

Form CLT-4S

S

2017 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 2017 or tax year beginning

MMDD2017

and ending

MMDDYYYY

Mark all that apply:

- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Refund return

See electronic options at
revenue.mt.gov

Name

FEIN

Mailing Address

Enter number of:

Schedules K-1 included

Resident shareholders

Nonresident shareholders

Other types of shareholders

City

State Zip Code + 4

State Incorporated in

on

MMDDYYYY

Federal Business Code/NAICS

MT Secretary of State ID #

Foreign S corporations: date S corporation obtained
certificate of authority from Montana Secretary of State

MMDDYYYY

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

1. Ordinary business income (loss)	1.	00
2. Net rental real estate income (loss) (include federal Form 8825).....	2.	00
3. a. Other gross rental income (loss).....	3a.	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

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

12. a. 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. Other deductions (include detailed statement)	12e.	00
13. Add lines 12a through 12e and enter result. This is your total federal deductions.	13.	00
14. Subtract line 13 from line 11. This is your federal income from all sources.	14.	00

Shareholders' Pro Rata Share of Montana Additions and Deductions to Income

15. a. Interest and dividends not taxable under the Internal Revenue Code.....	15a.	00
b. Taxes based on income or profits	15b.	00
c. Other additions (include a detailed statement)	15c.	00
Add lines 15a, 15b, and 15c; enter result. This is your total Montana additions to income.	15.	00
16. a. 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
Add lines 16a, 16b, and 16c; 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

Apportioned and Allocated Montana Source Income ☐ Schedule I Not Required (see instructions)

18. Income apportioned to Montana. Multiply line 17 X _____ % (see instructions)	18.	00
19. Income allocated to Montana. Enter the income or loss allocated directly to Montana (see instructions) ..	19.	00
20. Add lines 18 and 19; enter result. This is your total Montana source income.	20.	00



17DX0101

Calculation of Amount Owed or Refund

21. Enter your Montana total composite tax from Schedule IV column H	21.	00
22. Enter the sum of pass-through withholding from all Montana Schedule(s) K-1, part 5, line 2a.....	22.	00

Withholding

23. a. Total Montana mineral royalty tax withheld on your behalf (see instructions).....23a.		00	
b. Mineral royalty tax withheld distributed to shareholders 23b.		00	
c. Subtract 23b from 23a. Montana mineral royalty tax withheld attributable to S corporation.....23c.			00
24. a. Total Montana pass-through withholding paid on your behalf (see instructions) ..24a.		00	
b. Montana pass-through withholding distributed to shareholders 24b.		00	
c. Subtract line 24b from 24a. Montana pass-through withholding attributable to S corporation.24c.			00
25. Add lines 23c and 24c. This is the total withholding payments attributable to S corporation. 25.			00

Return Payments

26. a. 2016 overpayment applied to 2017	26a.		00
b. 2017 estimated payments.....	26b.		00
c. 2017 extension payment.....	26c.		00
d. For amended returns only—payments made with original return	26d.		00
e. For amended returns only—previously issued refunds (see instructions).....	26e.		00
f. Add lines 26a through 26d, then subtract line 26e. This is your total return payments.	26f.		00
27. Add lines 21 and 22, then subtract lines 25 and 26f. This is your amount due or (overpaid).	27.		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	28b.		00
c. Composite income tax return late filing penalty	28c.		00
d. Late payment penalty	28d.		00
e. Interest	28e.		00
f. Add lines 28a through 28e. This is your total penalties and interest.	28f.		00

Amount Owed or Refund

29. Add lines 27 and 28f.....	29.		00
30. If line 29 results in an amount due, enter it here. This is the amount you owe.	30.		00

Pay online at revenue.mt.gov. If writing a check, make it payable to MONTANA DEPARTMENT OF REVENUE.

31. If line 29 results in an overpayment, enter it here. This is your overpayment. Enter as a positive number.	31.	00
32. Enter the amount from line 31 that you want applied to your 2018 composite estimated tax	32.	00
33. Subtract line 32 from line 31 and enter the amount here. This is your refund.	33.	00

Direct Deposit Your Refund

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

[illegible][illegible]

3. If using direct deposit, you are required to mark one box. ►	Checking	Savings
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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 X	Date	Printed Name and Title	Telephone Number
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Print/Type Preparer's Name	Preparer's Signature	Date	PTIN
Firm's Name	Firm's Address	Telephone Number	Firm's FEIN

For Office Use

May the DOR discuss this tax return with your tax preparer? ☐ Yes ☐ No.



17DX0201

Schedule I – Apportionment Factors for Multistate S Corporations

Enter amounts in columns A and B. Enter percentages in column C.

A. Everywhere	B. Montana	C. Factor
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1. Property Factor: Use average value for real and tangible personal property.

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 subsidiaries included in combined unitary group 1j.	1j.		00		00
1k. Property of unconsolidated subsidiaries included in combined unitary group	1k.		00		00
1l. Property of pass-through entities included in combined unitary group 1l.	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 the 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 expenses and deductions.....	2d.		00		00
2e. Payroll of foreign subsidiaries included in combined unitary group 2e.	2e.		00		00
2f. Payroll of unconsolidated subsidiaries included in combined unitary group	2f.		00		00
2g. Payroll of pass-through entities included in combined unitary group 2g.	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 the result by 100. **This is your payroll factor.**2. %**3. Sales (Gross Receipts) Factor:**

3a. Gross sales, less returns and allowances	3a.		00		
3b. Sales delivered or shipped to Montana purchasers:					
(1) Shipped from outside Montana	3b.(1)				00
(2) Shipped from within Montana	3b.(2)				00
3c. Sales 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. Sales other than sales of tangible personal property (e.g., 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. Sales (receipts) of foreign subsidiaries included in combined unitary group	3g.		00		00
3h. Sales (receipts) of unconsolidated subsidiaries included in combined unitary group.....	3h.		00		00
3i. Sales (receipts) of pass-through entities included in combined unitary group	3i.		00		00
3j. Less: All intercompany transactions	3j.		00		00
Total Sales Value add lines 3a through 3j.....			00		00

Divide the total in column B by the total in column A. Multiply the result by 100. **This is your sales 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 there is a value in column A for a factor category (Property, Payroll or Sales), you should include this factor as part of the calculation (see instructions). Enter the results here and also insert on page 1, line 18 of this form. This is your apportionment factor.**5. %

Schedule II – Montana S Corporation Tax Credits

Type of Credit	Amount of Credit
1. Dependent Care Assistance Credit include Form DCAC	00
2. College Contribution Credit include Form CC	00
3. Health Insurance for Uninsured Montanans Credit include Form HI	00
4. Recycle Credit include Form RCYL	00
5. Alternative Energy Production Credit include Form AEPC	00
6. Contractor's Gross Receipts Tax Credit. If multiple CGR accounts, mark here. <input type="checkbox"/>	
CGR Account ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - 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 include federal Form 3468	00
10. Mineral and Coal Exploration Incentive Credit include Forms MINE-CERT and MINE-CRED	00
11. Empowerment Zone Credit.....	00
12. Biodiesel Blending and Storage Credit..... include Form BBSC	00
13. Innovative Educational Program Credit.....	00
14. Student Scholarship Organization Credit.....	00
15. Emergency Lodging Credit..... include Form ELC	00
16. Unlocking Public Lands Credit.....	00
Type of Credit Recapture	Amount of Credit Recapture
17. Historic Property Preservation Credit Recapture.....	00
18. Film Production Credit Recapture	00
19. Biodiesel Blending and Storage Credit Recapture	00
20. 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.



Schedule IV – Montana S Corporation Composite Income Tax Schedule

Part I. Eligible Participating Shareholders

Enter the number of eligible participating shareholders.

See instructions for more information about eligible participating shareholders.

Part II. Composite Tax Ratio

Use the amount in column 3 to complete the calculation in column H below.

1

2

3

Enter the amount from page 1, line 14 of this form.

Enter the amount from page 1, line 20 of this form.

Divide column 2 by column 1. Do not enter more than 1.000000.

00

00

Part III. Enter below in columns A through H the required information and amounts for each eligible participating shareholder.

A		B		C		D		E		F		G		H	
Name		Social security number or federal employer identification number		Shareholders' share of federal income from entity		Standard deduction		Exemption \$2,400		Montana taxable income – Subtract columns D and E from column C.		Enter the appropriate tax from the tax table below.		Montana composite income tax. Multiply column G times composite tax ratio from Part II.	
1.					00			00			00			00	
2.					00			00			00			00	
3.					00			00			00			00	
4.					00			00			00			00	
5.					00			00			00			00	
6.					00			00			00			00	
7.					00			00			00			00	
8.					00			00			00			00	
9.					00			00			00			00	
10.					00			00			00			00	
11.	Enter the total composite tax from all additional pages, if used11.														
Add column H, lines 1 through 11. This is your total composite income tax liability.															

 Add column H, lines 1 through 11. **This is your total composite income tax liability.**

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



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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	\$2,900	1% (0.010)	\$0	
\$2,900	\$5,200	2% (0.020)	\$29	
\$5,200	\$7,900	3% (0.030)	\$81	
\$7,900	\$10,600	4% (0.040)	\$160	
\$10,600	\$13,600	5% (0.050)	\$266	
\$13,600	\$17,600	6% (0.060)	\$402	
More Than \$17,600		6.9% (0.069)	\$560	

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.

1. 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. ☐ Yes

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.

3. The S corporation filed federal **Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnerships** with the Internal Revenue Service. ☐ Yes

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).

4. The S corporation filed federal **Form 8886 – Reportable Transaction Disclosure Statement** with the Internal Revenue Service. ☐ Yes

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. ☐ Yes

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

