

2009 Montana S Corporation Information and Composite Tax Return

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

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

Name			FEIN: _____		
Mailing Address			Federal Business Code: _____		
City			Incorporated in the State of: _____		
State		Zip+4	Date Qualified in Montana: _____		
<input type="checkbox"/> I do not need the Montana S Corporation Information Return and Instructions sent to me next year. <input type="checkbox"/> I am requesting a refund with this tax return.					

- | | |
|--|--|
| <input type="checkbox"/> Check if this is an initial return
<input type="checkbox"/> Check if this is a final return
Reason for final return:
<input type="checkbox"/> a. Withdrawn
<input type="checkbox"/> b. Dissolved
<input type="checkbox"/> c. Merged
<input type="checkbox"/> d. Reorganized | <input type="checkbox"/> Check if this is an amended return
If you check the box above, check below all the reasons for amending your return:
<input type="checkbox"/> a. Federal Revenue Agent Report (a complete copy of this report is required)
<input type="checkbox"/> b. Apportionment factor changes (attach a statement explaining adjustments)
<input type="checkbox"/> c. Amended federal return
<input type="checkbox"/> d. Amended composite return
<input type="checkbox"/> e. Other (attach a statement explaining all adjustments in detail) |
|--|--|

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

1. Ordinary business income (loss)	1.	
2. Net rental real estate income (loss) (attach federal Form 8825)	2.	
3. a. Other gross rental income (loss).....	3a.	
b. Expenses from other rental activities (attach schedule)	3b.	
c. Subtract line 3b from line 3a. This is your other net rental income or loss.	3c.	
4. Interest income	4.	
5. Ordinary dividends.....	5.	
6. Royalties.....	6.	
7. Net short-term capital gain (loss) (attach federal Schedule D, Form 1120S)	7.	
8. Net long-term capital gain (loss) (attach federal Schedule D, Form 1120S)	8.	
9. Net section 1231 gain (loss) (attach federal Form 4797)	9.	
10. Other income (loss)	10.	
11. Add lines 1 through 10 and enter result. This is your total share of income or loss.	11.	

Shareholders' Shares of Deduction (Form 1120S, Schedule K)

12. Section 179 deduction (attach federal Form 4562)	12.	
13. a. Contributions.....	13a.	
b. Investment interest expense.....	13b.	
c. Section 59(e)(2) expenditures (attach detailed schedule)	13c.	
d. Other deductions (attach detailed schedule)	13d.	
14. Add lines 12 through 13d and enter result. This is your total share of deductions.	14.	

Shareholders' Distributive Shares of Montana Additions and Deductions to Income

15. a. Interest and dividends not taxable under the Internal Revenue Code (see instructions)	15a.	
b. Taxes based on income or profits	15b.	
c. Other additions (attach a detailed breakdown)	15c.	
Add lines 15a, 15b, and 15c; enter result. This is your total Montana additions to income.	15.	
16. a. Interest on U.S. government obligations (attach schedule).....	16a.	
b. Deduction for purchasing recycled material (attach Form RCYL)	16b.	
c. Other deductions (attach detailed breakdown)	16c.	
Add lines 16a, 16b, and 16c; enter result. This is your total Montana deductions to income.	16.	
17. Subtract line 16 from line 15. Add the result to line 15, then subtract line 16 from that result. This is your net taxable income (loss).	17.	

Shareholders' Distributive Shares of Multistate Apportionment and Allocation

18. Income apportioned to Montana. Multiply line 17 X _____ % from Schedule I, line 5; enter the result.	18.	
19. Income allocated to Montana. Enter the income or loss allocated directly to Montana (see instructions)	19.	
20. Add lines 18 and 19; enter result. This is the total Montana source income for multistate taxpayers.	20.	

Entity name _____ Tax period ending _____ FEIN _____

Calculation of Amount Owed or Refund

S Corporation Composite Return Tax

21. Enter your Montana total composite tax from Schedule III, column F 21.

Shareholder Backup Withholding

22. Enter the amount of total shareholder withholding from Schedule III, column G 22.

S Corporation Montana Mineral Royalty Tax Withheld

23. a. Total Montana mineral royalty tax withheld as reported on federal Form(s) 1099... 23a.
 b. Mineral royalty tax withheld attributable to Montana residents 23b.
 c. Mineral royalty tax withheld attributable to nonresidents not reporting on
 Schedule IV 23c.
 d. Add lines 23b and 23c. This is the total mineral royalty tax withheld reported
 by shareholders on their income tax returns..... 23d.
 e. Subtract line 23d from 23a. This is the mineral royalty tax withheld attributable to nonresidents reporting on
 Schedule IV 23e.

Return Payments

24. a. 2008 overpayment applied to 2009 24a.
 b. 2009 estimated payments..... 24b.
 c. 2009 extension payment..... 24c.
 d. Montana income tax withheld. Attach Form PT-WH 24d.
 e. For amended returns only—payments made with original return (see instructions) 24e.
 f. For amended returns only—previously issued refunds (see instructions) 24f.
 g. Add lines 24a through 24e then subtract line 24f and enter the result here. **This is your total return
 payments.** 24g.
 25. Add lines 21 and 22, then subtract lines 23e and 24g. **This is your amount due or (overpaid).** 25.


Penalties and Interest (see instructions)

26. a. S corporation information return late filing penalty 26a.
 b. Interest on underpayment of estimated composite tax 26b.
 c. Composite income tax return late filing penalty 26c.
 d. Late payment penalty 26d.
 e. Interest..... 26e.
 f. Add lines 26a through 26e. **This is your total penalties and interest.** 26f.

Amount Owed or Refund

27. Add lines 25 and 26f; enter the result here..... 27.
 28. If line 27 results in an amount due, enter it here. **This is the amount you owe.** 28.
 29. If line 27 results in an overpayment, enter it here. **This is your overpayment.** 29.
 30. Enter the amount from line 29 that you want applied to your 2010 composite estimated
 tax..... 30.
 31. Subtract line 30 from line 29 and enter the amount here. **This is your refund.** 31.

For Direct Deposit of your refund, complete 1, 2, 3, and 4. Please see instructions on page 7.	1. RTN# <input type="text"/>	2. ACCT# <input 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	

	Name, address and telephone number of paid preparer	<input type="checkbox"/> Check this box and attach a copy of your federal Form 7004 to receive your Montana extension.
	SSN, FEIN or PTIN:	

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

This return has to be signed by one of the following: president, vice president, treasurer, assistant treasurer, or chief accounting officer.

Declaration

I, the undersigned officer of the corporation for which this return is made, hereby declare that this return, including all accompanying schedules and statements, is to the best of my knowledge and belief a true, correct and complete return, made in good faith for the income period stated, pursuant to the Montana statutes and regulations.

Signature of officer X	Date	Printed name and title	Telephone number
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Schedule I – Form CLT-4S, page 3

Entity name _____ Tax period ending _____ FEIN _____

Apportionment Factors for Multistate S Corporations

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

	A. Everywhere	B. Montana	C. Factor
1. Property Factor: Use average value for real and tangible personal property			
1a. Land1a.			
1b. Buildings.....1b.			
1c. Machinery.....1c.			
1d. Equipment.....1d.			
1e. Furniture and fixtures1e.			
1f. Leases and leased property1f.			
1g. Inventories.....1g.			
1h. Depletable assets.....1h.			
1i. Supplies and other1i.			
1j. Property of foreign subsidiaries included in combined unitary group..1j.			
1k. Property of unconsolidated subsidiaries included in combined unitary group1k.			
1l. Property of pass-through entities included in combined unitary group 1l.			
1m. Multiply amount of rents by 8 and enter result1m.			
Total Property Value add lines 1a through 1m			
Take the total in column B and divide it by the total in column A. Multiply the result by 100. This is your property factor.			1. %
2. Payroll Factor:			
2a. Compensation of officers.....2a.			
2b. Salaries and wages2b.			
Payroll included in:			
2c. Costs of goods sold.....2c.			
2d. Other expenses and deductions.....2d.			
2e. Payroll of foreign subsidiaries included in combined unitary group...2e.			
2f. Payroll of unconsolidated subsidiaries included in combined unitary group2f.			
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 the result by 100. This is your payroll factor.			2. %
3. Sales (Gross Receipts) Factor:			
3a. Gross sales, less returns and allowances3a.			
3b. Sales delivered or shipped to Montana purchasers:			
(1) Shipped from outside Montana3b.(1)			
(2) Shipped from within Montana3b.(2)			
3c. Sales shipped from Montana to:			
(1) United States government3c.(1)			
(2) Purchasers in a state where the taxpayer is not taxable3c.(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 group3g.			
3h. Sales (receipts) of unconsolidated subsidiaries included in combined unitary group3h.			
3i. Sales (receipts) of pass-through entities included in combined unitary group3i.			
3j. Less: All intercompany transactions3j.			
Total Sales Value add lines 3a through 3j.....			
Take the total in column B and divide it by the total in column A. Multiply the result by 100. This is your sales factor.			3. %
4. Add the percentages on lines 1, 2, and 3 in column C. This is the sum of your factors.			4. %
5. Divide the total percentage on line 4, column C, by the number of factors that can be included in the calculation. If there is a value in column A for a factor category (Property, Payroll, or Sales) you should include this factor as part of the calculation (see instructions). Enter the results here and also insert in line 18, page 1 of Form CLT-4S. This is your apportionment factor.			5. %

Schedule II – Form CLT-4S, page 4

Entity name _____ Tax period ending _____ FEIN _____

Montana S Corporation Tax Credits	
Type of Credit	Amount of Credit
1. Montana Dependent Care Assistance Creditattach Form DCAC	
2. Montana College Contribution Creditattach Form CC	
3. Health Insurance for Uninsured Montanans Creditattach Form HI	
4. Montana Recycle Creditattach Form RCYL	
5. Alternative Energy Production Creditattach Form AEPC	
6. Contractor’s Gross Receipts Tax Credit attach supporting schedule	
7. Alternative Fuel Creditattach Form AFRCR	
8. Infrastructure Users Fee Creditattach Form IUFC	
9. Qualified Endowment Credit..... attach Form QEC	
10. Historical Buildings Preservation Credit attach federal Form 3468	
11. Increase Research and Development Activities Credit.....attach Form RSCH	
12. Mineral Exploration Incentive Credit..... attach Forms MINE-CERT and MINE-CRED	
13. Empowerment Zone Credit	
14. Film Production Creditattach Form FPC	
15. Biodiesel Blending and Storage Credit..... attach Form BBSC	
16. Oilseed Crushing and Biodiesel/Biolubricant Production Credit..... attach Form OSC	
17. Insure Montana Small Business Health Insurance Credit. Business FEIN: _____	
18. Temporary Emergency Lodging Credit.attach Form TELC	
Type of Credit Recapture	Amount of Credit Recapture
19. Qualified Endowment Credit Recapture	
20. Historical Buildings Preservation Credit Recapture	
21. Film Production Credit Recapture	
22. Biodiesel Blending and Storage Credit Recapture	
23. Oilseed Crushing and Biodiesel/Biolubricant Production Credit Recapture	

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

In order to receive these credits, all shareholders will have to attach their applicable credit forms to their individual income or corporation license tax returns.

Schedule III – Form CLT-4S, page 5

Entity name _____ Tax period ending _____ FEIN _____

Montana S Corporation Information
Summary Schedule of Income and Supplemental Information

Section A: Resident Shareholders

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

Shareholder Withholding: yes no

Composite Income Tax: yes no

Number of Resident Shareholders

Number of Nonresident Shareholders

Total Number of Shareholders

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

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

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

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

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

Use additional sheets if necessary or you may use a document formatted similarly to Schedule III as a substitute.

Schedule IV – Form CLT-4S, page 6

Entity name _____ Tax period ending _____ FEIN _____

Montana S Corporation Composite Income Tax Schedule

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

Enter the number of participating shareholders. _____

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

A	B	C	D	E	F	G	H	I	J
Name	Social security number or federal employer identification number	Federal income from entity	Standard deduction	Exemption \$2,110	Calculate Montana taxable income. Subtract column D from column C then subtract column E from the result.	Enter the appropriate tax from the tax table below.	Montana source income	Ratio. Divide column H by column C and enter result.	Montana composite income tax. Multiply column G times column I and enter result.
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
Column J Total									

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

Use additional sheets if necessary or you may use a document formatted similarly to Schedule IV as a substitute.

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$0	\$2,600	1% (0.010)	\$0	
\$2,600	\$4,500	2% (0.020)	\$26	
\$4,500	\$6,900	3% (0.030)	\$71	
\$6,900	\$9,300	4% (0.040)	\$140	

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$9,300	\$12,000	5% (0.050)	\$233	
\$12,000	\$15,400	6% (0.060)	\$353	
More Than \$15,400		6.9% (0.069)	\$492	

Schedule VI – Form CLT-4S, page 7

Entity name _____ Tax period ending _____ FEIN _____

Reporting of Special Transactions

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

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

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

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

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

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

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

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

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

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

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

- 5. During this tax year I have made payments to related parties (excluding salary compensation) that exceed \$100,000 per recipient.** Yes

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

Name	FEIN	Amount of Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____