



2024 Montana Corporate Income Tax Return

Form CIT
2024v1
5/2024

Include a copy of federal Form 1120 as filed with the Internal Revenue Service

For calendar year 2024 or tax year beginning **A01000** 2 0 2 4 and ending **A01005** Y Y Y Y

Name
A01015

Mailing Address
A01020

City State ZIP Code
A01025 **A01030** **A01035**

FEIN **A01010**

Federal Business Code/NAICS **A01040**

State Incorporated in **A01045**
on **A01050** Y Y Y Y

Date Qualified in Montana **A01055** Y Y Y Y

MT Secretary of State ID **A01060**

Mark all that apply:

- A01065** Final Return **A01080** Amended Return – Filers need to complete the entire form using the corrected amounts.
- A01070** Final Return **A01085** Paper-Filed Return – Enter Total Gross Receipts: **A01090** 00
- A01075** Fund Return

Part I - Filing Method

- 1 **A01095** 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? **A01100**
If marked, Schedule K must be completed and included with your tax return; skip questions 2 through 5 of this part.
- 2 Are you a member (parent or subsidiary) of a consolidated group for federal purposes? **A01105** Yes No
- 3 Are you filing a combined return for Montana purposes? **A01110** Yes No
- 4 If you answered Yes to questions 2 or 3 above, mark one of the following filing methods and include Schedule M:

| | |
|-------------------------------------|--|
| A01115 Separate Company | A01130 Domestic Combination |
| A01120 Separate Accounting | A01135 Limited Combination (Attach statement) |
| A01125 Worldwide Combination | A01140 Water's Edge |

(You must have a valid election and Schedule WE must be included.)
- 5 How many members of the unitary group had property, payroll, or receipts in Montana or have an interest in a pass-through entity with Montana activity during the taxable period? **A01145**
- 6 Are all members of the unitary group 100% Montana corporations? **A01150** Yes No
- 7 If you answered **Yes** to questions 2 or 3 above, you must include pages 1 through 5 of the parent's consolidated federal Form 1120 as filed with the Internal Revenue Service, and enter:
a. Ultimate U.S. parent's name as reported on federal tax return **A01155**
b. Ultimate U.S. parent's FEIN **A01160**

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

- A01165** Federal Revenue Agent Report; include a complete copy of this report.
- A01170** NOL carryback/carry forward; list year(s) of loss. **A01175**
(Schedule NOL must be included.)
- A01180** Apportionment factor changes; include a statement explaining all adjustments in detail.
- A01185** Amended federal tax return (Form 1120X); include a complete copy of the federal Form 1120X.
- A01190** Application and/or change in tax credit; list type of credit being claimed. **A01195**
- A01200** 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).
A01205
- b Is this your corporation's first Montana tax return? **A01210** Yes No
If this corporation is a successor to a previously existing business, enter the predecessor's information:
Name **A01215** FEIN **A01220**



24EP0101

Name **A02001**

FEIN **A02002**

Part III - General Questions (continued)

- c Is this your corporation's final Montana tax return? **A02000** Yes No
 If **Yes**, please include detailed statement and indicate whether your corporation has:
A02005 Withdrawn **A02010** Merged **A02015** Dissolved **A02020** Reorganized
 Date of withdrawal, dissolution, merger, or reorganization **A02025** YYYY
 If applicable, enter the successor's name **A02030** FEIN **A02035**
- d For any tax period(s), has the Internal Revenue Service issued an official notice of change or correction you have not filed with the Montana Department of Revenue? **A02040** Yes No
 If **Yes**, indicate what period(s) **A02045**
- e Are any statute of limitation waivers currently in force that have been executed with the Internal Revenue Service? **A02050** Yes No
 If **Yes**, which taxable year(s) is covered and what is the expiration date(s) of the waiver(s)? **A02055**
- f Have you filed an amended federal tax return for any of the last five taxable periods? **A02060** Yes No
 If **Yes**, for which years have you filed amended Montana returns? **A02065**
- 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 **A02075** and % of ownership **A02080** **A02070** 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? **A02085** Yes No
 If **Yes**, enter name **A02090** and % of ownership **A02095**
- 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? **A02100** 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? **A02105** Yes No
 If **Yes**, how many corporations? **A02110**
- 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? **A02120** **A02115** 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.? **A02125** Yes No
 If **Yes**, enter name **A02130** and % of ownership **A02135**
- 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? **A02145** **A02140** 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? **A02155** **A02150** 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. **A02160** Yes No
A02165

Part IV - Reporting of Special Transactions

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

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? **A02170** 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? **A02175** Yes No
 Schedule UTP is used to disclose uncertain tax positions.



24EP0201

Name **A03001**

FEIN **A03002**

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 | A03000 | 00 |
| 2 Additions | | | | |
| 2a | State, local, foreign and franchise taxes based on income. Include breakdown of your Form 1120, line 17 | 2a | A03005 | 00 |
| 2b | Federal tax-exempt interest | 2b | A03010 | 00 |
| 2c | Contributions used to compute qualified endowment credit | 2c | A03015 | 00 |
| 2d | Income/loss of foreign parent and foreign subsidiaries for worldwide combined filers (attach schedule) | 2d | A03020 | 00 |
| 2e | Income/loss of unitary corporations not included in federal consolidated return (attach schedule) | 2e | A03025 | 00 |
| 2f | Deemed dividends – Water’s Edge filers only (include Schedule WE) | 2f | A03030 | 00 |
| 2g | Federal capital loss carry-over utilized on federal return. Include Schedule D | 2g | A03035 | 00 |
| 2h | All other additions. Include a detailed breakdown | 2h | A03040 | 00 |
| | Add lines 2a through 2h and enter the result. | This is the total of your additions. | 2 | A03045 00 |
| 3 Reductions | | | | |
| 3a | IRC Section 243 dividend received deduction | 3a | A03050 | 00 |
| 3b | Nonapportionable income (include a detailed breakdown) | 3b | A03055 | 00 |
| 3c | Montana recycling deduction (include Form RCYL) | 3c | A03060 | 00 |
| 3d | Income/loss of nonunitary corporations included in federal consolidated return (attach schedule) | 3d | A03065 | 00 |
| 3e | Income/loss of 80/20 companies – Water’s Edge filers only (attach schedule) | 3e | A03070 | 00 |
| 3f | Capital loss incurred in current year. Include federal Schedule D | 3f | A03075 | 00 |
| 3g | All other reductions. Include a detailed breakdown | 3g | A03080 | 00 |
| | Add lines 3a through 3g and enter the result. | This is the total of your reductions. | 3 | A03085 00 |
| 4 | Add lines 1 and 2, then subtract line 3 and enter the result. This is your adjusted taxable income. | 4 | A03090 | 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 A03095 % from Schedule K, line 6) | 5 | A03100 | 00 |
| 6 | Enter the income that you allocated directly to Montana. Include a detailed breakdown | 6 | A03105 | 00 |
| 7 | Montana taxable income before net operating loss (add lines 5 and 6 or enter amount reported on line 4) | 7 | A03110 | 00 |
| | If line 7 is a loss, do you wish to forgo the net operating loss carry-back provision A03115 Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| | 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 | A03120 | 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 | A03125 | 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 | A03130 | 00 |

A03135 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.



24EP0301

Name FEIN

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

| | | | | |
|---|---|-----|-------------------------------------|---------------------------------|
| 11 | Your Montana tax liability from line 10 | 11 | <input type="text" value="A04000"/> | <input type="text" value="00"/> |
| 12 Payments | | | | |
| 12a | 2023 overpayment | 12a | <input type="text" value="A04005"/> | <input type="text" value="00"/> |
| 12b | Tentative payment | 12b | <input type="text" value="A04010"/> | <input type="text" value="00"/> |
| 12c | Quarterly estimated tax payments | 12c | <input type="text" value="A04015"/> | <input type="text" value="00"/> |
| 12d | Montana mineral royalty tax withheld. Include Form(s) 1099 | 12d | <input type="text" value="A04020"/> | <input type="text" value="00"/> |
| 12e | Montana tax withheld from pass-through entities. Include MT Schedule(s) K-1 | 12e | <input type="text" value="A04025"/> | <input type="text" value="00"/> |
| 12f | All other payments. Describe <input type="text" value="A04035"/> | 12f | <input type="text" value="A04030"/> | <input type="text" value="00"/> |
| 12g | Previously issued refunds. (Do not include any overpayments to 2025.) | 12g | <input type="text" value="A04040"/> | <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="A04045"/> | <input type="text" value="00"/> |
| 13 | Enter total credits (from Schedule C) | 13 | <input type="text" value="A04050"/> | <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="A04055"/> | <input type="text" value="00"/> |
| 15 | Enter the amount of overpayment that you want to be applied to your 2025 estimated tax | 15 | <input type="text" value="A04060"/> | <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="A04065"/> | <input type="text" value="00"/> |
| 17 | Enter interest on all the tax paid after the due date (See instructions) | 17 | <input type="text" value="A04070"/> | <input type="text" value="00"/> |
| 18 | Enter estimated tax underpayment interest. Include Form CIT-UT | 18 | <input type="text" value="A04075"/> | <input type="text" value="00"/> |
| <input type="checkbox" value="A04080"/> | 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="A04085"/> | <input type="text" value="00"/> |
| 19b | Enter your late payment penalty (See instructions) | 19b | <input type="text" value="A04090"/> | <input type="text" value="00"/> |
| | Add lines 19a and 19b; enter the result. This is your total penalty. | 19 | <input type="text" value="A04095"/> | <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="A04100"/> | <input type="text" value="00"/> |
| | Visit our website at MTRevenue.gov for electronic payment options or include your remittance payable to Montana Department of Revenue. | | | |
| 20b | If the result is negative, enter the refund due here. This is your total refund. | 20b | <input type="text" value="A04105"/> | <input type="text" value="00"/> |

Direct Deposit Your Refund Complete 1, 2, and 3. (See instructions)

1 Routing Number
2 Account Number Checking Savings
 Mark this box if this refund is going to an account that is located outside of the United States or its territories.

REQUIRED – Signature, Paid Preparer, and Third-Party Designee

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.

Officer

Signature Date Signed
Printed Name Phone

Tax Preparer

Signature Date Signed
Print Name Phone

Mark this box if you allow the DOR to discuss this tax return with your tax preparer. PTIN

Tax Preparation Firm

Firm Name Firm's FEIN
Mailing Address
City S ZIP



24EP0401



2024 Montana Form CIT Schedule K – Apportionment Factors for Multi-State Taxpayers

2024v1
5/2024

| Name | A05001 | FEIN | A05002 | | | |
|---|------------|----------|--------|--------|--------|----|
| | A | B | C | | | |
| | Everywhere | Montana. | Factor | | | |
| 1 Property Factor: Enter average values for real and tangible personal property. | | | | | | |
| 1a Land | 1a | A05000 | 00 | A05005 | | 00 |
| 1b Buildings | 1b | A05010 | 00 | A05015 | | 00 |
| 1c Machinery | 1c | A05020 | 00 | A05025 | | 00 |
| 1d Equipment | 1d | A05030 | 00 | A05035 | | 00 |
| 1e Furniture and fixtures | 1e | A05040 | 00 | A05045 | | 00 |
| 1f Leases and leased property | 1f | A05050 | 00 | A05055 | | 00 |
| 1g Inventories | 1g | A05060 | 00 | A05065 | | 00 |
| 1h Depletable assets | 1h | A05070 | 00 | A05075 | | 00 |
| 1i Supplies and other | 1i | A05080 | 00 | A05085 | | 00 |
| 1j Property of foreign subs included in combined group | 1j | A05090 | 00 | A05095 | | 00 |
| 1k Property of unconsolidated subs included in combined group | 1k | A05100 | 00 | A05105 | | 00 |
| 1l Property (pro-rata share) of pass-throughs included in group | 1l | A05110 | 00 | A05115 | | 00 |
| 1m Multiply amount of rents by 8 and enter result | 1m | A05120 | 00 | A05125 | | 00 |
| Total Property Value - add lines 1a through 1m | | A05130 | 00 | A05135 | | 00 |
| Divide the total in column B by the total in column A. Multiply that result by 100. This is your property factor. | | | | | | |
| | | | | 1 | A05140 | % |
| 2 Payroll Factor: | | | | | | |
| 2a Compensation of officers | 2a | A05145 | 00 | A05150 | | 00 |
| 2b Salaries and wages | 2b | A05155 | 00 | A05160 | | 00 |
| Payroll included in: | | | | | | |
| 2c Costs of goods sold | 2c | A05165 | 00 | A05170 | | 00 |
| 2d Other deductions | 2d | A05175 | 00 | A05180 | | 00 |
| 2e Payroll of foreign subs included in combined group | 2e | A05185 | 00 | A05190 | | 00 |
| 2f Payroll of unconsolidated subs included in combined group | 2f | A05195 | 00 | A05200 | | 00 |
| 2g Payroll (pro-rata share) of pass-throughs included in group | 2g | A05205 | 00 | A05210 | | 00 |
| Total Payroll Value - add lines 2a through 2g | | A05215 | 00 | A05220 | | 00 |
| Divide the total in column B by the total in column A. Multiply that result by 100. This is your payroll factor. | | | | | | |
| | | | | 2 | A05225 | % |
| 3 Gross Receipts Factor: Montana Sources Sales on Market Basis | | | | | | |
| 3a Gross receipts, less returns and allowances | 3a | A05230 | 00 | | | |
| 3b Receipts delivered or shipped to Montana purchasers: | | | | | | |
| (1) Shipped from outside Montana | | | 3b (1) | A05235 | | 00 |
| (2) Shipped from within Montana | | | 3b (2) | A05240 | | 00 |
| 3c Receipts shipped from Montana to: | | | | | | |
| (1) United States government | | | 3c (1) | A05245 | | 00 |
| (2) Purchasers in a state where the taxpayer is not taxable | | | 3c (2) | A05250 | | 00 |
| 3d Receipts other than receipts of tangible personal property (for example, service income) | | | 3d | A05255 | | 00 |
| 3e Net gains reported on federal Schedule D and federal Form 4797 | 3e | A05260 | 00 | A05265 | | 00 |
| 3f Other gross receipts (rents, royalties, interest, etc.) | 3f | A05270 | 00 | A05275 | | 00 |
| 3g Receipts of foreign subs included in combined group | 3g | A05280 | 00 | A05285 | | 00 |
| 3h Receipts of unconsolidated subs included in combined group | 3h | A05290 | 00 | A05295 | | 00 |
| 3i Receipts (pro-rata share) of pass-throughs included in group | 3i | A05300 | 00 | A05305 | | 00 |
| 3j Less: All intercompany transactions | 3j | A05310 | 00 | A05315 | | 00 |
| Total Receipts Value - add lines 3a through 3j | 3 | A05320 | 00 | A05325 | | 00 |
| Divide the total in column B by the total in column A. Multiply that result by 100. This is your receipts factor. | | | | | | |
| | | | | 3 | A05330 | % |
| 4 Enter the amount reported on line 3. | | | | 4 | A05335 | % |
| 5 Add the percentages on lines 1, 2, 3, and 4 in column C. This is the sum of your factors. | | | | 5 | A05340 | % |
| 6 Divide the total percentage on line 5, column C, by the number of factors that can be included in the calculation. If a property, payroll or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in Column A. (See instructions) | | | | | | |
| Enter the results here and on Form CIT, page 3, line 5. This is your apportionment factor. | | | | | | |
| | | | | 6 | A05345 | % |



24EP0501



2024 Montana Form CIT Schedule M – Affiliated Entities

2024v1
5/2024

Name FEIN

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 Federal Employer Identification Number (FEIN) | B Name of affiliate/subsidiary/parent corporation | C Percentage of ownership | D Considered a Disregarded Entity? | | E Included in this Montana unitary filing? | | F Have any activities in Montana? | | G Mark if filing Montana Form CIT separate from this unitary filing |
|--|--|---------------------------------|---|--------|---|--------|---|----|---|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| A06000 | A06005 - A06010 | A06015 | A06020 | A06025 | A06030 | A06035 | | | |
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2024 Montana Form CIT Schedule M – Affiliated Entities (Continued)

Name A07001 FEIN A07002

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

2 Affiliated Entities

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

| A | B | C | D | | E | | F |
|---|----------------|-------------------------|--|----|---------------------------------|----|---|
| Federal Employer Identification Number (FEIN) | Name of entity | Percentage of ownership | Included in this Montana unitary filing? | | Have any activities in Montana? | | Type of entity, i.e., foreign subsidiary, unconsolidated subsidiary, partnership, LLC, LLP, DER |
| | | | Yes | No | Yes | No | |
| A07000 | A07005 | A07010 | A07015 | | A07020 | | A07025 |
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24EP0701

2024 Montana Form CIT Schedule M – Affiliated Entities (Continued)

Name A08001

FEIN A08002

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 Federal Employer Identification Number (FEIN) (if applicable) | B Name of entity | C Percentage of ownership | D Included in this Montana unitary filing? | | E Have any activities in Montana? | | F Type of entity, i.e., foreign subsidiary, foreign partnership, foreign disregarded entity |
|---|---------------------|---------------------------------|---|--------|---|----|---|
| | | | Yes | No | Yes | No | |
| A08000 | A08005 | A08010 | A08015 | A08020 | A08025 | | |
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24EP0801



2024 Montana Form CIT Schedule C – Tax Credits

2024v1
5/2024

Name **A09001** FEIN **A09002**

| Type of Credit | A Current Year Earned | B Total Available | C Current Year Applied |
|---|-----------------------------|----------------------|------------------------------|
| Nonrefundable Credits | | | |
| 1 Montana Dependent Care Assistance Credit | 1 | A09000 00 | A09005 00 |
| 2 Montana Recycle Credit (include Form RCYL) | 2 A09010 00 | A09015 00 | A09020 00 |
| 3 Alternative Energy Production Credit | 3 | A09025 00 | A09030 00 |
| 4 Contractor's Gross Receipts Tax Credit (include supporting schedule) CGR Account ID A09050 C G R | 4 A09035 00 | A09040 00 | A09045 00 |
| 5 Infrastructure Users Fee Credit (include Form IUFC) | 5 A09055 00 | A09060 00 | A09065 00 |
| 6 Qualified Endowment Credit (include Form QEC) | 6 A09070 00 | A09075 00 | A09080 00 |
| 7 Historical Buildings Preservation Credit (include federal Form 3468) | 7 A09085 00 | A09090 00 | A09095 00 |
| 8 Increase Research and Development Activities Credit | 8 | A09100 00 | A09105 00 |
| 9 Mineral and Coal Exploration Incentive Credit | 9 | A09110 00 | A09115 00 |
| 10 Empowerment Zone Credit | 10 | A09120 00 | A09125 00 |
| 11 Biodiesel Blending and Storage Credit | 11 | A09130 00 | A09135 00 |
| 12 Geothermal System Credit | 12 | A09140 00 | A09145 00 |
| 13 Innovative Educational Program Credit Credit Confirmation Code A09165 | 13 A09150 00 | A09155 00 | A09160 00 |
| 14 Student Scholarship Organization Credit Credit Confirmation Code A09185 | 14 A09170 00 | A09175 00 | A09180 00 |
| 15 Apprenticeship Tax Credit | 15 A09190 00 | A09195 00 | A09200 00 |
| 16 Trades Education and Training Tax Credit. Include Form TETC | 16 A09205 00 | A09210 00 | A09215 00 |
| 17 MEDIA Credit UCRN A09220 | 17 A09225 00 | A09230 00 | A09235 00 |
| 18 Jobs Growth Incentive Credit. Include Form JGI Credit Certificate Number A09255 | 18 A09240 00 | A09245 00 | A09250 00 |
| 19 Add lines 1 through 18 and enter the result. This is your total nonrefundable credits. | 19 A09260 00 | A09265 00 | A09270 00 |
| Refundable Credits | | | |
| 20 Unlocking Public Lands Credit | 20 A09275 00 | A09280 00 | A09285 00 |
| 21 Enter the amount from Line 20. This is your total refundable credits. | 21 A09290 00 | A09295 00 | A09300 00 |
| Tax Credits Recapture | | | |
| 22 Qualified Endowment Credit Recapture | 22 | A09305 00 | 00 |
| 23 Historical Buildings Preservation Credit Recapture | 23 | A09310 00 | 00 |
| 24 Biodiesel Blending and Storage Credit Recapture | 24 | A09315 00 | 00 |
| 25 Add lines 22 through 24 and enter the result. This is your total recapture of tax credits. | 25 | A09320 00 | 00 |
| 26 Add totals of lines 19 and 21; then subtract line 25. Enter the result here. This is the total of your credits. Enter the total in column C on Form CIT, page 4, line 13. | 26 A09325 00 | A09330 00 | A09335 00 |

To receive these credits, you will have to include this Schedule C and the applicable credit forms or other required information.
For combined filers, Column C is obtained from Schedule K-Combined on page 12, line (7o).



24EP0901



2024 Montana Form CIT Schedule K-Combined – Separate Corporation Calculations

2024v1
5/2024

Name A10001

FEIN A10002

| | | A Everywhere Activity* | | Montana Separate Corporation Activity | | B Grand Total of Montana Columns* | C Factor |
|---|----|------------------------------|------------------|--|------------------|--|-------------|
| | | Corporation FEIN | A10000 A10005 | Corporation Name FEIN | A10000 A10005 | | |
| 1 Property Factor (Enter average values for real and tangible personal property) | | | | | | | |
| 1a Land | 1a | A10010 | | A10015 | | A10020 | |
| 1b Buildings | 1b | A10025 | | A10030 | | A10035 | |
| 1c Machinery | 1c | A10040 | | A10045 | | A10050 | |
| 1d Equipment | 1d | A10055 | | A10060 | | A10065 | |
| 1e Furniture and fixtures | 1e | A10070 | | A10075 | | A10080 | |
| 1f Leases and leased property | 1f | A10085 | | A10090 | | A10095 | |
| 1g Inventories | 1g | A10100 | | A10105 | | A10110 | |
| 1h Depletable assets | 1h | A10115 | | A10120 | | A10125 | |
| 1i Supplies and other | 1i | A10130 | | A10135 | | A10140 | |
| 1j Property of foreign subs included in combined group | 1j | A10145 | | A10150 | | A10155 | |
| 1k Property of unconsolidated subs included in combined group | 1k | A10160 | | A10165 | | A10170 | |
| 1l Property (pro-rata share) of pass-through entities included in combined group | 1l | A10175 | | A10180 | | A10185 | |
| 1m Multiply amount of rents by 8 and enter result | 1m | A10190 | | A10195 | | A10200 | |
| 1n Total Montana average property (Add lines 1a through 1m above) | 1n | | | A10205 | | A10210 | |
| 1o Total Everywhere average property (Enter in each column the total of lines 1a through 1m in the Everywhere column.) | 1o | A10215 | | A10220 | | | |
| 1p Separate entity Property Factor (Divide line 1n by line 1o and multiply the result by 100.) | 1p | A10225 | | A10230 | % | | |
| 1q Total Property Factor (Add columns on line 1p.) | 1q | | | | | | A10235 % |
| 2 Payroll Factor | | | | | | | |
| 2a Compensation of officers | 2a | A10240 | | A10245 | | A10250 | |
| 2b Salaries and wages Payroll included in: | 2b | A10255 | | A10260 | | A10265 | |
| 2c Costs of goods sold | 2c | A10270 | | A10275 | | A10280 | |
| 2d Other deductions | 2d | A10285 | | A10290 | | A10295 | |
| 2e Payroll of foreign subs included in combined group | 2e | A10300 | | A10305 | | A10310 | |
| 2f Payroll of unconsolidated subs included in combined group | 2f | A10315 | | A10320 | | A10325 | |
| 2g Payroll (pro-rata share) of pass-through entities included in combined group | 2g | A10330 | | A10335 | | A10340 | |
| 2h Total Montana payroll (Add lines 2a through 2g above.) | 2h | | | A10345 | | A10350 | |
| 2i Total Everywhere payroll (Enter in each column the total of lines 2a through 2g in the Everywhere column.) | 2i | A10355 | | A10360 | | | |
| 2j Separate entity Payroll Factor (Divide line 2h by line 2i and multiply the result by 100.) | 2j | | | A10365 | % | | |
| 2k Total Payroll Factor (Add columns on line 2j.) | 2k | | | | | | A10370 % |

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

2024 Montana Form CIT Schedule K-Combined – Separate Corporation Calculations (Continued)

Name A11001 FEIN A11002

| | A Everywhere Activity* | Montana Separate Corporation Activity | | B Grand Total of Montana Columns* | C Factor |
|---|------------------------------|--|--|--|--|
| | | Corporation FEIN | Corporation Name FEIN | | |
| 3 Receipts Factor | | | | | |
| 3a Gross receipts, less returns and allowances | 3a | A11000 | | | |
| 3b Receipts delivered or shipped to Montana purchasers: | | | | | |
| (1) Shipped from outside Montana | 3b (1) | | A11005 | A11010 | |
| (2) Shipped from within Montana | 3b (2) | | A11015 | A11020 | |
| 3c Receipts shipped from Montana to: | | | | | |
| (1) United States government | 3c (1) | | A11025 | A11030 | |
| (2) Purchasers in a state where the taxpayer is not taxable | 3c (2) | | A11035 | A11040 | |
| 3d Receipts other than receipts of tangible personal property (i.e., service income) | 3d | | A11045 | A11050 | |
| 3e Net gains reported on federal Schedule D and federal Form 4797 | 3e | A11055 | A11060 | A11065 | |
| 3f Other gross receipts (rents, royalties, interest, etc.) | 3f | A11070 | A11075 | A11080 | |
| 3g Receipts of foreign subs included in combined group | 3g | A11085 | A11090 | A11095 | |
| 3h Receipts of unconsolidated subsidiaries included in combined group | 3h | A11100 | A11105 | A11110 | |
| 3i Receipts (pro-rata share) of pass-through entities included in combined group | 3i | A11115 | A11120 | A11125 | |
| 3j Less: All intercompany transactions | 3j | A11130 | A11135 | A11140 | |
| 3k Total Montana receipts (Add lines (3a) through (3j).) | 3k | | A11145 | | |
| 3l Total Everywhere receipts (Enter in each column the total of lines (3a) through (3j) in the Everywhere column.) | 3l | A11150 | A11155 | | |
| 3m Separate entity Receipts Factor (Divide line (3k) by line (3l) and multiply the result by 100.) | 3m | | A11160 % | | |
| 3n Total Receipts Factor (Add columns from line (3m).) | 3n | | | | A11165 % |
| 4 Double Weighted Receipts Factors | | | | | |
| 4a Enter the amount reported on line 3m | 4a | | A11170 % | | |
| 4b Total Receipts for Double Weighted Calculation (Add columns from line (4a).) | 4b | | | | A11175 % |
| 5 Sum of the Factors | | | | | |
| Add lines (1p), (2j), (3m), and (4a) for each corporation | 5 | | A11180 % | | |
| 6 Apportionment Factor | | | | | |
| 6a Separate entity Apportionment Factor (Divide line 5 by the number of factors that can be included in the calculation. See instructions.) | 6a | | A11185 % | | |
| 6b Total Apportionment Factor (Add columns on line (6a) and enter here. This should equal page 5, line 6 of the Schedule K.) | 6b | | | | A11190 % |

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

2024 Montana Form CIT Schedule K-Combined – Separate Corporation Calculations (Continued)

Name A12001

FEIN A12002

| | Montana Separate Corporation Activity | | B Grand Total of Montana Columns* |
|---|--|--------------------------|--|
| | Corporation FEIN | Corporation Name FEIN | |
| 7 Montana Taxable Income | A10000 | | |
| 7a Montana adjusted taxable income. (Enter the amount from CIT, page 3, line 4.) | A10005 | | |
| 7b Income apportioned to Montana (In each column, multiply line (6a) on page 11 by line (7a).) | A12000 | | |
| 7c Total income apportioned to Montana. (Add columns on line (7b). Enter this amount on line 5, page 3 of the CIT.) | A12005 | | A12010 |
| 7d Income directly allocated to Montana | | | |
| 7e Total income directly allocated to Montana. (Add columns on line (7d). Enter this amount on line 6, page 3 of the CIT.) | A12015 | | A12020 |
| 7f Montana taxable income before net operating loss (In each column, add lines (7b) and (7d).) | A12025 | | |
| 7g Total Montana taxable income. (Add columns on line (7f). Enter this amount on line 7, page 3 of the CIT.) | A12035 | | A12030 |
| 7h Montana net operating loss (NOL) carryover on a separate entity basis | | | |
| 7i Total NOL carryover (Add columns on line (7h). Enter this amount on line 8, page 3 of the CIT.) | A12045 | | A12040 |
| 7j Montana taxable income (Subtract line (7h) from line (7f) and enter result.) | | | |
| 7k Total Montana Taxable Income (Add all columns on line (7j). Enter this amount on line 9, page 3 of the CIT.) | A12055 | | A12050 |
| 7l Montana tax liability (Multiply (7j) by 6.75%, or 7% if you have a valid water's edge election.) If (7j) is a loss, enter \$50 | | | |
| 7m Total Montana tax liability (Add all columns on line (7l). Enter this amount on line 10, page 3 of the CIT.) | A12065 | | A12060 |
| 7n Montana credits on a separate entity basis (Attach applicable form(s).) | | | |
| 7o Total Montana Credits. (Add columns on line (7n).) Enter this amount on line 26, Schedule C | | | A12070 |

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



2024 Montana Form CIT Schedule NOL – Net Operating Loss (NOL) Deduction

2024v1
5/2024

Name **A13001** FEIN **A13002**

Montana Separate Corporation NOL Application

- 1 Corporation name
- 2 Corporation's Federal Tax Identification Number (FEIN)
- 3 Date of merger/consolidation (See instructions)
- 4 2024 Montana separate corporation taxable income before NOL deduction (enter line 7(f) from Schedule K-Combined)

| Corporation Name | | Corporation Name | |
|----------------------|---------------|------------------|---|
| FEIN | | FEIN | |
| A | B | A | B |
| A13000 | A13005 | | |
| A13010 YYYYYY | | MMDDYYYY | |
| | | | |
| | A13015 | | |

Carryforward deductions

| | | | | |
|-----|---|----------------------|---------------|---------------|
| 5 | Taxable period of NOL | A13020 YYYYYY | | |
| 5a | Total NOL for taxable period | | A13025 | |
| 5b | NOL applied to periods other than to 2024 | | A13030 | |
| 5c | NOL carryforward to 2024 | | A13035 | A13040 |
| 5d | NOL expired due to 7-year carryforward | | A13045 | |
| 5e | NOL available for carryforward | | A13050 | |
| 6 | Taxable period of NOL | A13055 YYYYYY | | |
| 6a | Total NOL for taxable period | | A13060 | |
| 6b | NOL applied to periods other than to 2024 | | A13065 | |
| 6c | NOL carryforward to 2024 | | A13070 | A13075 |
| 6d | NOL available for carryforward | | A13080 | |
| 7 | Taxable period of NOL | MMDDYYYYY | | |
| 7a | Total NOL for taxable period | | | |
| 7b | NOL applied to periods other than to 2024 | | | |
| 7c | NOL carryforward to 2024 | | | |
| 7d | NOL available for carryforward | | | |
| 8 | Taxable period of NOL | MMDDYYYYY | | |
| 8a | Total NOL for taxable period | | | |
| 8b | NOL applied to periods other than to 2024 | | | |
| 8c | NOL carryforward to 2024 | | | |
| 8d | NOL available for carryforward | | | |
| 9 | Taxable period of NOL | MMDDYYYYY | | |
| 9a | Total NOL for taxable period | | | |
| 9b | NOL applied to periods other than to 2024 | | | |
| 9c | NOL carryforward to 2024 | | | |
| 9d | NOL available for carryforward | | | |
| 10 | Taxable period of NOL | MMDDYYYYY | | |
| 10a | Total NOL for taxable period | | | |
| 10b | NOL applied to periods other than to 2024 | | | |
| 10c | NOL carryforward to 2024 | | | |
| 10d | NOL available for carryforward | | | |
| 11 | Taxable period of NOL | MMDDYYYYY | | |
| 11a | Total NOL for taxable period | | | |
| 11b | NOL applied to periods other than to 2024 | | | |
| 11c | NOL carryforward to 2024 | | | |
| 11d | NOL available for carryforward | | | |
| 12 | Total separate corporation NOL carryforward to 2024. Add column B lines 5 through 11 | | | A13085 |

2024 Montana Form CIT Schedule NOL – Net Operating Loss (NOL) Deduction (Continued)

Name A14001 FEIN A14002

Enter corporate information from previous page.

Corporation name
Corporation's Federal Tax Identification Number (FEIN)

| Montana Separate Corporation NOL Application | | | | |
|--|---|--|------------------|--|
| Corporation Name | | A13000 | Corporation Name | |
| FEIN | | A13005 | FEIN | |
| A | B | A | B | |
| 2024 Montana separate corporation taxable income before NOL deduction (enter line 7(f) from Schedule K-Combined) | | A14000 | | |

AMENDED RETURNS - carryback deductions

| | | | | | | | | | |
|-----|--|--|-----------|--|--|--|--|--|--|
| 13 | Taxable period of NOL | A14005 | YYYYY | | | | | | |
| 13a | Total NOL for taxable period | A14010 | | | | | | | |
| 13b | NOL applied to periods other than to 2024 | A14015 | | | | | | | |
| 13c | NOL carryback to 2024 (Total carryback for all entities limited to \$500,000) | A14020 | | A14025 | | | | | |
| 13d | Net NOL for taxable period | A14030 | | | | | | | |
| 14 | Taxable period of NOL | | MMDDYYYYY | | | | | | |
| 14a | Total NOL for taxable period | | | | | | | | |
| 14b | NOL applied to periods other than to 2024 | | | | | | | | |
| 14c | NOL carryback to 2024 (Total carryback for all entities limited to \$500,000) | | | | | | | | |
| 14d | Net NOL for taxable period | | | | | | | | |
| 15 | Taxable period of NOL | | MMDDYYYYY | | | | | | |
| 15a | Total NOL for taxable period | | | | | | | | |
| 15b | NOL applied to periods other than to 2024 | | | | | | | | |
| 15c | NOL carryback to 2024 (Total carryback for all entities limited to \$500,000) | | | | | | | | |
| 15d | Net NOL for taxable period | | | | | | | | |
| 16 | Total separate corporation NOL carryback to 2024 | A14035 | | | | | | | |
| 17 | Total separate corporation NOL carryforward to 2024 from previous page, line 12. | A14040 | | | | | | | |
| 18 | Total separate corporation NOL deduction for 2024 (add lines 16 and 17 and enter total on page 3, line 8 - for combined filers, enter on line 7(h) of Schedule K-Combined) | A14045 | | | | | | | |



2024 Montana Form CIT Schedule WE – Water’s Edge Schedule

2024v1
5/2024

Name A15001 FEIN A15002

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:

A15000

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 A15005 00

2 Enter your consolidated 1120 positive federal line 30 income. (See instructions)

2 A15010 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 A15015

4 Enter the tax liability, after tax credits, which you reported on your consolidated 1120

4 A15020 00

5 Multiply line 3 by line 4.

This is the federal tax liability associated with your 80/20 companies.

5 A15025 00

6 Enter the section 78 gross-up received by your 80/20 companies (include schedule)

6 A15030 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 A15035 00

8 Enter the after-tax net income of all unconsolidated 80/20 companies

8 A15040 00

9 Add lines 7 and 8; enter the result.

This is your total after-tax net income.

9 A15045 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 A15050 00

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

| A Name | B FEIN | C Income/Loss Reported on Line 28 | D Income/Loss Reported on Line 30 | E Dividends Received |
|--|--|--|---|---|
| A15055 | A15065 | A15070 | 00 | A15075 00 |
| A15060 | | | 00 | A15080 00 |
| | | | 00 | 00 |
| | | | 00 | 00 |
| | | | 00 | 00 |
| | | | 00 | 00 |
| | | | 00 | 00 |
| | | | 00 | 00 |
| | | | 00 | 00 |
| Totals | | A15085 | 00 | A15090 00 A15095 00 |