

2009 Montana Corporation License Tax Return

C
Form CLT-4

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

For calendar year 2009 or tax year beginning (MM-DD) ___ - ___ - **09** and ending (MM-DD-YY) ___ - ___ - ___

Check if applicable: <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> Amended Return <input type="checkbox"/> Refund Return	Corporation Name	FEIN: _____
	Mailing Address	Federal Business Code: _____
	City State Zip+4	Incorporated in State of: _____ 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.

Part I - Filing Method.

1. Check this box if you are exempt from tax under the provision of Public Law 86-272.
If checked, Schedule K must be completed and attached to your tax 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 tax 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) is covered and what is the expiration date(s) of the waiver(s)? _____

Part III - continued

- 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? Yes No
If "Yes," enter name _____ and % 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.

Please mail your completed Form CLT-4 to: Montana Department of Revenue PO Box 8021 Helena, MT 59604-8021 	Paid preparer information. Please print.		
	Name		
	Address		
	Telephone number		
	Contact's name		
	SSN, FEIN or PTIN	Date	

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

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 X	Date	Telephone number
Print name of officer	Title	

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.		
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.		
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 included on page 4 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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. (This amount cannot be less than the minimum tax liability of \$50.)..... 10.		
<input type="checkbox"/> Check this box if you are calculating your tax liability using the Alternative Tax method.		
Payments	11a. 2008 overpayment..... 11a.	
	11b. Tentative payment 11b.	
	11c. Quarterly estimated tax payments..... 11c.	
	11d. Montana mineral royalty tax withheld (attach Form(s) 1099) 11d.	
	11e. Montana tax withheld from pass-through entities (attach Form(s) PT-WH)..... 11e.	
	11f. All other payments. Describe. 11f.	
	11g. Previously issued refunds. (Do not include any overpayments to 2010.)..... 11g.	
Add lines 11a through 11f and subtract line 11g; 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 2010 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.		
<input type="checkbox"/> Check this box if you are using the annualized income or adjusted seasonal income method.		
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.		
<i>Attach your remittance payable to Montana Department of Revenue or visit our website at revenue.mt.gov for electronic payment options.</i>		
19b. If the result is negative, enter the refund due here. This is your total refund 19b.		

For Direct Deposit of your refund, complete 1, 2, 3 and 4. Please see instructions on page 6.	1. RTN# <input style="width:100px;" type="text"/>	2. ACCT# <input style="width:150px;" type="text"/>
	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	

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. Leases and 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.		
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. Net gains reported on federal Schedule D and federal Form 4797.....	3e.		
3f. Other gross receipts (rents, royalties, interest, etc.).....	3f.		
3g. Sales (receipts) of foreign subsidiaries included in combined unitary group.....	3g.		
3h. Sales (receipts) of unconsolidated subsidiaries included in combined unitary group.....	3h.		
3i. Sales (receipts) of pass-through entities included in combined unitary group.....	3i.		
3j. Less: All intercompany transactions.....	3j.		
Total Sales Value - add lines 3a through 3j.....			

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

