Form CIT

C ■

No Staples!

2022 Montana Corporate Income Tax Return
Include a copy of federal Form 1120 as filed with the Internal Revenue Service

For calendar year 2022 or tax year beginning [M][M][D][D][2][0][2][2] and ending [M][M][D][D][Y][Y][Y][Y]

Name			FEIN [ ]-[ ]
			Federal Business Code/NAICS [ ]
Mailing Address			State Incorporated in [ ]
			on [M][M][D][D][Y][Y][Y][Y]
City	State	ZIP Code	Date Qualified in Montana [M][M][D][D][Y][Y][Y][Y]
			MT Secretary of State ID [ ]

Mark all that apply:

☐ Initial Return   ☐ Amended Return – Filers need to complete the entire form using the corrected amounts.

☐ Final Return   ☐ Refund Return

Part I - Filing Method

1. ☐ Mark this box if you are protected under the provision of Public Law 86-272.

    How many companies are claiming protection under Public Law 86-272? [   ]

    If marked, Schedule K must be completed and included with your tax return; 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

4. If you answered **Yes** to questions 2 or 3 above, then mark one of the following filing methods and include Schedule M:

    ☐ a. Separate Company   ☐ d. Domestic Combination

    ☐ b. Separate Accounting   ☐ e. Limited Combination (Attach statement)

    ☐ c. Worldwide Combination   ☐ f. Water's Edge

       (You must have a valid election and Schedule WE must be included.)

5. How many members of the unitary group had property, payroll, or receipts in Montana or have an interest in a pass-through entity with Montana activity during the taxable period? [   ]

6. Are all members of the unitary group 100% Montana corporations? .... ☐ Yes ☐ No

7. If you answered **Yes** to questions 2 or 3 above, you must include pages 1 through 5 of the parent's consolidated federal Form 1120 that you filed with the Internal Revenue Service, and enter:

    a. Ultimate U.S. parent's name as reported on federal tax return [   ]

    b. Ultimate U.S. parent's FEIN [   ]-[   ]

Part II - Amended Return Only (mark all that apply)

☐ a. Federal Revenue Agent Report; include a complete copy of this report.

☐ b. NOL carryback/carry forward; list year(s) of loss. [   ]

   (Schedule NOL must be included.)

☐ c. Apportionment factor changes; include a statement explaining all adjustments in detail.

☐ d. Amended federal tax return (Form 1120X); include a complete copy of the federal Form 1120X.

☐ e. Application and/or change in tax credit; list type of credit being claimed. [   ]

☐ f. Other; include a statement explaining all adjustments in detail.

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 a previously existing business, enter the predecessor's information:

   Name [   ]   FEIN [   ]-[   ]

Office Use Only

Date Received

22EP0101

2022v3
1/2023

Part III - General Questions (continued)

c. Is this your corporation's final Montana tax return?.. ☐ Yes ☐ No

If **Yes**, please include detailed statement and indicate whether your corporation has:

☐ Withdrawn   ☐ Merged   ☐ Dissolved   ☐ Reorganized

Date of withdrawal, dissolution, merger, or reorganization M M D D Y Y Y Y

If applicable, enter the successor's name ☐☐☐☐☐☐☐ 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)? _____

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. Did the same individual, partnership, corporation, estate or trust designated above in question g or h, 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

If **Yes**, how many corporations? _____

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? If **Yes**, how many corporations? _____ .... ☐ 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.?.. ☐ Yes ☐ No

If **Yes**, enter name _____ and % of ownership _____

m. Did this corporation or any member of the consolidated group directly or indirectly have an interest in a domestic partnership? If **Yes**, how many partnerships? _____ .... ☐ Yes ☐ No

n. Did this corporation or any member of the consolidated group directly or indirectly have an interest in a foreign partnership? If **Yes**, how many partnerships? _____ .... ☐ Yes ☐ No

If you answered Yes to any of the above questions (h) through (n), you need to complete and include Schedule M.

o. Are you a multistate taxpayer that uses market sourcing for receipts factor purposes and uses reasonable approximation in assigning receipts? If yes, provide a brief description. …………………………………… ☐ Yes ☐ No

_____

Part IV - Reporting of Special Transactions

Mark **Yes** if you filed any of the following forms with the Internal Revenue Service.

You must include with your Montana tax return a complete copy of any of these applicable forms.

a. **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.

b. **I filed federal Schedule UTP - Uncertain Tax Position Statement with the Internal Revenue Service.** ☐ Yes ☐ No

Schedule UTP is used to disclose uncertain tax positions.

Computation of Montana Taxable Income and Net Amount Due

1. Taxable income reported on your federal tax return (line 28). Include a copy of signed federal Form 1120.. 1. ☐ 0 0

2. Additions

2a. State, local, foreign and franchise taxes based on income. Include breakdown of your Form 1120, line 17 ....2a. ☐ 0 0

2b. Federal tax exempt interest..2b. ☐ 0 0

2c. Contributions used to compute qualified endowment credit..............2c. ☐ 0 0

2d. Income/loss of foreign parent and foreign subsidiaries for worldwide combined filers (attach schedule)..2d. ☐ 0 0

2e. Income/loss of unitary corporations not included in federal consolidated return (attach schedule) ....2e. ☐ 0 0

2f. Deemed dividends – Water's Edge filers only (include Schedule WE)...2f. ☐ 0 0

2g. Income/loss of corporations incorporated in tax havens – Water's Edge filers only (attach schedule) ....2g. ☐ 0 0

2h. Federal capital loss carry-over utilized on federal return. Include Schedule D ....2h. ☐ 0 0

2i. All of your other additions. Include a detailed breakdown ....2i. ☐ 0 0

Add lines 2a through 2i and enter the result. **This is the total of your additions.** .... 2. ☐ 0 0

3. Reductions

3a. IRC Section 243 dividend received deduction...................................3a. ☐ 0 0

3b. Nonapportionable income (include a detailed breakdown) ....3b. ☐ 0 0

3c. Montana recycling deduction (include Form RCYL).........................3c. ☐ 0 0

3d. Income/loss of nonunitary corporations included in federal consolidated return (attach schedule) ....3d. ☐ 0 0

3e. Income/loss of 80/20 companies – Water's Edge filers only (attach schedule)...3e. ☐ 0 0

3f. Capital loss incurred in current year. Include federal Schedule D ......3f. ☐ 0 0

3g. All of your other reductions. Include a detailed breakdown...............3g. ☐ 0 0

Add lines 3a through 3g and enter the result. **This is the total of your reductions.**.........................3. ☐ 0 0

4. Add lines 1 and 2, then subtract line 3 and enter the result. **This is your adjusted taxable income.**... 4. ☐ 0 0

Combined filers with more than one entity with Montana activity must use Schedule K-Combined for lines 5 through 10 below. (See instructions)

5. Income apportioned to Montana (multiply line 4 x ☐ % from Schedule K, line 6)........ 5. ☐ 0 0

6. Enter the income that you allocated directly to Montana. Include a detailed breakdown.................... 6. ☐ 0 0

7. Montana taxable income before net operating loss (add lines 5 and 6 or enter amount reported on line 4).. 7. ☐ 0 0

If line 7 is a loss, do you wish to forgo the net operating loss carry-back provision? ☐ Yes ☐ No

Note: If you have reported a loss on line 7 and have not marked either box, the loss must be carried back first.

8. Enter your Montana net operating loss carried over to this period..................................... 8. ☐ 0 0

Use Schedule NOL of Form CIT on page 14 to calculate your net operating loss carryover.

9. Subtract line 8 from line 7 and enter the result here. **This is your Montana taxable income.** .... 9. ☐ 0 0

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. ☐ 0 0

☐ Mark this box if you are calculating your tax liability using the Alternative Tax method (please see the Form CIT instructions before checking this box).

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.

Computation of Montana Taxable Income and Net Amount Due (continued)

11. Your Montana tax liability from line 10 .... 11. [_____] 00

12. Payments

12a. 2021 overpayment...12a. [_____] 00

12b. Tentative payment ....12b. [_____] 00

12c. Quarterly estimated tax payments.............................12c. [_____] 00

12d. Montana mineral royalty tax withheld. Include Form(s) 1099 ....12d. [_____] 00

12e. Montana tax withheld from pass-through entities. Include MT Schedule(s) K-1 ...12e. [_____] 00

12f. All other payments. Describe [_____] ...12f. [_____] 00

12g. Previously issued refunds. (Do not include any overpayments to 2023.)....12g. [_____] 00

   Add lines 12a through 12f and subtract line 12g; enter the result. **This is the total of your payments.** .... 12. [_____] 00

13. Enter total credits (from Schedule C) .... 13. [_____] 00

14. Add lines 12 and 13, then subtract from line 11 and enter result. **This is your tax due or overpayment.** ..14. [_____] 00

15. Enter the amount of overpayment that you want to be applied to your 2023 estimated tax.............. 15. [_____] 00

16. Add lines 14 and 15; enter the result. **This is your net tax due or overpayment.**........................... 16. [_____] 00

17. Enter interest on all the tax paid after the due date (See instructions)............................... 17. [_____] 00

18. Enter estimated tax underpayment interest. Include Form CIT-UT .... 18. [_____] 00

   [ ] Mark this box if you are using the annualized income or adjusted seasonal income method.

19. Penalty

19a. Enter your late filing penalty (See instructions) ....19a. [_____] 00

19b. Enter your late payment penalty (See instructions)....................19b. [_____] 00

   Add lines 19a and 19b; enter the result. **This is your total penalty.** .... 19. [_____] 00

20. Add lines 16 through 19; enter the result on line 20a or 20b below.

20a. If the result is positive, enter the amount due here. **This is your total amount due.** ....20a. [_____] 00

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

20b. If the result is negative, enter the refund due here. **This is your total refund.**................................20b. [_____] 00

Direct Deposit Your Refund

Complete 1, 2, 3 and 4. (See instructions)

1. RTN# [_____]   2. ACCT# [_____]

3. If using direct deposit, you are required to mark one box. ▶ [ ] Checking   [ ] Savings

4. Is this refund going to an account that is located outside of the United States or its territories? [ ] Yes [ ] No

---

Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Officer   Date   Printed Name and Title   Telephone Number

X _____   [M M D D Y Y Y Y]   [_____]   [_____]

Print/Type Preparer's Name   Preparer's Signature   Date   PTIN

                                  _____   [M M D D Y Y Y Y]   [_____]

Firm's Name   Firm's Address   Telephone Number   Firm's FEIN

[_____]   [_____]   [_____]   [_____]

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

Please mail your completed Form CIT to: Montana Department of Revenue, PO Box 8021, Helena, MT 59604-8021

Schedule K - Apportionment Factors for Multi-State Taxpayers

Enter dollar values in columns A and B. Enter percentages in column C.
For combined filers, also complete Schedule-K Combined (See instructions)

		A. Everywhere	B. Montana.	C. Factor
1. Property Factor: Enter average values for real and tangible personal property.				
1a. Land	1a.	0 0		0 0
1b. Buildings	1b.	0 0		0 0
1c. Machinery	1c.	0 0		0 0
1d. Equipment	1d.	0 0		0 0
1e. Furniture and fixtures	1e.	0 0		0 0
1f. Leases and leased property	1f.	0 0		0 0
1g. Inventories	1g.	0 0		0 0
1h. Depletable assets	1h.	0 0		0 0
1i. Supplies and other	1i.	0 0		0 0
1j. Property of foreign subs included in combined group	1j.	0 0		0 0
1k. Property of unconsolidated subs included in combined group	1k.	0 0		0 0
1l. Property (pro-rata share) of pass-throughs included in group	1l.	0 0		0 0
1m. Multiply amount of rents by 8 and enter result	1m.	0 0		0 0
Total Property Value - add lines 1a through 1m		0 0		0 0

Divide the total in column B by the total in column A. Multiply that result by 100. **This is your property factor.** .... **1.** ☐ %

		A. Everywhere	B. Montana.	C. Factor
2. Payroll Factor:				
2a. Compensation of officers	2a.	0 0		0 0
2b. Salaries and wages	2b.	0 0		0 0
Payroll included in:				
2c. Costs of goods sold	2c.	0 0		0 0
2d. Other deductions	2d.	0 0		0 0
2e. Payroll of foreign subs included in combined group	2e.	0 0		0 0
2f. Payroll of unconsolidated subs included in combined group	2f.	0 0		0 0
2g. Payroll (pro-rata share) of pass-throughs included in group	2g.	0 0		0 0
Total Payroll Value - add lines 2a through 2g		0 0		0 0

Divide the total in column B by the total in column A. Multiply that result by 100. **This is your payroll factor.** .... **2.** ☐ %

3. Gross Receipts Factor: Montana Sources Sales on Market Basis

		A. Everywhere	B. Montana.	C. Factor
3a. Gross receipts, less returns and allowances	3a.	0 0		
3b. Receipts delivered or shipped to Montana purchasers:				
(1) Shipped from outside Montana	3b.(1)			0 0
(2) Shipped from within Montana	3b.(2)			0 0
3c. Receipts shipped from Montana to:				
(1) United States government	3c.(1)			0 0
(2) Purchasers in a state where the taxpayer is not taxable	3c.(2)			0 0
3d. Receipts other than receipts of tangible personal property (for example, service income)	3d.			0 0
3e. Net gains reported on federal Schedule D and federal Form 4797	3e.	0 0		0 0
3f. Other gross receipts (rents, royalties, interest, etc.)	3f.	0 0		0 0
3g. Receipts of foreign subs included in combined group	3g.	0 0		0 0
3h. Receipts of unconsolidated subs included in combined group	3h.	0 0		0 0
3i. Receipts (pro-rata share) of pass-throughs included in group	3i.	0 0		0 0
3j. Less: All intercompany transactions	3j.	0 0		0 0
Total Receipts Value - add lines 3a through 3j		0 0		0 0

Divide the total in column B by the total in column A. Multiply that result by 100. **This is your receipts factor.** ..... **3.** ☐ %

4. Enter the amount reported on line 3. .... **4.** ☐ %

5. Add the percentages on lines 1, 2, 3, and 4 in column C. **This is the sum of your factors.** .... **5.** ☐ %

6. Divide the total percentage on line 5, column C, by the number of factors that can be included in the calculation. If a property, payroll or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in Column A. (See instructions)

Enter the results here and also on Form CIT, page 3, line 5. **This is your apportionment factor.** .... **6.** ☐ %

Schedule M - Affiliated Entities

Complete the schedules below if your corporation has an affiliated relationship with another business entity. Please note that all schedules must be completed if your corporation is a member of a U.S. consolidated group and has affiliated relationships with other business entities.

1. Members of a U.S. Consolidated Group

Include your information in the following schedule for all members of your U.S. consolidated group. If additional space is needed, attach another copy of the Schedule M for this section. Federal Form 851 is not an acceptable substitution for this section.

A	B	C	D		E		F		G
Federal Employer Identification Number (FEIN)	Name of affiliate/subsidiary/parent corporation	Percentage of ownership	Considered a Disregarded Entity?		Included in this Montana unitary filing?		Have any activities in Montana?		Mark if filing Montana Form CIT separate from this unitary filing
			Yes	No	Yes	No	Yes	No	

Schedule M - Affiliated Entities (continued)

Complete the schedules below if your corporation has an affiliated relationship with another business entity. Please note that all schedules must be completed if your corporation is a member of a U.S. consolidated group and has affiliated relationships with other business entities.

2. Affiliated Entities

Include information in the following schedule for all business entities that are not included in the U.S. consolidated group, i.e., partnerships, limited liability companies, foreign disregarded entities, foreign subsidiaries owned greater than 50%, or unconsolidated subsidiaries owned greater than 50%. Include entities that are owned by your corporation and entities that are owned by all members of your U.S. consolidated group. If additional space is needed, attach another copy of the Schedule M for this section.

A	B	C	D		E		F
Federal Employer Identification Number (FEIN)	Name of entity	Percentage of ownership	Included in this Montana unitary filing?		Have any activities in Montana?		Type of entity, i.e., foreign subsidiary, unconsolidated subsidiary, partnership, LLC, LLP, DER
			Yes	No	Yes	No	

22EP0701

Schedule M - Affiliated Entities (continued)

Complete the schedules below if your corporation has an affiliated relationship with another business entity. Please note that all schedules must be completed if your corporation is a member of a U.S. consolidated group and has affiliated relationships with other business entities.

3. Foreign Parent and Affiliated Entities

If you are owned directly or indirectly greater than 50% by a corporation incorporated in a foreign country, provide the name of the foreign parent and any foreign subsidiaries owned greater than 50% by the foreign parent. If additional space is needed, attach another copy of the Schedule M for this section.

A	B	C	D		E		F
Federal Employer Identification Number (FEIN) (if applicable)	Name of entity	Percentage of ownership	Included in this Montana unitary filing?		Have any activities in Montana?		Type of entity, i.e., foreign subsidiary, foreign partnership, foreign disregarded entity
			Yes	No	Yes	No	

Schedule C - Tax Credits

Type of Credit	Column A Current Year Earned	Column B Total Available	Column C Current Year Applied
Nonrefundable Credits			
1. Montana Dependent Care Assistance Credit (include Form DCAC) ... 1.		00	00
2. Montana Recycle Credit (include Form RCYL) .... 2.	00	00	00
3. Alternative Energy Production Credit (include Form AEPC).............. 3.		00	00
4. Contractor's Gross Receipts Tax Credit (include supporting schedule).. 4.	00	00	00
5. Infrastructure Users Fee Credit (include Form IUFC)........................ 5.	00	00	00
6. Qualified Endowment Credit (include Form QEC)............................. 6.	00	00	00
7. Historical Buildings Preservation Credit (include federal Form 3468).....7.	00	00	00
8. Increase Research and Development Activities Credit...................... 8.		00	00
9. Mineral and Coal Exploration Incentive Credit (include Forms MINE-CRED and MINE-CERT) .... 9.		00	00
10. Empowerment Zone Credit.. 10.		00	00
11. Biodiesel Blending and Storage Credit (include Form BBSC)......... 11.		00	00
12. Geothermal System Credit (include Form ENRG-A) .... 12.		00	00
13. Innovative Educational Program Credit.. 13.	00	00	00
14. Student Scholarship Organization Credit .... 14.	00	00	00
15. Apprenticeship Tax Credit.. 15.	00	00	00
16. Trades Education and Training Tax Credit...................................... 16.	00	00	00
17. MEDIA Credit... 17.	00	00	00
18. Jobs Growth Incentive Credit .... 18.	00	00	00
19. Add lines 1 through 18 and enter the result. **This is your total nonrefundable credits.** .... 19.	00	00	00
Refundable Credits			
20. Unlocking Public Lands Credit.. 20.	00	00	00
21. Enter the amount from Line 20. **This is your total refundable credits.** .... 21.	00	00	00
Tax Credits Recapture			
22. Qualified Endowment Credit Recapture .... 22.			00
23. Historical Buildings Preservation Credit Recapture... 23.			00
24. Biodiesel Blending and Storage Credit Recapture .... 24.			00
25. Add lines 22 through 24 and enter the result. **This is your total recapture of tax credits.** .... 25.			00
26. Add totals of lines 19 and 21; then subtract line 25. Enter the result here. **This is the total of your credits.** Enter the total in column C on Form CIT, page 4, line 13. .... 26.	00	00	00

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

For combined filers, Column C is obtained from Schedule K-Combined on page 12, line (7o).

Schedule K-Combined for Montana Form CIT
Separate Corporation Calculations

	A Everywhere Activity *	Montana Separate Corporation Activity — Corporation Name / FEIN	Corporation Name / FEIN	B Grand Total of Montana Columns*	C Factor
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 subs included in combined group ....1j.					
1k. Property of unconsolidated subs included in combined group ....1k.					
1l. Property (pro-rata share) of pass-through entities included in combined group ....1l.					
1m. Multiply amount of rents by 8 and enter result.. 1m.					
1n. Total Montana average property (Add lines 1a through 1m above) .... 1n.					
1o. Total Everywhere average property (Enter in each column the total of lines 1a through 1m in the Everywhere column.)..... 1o.					
1p. Separate entity Property Factor (Divide line 1n by line 1o and multiply the result by 100.) ... 1p.		%	%		
1q. Total Property Factor (Add columns on line 1p.) .... 1q.					%
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 subs included in combined group... 2e.					
2f. Payroll of unconsolidated subs included in combined group................................... 2f.					
2g. Payroll (pro-rata share) of pass-through entities included in combined group .... 2g.					
2h. Total Montana payroll (Add lines 2a through 2g above.) .... 2h.					
2i. Total Everywhere payroll (Enter in each column the total of lines 2a through 2g in the Everywhere column.) ....2i.					
2j. Separate entity Payroll Factor (Divide line 2h by line 2i and multiply the result by 100.)........ 2j.		%	%		
2k. Total Payroll Factor (Add columns on line 2j.) ....2k.					%

* Please include the amounts in columns A and B on Schedule K.

Schedule K-Combined for Montana Form CIT
Separate Corporation Calculations (continued)

	A Everywhere Activity*	Montana Separate Corporation Activity — Corporation Name / FEIN	Montana Separate Corporation Activity — Corporation Name / FEIN	B Grand Total of Montana Columns*	C Factor
3. Receipts Factor					
3a. Gross receipts, less returns and allowances .... 3a.					
3b. Receipts delivered or shipped to Montana purchasers:					
(1) Shipped from outside Montana ....3b.(1)					
(2) Shipped from within Montana...3b.(2)					
3c. Receipts shipped from Montana to:					
(1) United States government.. 3c.(1)					
(2) Purchasers in a state where the taxpayer is not taxable............... 3c.(2)					
3d. Receipts other than receipts 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. Receipts of foreign subs included in combined group .... 3g.					
3h. Receipts of unconsolidated subsidiaries included in combined group .... 3h.					
3i. Receipts (pro-rata share) of pass-through entities included in combined group ....3i.					
3j. Less: All intercompany transactions ....3j.					
3k. Total Montana receipts (Add lines (3a) through (3j).) ....3k.					
3l. Total Everywhere receipts (Enter in each column the total of lines (3a) through (3j) in the Everywhere column.) ....3l.					
3m. Separate entity Receipts Factor (Divide line (3k) by line (3l) and multiply the result by 100.)................................... 3m.		%	%		
3n. Total Receipts Factor (Add columns from line (3m).) .... 3n.					%
4. Double Weighted Receipts Factors					
4a. Enter the amount reported on line 3m..4a.		%	%		
4b. Total Receipts for Double Weighted Calculation (Add columns from line (4a).)......4b.					%
5. Sum of the Factors (Add lines (1p), (2j), (3m), and (4a) for each corporation.) .... 5.		%	%		
6. Apportionment Factor					
6a. Separate entity Apportionment Factor (Divide line 5 by the number of factors that can be included in the calculation. See instructions.)...................................... 6a.		%	%		
6b. Total Apportionment Factor (Add columns on line (6a) and enter here. This should equal page 5, line 6 of the Schedule K.) .... 6b.					%

* Please include the amounts in columns A and B on Schedule K

Schedule K-Combined for Montana Form CIT
Separate Corporation Calculations (continued)

	Montana Separate Corporation Activity		B
	Corporation Name	Corporation Name	Grand Total of Montana Columns*
	FEIN	FEIN	
7. Montana Taxable Income			
7a. Montana adjusted taxable income. (Enter the amount from CIT, page 3, line 4.) ....7a.			
7b. Income apportioned to Montana (In each column, multiply line (6a) on page 11 by line (7a).) ....7b.			
7c. Total income apportioned to Montana. (Add columns on line (7b). Enter this amount on line 5, page 3 of the CIT.)......7c.			
7d. Income directly allocated to Montana...7d.			
7e. Total income directly allocated to Montana. (Add columns on line (7d). Enter this amount on line 6, page 3 of the CIT.)...7e.			
7f. Montana taxable income before net operating loss (In each column, add lines (7b) and (7d).)..................................7f.			
7g. Total Montana taxable income. (Add columns on line (7f). Enter this amount on line 7, page 3 of the CIT.) ....7g.			
7h. Montana net operating loss (NOL) carryover on a separate entity basis ....7h.			
7i. Total NOL carryover (Add columns on line (7h). Enter this amount on line 8, page 3 of the CIT.) ....7i.			
7j. Montana taxable income (Subtract line (7h) from line (7f) and enter result.) ....7j.			
7k. Total Montana Taxable Income (Add all columns on line (7j). Enter this amount on line 9, page 3 of the CIT.)..........7k.			
7l. Montana tax liability (Multiply (7j) by 6.75%, or 7% if you have a valid water's edge election.) If (7j) is a loss, enter $50 ....7l.			
7m. Total Montana tax liability (Add all columns on line (7l). Enter this amount on line 10, page 3 of the CIT.) ....7m.			
7n. Montana credits on a separate entity basis (Attach applicable form(s).)...7n.			
7o. Total Montana Credits. (Add columns on line (7n).) Enter this amount on line 28, Schedule C ....7o.			

*These totals must be reported on lines 5 through 10 on page 3 of the CIT.

Schedule NOL for Montana Form CIT
Net Operating Loss (NOL) Deduction

	Montana Separate Corporation NOL Application			
	Corporation Name		Corporation Name	
	FEIN		FEIN	
	Column A	Column B	Column A	Column B
1. Corporation name				
2. Corporation's Federal Tax Identification Number (FEIN)				
3. Date of merger/consolidation (See instructions)				
4. 2022 Montana separate corporation taxable income before NOL deduction (enter line 7(f) from Schedule K-Combined)				
Carryforward deductions				
5. Taxable period of NOL ⬚⬚/⬚⬚/⬚⬚⬚⬚				
5a. Total NOL for taxable period ....5a.				
5b. NOL applied to periods other than to 2022..........5b.				
5c. NOL carryforward to 2022 ....5c.				
5d. NOL expired due to 7-year carryforward ....5d.				
5e. NOL available for carryforward............................5e.				
6. Taxable period of NOL ⬚⬚/⬚⬚/⬚⬚⬚⬚				
6a. Total NOL for taxable period ....6a.				
6b. NOL applied to periods other than to 2022..........6b.				
6c. NOL carryforward to 2022 ....6c.				
6d. NOL available for carryforward............................6d.				
7. Taxable period of NOL ⬚⬚/⬚⬚/⬚⬚⬚⬚				
7a. Total NOL for taxable period ....7a.				
7b. NOL applied to periods other than to 2022..........7b.				
7c. NOL carryforward to 2022 ....7c.				
7d. NOL available for carryforward............................7d.				
8. Taxable period of NOL ⬚⬚/⬚⬚/⬚⬚⬚⬚				
8a. Total NOL for taxable period ....8a.				
8b. NOL applied to periods other than to 2022..........8b.				
8c. NOL carryforward to 2022 ....8c.				
8d. NOL available for carryforward............................8d.				
9. Taxable period of NOL ⬚⬚/⬚⬚/⬚⬚⬚⬚				
9a. Total NOL for taxable period ....9a.				
9b. NOL applied to periods other than to 2022..........9b.				
9c. NOL carryforward to 2022 ....9c.				
9d. NOL available for carryforward............................9d.				
10. Taxable period of NOL ⬚⬚/⬚⬚/⬚⬚⬚⬚				
10a. Total NOL for taxable period ....10a.				
10b. NOL applied to periods other than to 2022........10b.				
10c. NOL carryforward to 2022 ....10c.				
10d. NOL available for carryforward..........................10d.				
11. Taxable period of NOL ⬚⬚/⬚⬚/⬚⬚⬚⬚				
11a. Total NOL for taxable period ....11a.				
11b. NOL applied to periods other than to 2022........11b.				
11c. NOL carryforward to 2022 ....11c.				
11d. NOL available for carryforward..........................11d.				
12. Total separate corporation NOL carryforward to 2022. Add column B lines 5 through 11 ....12.				

Schedule NOL for Montana Form CIT
Net Operating Loss (NOL) Deduction (continued)

	Montana Separate Corporation NOL Application			
Enter corporate information from previous page.	Corporation Name		Corporation Name	
Corporation name				
Corporation's Federal Tax Identification Number (FEIN)	FEIN		FEIN	
	Column A	**Column B**	**Column A**	**Column B**
2022 Montana separate corporation taxable income before NOL deduction (enter line 7(f) from Schedule K-Combined)				
AMENDED RETURNS - carryback deductions				
13. Taxable period of NOL ☐M☐M☐D☐D☐Y☐Y☐Y☐Y				
13a. Total NOL for taxable period.............................13a.				
13b. NOL applied to periods other than to 2022........13b.				
13c. NOL carryback to 2022 (Total carryback for all entities limited to $500,000).............................. 13c.				
13d. Net NOL for taxable period...............................13d.				
14. Taxable period of NOL ☐M☐M☐D☐D☐Y☐Y☐Y☐Y				
14a. Total NOL for taxable period.............................14a.				
14b. NOL applied to periods other than to 2022........14b.				
14c. NOL carryback to 2022 (Total carryback for all entities limited to $500,000).............................. 14c.				
14d. Net NOL for taxable period...............................14d.				
15. Taxable period of NOL ☐M☐M☐D☐D☐Y☐Y☐Y☐Y				
15a. Total NOL for taxable period.............................15a.				
15b. NOL applied to periods other than to 2022........15b.				
15c. NOL carryback to 2022 (Total carryback for all entities limited to $500,000).............................. 15c.				
15d. Net NOL for taxable period...............................15d.				
16. Total separate corporation NOL carryback to 2022 ..16.				
17. Total separate corporation NOL carryforward to 2022 from previous page, line 12. ....17.				
18. Total separate corporation NOL deduction for 2022 (add lines 16 and 17 and enter total on page 3, line 8 - for combined filers, enter on line 7(h) of Schedule K-Combined) ....18.				

Schedule WE - Water's Edge Schedule

Part I.   Water's Edge Election

1. Enter the tax periods for which you received an approval letter from the department for a valid Water's Edge Election:

Part II.   Calculation of Deemed Dividends Received from 80/20 Companies

1.	Enter the positive federal line 30 income of your 80/20 companies. (See instructions) .... 1.	0 0
2.	Enter your consolidated 1120 positive federal line 30 income. (See instructions).......................... 2.	0 0
3.	Divide the amount on line 1 by the amount on line 2. This is the ratio of your 80/20 positive income to your consolidated 1120 positive income. 3.	
4.	Enter the tax liability, after tax credits, which you reported on your consolidated 1120.......................... 4.	0 0
5.	Multiply line 3 by line 4. This is the federal tax liability associated with your 80/20 companies .... 5.	0 0
6.	Enter the section 78 gross-up received by your 80/20 companies (include schedule) .... 6.	0 0
7.	Subtract the total of lines 5 and 6 from line 1; enter the result. This is the after-tax net income of your 80/20 companies. If the result is less than zero, enter zero.......................... 7.	0 0
8.	Enter the after-tax net income of all unconsolidated 80/20 companies .... 8.	0 0
9.	Add lines 7 and 8; enter the result. This is your total after-tax net income.......................... 9.	0 0
10.	Multiply line 9 by 20% and enter the result here and on line 2(f) of Form CIT, page 3. **This is your 20% deemed dividend.**.......................... 10.	0 0

Part III.   List your 80/20 Companies. Include a separate sheet if necessary.

1. Name	2. FEIN	3. Income/Loss Reported on Line 28	4. Income/Loss Reported on Line 30	5. Dividends Received
		0 0	0 0	0 0
		0 0	0 0	0 0
		0 0	0 0	0 0
		0 0	0 0	0 0
		0 0	0 0	0 0
		0 0	0 0	0 0
		0 0	0 0	0 0
Totals		0 0	0 0	0 0

Part IV.   List your Controlled Foreign Corporations. Include a separate sheet if necessary.

1. Name	2. Entity Type	3. Country of Incorporation/ Organization	4. Income/Loss
			0 0
			0 0
			0 0
			0 0
			0 0
			0 0
			0 0
Total			0 0