Form CLT-4S

No Staples

2018 Montana S Corporation Information and Composite Tax Return Include a complete copy of the federal Form 1120S and all related forms and schedules.

For calendar year 2018 or tax year beginning MMDD2018 and ending

Mark all that apply:	Name		FEIN
Initial return			Enter number of:
Final return	Mailing Address		Schedules K-1 included
Amended return			Resident shareholders
Refund return	City	State Zip Code + 4	Nonresident shareholders
			Other types of shareholders
State Incorporated in MT Secretary of State I	on M M D D Y Y Y Y D #	Federal Business Code/NAICS Foreign S corporations: date S corporation obt certificate of authority from Montana Secretary	

Shareholders' Pro Rata Share of Income Items (Form 1120S, Schedule K)

1.	Ordinary business income (loss)		00
2.	Net rental real estate income (loss) (include federal Form 8825)	2.	00
За.	Other gross rental income (loss)	00	
b.	Expenses from other rental activities (include detailed statement) 3b.	00	
C.	Subtract line 3b from line 3a. This is your other net rental income or loss.	3c.	00
4.	Interest income	4.	00
5.	Ordinary dividends	5.	00
6.	Royalties	6.	00
7.	Net short-term capital gain (loss) (include federal Schedule D, Form 1120S)	7.	00
8.	Net long-term capital gain (loss) (include federal Schedule D, Form 1120S)	8.	00
9.	Net section 1231 gain (loss) (include federal Form 4797)	9.	00
10.	Other income (loss) (include detailed statement)	10.	00
11.	Add lines 1 through 10 and enter result. This is your total federal income or loss.	11.	00
	eholders' Distributive Share of Deduction Items (Form 1120S, Schedule K)		
12a.	Section 179 deduction (include federal Form 4562)	12a.	00
b.	Contributions	12b.	00
C.	Investment interest expense	12c.	00
d.	Section 59(e)(2) expenditures (include detailed statement)	12d.	00
e.			00
13.	Add lines 12a through 12e and enter result. This is your total federal deductions.		00
14.	Subtract line 13 from line 11. This is your federal income from all sources.	14.	00
Share	eholders' Distributive Share of Montana Additions and Deductions to Income		
15a.	Interest and dividends not taxable under the Internal Revenue Code 15a.	00	
b.	Taxes based on income or profits	00	
C.	Other additions (include a detailed statement)	00	
	Add lines 15a, 15b, and 15c; enter result. This is your total Montana additions to income.	15.	00
16a.	Interest on U.S. government obligations (include detailed statement) 16a.	00	
b.	Deduction for purchasing recycled material (include Form RCYL) 16b.	00	
C.	Other deductions (include detailed statement)16c.	00	
d.	Nonapportionable income/(loss) (include detailed statement)	00	
	Add lines 16a through 16d; enter result. This is your total Montana deductions to income.	16.	00
17.	Add lines 14 and 15, then subtract line 16 from that result.	17.	00
Арро	rtioned and Allocated Montana Source Income 🛛 Schedule I Not Required (see instructions)	
	Income apportioned to Montana. Multiply line 17 x % (see instructions)		00
	Income or loss allocated directly to Montana (see instructions)		00
	Add lines 18 and 19; enter result. This is your total Montana source income.		00

Office Use Only





File online at revenue.mt.gov





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Calculation of Amount Owed or Refund			
21. Enter your Montana total composite tax from Schedule IV, colun			00
22. Enter the sum of pass-through withholding from all Montana Scl	nedule(s) K-1, part 5, line	2a 22.	00
Withholding			
23 a. Total Montana mineral royalty tax withheld on your behalf (see instr	uctions) 23a.	00	
 b. Mineral royalty tax withheld distributed to shareholders 	23b.	00	
c. Subtract 23b from 23a. Montana mineral royalty tax withhele	d attributable to S corpo	oration23c.	00
24 a. Total Montana pass-through withholding paid on your behalf (see insi	tructions) 24a.	00	
b. Montana pass-through withholding distributed to shareholders	24b.	00	
c. Subtract line 24b from 24a. Montana pass-through withhold	ing attributable to S cor	poration 24c.	00
25. Add lines 23c and 24c. This is the total withholding payment	s attributable to S corpo	oration25.	00
Return Payments			
26 a. 2017 overpayment applied to 2018		00	
b. 2018 estimated payments		00	
c. 2018 extension payment		00	
d. For amended returns only-payments made with original retur		00	
e. For amended returns only previously issued refunds (see instru-		00	
f. Add lines 26a through 26d, then subtract line 26e. This is you	· · · · · · · · · · · · · · · · · · ·		00
27. Add lines 21 and 22, then subtract lines 25 and 26f. This is you			00
Penalties and Interest (see instructions)			
28 a. S corporation information return late filing penalty	28a	00	
 b. Interest on underpayment of estimated composite tax 		00	
c. Composite income tax return late filing penalty		00	
 d. Late payment penalty 		00	
e. Interest		00	
f. Add lines 28a through 28e. This is your total penalties and i			00
Amount Owed or Refund		201.	00
29. Add lines 27 and 28f		20	00
30. If line 29 results in an amount due, enter it here. This is the am			00
Pay online at revenue.mt.gov. If writing a check, make it	-		
• • •			00
31. If line 29 results in an overpayment, enter it here. This is your overp	-	number	00
 Enter the amount from line 31 that you want applied to your 201 estimated tax 	-	00	
			00
33. Subtract line 32 from line 31 and enter the amount here. This is	s your relund		00
Direct Deposit Your Pofund 1. RTN# 2.	ACCT#		
		alving Covings	
Complete 1, 2, 3 and 4 3. If using direct deposit, you are required to ma		cking Savings	Mar Nie
(see instructions). 4. Is this refund going to an account that is located	a outside of the United Sta	tes of its territories?	Yes No
Under penalties of false swearing, I declare that I have examined this n	eturn, including accompa	nying schedules and sta	tements, and to
the best of my knowledge and belief, it is true, correct, and complete.	U		
Signature of Officer Date Pr	inted Name and Title	Telepho	ne Number
X MMDDYYYY			

Print/Type Preparer's Name	Preparer's Signature	Date	PTIN
		MMDDYYYY	
Firm's Name	Firm's Address	Telephone Number	Firm's FEIN

May the DOR discuss this tax return with your tax preparer?





ter amounts in columns A and B. Enter percentages in column C.	A. Everywhere	B. Montana. C. Facto
operty Factor: Use average value for real and tangible personal	property.	
Land1a		00
Buildings1b	. 00	00
Machinery 1c		00
Equipment1d	. 00	00
Furniture and fixtures1e	. 00	00
Leases and leased property1f	. 00	00
Inventories1g	. 00	00
Depletable assets1h	. 00	00
Supplies and other1i		00
Property of foreign subs included in combined group1j	. 00	00
Property of unconsolidated subs included in combined group1k	. 00	00
Property of pass-through entities included in combined group1I	. 00	00
. Multiply amount of rents by 8 and enter result1m	. 00	00
tal Property Value add lines 1a through 1m	. 00	00
vide the total in column B by the total in column A. Multiply the res	sult by 100. This is your property	factor1.
yroll Factor:		
Compensation of officers2a	. 00	00
Salaries and wages2b	. 00	00
Payroll included in:		
Costs of goods sold	. 00	00
Other expenses and deductions2d	. 00	00
Payroll of foreign subs included in combined group2e	. 00	00
Payroll of unconsolidated subs included in combined group2f	. 00	00
Payroll of pass-through entities included in combined group2g	. 00	00
tal Payroll Value add lines 2a through 2g	. 00	00
vide the total in column B by the total in column A. Multiply the res	sult by 100. This is your payroll fa	actor2.
oss Receipts Factor:		
Gross Receipts, less returns and allowances	. 00	
Receipts delivered or shipped to Montana purchasers:		
(1) Shipped from outside Montana		00
(2) Shipped from within Montana		00
Receipts shipped from Montana to:		
(1) United States government	3c.(1)	00
(2) Purchasers in a state where the taxpayer is not taxable		00
Receipts other than receipts of tangible personal property (e.g. se		00
Net gains reported on federal Schedule D and Form 47973e		00
Other gross receipts (rents, royalties, interest, etc.)		00
Receipts of foreign subs included in combined group		00
Receipts of unconsolidated subs included in combined group3h		00
Receipts (pro-rata share) of pass-through entities		
	. 00	00
included in combined group 30		00
included in combined group		00
Less: All intercompany transactions 3j		
Less: All intercompany transactions		
Less: All intercompany transactions	sult by 100. This is your receipts	
Less: All intercompany transactions	sult by 100. This is your receipts t um of your factors	4.





Schedule II – Montana S Corporation Tax Credits

Type of Credit

Amount of Credit

1.	Dependent Care Assistance Creditinclude Form DCAC	00
2.	College Contribution Creditinclude Form CC	00
3.	Health Insurance for Uninsured Montanans Creditinclude Form HI	00
4.	Recycle Credit include Form RCYL	00
5.	Alternative Energy Production Creditinclude Form AEPC	00
6.	Contractor's Gross Receipts Tax Credit. If multiple CGR accounts, mark here.	
	CGR Account ID: C G R	00
7.	Alternative Fuel Credit include Form AFCR	00
8.	Infrastructure User Fee Credit include Form IUFC	00
9.	Historic Property Preservation Credit	00
10.	Mineral and Coal Exploration Incentive Creditinclude Forms MINE-CERT and MINE-CRED	00
11.	Empowerment Zone Credit	00
12.	Biodiesel Blending and Storage Creditinclude Form BBSC	00
13.	Innovative Educational Program Credit	00
14.	Student Scholarship Organization Credit	00
15.	Emergency Lodging Creditinclude Form ELC	00
16.	Unlocking Public Lands Credit	00
17.	Apprenticeship Tax Credit	00

Type of Credit Recenture

Туре	e of Credit Recapture	Amount of Credit Recapture
18.	Historic Property Preservation Credit Recapture	00
19.	Film Production Credit Recapture	00
20.	Biodiesel Blending and Storage Credit Recapture	00
21.	Oilseed Crushing and Biodiesel/Biolubricant Production Credit Recapture	00

When attributing any credit or credit recapture from an S corporation to its shareholders, use the same proportion the S corporation used to report each shareholder's income or loss for Montana tax purposes. Include a detailed breakdown that shows each shareholder's share of the credit or credit recapture.

Use Montana Schedule K-1 to notify each shareholder of the amount of credit available to the shareholder.



FEIN

Schedule IV – Montana S Corporation Composite Income Tax Schedule

Part I. Eligible Participating Shareholders	Part II. Composite Tax Ratio	1	2	3
Enter the number of eligible participating shareholders.	Use the amount in column 3	Enter the amount from	Enter the amount from	Divide column 2 by
See instructions for more information about eligible	to complete the calculation in	page 1, line 14	page 1, line 20	column 1 Do not enter more
participating shareholders.	column H below.	of this form.	of this form.	than 1.000000
		00	00	

	А	В	С	D	E	F	G	Н
	Name	Social security number or federal employer identification number	Shareholders' share of federal income from entity	Standard deduction	Exemption \$2,440	Montana taxable income – Subtract columns D and E from column C.	Enter the appropriate tax from	Montana composite income tax. Multiply column G times composite tax ratio from Part II.
1.			00	00	00	00	00	00
2.			00	00	00	00	00	00
3.			00	00	00	00	00	00
4.			00	00	00	00	00	00
5.			00	00	00	00	00	00
6.			00	00	00	00	00	00
7.			00	00	00	00	00	00
8.			00	00	00	00	00	00
9.			00	00	00	00	00	00
10.			00	00	00	00	00	00
11. E	Enter the total composite tax from all additior	al pages, if used					11.	00
			Add column H, lir	nes 1 through	n 11. This is	your total composite i	income tax liability.	. 00

Transfer the amounts from column H to each partner's Montana Schedule K-1, Part 5, Line 1.



If additional space is needed, make copies of this page. Include all additional pages from line 11 with the tax return.

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$0	\$3,000	1% (0.010)	\$0	
\$3,000	\$5,200	2% (0.020)	\$30	
\$5,200	\$8,000	3% (0.030)	\$82	
\$8,000	\$10,800	4% (0.040)	\$162	
\$10,800	\$13,900	5% (0.050)	\$270	
\$13,900	\$17,900	6% (0.060)	\$409	
	More Than \$17,900	6.9% (0.069)	\$570	

|--|

Yes

Yes

Schedule VI – Reporting of Special Transactions

Complete Schedule VI only if your small business corporation filed any of the federal forms described below. Mark the appropriate box indicating which form(s) you filed with the Internal Revenue Service for this tax year. If your answer is "Yes" to one or more of these forms, you need to include a complete copy of your federal tax return Form 1120S.

- The S corporation filed federal Form 8918 Material Advisor Disclosure Statement with the Internal Revenue Service.
 Yes Material advisors to any reportable transactions must file Form 8918.
- 2. The S corporation filed federal Form 8824 Like-Kind Exchanges with the Internal Revenue Service.
 NOTE: Mark the box if your like-kind exchange includes Montana property. Nonresidents do not have to report a like-kind exchange if the properties involved do not include Montana property. Use Form 8824 to report each exchange of business or investment property for property of a like-kind.
- The S corporation filed federal Form 8865 Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service.
 Use Form 8865 to report the information required under 26 USC 6038 (reporting with respect to controlled foreign partnerships), Section 6038B (reporting of transfers to foreign partnerships) or Section 6046A (reporting of acquisitions, dispositions and changes in foreign partnership interest).
- The S corporation filed federal Form 8886 Reportable Transaction Disclosure Statement with the Internal Revenue Service.
 Use Form 8886 to disclose information for each reportable transaction in which you participated.
- 5. The S corporation filed federal Form 8023 Elections Under Section 338 for Corporations Making Qualified Stock Purchases with the Internal Revenue Service.
 Yes Use Form 8023 to report elections under IRC 338 made by a purchasing corporation for a target corporation in a qualified stock purchase (QSP). In the case of a target S corporation acquisition under IRC 338(h)(10), the election must be made by all of the shareholders of a target S corporation, including those who do not sell their stock in the event of a QSP transaction.
- Complete this section if you made a disbursement to a related party. 6. During this tax year, the S corporation made payments to one or more related parties (excluding salary compensation) that exceed \$100,000 per recipient.
 - If you answer "Yes" to this question, provide the name and federal employer identification number of each related party below and the amount that you paid to each related party:

Name	FEIN	Amount of Payment
		00
		00
		00

