



2001 Corporation License Tax Return

MONTANA
Form CLT-4
Rev. 8-01

For calendar year 2001 or tax year beginning _____, 2001; ending _____, 20____

Check if Applicable: ____ Initial Return ____ Final Return	Corporation name Address City State Zip + 4	FEIN: _____ Federal Business Code: _____ Incorporated in State of: _____ Date: _____ Date Qualified in Montana: _____
Reporting Method: Cash _____ Accrual _____ Other (please specify) _____		
1. Taxable income per federal return (line 28) (Copy of Federal 1120 Must be Attached).....		1
2. Add: a. Montana Corporation License Tax (Attach breakdown of federal 1120 line 17)..... 2a		
b. Other state, local, foreign, and franchise taxes based on income.....2b		
c. Federal tax exempt interest.....2c		
d. Contributions used to compute charitable endowment credit.....2d		
e. Other additions (A Detailed Breakdown Must be Attached).....2e		
Total Additions.....		2
3. Subtract: a. IRC Section 243 dividend received deduction.....3a		
b. Nonbusiness income (A Detailed Breakdown Must be Attached).....3b		
c. Other reductions (A Detailed Breakdown Must be Attached).....3c		
d. Montana recycling deduction (Attach Form RCYL-CT).....3d		
Total Reductions.....		3
4. Adjusted taxable income (line 1 + line 2 - line 3).....		4
5. Income apportioned to Montana (line 4X _____ % from Schedule K, line 5).....		5
6. Income allocated directly to Montana (Multi-state taxpayers only; A detailed breakdown MUST be attached).....		6
7. Montana taxable income before net operating loss (line 5 + line 6 or enter amount reported on line 4).....		7
If line 7 is a loss, do you wish to forego the net operating loss carryback provision? <input type="checkbox"/> Yes <input type="checkbox"/> No *If a loss is reported on line 7 and neither box is checked, the loss must be carried back.		
8. Montana net operating loss carryover (A Detailed Schedule Must be Attached).....		8
9. Montana taxable income (line 7 - line 8).....		9
10. Montana tax liability (line 9 X 6.75%)(line 9 X 7% for those corporations electing a water's edge filing).....		10
Not to be less than the MINIMUM tax liability of \$50 (The minimum tax applies to each corporation with Montana activity) <input type="checkbox"/> Alternative Tax		
11. Subtract: a. 2000 overpayment.....11a		
b. Tentative payment.....11b		
c. Quarterly estimated tax payments.....11c		
Total Payments.....		11
12. Subtract: Credits (from Schedule C).....		12
13. Tax due (line 10 - line 11 - line 12) Send your payment with the coupon provided in the booklet.....		13
14. Interest from due date @ 12% per annum.....		14
15. Estimated tax underpayment interest penalty (attach Form CLT-4UT)..... <input type="checkbox"/> Check box for annualized income or adjusted seasonal income method.....		15
16. Penalty: a. Late Filing Penalty (see instructions).....16a		
b. Late Payment Penalty (see instructions).....16b		
Total Penalty Payment		16
17. Total due or overpayment (line 13 + 14 + 15 + 16).....		17
18. Overpayment to be credited to 2002 estimated tax.....		18
19. Refund Due.....		19

☐ Check here, if you DO NOT need the Montana Corporate License Tax Return and instructions sent to you next year.

Please Answer All Questions on Page 2 of This Form Declaration

This return must be signed by one of the following: president, vice-president, treasurer, assistant treasurer, or chief accounting officer. 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 Corporation License Tax law and Regulations.

Signature of officer _____ Date _____

Name of person or firm preparing return _____ Date _____

Title _____ Telephone number _____ Address and Zip Code _____ Telephone number _____
Attach Remittance Payable to Department of Revenue

Copy of Federal Form 1120 Must be Attached

Preparer's ID# _____

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General Questions

1. Describe in detail, the nature and location(s) of your Montana activities (If necessary, provide the description on an additional page): _____

Yes

No

2. Is this the corporation's first return?

If so, please indicate whether:

_____ New business

_____ Successor to previously existing business

Enter name, address, and FEIN of previous business:

Yes

No

3. Is this the corporation's final return?

If so, indicate whether:

_____ Withdrawn

_____ Dissolved

_____ Merged

_____ Reorganized

Date of withdrawal, dissolution, merger, or reorganization: _____

If your status has been changed as a result of dissolution, merger, or reorganization; attach a statement with the details.

Yes

No

4. Is this a consolidated / combined return?

If "yes," Attach a list of all companies and their FEIN included in the return.

Yes

No

5. Are you included as a member of a consolidated group for U.S. Consolidated Income Tax Purposes?

If "Yes," you must attach pages 1 through 4 of the consolidated U.S. Corporation Income Tax Return (Form 1120) and a schedule of gross income and deductions, by company, supporting the consolidated taxable income. If you are a member of an affiliated group of corporations, you **MUST** attach a list of the names of the corporation within the group which files a Montana Corporation License Tax return.

Yes

No

6. Have there been any changes to your federal taxable income (Form 1120), due to federal Internal Revenue Service audits, that you have not notified the Department of Revenue about? If "Yes", indicate the most recent taxable year and completion date for which an Internal Revenue Service audit has been completed: _____

Yes

No

7. Are any statute of limitation waivers currently in force which have been executed with the Internal Revenue Service? If "Yes", which taxable years are covered and what are the expiration dates of the waivers?

Yes

No

8. Has an amended federal return been filed for any of the last five (5) taxable years? If "Yes", which taxable year(s) were amended? _____

If "Yes" has an amended Montana return been filed? _____