by the total in column A. Multiply that result by 100 and enter the result. **This is your property factor**

1. %

2. Payroll Factor:

2a. Compensation of officers.....	2a.		
2b. Salaries and wages	2b.		
Payroll included in:			
2c. Costs of goods sold.....	2c.		
2d. Other deductions	2d.		
2e. Payroll of foreign subsidiaries included in combined unitary group.....	2e.		
2f. Payroll of unconsolidated subsidiaries included in combined unitary group	2f.		
2g. Payroll of pass-through entities included in combined unitary group ..	2g.		
Total Payroll Value - add lines 2a through 2g			

Take the total in column B and divide it by the total in column A. Multiply that result by 100 and enter the result. **This is your payroll factor**

2. %

3. Sales (Gross Receipts) Factor:

3a. Gross sales, less returns and allowances	3a.	<input type="text"/>	
3b. Sales delivered or shipped to Montana purchasers:			
(1) Shipped from outside Montana	3b.(1)		
(2) Shipped from within Montana.....	3b.(2)		
3c. Sales shipped from Montana to:			
(1) United States government.....	3c.(1)		
(2) Purchasers in a state where the taxpayer is not taxable.....	3c.(2)		
3d. Sales other than sales of tangible personal property (i.e. service income).....	3d.		
3e. Less: Intercompany sales.....	3e.	(<input type="text"/>)	(<input type="text"/>)
3f. Net gains reported on federal Schedule D and federal Form 4797	3f.		
3g. Other gross receipts (rents, royalties, interest, etc.).....	3g.		
3h. Sales (receipts) of foreign subsidiaries included in combined unitary group	3h.		
3i. Sales (receipts) of unconsolidated subsidiaries included in combined unitary group.....	3i.		
3j. Sales (receipts) of pass-through entities included in combined unitary group	3j.		
3k. Less: Other intercompany transactions	3k.	(<input type="text"/>)	(<input type="text"/>)
Total Sales Value - add lines 3a through 3k			

Take the total in column B and divide it by the total in column A. Multiply that result by 100 and enter the result. **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), the factor is included in the calculation (see instructions).

Enter the results here and also insert in Form CLT-4, 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
1. New/Expanded Industry Credit			
2. Interest Differential Credit			
3. Montana Dependent Care Assistance Credit (attach Form DCAC)			
4. Montana College Contribution Credit (attach Form CC)			
5. Health Insurance for Uninsured Montanans Credit (attach Form HI)			
6. Montana Recycle Credit (attach Form RCYL)			
7. Alternative Energy Production Credit (attach Form AEPC)			
8. Contractor's Gross Receipts Tax Credit (attach supporting schedule)			
9. Alternative Fuel Credit (attach Form AFCR)			
10. Infrastructure Users Fee Credit			
11. Qualified Endowment Credit (attach Form QEC)			
11a. Qualified Endowment Credit Recapture			()
12. Historical Buildings Preservation Credit (attach federal Form 3468)			
12a. Historical Buildings Preservation Credit Recapture			()
13. Increase Research and Development Activities Credit (attach Form RSCH)			
14. Mineral Exploration Incentive Credit			
15. Empowerment Zone Credit			
16. Film Production Credit (attach Form FPC)			
16a. Film Production Credit Recapture			()
17. Biodiesel Blending and Storage Credit (attach Form BBSC)			
17a. Biodiesel Blending and Storage Credit Recapture			()
18. Oilseed Crushing and Biodiesel/Biolubricant Production Credit (attach Form OSC)			
18a. Oilseed Crushing and Biodiesel/Biolubricant Production Credit Recapture			()
19. Geothermal System Credit (attach Form ENRG-A)			
20. Insure Montana Small Business Health Insurance Credit			
NEW 21. Temporary Emergency Lodging Credit (attach Form TELC)			
22. Add totals of lines 1 through 21 and enter the result here. This is the total of your credits. Enter the total in column C on Form CLT-4, page 3, line 12.			

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

