



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 MMDDYYYY and ending MMDDYYYY Mark all that apply: Name XXXXXXXXX X Initial return Enter number of: Final return Mailing Address Schedules K-1 included XXXXX Χ Amended return Resident shareholders XXXXX Refund return City State Zip Code + 4 Nonresident shareholders XXXXX Other types of shareholders XXXXX State Incorporated in XX MMDDYYYY Federal Business Code/NAICS XXXXXX on MT Secretary of State ID # XXXXXXXXX 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) Expenses from other rental activities (include detailed statement) 3b. XXXXXXXXXXX 00 c. Subtract line 3b from line 3a. This is your other net rental income or loss.3c. XXXXXXXXXXXXXXX Interest income 4. XXXXXXXXXXX 00 00 00 00 00 Shareholders' Distributive Share of Deduction Items (Form 1120S, Schedule K) 00 0.0 00 Shareholders' Distributive Share of Montana Additions and Deductions to Income 15a. Interest and dividends not taxable under the Internal Revenue Code 15a. XXXXXXXXXXX 00 Add lines 15a, 15b, and 15c; enter result. This is your total Montana additions to income. 15. XXXXXXXXXXXXXX 16a. Interest on U.S. government obligations (include detailed statement) 16a. XXXXXXXXXXX 00 b. Deduction for purchasing recycled material (include Form RCYL).... 16b. XXXXXXXXXXXXXX Other deductions (include detailed statement).......16c. XXXXXXXXXXXXX d. Nonapportionable income/(loss) (include detailed statement).......... 16d. XXXXXXXXXXX 00 Add lines 16a through 16d; enter result. This is your total Montana deductions to income....... 16. XXXXXXXXXXXXXX Apportioned and Allocated Montana Source Income X Schedule I Not Required (see instructions)





Form CLT-4S, Page 2 - 2018	FEIN XXXXXXXXX		
Calculation of Amount Owed or Refund	LEIM VVVVVVVV		
21. Enter your Montana total composite tax from Schedule IV, column H		21 VVVVVVVVVV	00
22. Enter the sum of pass-through withholding from all Montana Schedule(s) h			00
Withholding	Λ-1, part 5, line 2a	22. AAAAAAAAA	00
23 a. Total Montana mineral royalty tax withheld on your behalf (see instructions)	. 23a. XXXXXXXXXXX	00	
b. Mineral royalty tax withheld distributed to shareholders	. 23b. XXXXXXXXXX	00	
c. Subtract 23b from 23a. Montana mineral royalty tax withheld attributa	able to S corporation	23c. XXXXXXXXXX	00
24 a. Total Montana pass-through withholding paid on your behalf (see instructions)			
b. Montana pass-through withholding distributed to shareholders	. 24b. XXXXXXXXXX	00	
c. Subtract line 24b from 24a. Montana pass-through withholding attribu			00
25. Add lines 23c and 24c. This is the total withholding payments attributa	able to S corporation	25 . XXXXXXXXXX	00
Return Payments	•		
26 a. 2017 overpayment applied to 2018	. 26a. XXXXXXXXXXX	00	
b. 2018 estimated payments	. 26b. XXXXXXXXXX	00	
c. 2018 extension payment			
d. For amended returns only—payments made with original return			
e. For amended returns only—previously issued refunds (see instructions)			
f. Add lines 26a through 26d, then subtract line 26e. This is your total reti			00
27. Add lines 21 and 22, then subtract lines 25 and 26f. This is your amount			00
Penalties and Interest (see instructions)			
28 a. S corporation information return late filing penalty	. 28a. XXXXXXXXXX	00	
b. Interest on underpayment of estimated composite tax			
c. Composite income tax return late filing penalty			
d. Late payment penalty			
e. Interest			
f. Add lines 28a through 28e. This is your total penalties and interest			0.0
Amount Owed or Refund		201. / 1// 1// 1// 1// 1// 1// 1// 1// 1//	0 0
29. Add lines 27 and 28f		29 XXXXXXXXXX	00
30. If line 29 results in an amount due, enter it here. This is the amount you			0.0
Pay online at revenue.mt.gov. If writing a check, make it payable to			00
31. If line 29 results in an overpayment, enter it here. This is your overpayment. Er			0.0
32. Enter the amount from line 31 that you want applied to your 2019 composi	•		00
estimated tax		0.0	
33. Subtract line 32 from line 31 and enter the amount here. This is your refu			0.0
33. Subtract into 32 from into 31 and offer the amount flore. This is your fore		00. /1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	00
Direct Deposit			
	XXXXXXXXXXXXX	XXXX	
Complete 1, 2, 3 and 4 3. If using direct deposit, you are required to mark one bo		X Savings	
(see instructions). 4. Is this refund going to an account that is located outside o		_	No
, , and going to air account that is resulted outside o		21 100 21	
Under penalties of false swearing, I declare that I have examined this return, inclu	uding accompanying sch	edules and statements a	nd to
the best of my knowledge and belief, it is true, correct, and complete.			

to

Signature of Officer	Date	Printed Name and Title	reiepnon	ie inumi	er
X	MMDDYYYY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXXX

Print/Type Preparer's Name	Preparer's Signature	Date		PTIN		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			YYYY	Y	XXXXXXXXX	
Firm's Name	Firm's Address		ne Num	Firm's FEIN		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXXX	XXXXXXXXX	
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					

May the DOR discuss this tax return with your tax preparer? $\,\,\,\mathrm{X}\,\,$ Yes $\,\,\mathrm{X}\,\,$ No



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 1. Property Factor: Use average value for real and tangible personal property. XXXXXXXXXXX XXXXXXXXXXX
 1d. Equipment
 1d. XXXXXXXXXXX
 00
 XXXXXXXXXXX XXXXXXXXXXX 00 XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX 1k. Property of unconsolidated subs included in combined group......1k. XXXXXXXXXXX 00 XXXXXXXXXXX 1I. Property of pass-through entities included in combined group...... 1I. XXXXXXXXXXX 00 XXXXXXXXXX 00 1m. Multiply amount of rents by 8 and enter result......1m. XXXXXXXXXXXX 00 XXXXXXXXXXX 00 Divide the total in column B by the total in column A. Multiply the result by 100. This is your property factor.1. XXX . XXXX 2. Payroll Factor: XXXXXXXXXXX Payroll included in: XXXXXXXXXXX 2e. Payroll of foreign subs included in combined group......2e. XXXXXXXXXXX 00 XXXXXXXXXXX 2f. Payroll of unconsolidated subs included in combined group......2f. XXXXXXXXXXXX 00 XXXXXXXXXXX 00 2g. Payroll of pass-through entities included in combined group......2g. XXXXXXXXXXXX 00 XXXXXXXXXXX 00 Divide the total in column B by the total in column A. Multiply the result by 100. This is your payroll factor.2. XXX . XXXX 3. Gross Receipts Factor: 3a. Gross Receipts, less returns and allowances......3a. XXXXXXXXXXX 00 3b. Receipts delivered or shipped to Montana purchasers: 3c. Receipts shipped from Montana to: 3d. Receipts other than receipts of tangible personal property (e.g. service income).......3d. XXXXXXXXXXXXXXXX 3e. Net gains reported on federal Schedule D and Form 4797.......3e. XXXXXXXXXXXX 00 XXXXXXXXXXXXXX 3f. Other gross receipts (rents, royalties, interest, etc.)..............3f. XXXXXXXXXXX 00 XXXXXXXXXXXXXX 3g. Receipts of foreign subs included in combined group......3g. XXXXXXXXXXX 00 XXXXXXXXXXXX 3h. Receipts of unconsolidated subs included in combined group...3h. XXXXXXXXXXXX 00 XXXXXXXXXXXXXXX 3i. Receipts (pro-rata share) of pass-through entities included in combined group......3i. XXXXXXXXXXX 00 XXXXXXXXXX 00 Divide the total in column B by the total in column A. Multiply the result by 100. This is your receipts factor.3. XXX . XXXX 4. Add the percentages on lines 1, 2, and 3 in column C. This is the sum of your factors.................................4. XXX . XXXX 5. Divide the percentage on line 4 by the number of factors included in the calculation of line 4. If a property, payroll or receipts factor is 0%, it is included in the calculation of line 4 if there's is a value in column A (see instructions).



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Schedule II - Montana S Corporation Tax Credits

Тур	pe of Credit Amount of C	redit
1.	Dependent Care Assistance Creditinclude Form DCAC XXXXXXXX	ζ 00
2.	College Contribution Credit	
3.	Health Insurance for Uninsured Montanans Creditinclude Form HI XXXXXXXX	ζ 00
4.	Recycle Credit include Form RCYL XXXXXXXX	ζ 00
5.	Alternative Energy Production Credit	ζ 00
6.	Contractor's Gross Receipts Tax Credit. If multiple CGR accounts, mark here.	
	CGR Account ID: XXXXXXXXXXCGR XXXXXXXXX	ζ 00
7.	Alternative Fuel Credit include Form AFCR XXXXXXXX	ζ 00
8.	Infrastructure User Fee Creditinclude Form IUFC XXXXXXXX	ζ 00
9.	Historic Property Preservation Creditinclude federal Form 3468 XXXXXXXX	ζ 00
10.	Mineral and Coal Exploration Incentive Creditinclude Forms MINE-CERT and MINE-CRED XXXXXXXXX	ζ 00
11.	Empowerment Zone CreditXXXXXXXX	ζ 00
12.	Biodiesel Blending and Storage Creditinclude Form BBSC XXXXXXXX	ζ 00
13.	Innovative Educational Program CreditXXXXXXXXX	ζ 00
14.	Student Scholarship Organization Credit	ζ 00
15.	Emergency Lodging Creditinclude Form ELC XXXXXXXX	ζ 00
16.	Unlocking Public Lands CreditXXXXXXXX	ζ 00
17.	Apprenticeship Tax CreditXXXXXXXX	ζ 00
Тур	e of Credit Recapture Amount of C	redit
	Recaptui	е
18.	Historic Property Preservation Credit RecaptureXXXXXXXX	ζ 00
19.	Film Production Credit RecaptureXXXXXXXX	ζ 00
20.	Biodiesel Blending and Storage Credit RecaptureXXXXXXXXX	ζ 00
21.	Oilseed Crushing and Biodiesel/Biolubricant Production Credit Recapture	ζ 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. XXXXX 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.

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 than 1.000000 XXXXXXXXXXX 00 XXXXXXXXXXX 00 X.XXXXXX

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

Α	В	С		D	E	F		G		Н	
Name	Social security number or federal employer identification number	of federal incon		Standard deduction	Exemption \$2,440	 Subtract columns 	D		i om	income tax. Mul column G time	Itiply es ratio
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXX	00	XXXX00	XXXX00	XXXXXXXX	00	XXXXXXX	00	XXXXXXX	00
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXX	00	XXXX00	XXXX00	XXXXXXXXX	00	XXXXXXX (00	XXXXXXX	00
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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXX	00	XXXX00	XXXX00	XXXXXXXXX	00	XXXXXXX (0 C	XXXXXXX	00
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXX	00	XXXX00	XXXX00	XXXXXXXXX	00	XXXXXXX (0 C	XXXXXXX	00
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXX	00	XXXX00	XXXX00	XXXXXXXXX	00	XXXXXXX (0 C	XXXXXXX	00
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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXX	00	XXXX00	XXXX00	XXXXXXXXX	00	XXXXXXX (0 C	XXXXXXX	00
Enter the total composite tax from all additional	al pages, if used							1	11.	XXXXXXX	00
	Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Name Social security number or federal employer identification number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Name Social security number or federal employer identification number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Name Social security number or federal employer identification number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Name Social security number or federal employer identification number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Name Social security number or federal employer identification number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Name Social security number or federal employer identification number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Name Social security number or federal employer identification number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Name Social security number or federal employer identification number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Name Social security number or federal employer identification number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Name Social security number or federal employer identification number **Name** **Nam

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

XXXXXXXX XXXXXXXXXX 00

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. Χ 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-3. The S corporation filed federal Form 8865 - Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service. Χ 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. Χ 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. Χ 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. Χ 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 XXXXXXXXX XXXXXXXXXX 00 XXXXXXXXX XXXXXXXXXX 00

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