



2004 Montana S. Corporation Information and Composite Tax Return

S
MONTANA
CLT-4S
Rev. 9-04

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

For calendar year 2004 or tax year beginning _____, 2004; ending _____, 20____

Check if Applicable: ____ Initial Return ____ Final Return ____ Amended	Name	Check box if this is <input type="checkbox"/> a change of address.	FEIN: _____
	Address		Federal Business Code: _____
	City	State	Zip + 4
			Date: _____
			Date Qualified in Montana: _____

- ☐ Check here, if you do not need the Montana Small Business Corporation Information Return and Instructions sent to you next year.
- ☐ Check here, if you are filing Schedule V, Estimated Withholding Payments with your Montana S. Corporation Return, CLT-4S.

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

Shareholders' Pro Rata Share Items

- | | | |
|--|-----|--|
| 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. Other net income (loss) from other rental activities (subtract line 3b from line 3a)..... | 3c. | |
| 4. Interest income..... | 4. | |
| 5. Ordinary dividends..... | 5. | |
| 6. Royalties..... | 6. | |
| 7. Net short-term capital gain (loss) (attach federal Schedule D)..... | 7. | |
| 8. Net long-term capital gain(loss) (attach federal Schedule D)..... | 8. | |
| 9. Net section 1231 gain (loss) (attach federal Form 4797)..... | 9. | |
| 10. Other income (loss)..... | 10. | |
| 11. Total lines 1 through 10..... | 11. | |

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

- | | | |
|--|------|--|
| 12. Section 179 deduction (attach federal Form 4562)..... | 12. | |
| 13. a. Contributions..... | 13a. | |
| b. Deductions related to portfolio income (attach schedule)..... | 13b. | |
| c. Investment interest expense..... | 13c. | |
| d. Section 59(e)(2) expenditures Type _____ Amount → | 13d. | |
| e. Other deductions (attach schedule)..... | 13e. | |
| 14. Total lines 12 and 13a through 13e..... | 14. | |

Shareholders' Shares of Montana Additions and Exclusions to Income

- | | | |
|--|------|--|
| 15. Add: a. Interest and dividends not taxable under the Internal Revenue
Code (non-Montana)..... | 15a. | |
| b. Taxes based on income or profits..... | 15b. | |
| c. Other additions (attach detailed breakdown)..... | 15c. | |
| Total Montana additions to income..... | 15. | |
| 16. Subtract: 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. | |
| Total Montana deductions to income..... | 16. | |
| 17. Income taxable to shareholders (line 11 minus line 14 plus line 15 minus line 16)..... | 17. | |

Shareholders' Shares of Multistate Apportionment and Allocation

- | | | |
|--|-----|--|
| 18. Multistate taxpayers: Line 17 X _____ % from Montana Schedule I, line 5..... | 18. | |
| 19. Multistate taxpayers: Income allocated directly to Montana..... | 19. | |

Payments**S. Corporation Information Return Late File Penalty Payment**

20. S. corporation late file penalty (see instructions on page 5)..... 20.

S. Corporation Composite Income Tax Payment from Schedule IV

21. Montana total composite tax (from Schedule IV, column K)..... 21.

Payments and Credits

22. 2003 overpayment applied to 2004..... 22.

23. 2004 extension payment..... 23.

24. 2004 estimated tax payments..... 24.

25. Total payments (add lines 22 through 24)..... 25.

Refund or Amount Owed

26. If line 25 is larger than line 21, enter the difference.....Overpayment 26. ()

27. If line 21 is larger than line 25, enter the difference.....Tax Due 27.

28. Underpayment interest (from Worksheet I, line 11)..... 28.

29. Late file penalty..... 29.

30. Late payment penalty..... 30.

31. Interest at 1% (.01) per calendar month..... 31.

32. Total Montana composite tax liability (add lines 27 through 31)..... 32.

S. Corporation Backup Withholding Estimated Payment from Schedule V

33. Montana corporation license tax withheld from Schedule V, column E..... 33.

34. Montana individual income tax withheld from Schedule V, column F..... 34.

35. Total S. corporation backup withholding estimated payments (add lines 33 and 34)..... 35.

S. Corporation Amended Returns Only

36. Add: Previously issued refunds..... 36.

37. Subtract: Amount paid with original return plus additional amounts
paid with previously filed amended return(s)..... 37.

38. Net payments prior to amendment (line 36 minus line 37;
if an overpayment enter as a negative number)..... 38.

S. Corporation Combined Payment Due (Refund)

39. Total payment due (refund) (total of lines 20, 26, 32, 35 and 38)..... 39.

40. Amount on line 39 to be applied to 2005 estimate..... 40.

41. Enter the amount on line 39 you want refunded to you..... 41.

Declaration

The 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 statutes and regulations.

Signature of Officer _____ Date _____

Name of Person or Firm Preparing Return _____ Date _____

Title _____ Telephone Number _____

Address _____

Telephone Number _____

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

Schedule I

Entity Name	Tax period ending	FEIN
Multistate S. Corporation Apportionment Factors		

	A. Everywhere	B. Montana	C. Factor (B divided by A =C)
1. Property Factor: Use average value for real and tangible personal property			
Land.....			
Buildings.....			
Machinery.....			
Equipment.....			
Furniture and fixtures.....			
Leased property.....			
Inventories.....			
Supplies and other.....			
Property of foreign subsidiaries included in combined unitary group.....			
Property of unconsolidated subsidiaries included in combined unitary group....			
Property of pass-through entities included in combined unitary group.....			
Rents X 8.....			
Total Property			%
2. Payroll Factor:			
Compensation of officers.....			
Salaries and wages.....			
Payroll included in:			
Costs of goods sold.....			
Repairs.....			
Other deductions.....			
Payroll of foreign subsidiaries included in combined unitary group.....			
Payroll of unconsolidated subsidiaries included in combined unitary group....			
Payroll of pass-through entities included in combined unitary group.....			
Total Payroll			%
3. Sales (Gross Receipts) Factor:			
Gross sales, less returns and allowances.....			
a. Sales delivered or shipped to Montana purchasers:			
➢ Shipped from outside Montana.....			
➢ Shipped from within Montana.....			
b. Sales shipped from Montana to:			
➢ The United States Government.....			
➢ Purchasers in a state where the taxpayer is not taxable.....			
Less: Intercompany Sales.....			
c. Sales other than sales of tangible personal property (i.e. service income).....			
d. Net gains reported on federal Schedule D and federal Form 4797.....			
e. Other gross receipts (rents, royalties, interest, etc.).....			
Sales (receipts) of foreign subsidiaries included in combined unitary group.....			
Sales (receipts) of unconsolidated subsidiaries included in combined unitary group.....			
Sales (receipts) of pass-through entities included in combined unitary group.....			
Less: Other intercompany transactions.....			
Total Sales			%
4. Sum of Factors (add lines 1, 2 and 3).....			%
5. Apportionment Factor Divide line 4 by the number of factors; i.e. the number (1, 2 or 3) of factors reporting greater than zero for everywhere property, payroll or sales. Enter here and on CLT-4S, page 1, line 18.....			%

Schedule II**Montana S. Corporation Tax Credits**

Entity Name_____

Tax Period Ending_____FEIN_____

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 Credit attach Form RCYL		
5.	Alternative Energy Production Creditattach Form AEPC		
6.	Contractor's Gross Receipts Tax Creditattach supporting schedule		
7.	Alternative Fuel Creditattach Form AFCR		
8.	Infrastructure Users Fee Credit		
9.	Qualified Endowment Creditattach Form QEC		
10.	Historical Buildings Preservation Creditattach Federal Form 3468		
11.	Increase Research and Development Activities Creditattach Form RSCH		
12.	Mineral Exploration Incentive Creditattach Form MINE-CERT		
13.	Affordable Housing Revolving Loan Account Contributions Credit		
14.	Developmental Disability Account Contribution Credit		
15.	Empowerment Zone Credit		
Total Credits			

A credit allowed to an S. corporation must be attributable to its shareholders using the same proportion used to report the S. corporation's income or loss for Montana income tax purposes. Provide a detailed breakdown of how the credit is proportioned to each shareholder.

To receive these credits, the shareholder must attach the applicable credit form to the individual income or corporation license tax return.

Schedule III - Montana S. Corporation Shareholder Information

Complete columns F through J for a nonresident individual, foreign C. corporation or second-tier pass-through entity shareholder.

Resident and nonresident individual, foreign C. corporation and second-tier pass-through entity shareholder information					Nonresident individual, foreign C. corporation and second-tier pass-through entity shareholder information				
A	B	C	D	E	F	G	H	I	J
Name and address of shareholder Total number of shareholders_____	Social Security Number	Federal Employer Identification Number	Owner %	Montana source income	Subject to composite, consent or withholding	Federal income from entity (from federal Schedule K-1)	Composite income tax (from Schedule IV, column K)	Shareholder withholding (from Schedule V, column E or F)	Consent agreement or statement (enter year signed)
1.					<input type="checkbox"/> yes				
2.					<input type="checkbox"/> yes				
3.					<input type="checkbox"/> yes				
4.					<input type="checkbox"/> yes				
5.					<input type="checkbox"/> yes				
6.					<input type="checkbox"/> yes				
7.					<input type="checkbox"/> yes				
8.					<input type="checkbox"/> yes				
9.					<input type="checkbox"/> yes				
10.					<input type="checkbox"/> yes				
11.					<input type="checkbox"/> yes				
Column totals									

Entity name _____ Tax period ending _____ FEIN _____

Schedule IV - Montana S. Corporation Composite Income Tax Schedule

Eligible Participating Shareholder: An eligible participant is a shareholder who is a nonresident individual, a foreign C. corporation, 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.

	Identification number		Taxable income				Montana composite income tax liability			
A	B	C	D	E	F	G	H	I	J	K
Name Number of participating shareholders _____	Social Security Number	Federal Employer Identification Number	Federal income from entity	Standard deduction	Exemption \$1840	Taxable income (D - E - F)	Tax from tax table	Montana source income	Ratio (I / D)	Montana composite income tax (H x J)
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										
23.										
24.										
25.										
26.										
Total										

Tax Table

If Taxable Income is Over	But not Over	Multiply by	and Subtract = Tax	If Taxable Income is Over	But not Over	Multiply by	and Subtract = Tax
\$ 0	\$ 2,300	X 2%	\$ 0	\$ 18,400	\$ 22,900	X 7%	\$ 483
\$ 2,300	\$ 4,600	X 3%	\$ 23	\$ 22,900	\$ 32,100	X 8%	\$ 712
\$ 4,600	\$ 9,200	X 4%	\$ 69	\$ 32,100	\$ 45,900	X 9%	\$ 1,033
\$ 9,200	\$ 13,800	X 5%	\$ 161	\$ 45,900	\$ 80,300	X 10%	\$ 1,492
\$ 13,800	\$ 18,400	X 6%	\$ 299	\$ 80,300		X 11%	\$ 2,295

Example = taxable income \$2,400 x 3% (.03) = \$72 subtract \$23 = \$49 tax

Entity name _____ Tax period ending _____ FEIN _____

Schedule V - Pass-Through Entity Withholding Estimated Payment Schedule

Nonresident individual, foreign C. corporation and second-tier pass-through entity	Identification number		Income and Backup Withholding		
A	B	C	D	E	F
Name and address Total number of shareholders subject to Schedule V _____	Social Security Number	Federal Employer Identification Number	Montana source income reported on Form PT-WH, line 1	Montana corporation tax withheld	Montana individual tax withheld
				6.75%	11%
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
Column totals (transfer to Form CLT-4S, lines 33 and 34)					
Total (add columns E and F)					



**2004 Montana Income Tax Withheld
for a Nonresident Individual, Foreign C. Corporation,
or Second-Tier Pass-Through Entity**

Owner Information			First-Tier Pass-Through Entity's Information as shown on most recent federal return or Schedule K-1		
Name			Name		
Street or Other Mailing Address			Street or Other Mailing Address		
City	State	Zip Code	City	State	Zip Code
Social Security Number or Federal Employer ID Number			Federal Employer ID Number		
1. Owner's Montana source income reflected on the first-tier pass-through entity's information return..... \$ _____			First-Tier Pass-Through Entity Type (check only one) <input type="checkbox"/> S. Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Disregarded Entity		
2. Amount of Montana tax withheld and remitted (11% of line 1 if a nonresident individual or a second-tier pass-through entity. 6.75% of line 1 if a foreign C. corporation)..... \$ _____			Taxable year of first-tier pass-through entity Beginning _____, 20____ and ending _____, 20____		

To be completed in absence of an owners participation in a composite return or submitting a signed Montana Form PT-AGR or PT-STM.

Instructions

Purpose of Form PT-WH

A first-tier pass-through entity that has a nonresident individual, foreign C. corporation, or second-tier pass through entity owner at any time during the tax year must remit amounts to the Department of Revenue on behalf of the owner as provided in 15-30-1113, Montana Code Annotated, if (1) the entity does not have a valid, currently effective tax agreement or statement from the owner and (2) the owner does not participate in filing a composite return with the entity.

Amount of Withholding

For a nonresident individual and a second-tier pass-through entity, the amount withheld is 11% of the Montana source income reflected on the entity's Montana information return. For a foreign C. corporation, the amount withheld is 6.75% of the Montana source income reflected on the entity's Montana information return.

First-Tier Pass-Through Entity filing

Transfer amounts reported on lines 1 and 2 above to Form CLT-4S, PR-1, or DER-1; Schedule V. Send Form PT-WH to its owner. Form PT-WH is not required to be submitted to the Department of Revenue with the pass-through entity information return, Schedule V.

Nonresident Individual

The amount of Montana income tax withheld is considered

an estimated payment against your Montana individual income tax liability. When completing your Montana individual income tax return, Form 2, the amount in box 2 above is claimed as an estimated payment on line 56 of your 2004 Montana Form 2. Form PT-WH must be attached to your Montana Form 2 when claiming this estimated payment.

Foreign C. Corporation

The amount of Montana income tax withheld is considered an estimated payment against your Montana corporation license tax liability. When completing your Montana corporation license tax return, Form CLT-4, the amount in box 2 above is claimed as an estimated payment on line 11b of your 2004 Montana Form CLT-4. Form PT-WH must be attached to your Montana Form CLT-4 when claiming this estimated payment.

Second-Tier Pass-Through Entity

The amount of Montana income tax withheld is considered an estimated payment on the account of the individual, estate, trust or C. corporation in which the Montana source income of the first-tier pass-through entity's income is directly or indirectly passed through and is claimed as a distributable share of a refundable credit when an individual, estate, trust or C. corporation files a Montana tax return and is subject to tax on the Montana source income.