

No Staples!

2020 Montana Corporate Income Tax Return
Include a copy of federal Form 1120 as filed with the Internal Revenue Service

For calendar year 2020 or tax year beginning MMDD2020 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. 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?
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.
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?
If this corporation is a successor to a previously existing business, enter the predecessor's information:
Name FEIN

Office Use Only
Date Received



20EP0101

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
 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. 00

2. Additions

2a. State, local, foreign and franchise taxes based on income. Include
 breakdown of your Form 1120, line 172a. 00

2b. Federal tax exempt interest2b. 00

2c. Contributions used to compute qualified endowment credit2c. 00

2d. Income/loss of foreign parent and foreign subsidiaries for worldwide
 combined filers (attach schedule).....2d. 00

2e. Income/loss of unitary corporations not included in federal
 consolidated return (attach schedule)2e. 00

2f. Deemed dividends – Water’s Edge filers only (include Schedule WE) ...2f. 00

2g. Income/loss of corporations incorporated in tax havens –
 Water’s Edge filers only (attach schedule)2g. 00

2h. Federal capital loss carry-over utilized on federal return.
 Include Schedule D2h. 00

2i. All of your other additions. Include a detailed breakdown2i. 00

Add lines 2a through 2i and enter the result. **This is the total of your additions.** 2. 00

3. Reductions

3a. IRC Section 243 dividend received deduction.....3a. 00

3b. Nonapportionable income (include a detailed breakdown)3b. 00

3c. Montana recycling deduction (include Form RCYL).....3c. 00

3d. Income/loss of nonunitary corporations included in federal
 consolidated return (attach schedule)3d. 00

3e. Income/loss of 80/20 companies – Water’s Edge filers only
 (attach schedule).....3e. 00

3f. Capital loss incurred in current year. Include federal Schedule D.....3f. 00

3g. All of your other reductions. Include a detailed breakdown3g. 00

Add lines 3a through 3g and enter the result. **This is the total of your reductions.**..... 3. 00

4. Add lines 1 and 2, then subtract line 3 and enter the result. **This is your adjusted taxable income.**... 4. 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 % from Schedule K, line 5)..... 5. 00

6. Enter the income that you allocated directly to Montana. Include a detailed breakdown 6. 00

7. Montana taxable income before net operating loss (add lines 5 and 6 or enter amount reported
 on line 4)..... 7. 00

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. 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. 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. 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 the hearing impaired.



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

11. Your Montana tax liability from line 10.....	11.	<input type="text" value=""/>	<input type="text" value="00"/>
12. Payments			
12a. 2019 overpayment.....	12a.	<input type="text" value=""/>	<input type="text" value="00"/>
12b. Tentative payment.....	12b.	<input type="text" value=""/>	<input type="text" value="00"/>
12c. Quarterly estimated tax payments.....	12c.	<input type="text" value=""/>	<input type="text" value="00"/>
12d. Montana mineral royalty tax withheld. Include Form(s) 1099.....	12d.	<input type="text" value=""/>	<input type="text" value="00"/>
12e. Montana tax withheld from pass-through entities. Include MT Schedule(s) K-1....	12e.	<input type="text" value=""/>	<input type="text" value="00"/>
12f. All other payments. Describe <input type="text" value=""/> ...	12f.	<input type="text" value=""/>	<input type="text" value="00"/>
12g. Previously issued refunds. (Do not include any overpayments to 2021.)....	12g.	<input type="text" value=""/>	<input type="text" value="00"/>
Add lines 12a through 12f and subtract line 12g; enter the result. This is the total of your payments.		12.	<input type="text" value="00"/>
13. Enter total credits (from Schedule C)	13.	<input type="text" value=""/>	<input type="text" value="00"/>
14. Add lines 12 and 13, then subtract from line 11 and enter result. This is your tax due or overpayment. ...	14.	<input type="text" value=""/>	<input type="text" value="00"/>
15. Enter the amount of overpayment that you want to be applied to your 2021 estimated tax.....	15.	<input type="text" value=""/>	<input type="text" value="00"/>
16. Add lines 14 and 15; enter the result. This is your net tax due or overpayment.	16.	<input type="text" value=""/>	<input type="text" value="00"/>
17. Enter interest on all the tax paid after the due date (See instructions).....	17.	<input type="text" value=""/>	<input type="text" value="00"/>
18. Enter estimated tax underpayment interest. Include Form CIT-UT	18.	<input type="text" value=""/>	<input type="text" value="00"/>
<input type="checkbox"/> 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.	<input type="text" value=""/>	<input type="text" value="00"/>
19b. Enter your late payment penalty (See instructions).....	19b.	<input type="text" value=""/>	<input type="text" value="00"/>
Add lines 19a and 19b; enter the result. This is your total penalty.		19.	<input type="text" value="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.	<input type="text" value=""/>	<input type="text" value="00"/>
<i>Visit our website at revenue.mt.gov for electronic payment options or include your remittance payable to Montana Department of Revenue.</i>			
20b. If the result is negative, enter the refund due here. This is your total refund.	20b.	<input type="text" value=""/>	<input type="text" value="00"/>

Direct Deposit

Your Refund

1. RTN# 2. ACCT#

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

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 _____	<input type="text" value="MMDDYYYY"/>		<input type="text" value=""/>

Print/Type Preparer's Name	Preparer's Signature	Date	PTIN
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="MMDDYYYY"/>	<input type="text" value=""/>
Firm's Name	Firm's Address	Telephone Number	Firm's FEIN
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

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

1a. Land.....1a.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1b. Buildings.....1b.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1c. Machinery.....1c.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1d. Equipment.....1d.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1e. Furniture and fixtures.....1e.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1f. Leases and leased property.....1f.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1g. Inventories.....1g.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1h. Depletable assets.....1h.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1i. Supplies and other.....1i.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1j. Property of foreign subs included in combined group.....1j.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1k. Property of unconsolidated subs included in combined group...1k.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1l. Property (pro-rata share) of pass-throughs included in group....1l.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1m. Multiply amount of rents by 8 and enter result.....1m.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
Total Property Value - add lines 1a through 1m	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="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.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
2b. Salaries and wages.....2b.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
Payroll included in:			
2c. Costs of goods sold.....2c.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
2d. Other deductions.....2d.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
2e. Payroll of foreign subs included in combined group.....2e.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
2f. Payroll of unconsolidated subs included in combined group..2f.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
2g. Payroll (pro-rata share) of pass-throughs included in group .2g.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
Total Payroll Value - add lines 2a through 2g	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="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.	<input type="text" value="00"/>		
3b. Receipts delivered or shipped to Montana purchasers:			
(1) Shipped from outside Montana.....3b.(1)		<input type="text" value="00"/>	<input type="text" value="00"/>
(2) Shipped from within Montana.....3b.(2)		<input type="text" value="00"/>	<input type="text" value="00"/>
3c. Receipts shipped from Montana to:			
(1) United States government.....3c.(1)		<input type="text" value="00"/>	<input type="text" value="00"/>
(2) Purchasers in a state where the taxpayer is not taxable.....3c.(2)		<input type="text" value="00"/>	<input type="text" value="00"/>
3d. Receipts other than receipts of tangible personal property (for example, service income).....3d.		<input type="text" value="00"/>	<input type="text" value="00"/>
3e. Net gains reported on federal Schedule D and federal Form 4797 3e.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
3f. Other gross receipts (rents, royalties, interest, etc.).....3f.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
3g. Receipts of foreign subs included in combined group.....3g.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
3h. Receipts of unconsolidated subs included in combined group..3h.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
3i. Receipts (pro-rata share) of pass-throughs included in group..3i.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
3j. Less: All intercompany transactions.....3j.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
Total Receipts Value - add lines 3a through 3j	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="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.

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



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.	00	00	00
2. Montana Dependent Care Assistance Credit (include Form DCAC) ... 2.	00	00	00
3. Montana College Contribution Credit (include Form CC)..... 3.	00	00	00
4. Health Insurance for Uninsured Montanans Credit (include Form HI) ... 4.	00	00	00
5. Montana Recycle Credit (include Form RCYL) 5.	00	00	00
6. Alternative Energy Production Credit (include Form AEPC)..... 6.	00	00	00
7. Contractor's Gross Receipts Tax Credit (include supporting schedule)..... 7.	00	00	00
8. Alternative Fuel Credit (include Form AFCR) 8.	00	00	00
9. Infrastructure Users Fee Credit (include Form IUFC)..... 9.	00	00	00
10. Qualified Endowment Credit (include Form QEC)..... 10.	00	00	00
11. Historical Buildings Preservation Credit (include federal Form 3468) ... 11.	00	00	00
12. Increase Research and Development Activities Credit..... 12.		00	00
13. Mineral and Coal Exploration Incentive Credit (include Forms MINE-CRED and MINE-CERT) 13.	00	00	00
14. Empowerment Zone Credit..... 14.	00	00	00
15. Biodiesel Blending and Storage Credit (include Form BBSC)..... 15.	00	00	00
16. Geothermal System Credit (include Form ENRG-A)..... 16.	00	00	00
17. Innovative Educational Program Credit 17.	00	00	00
18. Student Scholarship Organization Credit 18.	00	00	00
19. Apprenticeship Tax Credit..... 19.	00	00	00
20. MEDIA Credit..... 20.	00	00	00
21. Add lines 1 through 20 and enter the result. This is your total nonrefundable credits. 21.	00	00	00
Refundable Credits			
22. Emergency Lodging Credit (include Form ELC)..... 22.	00	00	00
23. Unlocking Public Lands Credit..... 23.	00	00	00
24. Add lines 22 and 23 and enter the result. This is your total refundable credits. 24.	00	00	00
Tax Credits Recapture			
25. Qualified Endowment Credit Recapture 25.			00
26. Historical Buildings Preservation Credit Recapture 26.			00
27. Biodiesel Blending and Storage Credit Recapture 27.			00
28. Add lines 25 through 27 and enter the result. This is your total recapture of tax credits. 28.			00
29. Add totals of lines 21 and 24; then subtract line 28. Enter the result here. This is the total of your credits. Enter the total in column C on Form CIT, page 4, line 13. 29.	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 (6o).



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

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 group3i.
- 3j. Less: All intercompany transactions3j.
- 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 on line (3m).)..... 3n.
- 4. Sum of the Factors** (Add lines (1p), (2j), and (3m) for each corporation.)..... 4.
- 5. Apportionment Factor**
 - 5a. Separate entity Apportionment Factor (Divide line 4 by the number of factors that can be included in the calculation. See instructions on page 8.)5a.
 - 5b. Total Apportionment Factor (Add columns on line (5a) and enter here.
This should equal page 5, line 5 of the Schedule K.) 5b.

A Everywhere Activity*	Montana Separate Corporation Activity		B Grand Total of Montana Columns*	C Factor
	Corporation Name FEIN	Corporation Name FEIN		
				%
	%	%		%
	%	%		%

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

**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.

Montana Separate Corporation Activity		B Grand Total of Montana Columns*
Corporation Name	Corporation Name	
FEIN	FEIN	

*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. 2020 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 2020..... 5b.				
5c. NOL carryforward to 2020 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 2020..... 6b.				
6c. NOL carryforward to 2020 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 2020..... 7b.				
7c. NOL carryforward to 2020 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 2020..... 8b.				
8c. NOL carryforward to 2020 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 2020..... 9b.				
9c. NOL carryforward to 2020 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 2020..... 10b.				
10c. NOL carryforward to 2020 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 2020..... 11b.				
11c. NOL carryforward to 2020 11c.				
11d. NOL available for carryforward..... 11d.				
12. Total separate corporation NOL carryforward to 2020. 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)

2020 Montana separate corporation taxable income before NOL deduction (enter line 6(f) from Schedule K-Combined)

Table with 4 columns: Column A, Column B, Column A, Column B. Rows include sections for AMENDED RETURNS - carryback deductions (lines 13-15) and summary lines 16-18.

AMENDED RETURNS - carryback deductions

Form fields for lines 13 through 18, including taxable period of NOL, total NOL, carryback amounts, and carryforward amounts.

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
Totals			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