

No Staples!

2019 Montana Corporate Income Tax Return
Include a copy of federal Form 1120 as filed with the Internal Revenue Service

For calendar year 2019 or tax year beginning MMDD2019 and ending MMDDYYYY

Name, Mailing Address, City, State, ZIP Code, FEIN, Federal Business Code/NAICS, State Incorporated in, Date Qualified in Montana, 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?
2. Are you a member (parent or subsidiary) of a consolidated group for federal purposes?
3. Are you filing a combined return for Montana purposes?
4. If you answered "Yes" to questions 2 or 3 above, then mark one of the following filing methods and include Schedule M:
5. 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:

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.
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. 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?
c. Are all members of the unitary group 100% Montana corporations?
d. Is this your corporation's first Montana tax return?
If this corporation is a successor to a previously existing business, enter the predecessor's information:

Office Use Only
Date Received



19EP0101

Part III - continued

- e. 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
 If applicable, enter the successor's name FEIN -
 - f. 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)
 - g. 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)?
 - h. 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?
 - i. 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
 - j. 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
 - k. Did the same individual, partnership, corporation, estate or trust designated above in question i, or j 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
 - l. 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?
 - m. 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
 - n. 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
 - o. 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
 - p. 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 (i) through (p), you need to complete and include Schedule M.**
- q. 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.
- c. **I filed IRC Section 965 Transaction Tax Statement as part of my 2017 federal income tax filings.** Yes No
- d. **I filed IRC Section 965 Transaction Tax Statement as part of my 2018 federal income tax filings.** Yes No
- e. **I filed IRC Section 965 Transaction Tax Statement as part of my 2019 federal income tax filings.** Yes No



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.	<input type="text" value=""/>	<input type="text" value="00"/>
2. Additions			
2a. State, local, foreign and franchise taxes based on income (include breakdown of your Form 1120, line 17)	2a.	<input type="text" value=""/>	<input type="text" value="00"/>
2b. Federal tax exempt interest	2b.	<input type="text" value=""/>	<input type="text" value="00"/>
2c. Contributions used to compute qualified endowment credit	2c.	<input type="text" value=""/>	<input type="text" value="00"/>
2d. Income/loss of foreign parent and foreign subsidiaries for worldwide combined filers (attach schedule)	2d.	<input type="text" value=""/>	<input type="text" value="00"/>
2e. Income/loss of unitary corporations not included in federal consolidated return (attach schedule)	2e.	<input type="text" value=""/>	<input type="text" value="00"/>
2f. Deemed dividends – Water’s Edge filers only (include Schedule WE) ...	2f.	<input type="text" value=""/>	<input type="text" value="00"/>
2g. Income/loss of corporations incorporated in tax havens – Water’s Edge filers only (attach schedule)	2g.	<input type="text" value=""/>	<input type="text" value="00"/>
2h. Federal capital loss carry-over utilized on federal return (include Schedule D)	2h.	<input type="text" value=""/>	<input type="text" value="00"/>
2i. All of your other additions (include a detailed breakdown)	2i.	<input type="text" value=""/>	<input type="text" value="00"/>
Add lines 2a through 2i and enter the result. This is the total of your additions.	2.	<input type="text" value=""/>	<input type="text" value="00"/>
3. Reductions			
3a. IRC Section 243 dividend received deduction	3a.	<input type="text" value=""/>	<input type="text" value="00"/>
3b. Nonapportionable income (include a detailed breakdown)	3b.	<input type="text" value=""/>	<input type="text" value="00"/>
3c. Montana recycling deduction (include Form RCYL)	3c.	<input type="text" value=""/>	<input type="text" value="00"/>
3d. Income/loss of nonunitary corporations included in federal consolidated return (attach schedule)	3d.	<input type="text" value=""/>	<input type="text" value="00"/>
3e. Income/loss of 80/20 companies – Water’s Edge filers only (attach schedule)	3e.	<input type="text" value=""/>	<input type="text" value="00"/>
3f. Capital loss incurred in current year (include federal Schedule D)	3f.	<input type="text" value=""/>	<input type="text" value="00"/>
3g. All of your other reductions (include a detailed breakdown)	3g.	<input type="text" value=""/>	<input type="text" value="00"/>
Add lines 3a through 3g and enter the result. This is the total of your reductions.	3.	<input type="text" value=""/>	<input type="text" value="00"/>
4. Add lines 1 and 2, then subtract line 3 and enter the result. This is your adjusted taxable income. ..	4.	<input type="text" value=""/>	<input type="text" value="00"/>

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 <input type="text" value=""/> % from Schedule K, line 5)	5.	<input type="text" value=""/>	<input type="text" value="00"/>
6. Enter the income that you allocated directly to Montana (include a detailed breakdown)	6.	<input type="text" value=""/>	<input type="text" value="00"/>
7. Montana taxable income before net operating loss (add lines 5 and 6 or enter amount reported on line 4)	7.	<input type="text" value=""/>	<input type="text" value="00"/>
If line 7 is a loss, do you wish to forgo 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 marked either box, the loss has to be carried back first.			
8. Enter your Montana net operating loss carried over to this period	8.	<input type="text" value=""/>	<input type="text" value="00"/>
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.	<input type="text" value=""/>	<input type="text" value="00"/>
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="text" value=""/>	<input type="text" value="00"/>

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 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. 2018 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 2020.) ... 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 2020 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
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
20b. If the result is negative, enter the refund due here. This is your total refund. 20b. 00

Direct Deposit Your Refund
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

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

1. Property Factor: Enter average values for real and tangible personal property.

	A. Everywhere	B. Montana.	C. Factor
1a. Land.....1a.	00		00
1b. Buildings.....1b.	00		00
1c. Machinery.....1c.	00		00
1d. Equipment.....1d.	00		00
1e. Furniture and fixtures.....1e.	00		00
1f. Leases and leased property.....1f.	00		00
1g. Inventories.....1g.	00		00
1h. Depletable assets.....1h.	00		00
1i. Supplies and other.....1i.	00		00
1j. Property of foreign subs included in combined group.....1j.	00		00
1k. Property of unconsolidated subs included in combined group...1k.	00		00
1l. Property (pro-rata share) of pass-throughs included in group....1l.	00		00
1m. Multiply amount of rents by 8 and enter result.....1m.	00		00
Total Property Value - add lines 1a through 1m	00		00

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

2. Payroll Factor:

2a. Compensation of officers.....2a.	00		00
2b. Salaries and wages.....2b.	00		00
Payroll included in:			
2c. Costs of goods sold.....2c.	00		00
2d. Other deductions.....2d.	00		00
2e. Payroll of foreign subs included in combined group.....2e.	00		00
2f. Payroll of unconsolidated subs included in combined group..2f.	00		00
2g. Payroll (pro-rata share) of pass-throughs included in group .2g.	00		00
Total Payroll Value - add lines 2a through 2g	00		00

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

3a. Gross receipts, less returns and allowances.....3a.	00		
3b. Receipts delivered or shipped to Montana purchasers:			
(1) Shipped from outside Montana.....3b.(1)			00
(2) Shipped from within Montana.....3b.(2)			00
3c. Receipts shipped from Montana to:			
(1) United States government.....3c.(1)			00
(2) Purchasers in a state where the taxpayer is not taxable.....3c.(2)			00
3d. Receipts other than receipts of tangible personal property (for example, service income).....3d.			00
3e. Net gains reported on federal Schedule D and federal Form 4797 3e.	00		00
3f. Other gross receipts (rents, royalties, interest, etc.).....3f.	00		00
3g. Receipts of foreign subs included in combined group.....3g.	00		00
3h. Receipts of unconsolidated subs included in combined group..3h.	00		00
3i. Receipts (pro-rata share) of pass-throughs included in group..3i.	00		00
3j. Less: All intercompany transactions.....3j.	00		00
Total Receipts Value - add lines 3a through 3j	00		00

Divide the total in column B by the total in column A. Multiply that result by 100. **This is your receipts 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 a property, payroll or receipts factor is 0%, it is included in the calculation for line 4 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** 5. %



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.

Table with 7 columns (A-G) and multiple rows. Columns include: 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?, and Mark if filing Montana Form CIT separate from this unitary filing.



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. New/Expanded Industry Credit..... 1.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
2. Montana Dependent Care Assistance Credit (include Form DCAC) ... 2.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
3. Montana College Contribution Credit (include Form CC)..... 3.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
4. Health Insurance for Uninsured Montanans Credit (include Form HI) ... 4.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
5. Montana Recycle Credit (include Form RCYL) 5.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
6. Alternative Energy Production Credit (include Form AEPC)..... 6.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
7. Contractor's Gross Receipts Tax Credit (include supporting schedule)..... 7.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
8. Alternative Fuel Credit (include Form AFCR) 8.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
9. Infrastructure Users Fee Credit (include Form IUFC)..... 9.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
10. Qualified Endowment Credit (include Form QEC)..... 10.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
11. Historical Buildings Preservation Credit (include federal Form 3468) ... 11.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
12. Increase Research and Development Activities Credit..... 12.		<input type="text" value="00"/>	<input type="text" value="00"/>
13. Mineral and Coal Exploration Incentive Credit (include Forms MINE-CRED and MINE-CERT) 13.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
14. Empowerment Zone Credit..... 14.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
15. Biodiesel Blending and Storage Credit (include Form BBSC)..... 15.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
16. Geothermal System Credit (include Form ENRG-A)..... 16.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
17. Innovative Educational Program Credit..... 17.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
18. Student Scholarship Organization Credit 18.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
19. Apprenticeship Tax Credit..... 19.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
20. Add lines 1 through 19 and enter the result. This is your total nonrefundable credits. 20.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
Refundable Credits			
21. Emergency Lodging Credit (include Form ELC)..... 21.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
22. Unlocking Public Lands Credit..... 22.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
23. Add lines 21 and 22 and enter the result. This is your total refundable credits. 23.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
Tax Credits Recapture			
24. Qualified Endowment Credit Recapture 24.			<input type="text" value="00"/>
25. Historical Buildings Preservation Credit Recapture 25.			<input type="text" value="00"/>
26. Biodiesel Blending and Storage Credit Recapture 26.			<input type="text" value="00"/>
27. Add lines 24 through 26 and enter the result. This is your total recapture of tax credits. 27.			<input type="text" value="00"/>
28. Add totals of lines 20 and 23; then subtract line 27. Enter the result here. This is the total of your credits. Enter the total in column C on Form CIT, page 4, line 13. 28.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="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 (6o).



MMDDYYYY

FEIN -

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

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

Table with 3 columns: Montana Separate Corporation Activity (Corporation Name, FEIN), and B (Grand Total of Montana Columns*). The table is currently empty.

*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. 2019 Montana separate corporation taxable income before NOL deduction (enter line 6(f) from Schedule K-Combined)					
Carryforward deductions					
5. Taxable period of NOL	<input type="text" value="MMDDYYYY"/>				
5a. Total NOL for taxable period	5a.				
5b. NOL applied to periods other than to 2019	5b.				
5c. NOL carryforward to 2019	5c.				
5d. NOL expired due to 7 year carryforward	5d.				
5e. NOL available for carryforward	5e.				
6. Taxable period of NOL	<input type="text" value="MMDDYYYY"/>				
6a. Total NOL for taxable period	6a.				
6b. NOL applied to periods other than to 2019	6b.				
6c. NOL carryforward to 2019	6c.				
6d. NOL available for carryforward	6d.				
7. Taxable period of NOL	<input type="text" value="MMDDYYYY"/>				
7a. Total NOL for taxable period	7a.				
7b. NOL applied to periods other than to 2019	7b.				
7c. NOL carryforward to 2019	7c.				
7d. NOL available for carryforward	7d.				
8. Taxable period of NOL	<input type="text" value="MMDDYYYY"/>				
8a. Total NOL for taxable period	8a.				
8b. NOL applied to periods other than to 2019	8b.				
8c. NOL carryforward to 2019	8c.				
8d. NOL available for carryforward	8d.				
9. Taxable period of NOL	<input type="text" value="MMDDYYYY"/>				
9a. Total NOL for taxable period	9a.				
9b. NOL applied to periods other than to 2019	9b.				
9c. NOL carryforward to 2019	9c.				
9d. NOL available for carryforward	9d.				
10. Taxable period of NOL	<input type="text" value="MMDDYYYY"/>				
10a. Total NOL for taxable period	10a.				
10b. NOL applied to periods other than to 2019	10b.				
10c. NOL carryforward to 2019	10c.				
10d. NOL available for carryforward	10d.				
11. Taxable period of NOL	<input type="text" value="MMDDYYYY"/>				
11a. Total NOL for taxable period	11a.				
11b. NOL applied to periods other than to 2019	11b.				
11c. NOL carryforward to 2019	11c.				
11d. NOL available for carryforward	11d.				
12. Total separate corporation NOL carryforward to 2019. Add column B lines 5 through 11	12.				

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

Enter corporate information from previous page.

Corporation name
Corporation's federal tax identification number (FEIN)

2019 Montana separate corporation taxable income before NOL deduction (enter line 6(f) from Schedule K-Combined)

Montana Separate Corporation NOL Application			
Corporation Name		Corporation Name	
FEIN		FEIN	
Column A	Column B	Column A	Column B
AMENDED RETURNS - carryback deductions			
13. Taxable period of NOL <input type="text" value="MMDDYYYY"/>			
13a. Total NOL for taxable period	13a.		
13b. NOL applied to periods other than to 2019.....	13b.		
13c. NOL carryback to 2019 (Total carryback for all entities limited to \$500,000).....	13c.		
13d. Net NOL for taxable period	13d.		
14. Taxable period of NOL <input type="text" value="MMDDYYYY"/>			
14a. Total NOL for taxable period	14a.		
14b. NOL applied to periods other than to 2019.....	14b.		
14c. NOL carryback to 2019 (Total carryback for all entities limited to \$500,000).....	14c.		
14d. Net NOL for taxable period	14d.		
15. Taxable period of NOL <input type="text" value="MMDDYYYY"/>			
15a. Total NOL for taxable period	15a.		
15b. NOL applied to periods other than to 2019.....	15b.		
15c. NOL carryback to 2019 (Total carryback for all entities limited to \$500,000).....	15c.		
15d. Net NOL for taxable period	15d.		
16. Total separate corporation NOL carryback to 2019 ..	16.		
17. Total separate corporation NOL carryforward to 2019 from previous page, line 12.	17.		
18. Total separate corporation NOL deduction for 2019 (add lines 16 and 17 and enter total on page 3, line 8 - for combined filers, enter on line 6(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.		00
2. Enter your consolidated 1120 positive federal line 30 income. (See instructions).....	2.		00
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.		00
5. Multiply line 3 by line 4. This is the federal tax liability associated with your 80/20 companies	5.		00
6. Enter the section 78 gross-up received by your 80/20 companies (include schedule)	6.		00
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.		00
8. Enter the after-tax net income of all unconsolidated 80/20 companies	8.		00
9. Add lines 7 and 8; enter the result. This is your total after-tax net income.....	9.		00
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.		00

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
		00	00	00
		00	00	00
		00	00	00
		00	00	00
		00	00	00
		00	00	00
		00	00	00
		00	00	00
Totals		00	00	00

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
			00
			00
			00
			00
			00
			00
			00
Total			00