



2021 Montana Corporate Income Tax Return
Include a copy of federal Form 1120 as filed with the Internal Revenue Service

| For calendar year 2021 or tax   | year be                                | eginning                            | 0909209         | 99 and ending 09092099                           |  |  |  |  |
|---|--|-------------------------------------|-----------------|--|--|--|--|--|
| Name  |  |                                     |                 |  |  |  |  |  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   | FEIN 999999999                         |                                     |                 |  |  |  |  |  |
| Mailing Address   | Federal Business Code/NAICS XXXXXX     |                                     |                 |  |  |  |  |  |
| xxxxxxxxxxxxxxxxxxxxxxxxxxxx  | State Incorporated in XX on 09092099   |                                     |                 |  |  |  |  |  |
| City  | State                                  | ZIP Code                            |                 | Date Qualified in Montana 09092099               |  |  |  |  |
| xxxxxxxxxxxxxxxxxxxxxxx   | XX                                     | 99999                               | 99999           | MT Secretary of State ID XXXXXXXXX               |  |  |  |  |
| Mark all that apply:  X Initial Return X Final Return X Refund Return   |  | – Filers ne                         | eed to comple   | ete the entire form using the corrected amounts. |  |  |  |  |
| Part 1 - Filing Method  1. X 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?  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? |  |                                     |                 |  |  |  |  |  |
| Part II - Amended Return Only (mark all that apply)  X a. Federal Revenue Agent Report; include a complete copy of this report.  X b. NOL carryback/carry forward; list year(s) of loss. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |  |                                     |                 |  |  |  |  |  |
|   | your Mo<br>XXXXX<br>Irn?<br>Iy existir | ntana activ<br>XXXXXX<br>ng busines | Ss, enter the p | predecessor's information:                       |  |  |  |  |

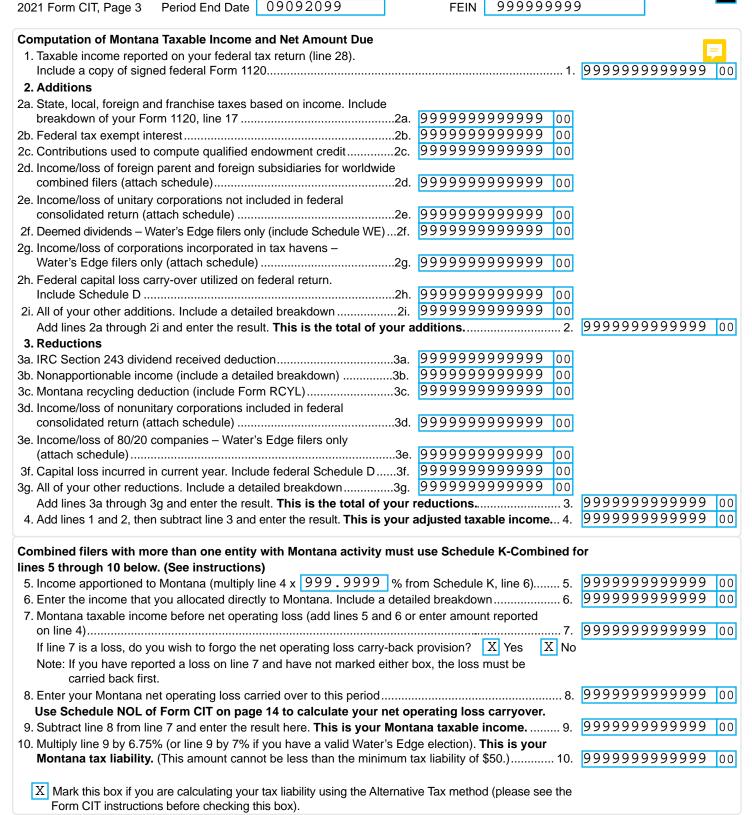
D7 11162021

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| Pa   | rt III - General Questions (continued)  |        |  |  |  |  |  |
|--|---|--------|--|--|--|--|--|
| c.   | Is this your corporation's final Montana tax return?X Yes   | X No   |  |  |  |  |  |
|  | If <b>Yes</b> , please include detailed statement and indicate whether your corporation has:  |        |  |  |  |  |  |
|  | X Withdrawn X Merged X Dissolved X Reorganized  |        |  |  |  |  |  |
|  | Date of withdrawal, dissolution, merger, or reorganization 09092099   |        |  |  |  |  |  |
|  | If applicable, enter the successor's name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |        |  |  |  |  |  |
| 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?  | X No   |  |  |  |  |  |
|  | If <b>Yes</b> , indicate what period(s) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |        |  |  |  |  |  |
| e.   | Are any statute of limitation waivers currently in force that have been executed with the Internal Revenue  |        |  |  |  |  |  |
|  | Service?X Yes   | X No   |  |  |  |  |  |
| If <b>Yes</b> , which taxable year(s) is covered and what is the expiration date(s) of the waiver(s)? XXXXXXXX |   |        |  |  |  |  |  |
|  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   | _      |  |  |  |  |  |
| f.   | Have you filed an amended federal tax return for any of the last five taxable periods? X Yes  | X No   |  |  |  |  |  |
|  | If <b>Yes</b> , for which years have you filed amended Montana returns? XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |        |  |  |  |  |  |
| 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 <b>Yes</b> , enter name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   | X 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?  | X No   |  |  |  |  |  |
|  | If <b>Yes</b> , enter name XXXXXXXXXXXXXX and % of ownership 999.999  |        |  |  |  |  |  |
| 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   | 77 11  |  |  |  |  |  |
|  | (brother-sister) corporation?   | X No   |  |  |  |  |  |
| J.   | Did this corporation or any member of the consolidated group own, directly or indirectly, 50% or more of the  | 37 N   |  |  |  |  |  |
|  | outstanding voting stock of a domestic corporation that is not included in the consolidated group?  | X No   |  |  |  |  |  |
| L  | If <b>Yes</b> , how many corporations? 999999 Did this corporation or any member of the consolidated group own, directly or indirectly, 50% or more of the          |        |  |  |  |  |  |
| k.   | outstanding voting stock of a foreign corporation? If <b>Yes</b> , how many corporations? 9999999   | X No   |  |  |  |  |  |
| I.   | Was your corporation owned 50% or more, directly or indirectly, by a corporation or entity that was   | 21 110 |  |  |  |  |  |
| ٠.   | organized or incorporated outside the U.S.?X  | X No   |  |  |  |  |  |
|  | If <b>Yes</b> , enter name XXXXXXXXXXXXX and % of ownership 999.999   | 21 110 |  |  |  |  |  |
| m.   | Did this corporation or any member of the consolidated group directly or indirectly have an interest in a   |        |  |  |  |  |  |
|  | domestic partnership? If <b>Yes</b> , how many partnerships? 9999999  | X No   |  |  |  |  |  |
| n.   | Did this corporation or any member of the consolidated group directly or indirectly have an interest in a   |        |  |  |  |  |  |
|  | foreign partnership? If <b>Yes</b> , how many partnerships? 9999999   | X No   |  |  |  |  |  |
|  | If you answered Yes to any of the above questions (h) through (n), you need to complete and include Schedule M  | л      |  |  |  |  |  |
| ο.   | 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. X Yes   | X No   |  |  |  |  |  |
|  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   |        |  |  |  |  |  |
|  |   |        |  |  |  |  |  |
| Pa   | rt IV - Reporting of Special Transactions   |        |  |  |  |  |  |
|  | Mark <b>Yes</b> 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.   | 37 11  |  |  |  |  |  |
| a.   | I filed federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service. X Yes  | X No   |  |  |  |  |  |
| h  | Form 8886 is used to disclose information for each reportable transaction in which you participated.  | Y No   |  |  |  |  |  |
| υ.   | I filed federal Schedule UTP - Uncertain Tax Position Statement with the Internal Revenue Service.  X Yes Schedule UTP is used to disclose uncertain tax positions. | X No   |  |  |  |  |  |
|  | ochedule of this doed to disclose differential tax positions.   |        |  |  |  |  |  |





Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.



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| Computation of Montana Taxable Income and Net Amount Due (continued)                       |               |       |             |    |
|--|---------------|-------|-------------|----|
| 11. Your Montana tax liability from line 10  |               | . 11. | 99999999999 | 00 |
| 12. Payments   |               |       |             |    |
|  | 999999999     | 00    |             |    |
| 12b. Tentative payment   | 999999999     | 00    |             |    |
| 12c. Quarterly estimated tax payments  | 999999999     | 00    |             |    |
| 12d. Montana mineral royalty tax withheld. Include Form(s) 109912d.                        | 999999999     | 00    |             |    |
| 12e. Montana tax withheld from pass-through entities. Include MT Schedule(s) K-112e.       | 999999999     | 00    |             |    |
| 12f. All other payments. Describe XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     | 999999999     | 00    |             |    |
| 12g. Previously issued refunds. (Do not include any overpayments to 2022.) 12g.            | 999999999     | 00    |             |    |
| Add lines 12a through 12f and subtract line 12g; enter the result. This is the total of    | your payments | . 12. | 99999999999 | 00 |
| 13. Enter total credits (from Schedule C)  |               |       | 99999999999 | 00 |
| 14. Add lines 12 and 13, then subtract from line 11 and enter result. This is your tax due |               |       | 99999999999 | 00 |
| 15. Enter the amount of overpayment that you want to be applied to your 2022 esti          |               |       | 99999999999 | 00 |
| 16. Add lines 14 and 15; enter the result. This is your net tax due or overpayment         | nt            | . 16. | 99999999999 | 00 |
| 17. Enter interest on all the tax paid after the due date (See instructions)               |               | . 17. | 99999999999 | 00 |
| 18. Enter estimated tax underpayment interest. Include Form CIT-UT                         |               | 18.   | 99999999999 | 00 |
| X Mark this box if you are using the annualized income or adjusted seasons                 |               |       |             |    |
| 19. Penalty  |               |       |             |    |
| 19a. Enter your late filing penalty (See instructions)                                     | 999999999     | 00    |             |    |
| 19b. Enter your late payment penalty (See instructions)19b.                                |               | 00    |             |    |
| Add lines 19a and 19b; enter the result. This is your total penalty                        |               | 19.   | 99999999999 | 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.  | 99999999999 | 00 |
| Visit our website at revenue.mt.gov for electronic payment options or include your re      |               |       |             |    |
| 20b. If the result is negative, enter the refund due here. This is your total refund       |               | 20b.  | 99999999999 | 00 |
|  |               |       |             |    |

**Direct Deposit Your Refund** 

999999999 1. RTN#

2. ACCT#

999999999999999

X Savings

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

3. If using direct deposit, you are required to mark one box. ▶ X Checking 4. Is this refund going to an account that is located outside of the United States or its territories? X Yes X 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 Printed Name and Title Telephone Number 09092099 XXXXXXXXXXXXXXXXXXXXXXXXX 999 999 9999

| Print/Type Preparer's Name              |           | Preparer's Signature                    | Date    |         |      | PTIN        |  |
|---|-----------|---|---------|---------|------|-------------|--|
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |           |   | 0909    | 92099   | 9    | P99999999   |  |
| Firm's Name                             | Firm's Ad | dress                                   | Telepho | one Num | nber | Firm's FEIN |  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXX     | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 999     | 999     | 9999 | 999999999   |  |
|   | XXXXX     | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |         |         |      |             |  |

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

| 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 |  |  |  |
| 1. Property Factor: Enter average values for real and tangible person  |   |                |           |  |  |  |
| 1a. Land1a.  |   |                |           |  |  |  |
| 1b. Buildings  | 999999999999 00                         |                |           |  |  |  |
| 1c. Machinery1c.   | 999999999999 00                         |                |           |  |  |  |
| 1d. Equipment1d.   | 999999999999 00                         |                |           |  |  |  |
| 1e. Furniture and fixtures1e.  | 999999999999 00                         |                |           |  |  |  |
| 1f. Leases and leased property1f.  | 999999999999 00                         | 9999999999     | 99 00     |  |  |  |
| 1g. Inventories1g.   | 999999999999 00                         | 9999999999     | 99 00     |  |  |  |
| 1h. Depletable assets1h.   | 9999999999999 00                        | 9999999999     | 99 00     |  |  |  |
| 1i. Supplies and other1i.  | 9999999999999 00                        | 9999999999     | 99 00     |  |  |  |
| 1j. Property of foreign subs included in combined group1j.   | 9999999999999 00                        | 9999999999     | 99 00     |  |  |  |
| 1k. Property of unconsolidated subs included in combined group 1k.   | 9999999999999 00                        | 999999999      | 99 00     |  |  |  |
| 11. Property (pro-rata share) of pass-throughs included in group11.  |   | 999999999      | 99 00     |  |  |  |
| 1m. Multiply amount of rents by 8 and enter result1m.  | 9999999999999 00                        | 999999999      | 99 00     |  |  |  |
| Total Property Value - add lines 1a through 1m   | 9999999999999 00                        |                |           |  |  |  |
| Divide the total in column B by the total in column A. Multiply that result by                               |   |                |           |  |  |  |
| 2. Payroll Factor:   | The same to your property that          |                |           |  |  |  |
| 2a. Compensation of officers2a.  | 9999999999999 00                        | 9999999999     | 99 00     |  |  |  |
| 2b. Salaries and wages   |   |                |           |  |  |  |
| Payroll included in:   |   | 333333333      | 33 00     |  |  |  |
| 2c. Costs of goods sold2c.   | 9999999999999 00                        | 9999999999     | 99 00     |  |  |  |
| 2d. Other deductions2d.  |   |                |           |  |  |  |
| 2e. Payroll of foreign subs included in combined group2e.  |   |                |           |  |  |  |
|  | 9999999999999 00                        |                |           |  |  |  |
|  | 9999999999999 00                        |                |           |  |  |  |
| Total Payroll Value - add lines 2a through 2g  | 99999999999999 00                       |                |           |  |  |  |
| Divide the total in column B by the total in column A. Multiply that   |   |                |           |  |  |  |
| 3. Gross Receipts Factor: Montana Sources Sales on Market Ba   |   | yron ractor 2. | 222.222   |  |  |  |
| 3a. Gross receipts, less returns and allowances3a.   |   | า              |           |  |  |  |
| 3b. Receipts delivered or shipped to Montana purchasers:   | 000000000000000000000000000000000000000 | <u> </u>       |           |  |  |  |
| (1) Shipped from outside Montana   | 2h /                                    | 1) 0000000000  | 99 00     |  |  |  |
| (2) Shipped from within Montana  |   |                |           |  |  |  |
|  |   | 2) 999999999   | 99 00     |  |  |  |
| 3c. Receipts shipped from Montana to:  | 2- //                                   | 4) 0000000000  | 00 00     |  |  |  |
| (1) United States government   |   |                |           |  |  |  |
| (2) Purchasers in a state where the taxpayer is not taxable  |   | 2) 9999999999  | 99 00     |  |  |  |
| 3d. Receipts other than receipts of tangible personal property   |   | 4 000000000    | 00 00     |  |  |  |
| (for example, service income)  |   |                |           |  |  |  |
| 3e. Net gains reported on federal Schedule D and federal Form 4797 3e.                                       |   |                |           |  |  |  |
|  | 9999999999999 00                        |                |           |  |  |  |
|  | 9999999999999 00                        |                |           |  |  |  |
| 3h. Receipts of unconsolidated subs included in combined group 3h.   | 9999999999999 00                        |                |           |  |  |  |
|  | 9999999999999 00                        |                |           |  |  |  |
|  | 9999999999999 00                        |                |           |  |  |  |
| Total Receipts Value - add lines 3a through 3j         999999999999999999999999999999999999                  |   |                |           |  |  |  |
| Divide the total in column B by the total in column A. Multiply that   |   |                |           |  |  |  |
| 4. For periods beginning after June 30, 2021 enter the amount reported on line 3. (Otherwise, leave blank)4. |   |                |           |  |  |  |
| 5. Add the percentages on lines 1, 2, 3, and 4 in column C. This is t  | <u>-</u>                                | · ·            | 999.9999  |  |  |  |
| 6. Divide the total percentage on line 5, column C, by the number of factor                                  |   |                |           |  |  |  |
| payroll or receipts factor is 0%, it is included in the calculation for line 6                               |   |                |           |  |  |  |
| Enter the results here and also on Form CIT, page 3, line 5. This is   | your apportionment factor               | 6 <b>.</b>     | 999.9999  |  |  |  |



#### 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.

| Α   | В   | С                       | D   |        | E  | F                               | G   |
|---|---|-------------------------|---|--------|--|---------------------------------|---|
| Federal<br>Employer<br>Identification<br>Number<br>(FEIN) | Name of affiliate/subsidiary/parent corporation | Percentage of ownership | Conside<br>Disrega<br>Entity  | rded   | Included<br>in this<br>Montana<br>unitary<br>filing? | Have any activities in Montana? | Mark if filing<br>Montana Form<br>CIT separate<br>from this<br>unitary filing |
|   |   |                         | Yes   | No     | Yes No   | Yes No                          |   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | XX   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X | X<br>X | X X X X X X X X X X X X X X X X X X X                | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | XX   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | Χ      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | Χ      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | 37 37  | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | Χ      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X<br>X  | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | XX                              | X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X<br>X | XX   | XX                              | X<br>X<br>X<br>X<br>X   |
| 999999999   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         | 999.9999                | X   | X      | ХХ   | ХХ                              | X   |



#### 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

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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.

| Α              | В                                       | С             | D        | Е          | F               |
|----------------|---|---------------|----------|------------|-----------------|
|                |   |               |          |            | Type of entity, |
| Federal        |   |               | Included | Have any   | i.e., foreign   |
| Employer       |   | Percentage of | in this  | activities | subsidiary,     |
| Identification | Name of entity                          | ownership     | Montana  | in         | unconsolidated  |
| Number         |   |               | unitary  | Montana?   | subsidiary,     |
| (FEIN)         |   |               | filing?  |            | partnership,    |
|                |   |               | Yes No   | Yes No     | LLC, LLP, DER   |
| 999999999      | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 999.9999      | XX       | XX         | XXXXXXXX        |
| 999999999      | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 999.9999      | ХХ       | XX         | XXXXXXXX        |
| 999999999      | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 999.9999      | ХХ       | XX         | XXXXXXXX        |
| 999999999      | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 999.9999      | ХХ       | XX         | XXXXXXXX        |
| 999999999      | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 999.9999      | ХХ       | XX         | XXXXXXXX        |
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|                |   | ,,,,,,,,,     | 22 Z2    | 27 27      | ******          |



#### 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.

#### 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.

| Α               | В                                       | С             | D        | E          | F               |
|-----------------|---|---------------|----------|------------|-----------------|
|                 |   |               |          |            | Type of entity, |
| Federal         |   |               | Included | Have any   | i.e., foreign   |
| Employer        |   |               | in this  | activities | subsidiary,     |
| Identification  | Name of entity                          | Percentage of | Montana  | in         | foreign         |
| Number          |   | ownership     | unitary  | Montana?   | partnership,    |
| (FEIN)          |   |               | filing?  |            | foreign         |
| (if applicable) |   |               |          |            | disregarded     |
|                 |   |               | Yes No   | Yes No     | entity          |
| 999999999       | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 999.9999      | ХХ       | XX         | XXXXXXXX        |
| 999999999       | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 999.9999      | ХХ       | XX         | XXXXXXXX        |
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| 999999999       |   |               | XX       | X X        | XXXXXXXX        |
|                 | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |               | XX       | XX         | XXXXXXXX        |
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|                 | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |               | XX       | XX         | XXXXXXXX        |
|                 | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |               | XX       | XX         | XXXXXXXX        |
|                 |   |               | 22 22    | 22 22      |                 |



2021 Form CIT, Page 9 Period End Date 09092099

FEIN 999999999

#### Schedule C - Tax Credits

| Type of Credit   | Column AColumn BCurrent YearTotalEarnedAvailable |     |           | Column C<br>Current Year App | olied     |     |
|--|--|-----|-----------|------------------------------|-----------|-----|
| Nonrefundable Credits  | 999999999  | 0.0 | 999999999 | 0.0                          | 00000000  | 0.0 |
| 1. Montana Dependent Care Assistance Credit (include Form DCAC) 1.               |  | 0.0 |           | 0.0                          | 999999999 | 0.0 |
| Montana College Contribution Credit (include Form CC)                            |  | 0.0 | 999999999 | 0.0                          | 999999999 | 0.0 |
| 3. Health Insurance for Uninsured Montanans Credit (include Form HI)3.           |  | 0.0 | 999999999 | 0.0                          | 999999999 | 0.0 |
| 4. Montana Recycle Credit (include Form RCYL)4.                                  |  | 00  | 999999999 | 00                           | 999999999 | 0.0 |
| 5. Alternative Energy Production Credit (include Form AEPC) 5.                   | 999999999  | 00  | 999999999 | 00                           | 999999999 | 00  |
| 6. Contractor's Gross Receipts Tax Credit  |  |     |           | _                            |           |     |
| (include supporting schedule)6.  |  | 00  | 999999999 | 00                           | 999999999 | 00  |
| 7. Alternative Fuel Credit (include Form AFCR)                                   |  | 00  | 999999999 | 00                           | 999999999 | 00  |
| 8. Infrastructure Users Fee Credit (include Form IUFC)8.                         |  | 00  | 999999999 | 00                           | 999999999 | 00  |
| 9. Qualified Endowment Credit (include Form QEC)9.                               |  | 00  | 999999999 | 00                           | 999999999 | 00  |
| 10. Historical Buildings Preservation Credit (include federal Form 3468) 10.     | 999999999  | 00  | 999999999 | 00                           | 999999999 | 00  |
| 11. Increase Research and Development Activities Credit                          |  |     | 999999999 | 00                           | 999999999 | 00  |
| 12. Mineral and Coal Exploration Incentive Credit                                |  |     |           |                              |           |     |
| (include Forms MINE-CRED and MINE-CERT)12.                                       | 999999999  | 00  | 999999999 | 00                           | 999999999 | 00  |
| 13. Empowerment Zone Credit  | 999999999  | 00  | 999999999 | 00                           | 999999999 | 00  |
| 14. Biodiesel Blending and Storage Credit (include Form BBSC)14.                 |  | 00  | 999999999 | 00                           | 999999999 | 00  |
| 15. Geothermal System Credit (include Form ENRG-A)                               | 999999999  | 00  | 999999999 | 00                           | 999999999 | 00  |
| 16. Innovative Educational Program Credit  |  | 00  | 999999999 | 00                           | 999999999 | 00  |
| 17. Student Scholarship Organization Credit                                      |  | 00  | 999999999 | 00                           | 999999999 | 00  |
| 18. Apprenticeship and/or Trades Education and Training Tax Credit 18.           |  | 00  | 999999999 | 00                           | 999999999 | 00  |
| 19. MEDIA Credit   |  | 0.0 | 999999999 | 00                           | 999999999 | 00  |
| 20. Add lines 1 through 19 and enter the result.                                 |  |     |           |                              |           |     |
| This is your total nonrefundable credits   | 999999999  | 00  | 999999999 | 00                           | 999999999 | 00  |
| Refundable Credits   |  | 00  |           | 0.0                          |           | 00  |
| 21. Emergency Lodging Credit (include Form ELC)21.                               | 999999999  | 00  | 999999999 | 00                           | 999999999 | 00  |
| 22. Unlocking Public Lands Credit  |  | 00  | 999999999 | 00                           | 999999999 | 00  |
| 23. Add lines 21 and 22 and enter the result.                                    |  | 00  |           | 00                           |           | 00  |
| This is your total refundable credits  | 999999999  | 00  | 999999999 | 00                           | 999999999 | 00  |
| Tax Credits Recapture  | 33333333   | 00  | 33333333  | 00                           |           | 00  |
| 24. Qualified Endowment Credit Recapture   |  |     |           | 24                           | 999999999 | 00  |
| 25. Historical Buildings Preservation Credit Recapture                           |  |     |           |                              | 999999999 | 00  |
| 26. Biodiesel Blending and Storage Credit Recapture                              |  |     |           |                              | 999999999 | 00  |
| 27. Add lines 24 through 26 and enter the result.                                |  |     |           | 20.                          | 779999999 | 00  |
| This is your total recapture of tax credits.                                     |  |     |           | 27                           | 00000000  | 00  |
|  |  |     |           | 21.                          | 22222222  | 00  |
| 28. Add totals of lines 20 and 23; then subtract line 27. Enter the result here. |  |     |           |                              |           |     |
| This is the total of your credits. Enter the total in column C on                | 00000000   | 0.0 | 00000000  | 0.0                          | 00000000  | 0.0 |
| Form CIT, page 4, line 13  |  |     |           |                              | צעעעעעעע  | 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 (70).



Α

**Montana Separate Corporation Activity** 

С

#### **Schedule K-Combined for Montana Form CIT Separate Corporation Calculations**

| eparate corporation calculations   | ^                     | Wortana Separate | Corporation Activity | - D         |           |
|--|-----------------------|------------------|----------------------|-------------|-----------|
|  | Everywhere Activity * | xxxxxxxx         | xxxxxxxx             | Grand Total | Factor    |
| A December 5 and a Contract of the second and the side of the second and the seco | Activity "            | 999999999        | 999999999            | of Montana  |           |
| Property Factor (Enter average values for real and tangible personal property)   | 000000                |                  |                      | Columns*    |           |
| 1a. Land   |                       | 999999999        | 999999999            | 9999999     | -         |
| 1b. Buildings  |                       | 999999999        | 999999999            | 9999999     | -         |
| 1c. Machinery  |                       | 999999999        | 999999999            | 9999999     | 4         |
| 1d. Equipment  |                       | 999999999        | 999999999            | 9999999     | _         |
| 1e. Furniture and fixtures1e   |                       | 999999999        | 999999999            | 9999999     |           |
| 1f. Leases and leased property1f   |                       | 999999999        | 999999999            | 9999999     | _         |
| 1g. Inventories  |                       | 999999999        | 999999999            | 9999999     |           |
| 1h. Depletable assets  |                       | 999999999        | 999999999            | 9999999     |           |
| 1i. Supplies and other1i   |                       | 999999999        | 999999999            | 9999999     |           |
| 1j. Property of foreign subs included in combined group1j  |                       | 999999999        | 999999999            | 9999999     |           |
| 1k. Property of unconsolidated subs included in combined group1k.  |                       | 999999999        | 999999999            | 9999999     |           |
| 1l. Property (pro-rata share) of pass-through entities included in combined group1l.   | 9999999               | 999999999        | 999999999            | 9999999     |           |
| 1m. Multiply amount of rents by 8 and enter result1m   | 9999999               | 999999999        | 999999999            | 9999999     |           |
| 1n. Total Montana average property (Add lines 1a through 1m above)   |                       | 999999999        | 999999999            | 9999999     |           |
| 1o. Total Everywhere average property  |                       |                  | •                    |             | i .       |
| (Enter in each column the total of lines 1a through 1m in the Everywhere column.) 1o.  | 9999999               | 999999999        | 999999999            |             |           |
| 1p. Separate entity Property Factor (Divide line 1n by line 1o and multiply the result by 100.) 1p.  |                       | 999.9999         | 999.9999             |             |           |
| 1q. Total Property Factor (Add columns on line 1p.)  |                       |                  |                      |             | 999.9999  |
| 2. Payroll Factor  |                       |                  |                      |             |           |
| 2a. Compensation of officers   | 9999999               | 999999999        | 999999999            | 9999999     | 1         |
| 2b. Salaries and wages   |                       | 999999999        | 999999999            | 9999999     | 1         |
| Payroll included in:   |                       |                  |                      |             | 1         |
| 2c. Costs of goods sold2c  | . 9999999             | 999999999        | 999999999            | 9999999     | 1         |
| 2d. Other deductions   |                       | 999999999        | 999999999            | 9999999     |           |
| 2e. Payroll of foreign subs included in combined group   |                       | 999999999        | 999999999            | 9999999     | 1         |
| 2f. Payroll of unconsolidated subs included in combined group  |                       | 999999999        | 999999999            | 9999999     |           |
| 2g. Payroll (pro-rata share) of pass-through entities included in combined group 2g.   |                       | 999999999        | 999999999            | 9999999     |           |
| 2h. Total Montana payroll (Add lines 2a through 2g above.)   |                       | 999999999        | 999999999            | 9999999     | 1         |
| 2i. Total Everywhere payroll   |                       | 222222           |                      | 22222       | 1         |
| (Enter in each column the total of lines 2a through 2g in the Everywhere column.)2i.   | 9999999               | 999999999        | 999999999            |             |           |
| 2j. Separate entity Payroll Factor (Divide line 2h by line 2i and multiply the result by 100.) 2j.   |                       | 999.9999         | 999.9999             |             |           |
| 2). Separate entity Payroll Factor (Divide line 2n by line 2n and multiply the result by 100.)2.  2k. Total Payroll Factor (Add columns on line 2j.)2k   |                       | 222.3333         | JJJ.3333             |             | 999,9999  |
| ZN. TULAI FAYTUII FAULUI (AUU GUIUTIITS UIT IITLE ZJ.)ZK   |                       |                  |                      |             | 1222.2299 |

<sup>\*</sup> Please include the amounts in columns A and B on Schedule K.

**Montana Separate Corporation Activity** 

В

**Grand Total** 

of Montana Columns\*

9999999

9999999

9999999

9999999

9999999

9999999

9999999

9999999

9999999

9999999

9999999

9999999

С

Factor

999.9999

999.9999

999.9999

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

| 3. Receipts Factor  3. Receipts, less returns and allowances   |
|--|
| 3a. Gross receipts, less returns and allowances       3a.       9999999         3b. Receipts delivered or shipped to Montana purchasers:       3b.(1)         (1) Shipped from outside Montana       3b.(1)         (2) Shipped from within Montana       3b.(2)         3c. Receipts shipped from Montana to:       3c.(1)         (1) United States government       3c.(1)         (2) Purchasers in a state where the taxpayer is not taxable       3c.(2) |
| 3a. Gross receipts, less returns and allowances       3a.       9999999         3b. Receipts delivered or shipped to Montana purchasers:       3b.(1)         (1) Shipped from outside Montana       3b.(1)         (2) Shipped from within Montana       3b.(2)         3c. Receipts shipped from Montana to:       3c.(1)         (1) United States government       3c.(1)         (2) Purchasers in a state where the taxpayer is not taxable       3c.(2) |
| 3b. Receipts delivered or shipped to Montana purchasers:  (1) Shipped from outside Montana   |
| (1) Shipped from outside Montana       3b.(1)       999999999       99999999         (2) Shipped from within Montana       3b.(2)         3c. Receipts shipped from Montana to:       3c.(1)       99999999       99999999         (1) United States government       3c.(1)       99999999       99999999         (2) Purchasers in a state where the taxpayer is not taxable       3c.(2)       999999999       999999999                                    |
| (2) Shipped from within Montana  |
| 3c. Receipts shipped from Montana to:       3c.(1)       999999999       999999999         (2) Purchasers in a state where the taxpayer is not taxable   |
| (1) United States government   |
| (2) Purchasers in a state where the taxpayer is not taxable3c.(2) 99999999 999999999999999999999999999   |
| ( )  |
| 000000000 000000000  |
| 3d. Receipts other than receipts of tangible personal property (i.e., service income) 3d. 999999999 9999999999999999999999   |
| 3e. Net gains reported on federal Schedule D and federal Form 47973e. 9999999 99999999 999999999999  |
| 3f. Other gross receipts (rents, royalties, interest, etc.)  |
| 3g. Receipts of foreign subs included in combined group  |
| 3h. Receipts of unconsolidated subsidiaries included in combined group3h. 9999999 99999999 99999999999   |
| 3i. Receipts (pro-rata share) of pass-through entities included in combined group3i. 9999999 99999999 999999999999   |
| 3j. Less: All intercompany transactions  |
| 3k. Total Montana receipts (Add lines (3a) through (3j).)3k. 999999999 999999999999999999  |
| 3I. Total Everywhere receipts  |
| (Enter in each column the total of lines (3a) through (3j) in the Everywhere column.)3l. 9999999 99999999 99999999999999   |
| 3m. Separate entity Receipts Factor  |
| (Divide line (3k) by line (3l) and multiply the result by 100.)  |
| 3n. Total Receipts Factor (Add columns from line (3m).)  |
| 4. Double Weighted Receipts Factors  |
| 4a. For periods beginning after June 30, 2021 enter the amount reported on line 3m   |
| (For periods beginning before July1, 2021 leave blank)4a. 999.9999 999.9999  |
| 4b. Total Receipts for Double Weighted Calculation (Add columns from line (4a).)4b.  |
| <b>5. Sum of the Factors</b> (Add lines (1p), (2j), (3m), and (4a) for each corporation.) 5.   |
| 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. 999.9999 999.9999  |
| 6b. Total Apportionment Factor (Add columns on line (6a) and enter here.   |
| This should equal page 5, line 6 of the Schedule K.)6b.  |

<sup>\*</sup> Please include the amounts in columns A and B on Schedule K

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

| 7a. Montana adjusted taxable income. (Enter the amount from CIT, page 3, line 4.)  | 7a. |
|--|-----|
| 7b. Income apportioned to Montana (In each column, multiply line (6a) on page 11 by line (7a).)                                    | 7b. |
| 7c. Total income apportioned to Montana. (Add columns on line (7b). Enter this amount on line 5, page 3 of the CIT.)               | 7c. |
| 7d. Income directly allocated to Montana   | 7d. |
| 7e. Total income directly allocated to Montana. (Add columns on line (7d). Enter this amount on line 6, page 3 of the CIT.).       | 7e. |
| 7f. Montana taxable income before net operating loss (In each column, add lines (7b) and (7d).)                                    | 7f. |
| 7g. Total Montana taxable income. (Add columns on line (7f). Enter this amount on line 7, page 3 of the CIT.)                      | 7g. |
| 7h. Montana net operating loss (NOL) carryover on a separate entity basis  | 7h. |
| 7i. Total NOL carryover (Add columns on line (7h). Enter this amount on line 8, page 3 of the CIT.)                                | 7i. |
| 7j. Montana taxable income (Subtract line (7h) from line (7f) and enter result.)   | 7j. |
| 7k. Total Montana Taxable Income (Add all columns on line (7j). Enter this amount on line 9, page 3 of the CIT.)                   | 7k. |
| 7I. 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 | 7l. |
| 7m. Total Montana tax liability (Add all columns on line (7l). Enter this amount on line 10, page 3 of the CIT.)                   | 7m. |
| 7n. Montana credits on a separate entity basis (Attach applicable form(s).)  | 7n. |
| 7o. Total Montana Credits. (Add columns on line (7n).) Enter this amount on line 28, Schedule C                                    | 70. |
|  |     |

| Montana Separate | Corporation Activity | В           |
|------------------|----------------------|-------------|
|                  |                      | Grand Total |
| XXXXXXXXX        | XXXXXXXXX            | of Montana  |
|                  |                      | Columns*    |
| 999999999        | 999999999            |             |
| 999999999        | 999999999            |             |
| 999999999        | 999999999            |             |
|                  |                      | 99999999    |
| 999999999        | 999999999            |             |
|                  |                      | 99999999    |
| 999999999        | 999999999            |             |
|                  |                      | 99999999    |
| 999999999        | 999999999            |             |
|                  |                      | 99999999    |
| 999999999        | 999999999            |             |
|                  |                      | 99999999    |
| 999999999        | 999999999            |             |
|                  |                      | 99999999    |
| 999999999        | 999999999            |             |
|                  |                      | 99999999    |

<sup>\*</sup>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 |           |   |           |  |
|--|--|-----------|---|-----------|--|
| 1. Corporation name  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      |           | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |           |  |
| <ol><li>Corporation's Federal Tax Identification Number (FEIN)</li></ol>                                       |  |           | 99999999                                |           |  |
| 3. Date of merger/consolidation (See instructions)   | 0909   |           |   | 2099      |  |
|  | Column A                                     | Column B  | Column A                                | Column B  |  |
| 4. 2021 Montana separate corporation taxable   |  |           |   |           |  |
| income before NOL deduction (enter line 7(f) from  |  |           |   |           |  |
| Schedule K-Combined)   |  | 999999999 |   | 999999999 |  |
| Carryforward deductions  | 1  |           |   |           |  |
| 5. Taxable period of NOL 09092099  | 999999999                                    | ı         | 999999999                               | 1         |  |
| <ul><li>5a. Total NOL for taxable period5a.</li><li>5b. NOL applied to periods other than to 20215b.</li></ul> | 999999999                                    |           | 999999999                               |           |  |
| 5c. NOL carryforward to 20215c.  | 999999999                                    | 999999999 |   | 999999999 |  |
| 5d. NOL expired due to 7-year carryforward5d.  | 999999999                                    | 333333333 | 999999999                               | 333333333 |  |
| 5e. NOL available for carryforward5e.  | 999999999                                    |           | 999999999                               |           |  |
| 6. Taxable period of NOL 09092099  | 999999999                                    |           | 333333333                               |           |  |
| 6a. Total NOL for taxable period   | 999999999                                    |           | 999999999                               |           |  |
| 6b. NOL applied to periods other than to 20216b.   | 999999999                                    |           | 999999999                               |           |  |
| 6c. NOL carryforward to 2021   | 999999999                                    | 999999999 | 999999999                               | 999999999 |  |
| 6d. NOL available for carryforward6d.  | 999999999                                    | 333333333 | 999999999                               |           |  |
| 7. Taxable period of NOL 09092099  |  |           |   |           |  |
| 7a. Total NOL for taxable period7a.  | 999999999                                    |           | 999999999                               |           |  |
| 7b. NOL applied to periods other than to 20217b.   | 999999999                                    |           | 999999999                               |           |  |
| 7c. NOL carryforward to 20217c.  | 999999999                                    | 999999999 | 999999999                               | 999999999 |  |
| 7d. NOL available for carryforward7d.  | 999999999                                    |           | 999999999                               |           |  |
| 8. Taxable period of NOL 09092099  |  |           |   |           |  |
| 8a. Total NOL for taxable period8a.  | 999999999                                    |           | 999999999                               |           |  |
| 8b. NOL applied to periods other than to 20218b.   | 999999999                                    |           | 999999999                               |           |  |
| 8c. NOL carryforward to 20218c.  | 999999999                                    | 999999999 | 999999999                               | 999999999 |  |
| 8d. NOL available for carryforward8d.  | 999999999                                    |           | 999999999                               |           |  |
| 9. Taxable period of NOL 09092099  |  | '         |   |           |  |
| 9a. Total NOL for taxable period9a.  | 999999999                                    |           | 999999999                               |           |  |
| 9b. NOL applied to periods other than to 20219b.   | 999999999                                    |           | 999999999                               |           |  |
| 9c. NOL carryforward to 20219c.  | 999999999                                    | 999999999 | 999999999                               | 999999999 |  |
| 9d. NOL available for carryforward9d.  | 999999999                                    |           | 999999999                               |           |  |
| 10. Taxable period of NOL 09092099   |  |           |   |           |  |
| 10a. Total NOL for taxable period10a.  |  |           | 999999999                               |           |  |
| 10b. NOL applied to periods other than to 202110b.   | 999999999                                    |           | 999999999                               |           |  |
| 10c. NOL carryforward to 202110c.  | 999999999                                    | 999999999 |   | 999999999 |  |
| 10d. NOL available for carryforward10d.  | 999999999                                    |           | 999999999                               |           |  |
| 11. Taxable period of NOL 09092099   | 000000000000000000000000000000000000000      |           |   |           |  |
| 11a. Total NOL for taxable period11a.  | 999999999                                    |           | 999999999                               |           |  |
| 11b. NOL applied to periods other than to 2021 11b.  | 999999999                                    |           | 999999999                               |           |  |
| 11c. NOL carryforward to 2021  | 999999999                                    | 999999999 |   | 999999999 |  |
| 11d. NOL available for carryforward  | 999999999                                    |           | 999999999                               |           |  |
| 12. Total separate corporation NOL carryforward to 2021.   |  | 00000000  |   | 00000000  |  |
| Add column B lines 5 through 1112.   |  | 999999999 |   | 999999999 |  |

# Schedule NOL for Montana Form CIT Net Operating Loss (NOL) Deduction (continued)

| Enter corporate information from                                 | Montana Separate Corporation NOL Application |           |           |                     |           |  |
|--|--|-----------|-----------|---------------------|-----------|--|
| Corporation name   |  | XXXXXXXXX | XXXXXXXXX | XXXXXXXXXXXXXXXXXXX |           |  |
| Corporation's Federal Tax Identification Number (FEIN)           |  | 99999999  |           | 99999999            |           |  |
|  |  | Column A  | Column B  | Column A            | Column B  |  |
| 2021 Montana separate corporation                                |  |           |           |                     |           |  |
| NOL deduction (enter line 7(f) from S                            | Schedule K-Combined)                         |           | 999999999 |                     | 999999999 |  |
| AMENDED RETURNS - carry  | rhaak dadustiana                             |           |           |                     |           |  |
| 13. Taxable period of NOL  | 09092099                                     |           |           |                     |           |  |
| 13a. Total NOL for taxable period                                |  | 999999999 |           | 999999999           | 1         |  |
| 13b. NOL applied to periods other                                |  | 999999999 |           | 999999999           |           |  |
| 13c. NOL carryback to 2021 (Total                                |  |           |           |                     |           |  |
| entities limited to \$500,000)                                   |  | 999999999 | 999999999 | 999999999           | 999999999 |  |
| 13d. Net NOL for taxable period                                  | 13d.   | 999999999 |           | 999999999           |           |  |
|  | 09092099                                     |           | •         |                     |           |  |
| 14a. Total NOL for taxable period.                               | 14a.   | 999999999 |           | 999999999           |           |  |
| 14b. NOL applied to periods other                                | than to 202114b.                             | 999999999 |           | 999999999           |           |  |
| 14c. NOL carryback to 2021 (Total                                |  |           |           |                     |           |  |
| entities limited to \$500,000)                                   |  | 999999999 | 999999999 |                     | 999999999 |  |
| 14d. Net NOL for taxable period                                  |  | 999999999 |           | 999999999           |           |  |
| · ·  | 09092099                                     |           |           |                     |           |  |
| 15a. Total NOL for taxable period                                |  | 999999999 |           | 999999999           |           |  |
| 15b. NOL applied to periods other                                |  | 999999999 |           | 999999999           |           |  |
| 15c. NOL carryback to 2021 (Total                                |  |           |           |                     |           |  |
| entities limited to \$500,000)                                   |  | 999999999 | 999999999 | 99999999            | 999999999 |  |
| 15d. Net NOL for taxable period                                  |  | 999999999 | 000000000 | 999999999           | 00000000  |  |
| 16. Total separate corporation NOL                               | •  |           | 999999999 |                     | 999999999 |  |
| 17. Total separate corporation NO to 2021 from previous page, li |  |           | 999999999 |                     | 999999999 |  |
| 18. Total separate corporation NO                                |  |           |           |                     |           |  |
| 2021 (add lines 16 and 17 and page 3, line 8 - for combined fi   |  |           |           |                     |           |  |
| line 7(h) of Schedule K-Combi                                    |  |           | 999999999 |                     | 999999999 |  |

09092099

FEIN 999999999

# 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

| Tartin Gardananon di Boomba Biriadinao Novolitaa mem 00/20 Gompanio  |     |                   |   |
|--|-----|-------------------|---|
| 1. Enter the positive federal line 30 income of your 80/20 companies. (See instructions)   | 1.  | 999999999999 00   |   |
| 2. Enter your consolidated 1120 positive federal line 30 income. (See instructions)  | 2.  | . 999999999999 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. |     |                   |   |
| 4. Enter the tax liability, after tax credits, which you reported on your consolidated 1120  | 4.  | . 999999999999 00 | ) |
| 5. Multiply line 3 by line 4. This is the federal tax liability associated with your 80/20 companies   | 5.  | 999999999999 00   |   |
| 6. Enter the section 78 gross-up received by your 80/20 companies (include schedule)   | 6.  | 999999999999 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  |     |                   | ) |
| 8. Enter the after-tax net income of all unconsolidated 80/20 companies  |     |                   | _ |
| 9. Add lines 7 and 8; enter the result. This is your total after-tax net income  |     |                   |   |
| 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. | 99999999999 00    | 1 |

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

| 1. Name                                 | 2. FEIN   | 3. Income/Loss      | 4. Income/Loss      | <ol><li>Dividends Received</li></ol> |
|---|-----------|---------------------|---------------------|--------------------------------------|
|   |           | Reported on Line 28 | Reported on Line 30 |                                      |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 999999999 | 9999999999999       | 00 9999999999999    | 00 999999999999 00                   |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 999999999 | 9999999999999       | 00 9999999999999    | 00 999999999999 00                   |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 999999999 | 9999999999999       | 00 9999999999999    | 00 999999999999 00                   |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 999999999 | 9999999999999       | 00 9999999999999    | 00 999999999999 00                   |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 999999999 | 9999999999999       | 00 9999999999999    | 00 999999999999 00                   |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 999999999 | 9999999999999       | 00 9999999999999    | 00 999999999999 00                   |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 999999999 | 9999999999999       | 00 9999999999999    | 00 999999999999 00                   |
|   | Totals    | 9999999999999       | 00 9999999999999    | 00 999999999999 00                   |

### Part IV. List your Controlled Foreign Corporations. Include a separate sheet if necessary.

| 1. Name                                 | 2. Entity Type | 3. Country of Incorporation/ | 4. Income/Loss |     |
|---|----------------|------------------------------|----------------|-----|
|   |                | Organization                 |                |     |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXX       | XXXXXXXXXXXXXXXX             | 9999999999999  | 00  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXX       | XXXXXXXXXXXXXXXXX            | 9999999999999  | 00  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXX       | XXXXXXXXXXXXXXXX             | 9999999999999  | 00  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXX       | XXXXXXXXXXXXXXXX             | 9999999999999  | 00  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXX       | XXXXXXXXXXXXXXXX             | 9999999999999  | 00  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXX       | XXXXXXXXXXXXXXXX             | 9999999999999  | 00  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXX       | XXXXXXXXXXXXXXXX             | 9999999999999  | 00  |
|   | -              | Total                        | 9999999999999  | 0.0 |





2021 Montana Corporate Income Tax Return
Include a copy of federal Form 1120 as filed with the Internal Revenue Service

| and ending 121212121   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| EIN 121212121  |  |  |  |  |  |  |  |
| -IN 121212121  |  |  |  |  |  |  |  |
| ederal Business Code/NAICS 987987  |  |  |  |  |  |  |  |
| sucrai Business Code/NAICC 207207  |  |  |  |  |  |  |  |
| ate Incorporated in NC on 06062000   |  |  |  |  |  |  |  |
| ate Qualified in Montana 07072000  |  |  |  |  |  |  |  |
| T Secretary of State ID 12456789   |  |  |  |  |  |  |  |
| he entire form using the corrected amounts.  |  |  |  |  |  |  |  |
| Part I - Filing Method  . X 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?  If marked, Schedule K must be completed and included with your tax return; skip questions 2 through 5 of this part.  Are you a member (parent or subsidiary) of a consolidated group for federal purposes?  Are you filing a combined return for Montana purposes?  If you answered Yes to questions 2 or 3 above, then mark one of the following filing methods and include Schedule M:  a. Separate Company  b. Separate Accounting  c. Worldwide Combination  X f. Water's Edge  (You must have a valid election and Schedule WE must be included.)  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?  Are all members of the unitary group 100% Montana corporations?  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.  (Schedule NOL must be included.)  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)   |  |  |  |  |  |  |  |
| y, provide the description on an additional page).  Yes X No ecessor's information:  |  |  |  |  |  |  |  |
| T h  |  |  |  |  |  |  |  |

D7 11162021



| 2021 Form CIT, Page 2 Period End Date | 12312021 | FEIN | 121212121 |
|---------------------------------------|----------|------|-----------|
|---------------------------------------|----------|------|-----------|

| Pa | rt III - General Questions (continued)   |      |
|----|--|------|
| c. | Is this your corporation's final Montana tax return? Yes   | X 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?   | X No |
|    | If <b>Yes</b> , indicate what period(s)  | _    |
| e. | Are any statute of limitation waivers currently in force that have been executed with the Internal Revenue       |      |
|    | Service?Yes  | X No |
|    | If <b>Yes</b> , 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?                           | X No |
|    | If <b>Yes</b> , 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 <b>Yes</b> , enter name and % of ownership Yes  | X 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  | X No |
|    | If <b>Yes</b> , 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  | X 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?               | X No |
|    | If <b>Yes</b> , 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 <b>Yes</b> , how many corporations?                        | X 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  | X No |
|    | If <b>Yes</b> , 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 <b>Yes</b> , how many partnerships?   | X No |
| n. | Did this corporation or any member of the consolidated group directly or indirectly have an interest in a        |      |
|    | foreign partnership? If <b>Yes</b> , how many partnerships?  | X No |
|    | If you answered Yes to any of the above questions (h) through (n), you need to complete and include Schedule N   | ۸    |
| 0. | 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                                    | X No |
|    |  |      |
|    |  |      |
| Pa | rt IV - Reporting of Special Transactions  |      |
|    | Mark <b>Yes</b> 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   | X 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.               | X No |
|    | Schedule UTP is used to disclose uncertain tax positions.  |      |
|    |  |      |

| 2021 Form CIT, Page 3 Period End Date 12312021 FEIN 121212121 | 2021 Form CIT, Page 3 | Period End Date | 12312021 | FEIN | 121212121 |
|---|-----------------------|-----------------|----------|------|-----------|
|---|-----------------------|-----------------|----------|------|-----------|

| 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. 65412                         | 3 00 |
| 2. Additions  |                                  |      |
| 2a. State, local, foreign and franchise taxes based on income. Include  |                                  |      |
| breakdown of your Form 1120, line 172a.   | 6541 00                          |      |
| 2b. Federal tax exempt interest   | 1234 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 –  | 1065001                          |      |
| Water's Edge filers only (attach schedule)2g.   | 1065831 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 ad  | dditions2. 107360                | 6 00 |
| 3. Reductions   |                                  |      |
| 3a. IRC Section 243 dividend received deduction3a.  | 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.  | 654 00                           |      |
| 3f. Capital loss incurred in current year. Include federal Schedule D3f.  | 00                               |      |
| 3g. All of your other reductions. Include a detailed breakdown3g.   | 0.0                              |      |
| Add lines 3a through 3g and enter the result. This is the total of your re  | eductions3. 65                   | 4 00 |
| 4. Add lines 1 and 2, then subtract line 3 and enter the result. This is your a   |                                  | 5 00 |
| Combined files with more than one outlier with Montage activity more  | use Cabadula K Cambinad for      |      |
| Combined filers with more than one entity with Montana activity must  | use Schedule K-Combined for      |      |
| lines 5 through 10 below. (See instructions)  | om Schedule K, line 6) 5. 102717 | 6 00 |
| 5. Income apportioned to Montana (multiply line 4 x 59.4749 % fro   | . ,                              |      |
| 6. Enter the income that you allocated directly to Montana. Include a detail  |                                  | 7 00 |
| 7. Montana taxable income before net operating loss (add lines 5 and 6 or   |                                  | 2 00 |
| on line 4)  |                                  | 3 00 |
| If line 7 is a loss, do you wish to forgo the net operating loss carry-back   |                                  |      |
| Note: If you have reported a loss on line 7 and have not marked either b carried back first.                                  | ox, the loss must be             |      |
| 8. Enter your Montana net operating loss carried over to this period  |                                  | 00   |
| Use Schedule NOL of Form CIT on page 14 to calculate your net op  | -                                |      |
| 9. Subtract line 8 from line 7 and enter the result here. This is your Monta  |                                  | 3 00 |
| 10. Multiply line 9 by 6.75% (or line 9 by 7% if you have a valid Water's Edg   |                                  |      |
| Montana tax liability. (This amount cannot be less than the minimum ta  | ax liability of \$50.)10. 2809   | 0 00 |
| Mark this box if you are calculating your tax liability using the Alternativ Form CIT instructions before checking this box). | re Tax method (please see the    |      |

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.



| 2021 Form CIT, Page 4   | Period End Date 1:  | 2312021                   | ] FE                      | IN 12121212        | 1                |           |       |
|---|---|---------------------------|---------------------------|--------------------|------------------|-----------|-------|
| Computation of Montana  | a Taxable Income and  | Net Amount Due            | (continued)               |                    |                  |           |       |
| 11. Your Montana tax lial   |   |                           |                           | 11                 | 1. 2             | 28090     | 00    |
| 12. Payments  | ····· <b>,</b>  |                           |                           |                    |                  |           |       |
| 12a. 2020 overpayment   |   |                           | 12a.                      | 3511 00            | ס                |           |       |
| 12b. Tentative payment  |   |                           |                           | 222 00             |                  |           |       |
| 12c. Quarterly estimated t  |   |                           |                           | 333 00             | <b>-</b>         |           |       |
| 12d. Montana mineral roya   | • •   |                           |                           | 0(                 | _                |           |       |
| 12e. Montana tax withheld   | -   |                           |                           | 00                 | <b>-</b>         |           |       |
| 12f. All other payments. De   |   |                           | 12f.                      | 00                 | <b>-</b>         |           |       |
| 12g. Previously issued ref  |   | ny overpayments to        |                           | 999 00             | _                |           |       |
|   | 12f and subtract line 12g   |                           |                           |                    |                  | 3067      | 00    |
| 13. Enter total credits (from                                       | _   |                           |                           |                    |                  | 3578      | 00    |
| 14. Add lines 12 and 13, th   | · · · · · · · · · · · · · · · · · · ·                                     |                           |                           |                    |                  | 28555     | 00    |
| 15. Enter the amount of o   |   |                           | -                         |                    |                  |           | 00    |
| 16. Add lines 14 and 15;  | • •   | • • •                     | •                         |                    |                  | 28555     | 00    |
| 17. Enter interest on all the                                       |   |                           |                           |                    |                  |           | 00    |
| 18. Enter estimated tax u   |   |                           |                           |                    |                  |           | 00    |
|   | you are using the annu  |                           |                           |                    |                  |           |       |
| 19. Penalty 19a. Enter your late filing p 19b. Enter your late paym | ent penalty (See instruc  | ctions)                   | 19b.                      | 00                 | 0                |           |       |
|   | I 19b; enter the result. <b>1</b>   |                           | -                         | 19                 | 9                |           | 00    |
| 20. Add lines 16 through  |   |                           |                           |                    |                  |           |       |
| 20a. If the result is positive                                      |   | -                         |                           |                    |                  |           | 00    |
|   | enue.mt.gov for electron  |                           | -                         |                    |                  |           |       |
| 20b. If the result is negative                                      | e, enter the refund due   | here. <b>This is your</b> | total refund              | 20k                | o. 2             | 28555     | 00    |
| Complete 1, 2, 3 and 4. 3.  | RTN# 12312312<br>If using direct deposit, y<br>Is this refund going to ar | ou are required to        | mark one box. <b>&gt;</b> |                    | Savings          | ′es 🔲     | No    |
| Under penalties of false sy<br>the best of my knowledge             |   |                           |                           | g accompanying sch | edules and state | ments, ar | nd to |
| Signature of Officer  |   |                           | Printed Name and          | Title              | Telephone        |           |       |
| X   |   | 01012022                  | YOU N ME                  |                    | 999 8            | 388 7     | 766   |
| Print/Type Preparer's Name  |   | Preparer's Signatu        | ıre                       | Date               | PTIN             |           |       |
| TOTM DDED   |   | , , ,                     |                           | 01012022           |                  | 00000     | 0     |

 Print/Type Preparer's Name
 Preparer's Signature
 Date
 PTIN

 JOHN PREP
 01012022
 P99988888

 Firm's Name
 Firm's Address
 Telephone Number
 Firm's FEIN

 TAX PREP PLACE
 1 HERE STREET
 999 888 7766
 989898989

 THERE, MT 98765
 THERE STREET
 999 888 7766
 989898989

May the DOR discuss this tax return with your tax preparer? X 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) C. Factor A. Everywhere B. Montana. 1. Property Factor: Enter average values for real and tangible personal property. 546546 00 515656 00 1a. Land......1a. 44444 56565 00 00 00 00 1c. Machinery .......1c. 1d. Equipment ......1d. 00 00 00 1e. Furniture and fixtures......1e. 00 1f. Leases and leased property ......1f. 0.0 00 00 00 1h. Depletable assets ......1h. 00 00 00 00 1i. Supplies and other......1i. 1j. Property of foreign subs included in combined group .......1j. 00 00 1k. Property of unconsolidated subs included in combined group ... 1k. 00 00 00 00 11. Property (pro-rata share) of pass-throughs included in group .... 11. 1m. Multiply amount of rents by 8 and enter result......1m. 00 00 603111 00 560100 00 Total Property Value - add lines 1a through 1m 92.8685 2. Pavroll Factor: 2a. Compensation of officers......2a. 00 00 00 00 Payroll included in: 00 00 00 00 2d. Other deductions ......2d. 2e. Payroll of foreign subs included in combined group......2e. 00 00 2f. Payroll of unconsolidated subs included in combined group..2f. 00 00 00 00 2g. Payroll (pro-rata share) of pass-throughs included in group . 2g. 00 00 Total Payroll Value - add lines 2a through 2g 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. 123123 00 3b. Receipts delivered or shipped to Montana purchasers: 32112 00 00 3c. Receipts shipped from Montana to: (1) United States government......3c.(1) 00 00 3d. Receipts other than receipts of tangible personal property 00 3e. Net gains reported on federal Schedule D and federal Form 4797 3e. 00 00 00 00 3f. Other gross receipts (rents, royalties, interest, etc.).........3f. 3g. Receipts of foreign subs included in combined group.......3g. 0.0 00 00 00 3h. Receipts of unconsolidated subs included in combined group..3h. 00 00 3i. Receipts (pro-rata share) of pass-throughs included in group...3i. 3j. Less: All intercompany transactions ......3j. 00 00

26.0812 Divide the total in column B by the total in column A. Multiply that result by 100. This is your receipts factor. .....3. 4. For periods beginning after June 30, 2021 enter the amount reported on line 3. (Otherwise, leave blank).....4.

123123 00

32112

00

59.4749

118.9497 

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 also on Form CIT, page 3, line 5. This is your apportionment factor. ......6.



**Total Receipts Value -** add lines 3a through 3i

#### Schedule M - Affiliated Entities

2021 Form CIT, Page 6

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             | aooc       | D<br>D     | E           | F  | G               |
|----------------|--|---------------|------------|------------|-------------|--|-----------------|
|                | _  |               |            | _          |             |  |                 |
| Federal        |  |               | Con        | sidered a  | Included    | Have any   | Mark if filing  |
| Employer       |  | Percentage of |            | regarded   | in this     |  | Montana Form    |
| Identification | Name of affiliate/subsidiary/parent corporation  | ownership     |            | Entity?    | Montana     |  | CIT separate    |
| Number         | realite of anniato/substation/parent corporation | OWNERSHIP     |            | -indity:   | unitary     | Montana?   |                 |
| (FEIN)         |  |               |            |            | filing?     | wortana:   | unitary filing  |
| (FEIIN)        |  |               | Va         | - N-       |             | Voc No   | urillary illing |
| 123456789      | MOM CORD   | 55.5000       | Ye:        |            | Yes No      | Yes No   |                 |
| 234567890      |  | 44.0000       |            |            | X<br>X      | Λ  | X               |
| 345678901      |  | 0.1000        |            | X          | Λ           | X<br>X   | Δ               |
|                |  |               |            | +          | X           | V A  |                 |
|                | ANOTHER SOMEONE                                  | 0.1000        |            |            |             | X  | 37              |
| 56/890123      | COUSIN CORP                                      | 0.3000        | <b>∤</b> ⊢ | X          | X           | X  | X               |
|                |  |               | <b>∤</b> ⊢ | ↓ Ы        | $\square$   | $\square$  |                 |
|                |  |               | <b>∤</b> ⊢ | <b>↓  </b> | HHH         | $  \downarrow \downarrow \downarrow \downarrow \downarrow  $ |                 |
|                |  |               | <b>∤</b> ⊢ | <b>↓</b>   | $\parallel$ | $  \downarrow \downarrow \downarrow \downarrow \downarrow  $ | H               |
|                |  |               | <b>↓</b> ⊢ | ١ Ц        | ∣ЩЩ         | $\square$  |                 |
|                |  |               | Į Ļ        | ١ Ц        | ∣ЫЫ         | $\square$  |                 |
|                |  |               | Į Ļ        | 1 Ц        | ІШЫ         |  |                 |
|                |  |               | I ∟        | 1 Ц        | ΙШШ         |  |                 |
|                |  |               | I ∟        | 1 Ц        | ΙШШ         |  |                 |
|                |  |               | I ∟        | 1 Ц        | ΙШШ         |  |                 |
|                |  |               | I ∟        | 1 Ц        | ΙШШ         |  |                 |
|                |  |               | I ∟        | 1 Ц        | ΙШШ         |  |                 |
|                |  |               | I ∟        | 1 Ц        | ∣ЩЩ         |  |                 |
|                |  |               | ΙL         | 1 Ц        | ШШ          |  |                 |
|                |  |               | ΙL         | 1 Ц        | ШШ          |  |                 |
|                |  |               | ΙL         |            | ШШ          |  |                 |
|                |  |               | ΙL         |            | ШШ          |  |                 |
|                |  |               |            |            |             |  |                 |
|                |  |               |            |            |             |  |                 |
|                |  |               |            |            |             |  |                 |
|                |  |               |            |            |             |  |                 |
|                |  |               |            |            |             |  |                 |
|                |  |               |            |            |             |  |                 |
|                |  |               |            | ]          |             |  |                 |
|                |  |               |            |            |             |  |                 |
|                |  |               | 1          | 1          |             |  |                 |
|                |  |               | 1          | 1          |             |  |                 |
|                |  |               | 1          | 1          |             |  |                 |
|                |  |               | 1          | 1          |             |  |                 |
|                |  |               | 1          | 1 H        |             |  | H               |
|                |  |               | 1  -       | 1 H        |             |  | H               |
|                |  |               | ╽┝         | 1 H        |             |  | H               |
|                |  |               |            |            |             |  |                 |



#### **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

2021 Form CIT, Page 7

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.

| Α   | В                 | С                       | ı                         | )    |          | Е                                | F  |
|---|-------------------|-------------------------|---------------------------|------|----------|----------------------------------|--|
| Federal<br>Employer<br>Identification<br>Number<br>(FEIN) | Name of entity    | Percentage of ownership | in<br>Mor<br>uni<br>filii | this | ac<br>Mo | ve ang<br>ivities<br>in<br>ntana | s subsidiary,<br>unconsolidated<br>? subsidiary,<br>partnership, |
| 678901234   | ONE COMPANY       | 20.1000                 | Y                         |      | 1        | 7                                | LLC  |
| 78901231  | TWO COMPANY       | 60.1000                 | X<br>X                    | ₩    |          | ζ                                | FOR SUB  |
|   | THREE CORPORATION | 19.8000                 | X                         | ₩    |          | X                                | PARTNER  |
| 890123456   | THREE CORPORATION | 19.8000                 | A                         | ш    |          | A                                | PARINER  |
|   |                   |                         | <u> </u>                  | ш    |          | 4                                |  |
|   |                   |                         |                           | Ш    |          | ┵                                |  |
|   |                   |                         |                           | Ш    |          | $\perp \mid \perp \mid$          |  |
|   |                   |                         |                           | Ш    |          |                                  |  |
|   |                   |                         |                           | Ш    |          |                                  |  |
|   |                   |                         |                           | Ш    |          |                                  |  |
|   |                   |                         |                           | Ш    |          |                                  |  |
|   |                   |                         |                           | 11   |          |                                  |  |
|   |                   |                         |                           | Ш    |          | $\neg \Box$                      |  |
|   |                   |                         |                           | Ш    |          | $\dashv \vdash \dashv$           |  |
|   |                   |                         |                           | ⇈    |          | $\dashv$                         |  |
|   |                   |                         |                           | ₩    |          |                                  |  |
|   |                   |                         |                           | ₩    |          | +                                |  |
|   |                   |                         | <b>-</b>                  | ╫    |          | ╢                                |  |
|   |                   |                         | <del> -</del>             | ₩    | 1        | ╢                                |  |
|   |                   |                         | <b>—</b>                  | ₩    | 1        | ┵                                |  |
|   |                   |                         | _                         | ш    |          | ┵                                |  |
|   |                   |                         |                           | Ш    |          | ┵                                |  |
|   |                   |                         |                           | Ш    |          | $\perp$                          |  |
|   |                   |                         |                           | Ш    |          |                                  |  |
|   |                   |                         |                           | Ш    |          |                                  |  |
|   |                   |                         |                           | Ш    |          |                                  |  |
|   |                   |                         |                           | Ш    |          |                                  |  |
|   |                   |                         |                           |      |          |                                  |  |
|   |                   |                         |                           | 111  |          |                                  |  |
|   |                   |                         |                           | ⇈    |          |                                  |  |
|   |                   |                         |                           | ⇈    |          | +                                |  |
|   |                   |                         |                           | ╫┤   |          | +                                |  |
|   |                   |                         | $\vdash$                  | ╫    |          | +                                |  |
|   |                   |                         | -                         | ╫┤   |          | ╢                                |  |
|   |                   |                         | -                         | ₩    |          | ╢                                |  |
|   |                   |                         |                           | ₩    |          | 41-4                             |  |
|   |                   |                         |                           |      |          |                                  |  |



| 2021 Form CIT, Page 8 | Period End Date | FEIN |  |
|-----------------------|-----------------|------|--|

#### 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.

# 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.

| Α   | В              | С                       |                                | D     |         |             | E                             | F  |
|---|----------------|-------------------------|--------------------------------|-------|---------|-------------|-------------------------------|--|
| Federal<br>Employer<br>Identification<br>Number<br>(FEIN) | Name of entity | Percentage of ownership | Included<br>in this<br>Montana |       | ia<br>/ | Hav<br>acti | e any<br>vities<br>n<br>tana? | Type of entity, i.e., foreign subsidiary, foreign partnership, foreign |
| (if applicable)   |                |                         | Vo                             | s No  |         | Voc         | No                            | disregarded entity   |
|   |                |                         | 16                             | 3 140 |         | 163         | INO                           | entity   |
|   |                |                         |                                | ╈     |         |             | Н                             |  |
|   |                |                         |                                |       | 11      |             | П                             |  |
|   |                |                         |                                |       |         |             |                               |  |
|   |                |                         |                                |       |         |             |                               |  |
|   |                |                         |                                |       |         |             |                               |  |
|   |                |                         |                                | 4     |         |             | Ш                             |  |
|   |                |                         | L                              | ╙     |         |             | Ш                             |  |
|   |                |                         | -                              | ╇     |         |             | Ш                             |  |
|   |                |                         | -                              | ╇     |         |             | Н                             |  |
|   |                |                         | -                              | ╬     | H       |             | Н                             |  |
|   |                |                         | -                              | ╬     | H       |             | Н                             |  |
|   |                |                         | -                              | ╫     | H       |             | Н                             |  |
|   |                |                         | H                              | ╫     | Н       |             | Н                             |  |
|   |                |                         | ┝                              | ╫     | 1       |             | Н                             |  |
|   |                |                         | -                              | ╫     |         |             | Н                             |  |
|   |                |                         |                                | ╫     | 1       |             | Н                             |  |
|   |                |                         |                                | ╫     | 1       |             | Н                             |  |
|   |                |                         |                                | ╈     | 11      |             | Н                             |  |
|   |                |                         |                                | ┰     | 1       |             | П                             |  |
|   |                |                         |                                | ┰     | 1       |             |                               |  |
|   |                |                         |                                |       |         |             |                               |  |
|   |                |                         |                                |       |         |             |                               |  |
|   |                |                         |                                |       |         |             |                               |  |
|   |                |                         |                                | 4     |         |             | Ш                             |  |
|   |                |                         |                                | 4     |         |             | Ш                             |  |
|   |                |                         | ╽┝                             | 4     |         |             | Ш                             |  |
|   |                |                         | -                              | 4     |         | $\vdash$    | Ш                             |  |
|   |                |                         | -                              | 4     |         | $\vdash$    | Ш                             |  |
|   |                |                         | -                              | ╨     |         | $\vdash$    | Ш                             |  |
|   |                |                         | -                              | ╬     |         | $\vdash$    | H                             |  |
|   |                |                         | -                              | ╬     |         | $\vdash$    | H                             |  |
|   |                |                         |                                |       |         |             |                               |  |

Period End Date 12312021 2021 Form CIT, Page 9

FEIN 121212121

#### Schedule C - Tax Credits

| Type of Credit   | <b>Column A</b><br>Current Year<br>Earned |    | Column B<br>Total<br>Available |     | Column C<br>Current Year App | olied |
|--|---|----|--------------------------------|-----|------------------------------|-------|
| Nonrefundable Credits  |   |    |                                |     |                              |       |
| 1. Montana Dependent Care Assistance Credit (include Form DCAC)                | 1.  | 00 |                                | 00  |                              | 00    |
| 2. Montana College Contribution Credit (include Form CC)                       | 2.  | 00 |                                | 00  |                              | 00    |
| 3. Health Insurance for Uninsured Montanans Credit (include Form HI)           | 3.  | 00 |                                | 00  |                              | 00    |
| 4. Montana Recycle Credit (include Form RCYL)                                  | 4.  | 00 |                                | 00  |                              | 00    |
| 5. Alternative Energy Production Credit (include Form AEPC)                    | 5.  | 00 |                                | 00  |                              | 00    |
| 6. Contractor's Gross Receipts Tax Credit                                      |   |    |                                |     |                              |       |
| (include supporting schedule)  | 6.  | 00 |                                | 00  |                              | 00    |
| 7. Alternative Fuel Credit (include Form AFCR)                                 | 7.  | 00 |                                | 00  |                              | 00    |
| 8. Infrastructure Users Fee Credit (include Form IUFC)                         | 8.  | 00 |                                | 00  |                              | 00    |
| 9. Qualified Endowment Credit (include Form QEC)                               | 9.  | 00 |                                | 00  |                              | 00    |
| 10. Historical Buildings Preservation Credit (include federal Form 3468) 1     | 0.  | 00 |                                | 00  |                              | 00    |
| 11. Increase Research and Development Activities Credit 1                      | 1.  |    |                                | 00  |                              | 00    |
| 12. Mineral and Coal Exploration Incentive Credit                              |   |    |                                |     |                              |       |
| (include Forms MINE-CRED and MINE-CERT) 1                                      | 2. 55555                                  | 00 | 55554                          | 00  | 52343                        | 00    |
| 13. Empowerment Zone Credit  | 3.  | 00 |                                | 00  |                              | 00    |
| 14. Biodiesel Blending and Storage Credit (include Form BBSC)1                 | 4.  | 00 |                                | 00  |                              | 00    |
| 15. Geothermal System Credit (include Form ENRG-A)                             |   | 00 |                                | 00  |                              | 00    |
| 16. Innovative Educational Program Credit                                      | 6.  | 00 |                                | 00  |                              | 00    |
| 17. Student Scholarship Organization Credit                                    | 7.  | 00 |                                | 00  |                              | 00    |
| 18. Apprenticeship and/or Trades Education and Training Tax Credit 1           | 8.  | 00 |                                | 00  |                              | 00    |
| 19. MEDIA Credit   | 19.                                       | 00 |                                | 00  |                              | 00    |
| 20. Add lines 1 through 19 and enter the result.                               |   |    |                                |     |                              |       |
| This is your total nonrefundable credits                                       | 20. 55555                                 | 00 | 55554                          | 00  | 52343                        | 00    |
| Refundable Credits   |   |    |                                |     |                              |       |
| 21. Emergency Lodging Credit (include Form ELC)                                | 1. 1234                                   | 00 | 2345                           | 00  | 1235                         | 00    |
| 22. Unlocking Public Lands Credit  |   | 00 |                                | 00  |                              | 00    |
| 23. Add lines 21 and 22 and enter the result.                                  |   |    |                                |     |                              |       |
| This is your total refundable credits  | 23. 1234                                  | 00 | 2345                           | 00  | 1235                         | 00    |
| Tax Credits Recapture  |   |    |                                |     |                              |       |
| 24. Qualified Endowment Credit Recapture                                       |   |    |                                | 24. |                              | 00    |
| 25. Historical Buildings Preservation Credit Recapture                         |   |    |                                |     |                              | 00    |
| 26. Biodiesel Blending and Storage Credit Recapture                            |   |    |                                |     |                              | 00    |
| 27. Add lines 24 through 26 and enter the result.                              |   |    |                                |     |                              |       |
| This is your total recapture of tax credits.                                   |   |    |                                | 27. |                              | 00    |
| 28. Add totals of lines 20 and 23; then subtract line 27. Enter the result her |   |    |                                |     |                              |       |
| This is the total of your credits. Enter the total in column C on              |   |    |                                |     |                              |       |
| Form CIT, page 4, line 13  | 28. 56789                                 | 00 | 57899                          | 00  | 53578                        | 00    |
| To receive these credits, you will have to include this Schedule C and t       |   |    |                                |     | 222.0                        |       |

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 (70).



## **Schedule K-Combined for Montana Form CIT Separate Corporation Calculations**

| Separate Corporation Calculations   |            | Montana Separate | Corporation Activity | В           | С       |  |
|---|------------|------------------|----------------------|-------------|---------|--|
|   | Everywhere | ONE CO           | TWO CO               | Grand Total | Factor  |  |
|   | Activity * |                  |                      | of Montana  |         |  |
| 1. Property Factor (Enter average values for real and tangible personal property)                   |            | 678901234        | 789012345            | Columns*    |         |  |
| 1a. Land1a.   |            | 99999            | 189789               | 232323      |         |  |
| 1b. Buildings   |            |                  |                      |             |         |  |
| 1c. Machinery1c   |            |                  |                      |             |         |  |
| 1d. Equipment1d   |            |                  |                      |             |         |  |
| 1e. Furniture and fixtures1e  | 123456     | 65432            | 78945                | 32323       |         |  |
| 1f. Leases and leased property1f  |            |                  |                      |             |         |  |
| 1g. Inventories   |            |                  |                      |             |         |  |
| 1h. Depletable assets1h   | . 787878   | 54545            | 98989                | 585858      |         |  |
| 1i. Supplies and other1i  |            |                  |                      |             |         |  |
| 1j. Property of foreign subs included in combined group   |            |                  |                      |             |         |  |
| 1k. Property of unconsolidated subs included in combined group1k.                                   |            |                  |                      |             |         |  |
| 11. Property (pro-rata share) of pass-through entities included in combined group1.                 |            |                  |                      |             |         |  |
| 1m. Multiply amount of rents by 8 and enter result  |            |                  |                      |             |         |  |
| 1n. Total Montana average property (Add lines 1a through 1m above)                                  |            | 219976           | 367723               | 850504      |         |  |
| 1o. Total Everywhere average property   |            |                  |                      |             |         |  |
| (Enter in each column the total of lines 1a through 1m in the Everywhere column.) 1o.               | 1911333    | 1911333          | 1911333              |             |         |  |
| 1p. Separate entity Property Factor (Divide line 1n by line 1o and multiply the result by 100.) 1p. |            | 11.5090          | 19.2391              |             |         |  |
| 1q. Total Property Factor (Add columns on line 1p.)   |            |                  |                      |             | 30.7481 |  |
| 2. Payroll Factor   |            |                  |                      |             |         |  |
| 2a. Compensation of officers  | 1234567    | 200000           | 195827               | 123456      |         |  |
| 2b. Salaries and wages  |            | 56789            | 150000               | 250000      |         |  |
| Payroll included in:  |            |                  |                      |             |         |  |
| 2c. Costs of goods sold   |            |                  |                      |             |         |  |
| 2d. Other deductions  |            |                  |                      |             |         |  |
| 2e. Payroll of foreign subs included in combined group  |            |                  |                      |             |         |  |
| 2f. Payroll of unconsolidated subs included in combined group                                       |            |                  |                      |             |         |  |
| 2g. Payroll (pro-rata share) of pass-through entities included in combined group 2g.                |            | 256789           | 234567               | 678678      |         |  |
| 2h. Total Montana payroll (Add lines 2a through 2g above.)  |            | 513578           | 580394               | 1052134     |         |  |
| 2i. Total Everywhere payroll  |            |                  |                      |             |         |  |
| (Enter in each column the total of lines 2a through 2g in the Everywhere column.)2i.                | 1691356    | 1691356          | 1691356              |             |         |  |
| 2j. Separate entity Payroll Factor (Divide line 2h by line 2i and multiply the result by 100.) 2j.  |            | 30.3649          | 34.3153              |             |         |  |
| 2k. Total Payroll Factor (Add columns on line 2j.)2k  |            |                  |                      |             | 64.6802 |  |

<sup>\*</sup> Please include the amounts in columns A and B on Schedule K.

2021 Form CIT, Page 11 Period End Date 12312021

FEIN 121212121

Schedule K-Combined for Montana Form CIT **Separate Corporation Calculations (continued)** Α C **Montana Separate Corporation Activity** Everywhere **Grand Total** Factor Activity\* ONE CO TWO CO of Montana Columns\* 3. Receipts Factor 678901234 789012345 3b. Receipts delivered or shipped to Montana purchasers: 12123456 909090 2323232 321321 321300 676767 3c. Receipts shipped from Montana to: (1) United States government......3c.(1) 3d. Receipts other than receipts of tangible personal property (i.e., service income)... 3d. 982222 972222 9191919 9812345 3h. Receipts of unconsolidated subsidiaries included in combined group .......3h. 3i. Receipts (pro-rata share) of pass-through entities included in combined group ......3i. 2202612 12191918 13426999 3l. Total Everywhere receipts (Enter in each column the total of lines (3a) through (3j) in the Everywhere column.) ....3l. 997800332 997800332 997800332 3m. Separate entity Receipts Factor 1.3457 0.2207 1.5664 4. Double Weighted Receipts Factors 4a. For periods beginning after June 30, 2021 enter the amount reported on line 3m (For periods beginning before July1, 2021 leave blank)......4a. 4b. Total Receipts for Double Weighted Calculation (Add columns from line (4a).).....4b. 43.2196 53.7751 5. Sum of the Factors (Add lines (1p), (2j), (3m), and (4a) for each corporation.) ........ 5. 6. Apportionment Factor 6a. Separate entity Apportionment Factor (Divide line 5 by the number of factors that can 17.9250 14.4065 6b. Total Apportionment Factor (Add columns on line (6a) and enter here. 32.3315 

<sup>\*</sup> Please include the amounts in columns A and B on Schedule K

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

| 7a. Montana adjusted taxable income. (Enter the amount from CIT, page 3, line 4.)  |
|--|
|  |
| 7b. Income apportioned to Montana (In each column, multiply line (6a) on page 11 by line (7a).)7b.                                     |
| 7c. Total income apportioned to Montana. (Add columns on line (7b). Enter this amount on line 5, page 3 of the CIT.)7c.                |
| 7d. Income directly allocated to Montana7d.  |
| 7e. Total income directly allocated to Montana. (Add columns on line (7d). Enter this amount on line 6, page 3 of the CIT.) 7e.        |
| 7f. Montana taxable income before net operating loss (In each column, add lines (7b) and (7d).)7f.                                     |
| 7g. Total Montana taxable income. (Add columns on line (7f). Enter this amount on line 7, page 3 of the CIT.)7g.                       |
| 7h. Montana net operating loss (NOL) carryover on a separate entity basis7h.   |
| 7i. Total NOL carryover (Add columns on line (7h). Enter this amount on line 8, page 3 of the CIT.)7i.                                 |
| 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.)7k.                    |
| 7I. 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 7l. |
| 7m. Total Montana tax liability (Add all columns on line (7l). Enter this amount on line 10, page 3 of the CIT.)7m.                    |
| 7n. Montana credits on a separate entity basis (Attach applicable form(s).)7n.   |
| 7o. Total Montana Credits. (Add columns on line (7n).) Enter this amount on line 28, Schedule C7o.                                     |

| Montana Separate C | Corporation Activity | В                      |
|--------------------|----------------------|------------------------|
| ONE CO             | TWO CO               | Grand Total of Montana |
| 678901234          | 789012345            | Columns*               |
| 1727075            | 1727075              |                        |
| 24881106           | 30957819             |                        |
|                    |                      | 55838925               |
| 50000              | 40000                |                        |
|                    |                      | 90000                  |
| 24931106           | 30997819             |                        |
|                    |                      | 55928925               |
|                    |                      |                        |
|                    |                      | 0                      |
| 24931106           | 30997819             |                        |
|                    |                      | 55928925               |
| 22222              | 23232                |                        |
| 0.5.6.4.0          | 0.504.5              | 45454                  |
| 25640              | 27045                |                        |
|                    |                      | 52685                  |

<sup>\*</sup>These totals must be reported on lines 5 through 10 on page 3 of the CIT.

| 2021 Form CIT, Page 13 | Period End Date | FEIN |  |
|------------------------|-----------------|------|--|
| . •                    |                 |      |  |

# Schedule NOL for Montana Form CIT Net Operating Loss (NOL) Deduction

|   | Monta    | na Separate Corp | oration NOL Appli | cation   |
|---|----------|------------------|-------------------|----------|
| Corporation name  |          |                  |                   |          |
| 2. Corporation's Federal Tax Identification Number (FEIN)                                   |          |                  |                   |          |
| 3. Date of merger/consolidation (See instructions)  |          |                  |                   |          |
|   | Column A | Column B         | Column A          | Column B |
| 2021 Montana separate corporation taxable income before NOL deduction (enter line 7(f) from |          |                  |                   |          |
| Schedule K-Combined)  |          |                  |                   |          |
| Carryforward deductions   |          |                  |                   |          |
| 5. Taxable period of NOL  |          |                  |                   |          |
| 5a. Total NOL for taxable period5a.   |          |                  |                   |          |
| 5b. NOL applied to periods other than to 20215b.  |          |                  |                   |          |
| 5c. NOL carryforward to 20215c.   |          |                  |                   |          |
| 5d. NOL expired due to 7-year carryforward5d.   |          |                  |                   |          |
| 5e. NOL available for carryforward5e.   |          |                  |                   |          |
| 6. Taxable period of NOL  |          |                  |                   |          |
| 6a. Total NOL for taxable period6a.   |          |                  |                   |          |
| 6b. NOL applied to periods other than to 20216b.  |          |                  |                   |          |
| 6c. NOL carryforward to 20216c.   |          |                  |                   |          |
| 6d. NOL available for carryforward6d.   |          |                  |                   |          |
| 7. Taxable period of NOL  |          |                  |                   |          |
| 7a. Total NOL for taxable period7a.   |          |                  |                   |          |
| 7b. NOL applied to periods other than to 20217b.  |          |                  |                   |          |
| 7c. NOL carryforward to 20217c.   |          |                  |                   |          |
| 7d. NOL available for carryforward7d.   |          |                  |                   |          |
| 8. Taxable period of NOL  |          |                  |                   |          |
| 8a. Total NOL for taxable period8a.   |          |                  |                   |          |
| 8b. NOL applied to periods other than to 20218b.  |          |                  |                   |          |
| 8c. NOL carryforward to 20218c.   |          |                  |                   |          |
| 8d. NOL available for carryforward8d.   |          |                  |                   |          |
| 9. Taxable period of NOL  |          |                  |                   |          |
| 9a. Total NOL for taxable period9a.   |          |                  |                   |          |
| 9b. NOL applied to periods other than to 20219b.  |          |                  |                   |          |
| 9c. NOL carryforward to 20219c.   |          |                  |                   |          |
| 9d. NOL available for carryforward9d.   |          |                  |                   |          |
| 10. Taxable period of NOL   |          |                  |                   |          |
| 10a. Total NOL for taxable period10a.   |          |                  |                   |          |
| 10b. NOL applied to periods other than to 202110b.  |          |                  |                   |          |
| 10c. NOL carryforward to 202110c.   |          |                  |                   |          |
| 10d. NOL available for carryforward10d.   |          |                  |                   |          |
| 11. Taxable period of NOL   |          |                  |                   |          |
| 11a. Total NOL for taxable period11a.   |          |                  |                   |          |
| 11b. NOL applied to periods other than to 2021 11b.   |          |                  |                   |          |
| 11c. NOL carryforward to 202111c.   |          |                  |                   |          |
| 11d. NOL available for carryforward11d.   |          |                  |                   |          |
| 12. Total separate corporation NOL carryforward to 2021.                                    |          |                  |                   |          |
| Add column B lines 5 through 1112.  |          |                  |                   |          |

| 2021 Form CIT, Page 14 | Period End Date | FEIN |  |
|------------------------|-----------------|------|--|
|                        |                 |      |  |

# Schedule NOL for Montana Form CIT Net Operating Loss (NOL) Deduction (continued)

| Enter corporate information from previous page.  Corporation name  | Monta    | na Separate Corp | oration NOL Appli | cation   |
|--|----------|------------------|-------------------|----------|
| Corporation's Federal Tax Identification Number (FEIN)   |          |                  |                   |          |
| Corporation of Castal Tax Tastallication (1 211)   | Column A | Column B         | Column A          | Column B |
| 2021 Montana separate corporation taxable income before NOL deduction (enter line 7(f) from Schedule K-Combined)                             |          |                  |                   |          |
| ,  | ,        |                  |                   |          |
| AMENDED RETURNS - carryback deductions   |          |                  |                   |          |
| 13. Taxable period of NOL  |          |                  |                   |          |
| 13a. Total NOL for taxable period13a.  |          |                  |                   |          |
| 13b. NOL applied to periods other than to 202113b.   |          |                  |                   |          |
| 13c. NOL carryback to 2021 (Total carryback for all  |          |                  |                   |          |
| entities limited to \$500,000)13c.   |          |                  |                   |          |
| 13d. Net NOL for taxable period13d.  |          |                  |                   |          |
| 14. Taxable period of NOL  |          |                  |                   |          |
| 14a. Total NOL for taxable period14a.  |          |                  |                   |          |
| 14b. NOL applied to periods other than to 202114b.   |          |                  |                   |          |
| 14c. NOL carryback to 2021 (Total carryback for all  |          |                  |                   |          |
| entities limited to \$500,000)14c.   |          |                  |                   |          |
| 14d. Net NOL for taxable period14d.  |          |                  |                   |          |
| 15. Taxable period of NOL  |          |                  |                   |          |
| 15a. Total NOL for taxable period15a.  |          |                  |                   |          |
| 15b. NOL applied to periods other than to 202115b.   |          |                  |                   |          |
| 15c. NOL carryback to 2021 (Total carryback for all  |          |                  |                   |          |
| entities limited to \$500,000)15c.   |          |                  |                   |          |
| 15d. Net NOL for taxable period15d.  |          |                  |                   |          |
| 16. Total separate corporation NOL carryback to 202116.  |          |                  |                   |          |
| 17. Total separate corporation NOL carryforward  |          |                  |                   |          |
| to 2021 from previous page, line 1217.   |          |                  |                   |          |
| 18. Total separate corporation NOL deduction for 2021 (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)18.   |          |                  |                   |          |

| 2021  | Form   | CIT | Page | 15 | Period | Fnd | Date |
|-------|--------|-----|------|----|--------|-----|------|
| 2U2 I | LOIIII | OH, | raye | 10 | renou  | ⊏⊓u | Date |

12312021

FEIN 121212121

# 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

| rait ii. Valvalation of Decinea Dividendo Neocivea nom 00/20 Companies  |            |    |
|---|------------|----|
| 1. Enter the positive federal line 30 income of your 80/20 companies. (See instructions)  | ı. 7897897 | 00 |
| 2. Enter your consolidated 1120 positive federal line 30 income. (See instructions)   | 2. 3097897 | 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 11204  | 1. 789789  | 00 |
| 5. Multiply line 3 by line 4. This is the federal tax liability associated with your 80/20 companies  | 5. 2013488 | 00 |
| 6. Enter the section 78 gross-up received by your 80/20 companies (include schedule)  | 567567     | 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. 5316842 | 00 |
| 8. Enter the after-tax net income of all unconsolidated 80/20 companies   | 3. 12312   | 00 |
| 9. Add lines 7 and 8; enter the result. This is your total after-tax net income   | 5329154    | 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                           |            | 00 |

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

| 1. Name       | 2. FEIN   | 3. Income/Loss<br>Reported on Line 28 | 4. Income/<br>Reporte | /Loss<br>ed on Line 30 | 5. Dividends Received |    |
|---------------|-----------|---------------------------------------|-----------------------|------------------------|-----------------------|----|
| ONE COMPANY   | 678901234 | 423456                                | 00                    | 00                     | 495555                | 00 |
| TWO COMPANY   | 789012345 | 523456                                | 00                    | 00                     | 596666                | 00 |
| THREE COMPANY | 345678901 | -56789                                | 00                    | 00                     | -12969                | 00 |
|               |           |                                       | 00                    | 00                     |                       | 00 |
|               |           |                                       | 00                    | 00                     |                       | 00 |
|               |           |                                       | 00                    | 00                     |                       | 00 |
|               |           |                                       | 00                    | 00                     |                       | 00 |
|               | Totals    | 890123                                | 00                    | 00                     | 1079252               | 00 |

# Part IV. List your Controlled Foreign Corporations. Include a separate sheet if necessary.

| 1. Name            | <ol><li>Entity Type</li></ol> | 3. Country of Incorporation/ | 4. Income/Loss |    |
|--------------------|-------------------------------|------------------------------|----------------|----|
|                    |                               | Organization                 |                |    |
| MOM CORPORATION    | LLC                           | UK                           | 1987654        | 00 |
| POP CORPORATION    | FOR SUB                       | FRANCE                       | 789643         | 00 |
| COUSIN CORPORATION | PARTNER                       | ITALY                        | 1719841        | 00 |
|                    |                               |                              |                | 00 |
|                    |                               |                              |                | 00 |
|                    |                               |                              |                | 00 |
|                    |                               |                              |                | 00 |
|                    |                               | Total                        | 4497138        | 00 |





2021 Montana Corporate Income Tax Return
Include a copy of federal Form 1120 as filed with the Internal Revenue Service

| For calendar year 2021 or tax y  | ear be                                    | eginning   | and ending                            | g  |
|--|---|--|---------------------------------------|--|
| Name   |   |  |                                       |  |
| FORM APPROVAL CENTRAL  |   |  | FEIN                                  | 454545454  |
|  |   |  | Federal Business Code                 | e/NAICS 879871                                     |
| Mailing Address  |   |  | State Incorporated in                 | NC   |
| 2510 S CROATAN HIGHWAY   |   |  | Clate moorperated in                  | on 09092006  |
| City   | State                                     | ZIP Code   | Date Qualified in Mont                | ana 07072000                                       |
| NAGS HEAD  | МТ  | 27959  | MT Secretary of State                 | ID 34567801  |
| Mark all that apply:  X Initial Return   | turn provis nder F include onsolic urpose | Public Law 86-272?  ed with your tax return; soluted group for federal pos?  mark one of the following X d. Domestic Comb  | 2. 3 kip questions 2 through urposes? | 5 of this part.  Yes X No X Yes No ude Schedule M: |
| <ul> <li>c. Worldwide Combination</li> <li>5. How many members of the unitary group had p with Montana activity during the taxable period?</li> <li>6. Are all members of the unitary group 100% Mo</li> <li>7. If you answered <b>Yes</b> to questions 2 or 3 above, that you filed with the Internal Revenue Service a. Ultimate U.S. parent's name as reported on b. Ultimate U.S. parent's FEIN 7878787</li> </ul> | ntana o<br>you m<br>, and o<br>federa     | y, payroll or receipts in Morphore in Morp | lontana or have an inter              | X Yes No   |
| Part II - Amended Return Only (mark all that applian a. Federal Revenue Agent Report; include a b. NOL carryback/carry forward; list year(s) (Schedule NOL must be included.)  c. Apportionment factor changes; include a d. Amended federal tax return (Form 1120X e. Application and/or change in tax credit; lift. Other; include a statement explaining all a Part III - General Questions (all questions must)    | a compostatem  statem  st type  adjustn   | nent explaining all adjust<br>ade a complete copy of the<br>of credit being claimed.<br>nents in detail.   | ne federal Form 1120X.                |  |
| a. Describe in detail the nature and location(s) of y  1 NOT HERE, BILLINGS, MT 1 b. Is this your corporation's first Montana tax retur  If this corporation is a successor to a previously  Name  | our Mo<br>2345<br>n?                      | ntana activities (if necess  |                                       | X Yes No   |



| 2021 Form CIT, Page 2 Period End | Date 12312021 | FEIN 45 | 54545454 |
|----------------------------------|---------------|---------|----------|
|----------------------------------|---------------|---------|----------|

| Pa | rt III - General Questions (continued)   |        |
|----|--|--------|
| c. | Is this your corporation's final Montana tax return?   | No     |
|    | If Yes, please include detailed statement and indicate whether your corporation has:   |        |
|    | Withdrawn Merged X Dissolved Reorganized   |        |
|    | Date of withdrawal, dissolution, merger, or reorganization 05052021  |        |
|    | 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?   | X No   |
|    | If <b>Yes</b> , indicate what period(s)  |        |
| e. | Are any statute of limitation waivers currently in force that have been executed with the Internal Revenue   |        |
|    | Service?Yes  | X No   |
|    | If <b>Yes</b> , 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  | X No   |
|    | If <b>Yes</b> , 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                                     |        |
| 9. | this corporation? If <b>Yes</b> , enter name NEW CORPORATION and % of ownership 50.5050 X Yes  | No     |
| h  | Did a partnership, corporation, estate or trust at the end of the taxable year own, directly or indirectly,  |        |
| ļ  | 50% or more of the voting stock of this corporation?   | X No   |
|    | If <b>Yes</b> , enter name and % of ownership  | 21 140 |
| i. | Did the same individual, partnership, corporation, estate or trust designated above in question g, or h  |        |
| ١. | at the end of the taxable year also own, directly or indirectly, 50% or more of the voting stock of another  |        |
|    | (brother-sister) corporation?  | X No   |
|    | Did this corporation or any member of the consolidated group own, directly or indirectly, 50% or more of the   | Z NO   |
| J. |  | X No   |
|    |  | A INO  |
| l, | If <b>Yes</b> , how many corporations?  Did this corporation or any member of the consolidated group own, directly or indirectly, 50% or more of the |        |
| k. |  | X No   |
| ١. |  | A NO   |
| I. | Was your corporation owned 50% or more, directly or indirectly, by a corporation or entity that was organized or incorporated outside the U.S.?      | X No   |
|    | 3  | A INO  |
| -  | If <b>Yes</b> , enter name and % of ownership  |        |
| m. | Did this corporation or any member of the consolidated group directly or indirectly have an interest in a  | V Na   |
|    | domestic partnership? If <b>Yes</b> , how many partnerships?   | X No   |
| n. | Did this corporation or any member of the consolidated group directly or indirectly have an interest in a  | 37 N.  |
|    | foreign partnership? If <b>Yes</b> , how many partnerships?  | X No   |
|    | If you answered Yes to any of the above questions (h) through (n), you need to complete and include Schedule N                                       | Л.     |
| 0. | 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.  | X No   |
|    |  |        |
| _  |  |        |
| Pa | rt IV - Reporting of Special Transactions  |        |
|    | Mark <b>Yes</b> 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.   | 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.   | 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.      | 789789  | 00 |
| 2. Additions  |                          |         |         |    |
| 2a. State, local, foreign and franchise taxes based on income. Include  |                          |         |         |    |
| breakdown of your Form 1120, line 17  |                          | 0.0     |         |    |
| 2b. Federal tax exempt interest   | C F 1 1                  | 0.0     |         |    |
| 2c. Contributions used to compute qualified endowment credit2c.   | 6541                     | 00      |         |    |
| 2d. Income/loss of foreign parent and foreign subsidiaries for worldwide combined filers (attach schedule)2d.                   | 1234                     | 00      |         |    |
| ·   | 1234                     | 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.  | 10707                    | 00      |         |    |
| 2g. Income/loss of corporations incorporated in tax havens –  | 10707                    | 00      |         |    |
| Water's Edge filers only (attach schedule)2g.   | 1065831                  | 00      |         |    |
| 2h. Federal capital loss carry-over utilized on federal return.   | 1003031                  | 00      |         |    |
| Include Schedule D  |                          | 0.0     |         |    |
| 2i. All of your other additions. Include a detailed breakdown2i.  |                          | 00      |         |    |
| Add lines 2a through 2i and enter the result. <b>This is the total of your a</b>  | dditions.                |         | 1084313 | 00 |
| 3. Reductions   |                          |         |         |    |
| 3a. IRC Section 243 dividend received deduction3a.  |                          | 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 D3f.  |                          | 00      |         |    |
| 3g. All of your other reductions. Include a detailed breakdown3g.   | 654                      | 00      |         |    |
| Add lines 3a through 3g and enter the result. This is the total of your r   | eductions                | 3.      | 654     | 00 |
| 4. Add lines 1 and 2, then subtract line 3 and enter the result. This is your a   | djusted taxable income   | 44.     | 1873448 | 00 |
|   |                          |         |         |    |
| Combined filers with more than one entity with Montana activity must  | use Schedule K-Combi     | ned for |         |    |
| lines 5 through 10 below. (See instructions)  |                          |         |         |    |
| 5. Income apportioned to Montana (multiply line 4 x 52.6840 % from  | •                        |         |         | 00 |
| 6. Enter the income that you allocated directly to Montana. Include a detail  |                          | 6.      | 98787   | 00 |
| 7. Montana taxable income before net operating loss (add lines 5 and 6 or   | •                        |         | 1005501 |    |
| on line 4)  |                          |         | 1085794 | 00 |
| If line 7 is a loss, do you wish to forgo the net operating loss carry-back   |                          | No      |         |    |
| Note: If you have reported a loss on line 7 and have not marked either b carried back first.                                    | ox, the loss must be     |         |         |    |
| 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 op  | _                        |         |         |    |
| 9. Subtract line 8 from line 7 and enter the result here. <b>This is your Monta</b>   |                          | 9.      | 1085794 | 00 |
| 10. Multiply line 9 by 6.75% (or line 9 by 7% if you have a valid Water's Edg   |                          |         |         |    |
| Montana tax liability. (This amount cannot be less than the minimum ta  | ax liability of \$50.)   | 10.     |         | 00 |
| <b>V</b>  | <b>-</b>                 |         |         |    |
| X Mark this box if you are calculating your tax liability using the Alternativ Form CIT instructions before checking this box). | e Tax method (please see | e the   |         |    |

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.



| 2021 Form CIT, Page 4 | Period End Date | 12312021 | FEIN | 454545454 |  |
|-----------------------|-----------------|----------|------|-----------|--|

| Computation of Montana Taxable Income and Net Amount Due (continued                       | •  |                   |                     | 0.0  |
|---|--|-------------------|---------------------|------|
| 11. Your Montana tax liability from line 10   |  | 11.               |                     | 00   |
| 12. Payments  | 40 [   |                   |                     |      |
| 12a. 2020 overpayment   |  | 0.0               |                     |      |
| 12b. Tentative payment  |  | 00                |                     |      |
| 12c. Quarterly estimated tax payments   |  | 00                |                     |      |
| 12d. Montana mineral royalty tax withheld. Include Form(s) 1099                           | 12d.   | 00                |                     |      |
| 12e. Montana tax withheld from pass-through entities. Include MT Schedule(s) K-1 ?        | 12e.   | 00                |                     |      |
| 12f. All other payments. Describe   | 12f.   | 00                |                     |      |
| 12g. Previously issued refunds. (Do not include any overpayments to 2022.)1               | 12g.   | 2525 00           |                     |      |
| Add lines 12a through 12f and subtract line 12g; enter the result. This is the tot        | al of y  | our payments 12.  | -2525               | 00   |
| 13. Enter total credits (from Schedule C)   |  | 13.               |                     | 00   |
| 14. Add lines 12 and 13, then subtract from line 11 and enter result. This is your ta     | x due  | or overpayment14. | 2525                | 00   |
| 15. Enter the amount of overpayment that you want to be applied to your 2022              |  |                   | 00                  |      |
| 16. Add lines 14 and 15; enter the result. <b>This is your net tax due or overpayment</b> |  |                   | 2525                | 00   |
| · · · · · · · · · · · · · · · · · · ·   | 17. Enter interest on all the tax paid after the due date (See instructions) |                   |                     | 00   |
| 18. Enter estimated tax underpayment interest. Include Form CIT-UT                        |  |                   |                     | 0.0  |
| Mark this box if you are using the annualized income or adjusted sea                      |  |                   |                     | 14.4 |
| 19. Penalty   |  |                   |                     |      |
| 19a. Enter your late filing penalty (See instructions)                                    | 19a.   | 00                |                     |      |
| 19b. Enter your late payment penalty (See instructions)                                   | 19b.   | 00                |                     |      |
| Add lines 19a and 19b; enter the result. This is your total penalty                       |  | 19.               |                     | 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 amo         | unt di   | <b>ue.</b> 20a.   | 2525                | 00   |
| Visit our website at revenue.mt.gov for electronic payment options or include yo          |  |                   | Department of Rever | nue. |
| 20b. If the result is negative, enter the refund due here. <b>This is your total refu</b> |  |                   |                     | 0.0  |
|   |  |                   |                     |      |
|   |  |                   |                     |      |
| Divert Deposit  |  |                   |                     |      |
| Direct Deposit  |  |                   |                     |      |

| Direct Deposit<br>Your Refund<br>Complete 1, 2, 3 and 4.<br>(See instructions) | <ol> <li>RTN#</li> <li>If using direct deposit,</li> <li>Is this refund going to a</li> </ol> | •        |                        | 9                  | Savings<br>ories? Yes | No        |
|--|---|----------|------------------------|--------------------|-----------------------|-----------|
|  | se swearing, I declare that<br>dge and belief, it is true, c                                  |          |                        | companying schedul | les and statements    | s, and to |
| Signature of Officer   |   | Date     | Printed Name and Title |                    | Telephone Numb        | er        |
| X  |   | 01012022 | YOU N ME               |                    | 111 888               | 7766      |

| Print/Type Preparer's Name | Preparer's Signature | Date             | PTIN        |
|----------------------------|----------------------|------------------|-------------|
| JOHN PREP                  |                      | 02022022         | 123989888   |
| Firm's Name                | Firm's Address       | Telephone Number | Firm's FEIN |
| TAX PREP PLACE             | 1 PLACE PLACE        | 987 987 9879     | 203040506   |
|                            | BILLINGS, MT 12345   |                  |             |

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

Please mail your completed Form CIT to: Montana Department of Revenue, PO Box 8021, Helena, MT 59604-8021



52.6840

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) C. Factor A. Everywhere B. Montana. 1. Property Factor: Enter average values for real and tangible personal property. 00 00 1a. Land......1a. 00 00 546546 515656 00 00 1c. Machinery .......1c. 56565 44444 1d. Equipment ......1d. 00 00 00 1e. Furniture and fixtures......1e. 00 1f. Leases and leased property ......1f. 0.0 0.0 00 00 1h. Depletable assets ......1h. 00 00 00 00 1i. Supplies and other......1i. 1j. Property of foreign subs included in combined group .......1j. 00 00 1k. Property of unconsolidated subs included in combined group ... 1k. 00 00 00 11. Property (pro-rata share) of pass-throughs included in group .... 11. 00 1m. Multiply amount of rents by 8 and enter result......1m. 00 00 603111 00 560100 00 Total Property Value - add lines 1a through 1m 92.8685 Divide the total in column B by the total in column A. Multiply that result by 100. **This is your property factor.** ......**1.** 2. Pavroll Factor: 2a. Compensation of officers......2a. 0.0 00 00 00 Payroll included in: 00 00 0.0 0.0 2d. Other deductions ......2d. 2e. Payroll of foreign subs included in combined group..........2e. 00 00 2f. Payroll of unconsolidated subs included in combined group..2f. 00 00 00 2g. Payroll (pro-rata share) of pass-throughs included in group .2g. 00 00 00 Total Payroll Value - add lines 2a through 2g 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. 98765 00 3b. Receipts delivered or shipped to Montana purchasers: 12345 00 (1) Shipped from outside Montana ......3b.(1) 00 3c. Receipts 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. Receipts other than receipts of tangible personal property 00 3e. Net gains reported on federal Schedule D and federal Form 4797 3e. 00 00 00 3f. Other gross receipts (rents, royalties, interest, etc.)...........3f. 00 3g. Receipts of foreign subs included in combined group .......3g. 0.0 00 00 3h. Receipts of unconsolidated subs included in combined group..3h. 00 00 00 3i. Receipts (pro-rata share) of pass-throughs included in group..3i. 00 00 98765 00 12345 0.0 **Total Receipts Value -** add lines 3a through 3i Divide the total in column B by the total in column A. Multiply that result by 100. This is your receipts factor. ..... 3. 12.4994 4. For periods beginning after June 30, 2021 enter the amount reported on line 3. (Otherwise, leave blank).....4. 



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 also on Form CIT, page 3, line 5. This is your apportionment factor. ......6.

| 2021 Form CIT, Page 6 Period End D | ate 12312021 | FEIN 4545454 |
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|------------------------------------|--------------|--------------|

#### 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.

| Α   | B   | С                       | Ē            |    | E      |  | F                   |   | G  |  |
|---|---|-------------------------|--------------|----|--------|--|---------------------|---|--|--|
| Federal<br>Employer<br>Identification<br>Number<br>(FEIN) | Name of affiliate/subsidiary/parent corporation | Percentage of ownership | Considered a |    |        |  | Have any activities |   | Mark if filing<br>Montana Form<br>CIT separate |  |
|   |   |                         | Yes          | No | Yes No |  | Yes No              |   |  |  |
| 123456789   | MOM CORP  | 55.5000                 | X            |    | X      |  | X                   |   | X  |  |
| 234567890   |   | 44.0000                 |              | X  | X      |  |                     | X |  |  |
| 345678901   |   | 0.5000                  | Х            |    | X      |  | X                   |   | X  |  |
| 313070301   | 50112 0112                                      | 0.3000                  |              |    | 22     |  |                     |   |  |  |
|   |   |                         |              |    |        |  |                     |   |  |  |
|   |   |                         |              |    |        |  |                     |   |  |  |
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| 2021 Form CIT, Page 7 Period End I | Date 12312021 | FEIN 4545454 |
|------------------------------------|---------------|--------------|
|------------------------------------|---------------|--------------|

#### **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<br>Employer<br>Identification<br>Number<br>(FEIN) | Name of entity | Percentage of ownership |   | Have any activities in Montana? | Type of entity,<br>i.e., foreign<br>subsidiary,<br>unconsolidated<br>subsidiary,<br>partnership,<br>LLC, LLP, DER |
| 678901234   | THREE COMPANY  | 20.1000                 | X | X                               | PARTNER   |
|   | FOUR COMPANY   | 60.1000                 | X | X                               | LLC   |
|   |                |                         |   |                                 |   |
|   |                |                         |   |                                 |   |
|   |                |                         |   |                                 |   |
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|   |                |                         |   |                                 |   |



| 2021 Form CIT, Page 8 | Period End Date | FEIN |  |
|-----------------------|-----------------|------|--|

#### 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.

## 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   | B              | С                       |                       | D                                     |        | Е  | F  |
|---|----------------|-------------------------|-----------------------|---------------------------------------|--------|--|--|
| Federal Employer Identification Number (FEIN) (if applicable) | Name of entity | Percentage of ownership | in<br>Mo<br>un<br>fil | lude<br>this<br>ntan<br>itary<br>ing? | a<br>M | lave any<br>activities<br>in<br>lontana? | subsidiary,<br>foreign<br>partnership,<br>foreign<br>disregarded |
|   |                |                         | Ye                    | s No                                  |        | Yes No                                   | entity   |
|   |                |                         |                       |                                       |        |  |  |
|   |                |                         |                       |                                       |        |  |  |
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|   |                |                         |                       |                                       |        |  |  |



| 2021 Form CIT, Page 9 | Period End Date | FEIN |  |
|-----------------------|-----------------|------|--|
|                       |                 |      |  |

#### Schedule C - Tax Credits

| Type of Credit   | Column A Current Year Earned | <b>Column B</b> Total Available | Column C<br>Current Year Applied |
|--|------------------------------|---------------------------------|----------------------------------|
| Nonrefundable Credits  |                              |                                 |                                  |
| 1. Montana Dependent Care Assistance Credit (include Form DCAC) 1.               | 00                           | 0.0                             | 00                               |
| Montana College Contribution Credit (include Form CC)                            | 00                           | 00                              | 0.0                              |
| 3. Health Insurance for Uninsured Montanans Credit (include Form HI)3.           | 00                           | 00                              | 0.0                              |
| 4. Montana Recycle Credit (include Form RCYL)4.                                  | 00                           | 00                              | 0.0                              |
| 5. Alternative Energy Production Credit (include Form AEPC)5.                    | 00                           | 00                              | 0.0                              |
| 6. Contractor's Gross Receipts Tax Credit  |                              |                                 |                                  |
| (include supporting schedule)6.  | 00                           | 00                              | 0.0                              |
| 7. Alternative Fuel Credit (include Form AFCR)                                   | 00                           | 00                              | 0.0                              |
| 8. Infrastructure Users Fee Credit (include Form IUFC)8.                         | 00                           | 00                              | 0.0                              |
| 9. Qualified Endowment Credit (include Form QEC)9.                               | 00                           | 00                              | 0.0                              |
| 10. Historical Buildings Preservation Credit (include federal Form 3468) 10.     | 00                           | 0.0                             | 0.0                              |
| 11. Increase Research and Development Activities Credit 11.                      |                              | 00                              | 0.0                              |
| 12. Mineral and Coal Exploration Incentive Credit                                |                              |                                 |                                  |
| (include Forms MINE-CRED and MINE-CERT)12.                                       | 00                           | 00                              | 00                               |
| 13. Empowerment Zone Credit13.   | 00                           | 00                              | 0.0                              |
| 14. Biodiesel Blending and Storage Credit (include Form BBSC)14.                 | 00                           | 00                              | 0.0                              |
| 15. Geothermal System Credit (include Form ENRG-A)15.                            | 00                           | 0.0                             | 0.0                              |
| 16. Innovative Educational Program Credit16.                                     | 00                           | 0.0                             | 0.0                              |
| 17. Student Scholarship Organization Credit                                      | 00                           | 0.0                             | 0.0                              |
| 18. Apprenticeship and/or Trades Education and Training Tax Credit 18.           | 00                           | 00                              | 0.0                              |
| 19. MEDIA Credit   | 00                           | 00                              | 0.0                              |
| 20. Add lines 1 through 19 and enter the result.                                 |                              |                                 |                                  |
| This is your total nonrefundable credits20.                                      | 00                           | 0.0                             | 0.0                              |
| Refundable Credits   |                              |                                 |                                  |
| 21. Emergency Lodging Credit (include Form ELC)21.                               | 00                           | 0.0                             | 0.0                              |
| 22. Unlocking Public Lands Credit22.   | 00                           | 00                              | 0.0                              |
| 23. Add lines 21 and 22 and enter the result.                                    |                              |                                 |                                  |
| This is your total refundable credits23.   | 00                           | 0.0                             | 0.0                              |
| Tax Credits Recapture  |                              |                                 |                                  |
| 24. Qualified Endowment Credit Recapture   |                              | 24.                             | 00                               |
| 25. Historical Buildings Preservation Credit Recapture                           |                              | 25.                             | 0.0                              |
| 26. Biodiesel Blending and Storage Credit Recapture                              |                              |                                 | 00                               |
| 27. Add lines 24 through 26 and enter the result.                                |                              |                                 |                                  |
| This is your total recapture of tax credits.                                     |                              | 27.                             | 00                               |
| 28. Add totals of lines 20 and 23; then subtract line 27. Enter the result here. |                              |                                 |                                  |
| This is the total of your credits. Enter the total in column C on                |                              |                                 |                                  |
| Form CIT, page 4, line 1328.   | 00                           | 00                              | 0.0                              |
| To reactive these gradite you will have to include this Schodule C and the sa    |                              |                                 |                                  |

 $To \ receive \ these \ credits, \ you \ will \ have \ to \ include \ this \ Schedule \ C \ and \ the \ applicable \ credit \ forms \ or \ other \ required \ information.$ 

For combined filers, Column C is obtained from Schedule K-Combined on page 12, line (70).



Α

**Montana Separate Corporation Activity** 

С

# **Schedule K-Combined for Montana Form CIT Separate Corporation Calculations**

| ocparate corporation calculations   |                       | montana ocparate corporation Activity |           |                        |         |  |
|---|-----------------------|---------------------------------------|-----------|------------------------|---------|--|
|   | Everywhere Activity * | MOM CORP                              | SOME ONE  | Grand Total of Montana | Factor  |  |
| Property Factor (Enter average values for real and tangible personal property)                      | Addivity              | 123456789                             | 345678901 | Columns*               |         |  |
| 1a. Land  | 888888                | 88888                                 | 89789     | 132323                 |         |  |
| 1b. Buildings   |                       |                                       |           |                        |         |  |
| 1c. Machinery1c.  |                       |                                       |           |                        |         |  |
| 1d. Equipment   |                       | 65432                                 | 78945     | 23232                  |         |  |
| 1e. Furniture and fixtures  |                       |                                       |           |                        |         |  |
| 1f. Leases and leased property  |                       |                                       |           |                        |         |  |
| 1g. Inventories   |                       |                                       |           |                        |         |  |
| 1h. Depletable assets   |                       |                                       |           |                        |         |  |
| 1i. Supplies and other1i.   | 797979                | 65656                                 | 89898     | 494949                 |         |  |
| 1j. Property of foreign subs included in combined group   |                       |                                       |           |                        |         |  |
| 1k. Property of unconsolidated subs included in combined group1k.                                   |                       |                                       |           |                        |         |  |
| 11. Property (pro-rata share) of pass-through entities included in combined group1.                 |                       |                                       |           |                        |         |  |
| 1m. Multiply amount of rents by 8 and enter result1m.   |                       |                                       |           |                        |         |  |
| 1n. Total Montana average property (Add lines 1a through 1m above)1n.                               |                       | 219976                                | 258632    | 650504                 |         |  |
| 1o. Total Everywhere average property   |                       |                                       |           |                        |         |  |
| (Enter in each column the total of lines 1a through 1m in the Everywhere column.) 1o.               | 1810323               | 1810323                               | 1810323   |                        |         |  |
| 1p. Separate entity Property Factor (Divide line 1n by line 1o and multiply the result by 100.) 1p. |                       | 12.1512                               | 14.2865   |                        |         |  |
| 1q. Total Property Factor (Add columns on line 1p.)1q.  |                       |                                       |           |                        | 26.4377 |  |
| 2. Payroll Factor   |                       |                                       |           |                        |         |  |
| 2a. Compensation of officers  |                       | 100000                                | 295827    | 223456                 |         |  |
| 2b. Salaries and wages  | 996789                | 66789                                 | 100000    | 150000                 |         |  |
| Payroll included in:  |                       |                                       |           |                        |         |  |
| 2c. Costs of goods sold2c.  |                       |                                       |           |                        |         |  |
| 2d. Other deductions  |                       |                                       |           |                        |         |  |
| 2e. Payroll of foreign subs included in combined group2e.   |                       |                                       |           |                        |         |  |
| 2f. Payroll of unconsolidated subs included in combined group2f.                                    |                       |                                       |           |                        |         |  |
| 2g. Payroll (pro-rata share) of pass-through entities included in combined group 2g.                |                       | 101356                                | 91356     | 606060                 |         |  |
| 2h. Total Montana payroll (Add lines 2a through 2g above.)  |                       | 268145                                | 487183    | 979516                 |         |  |
| 2i. Total Everywhere payroll  |                       |                                       |           |                        |         |  |
| (Enter in each column the total of lines 2a through 2g in the Everywhere column.)2i.                | 1231356               | 1231356                               | 1231356   |                        |         |  |
| 2j. Separate entity Payroll Factor (Divide line 2h by line 2i and multiply the result by 100.) 2j.  |                       | 21.7764                               | 39.5648   |                        |         |  |
| 2k. Total Payroll Factor (Add columns on line 2j.)2k.   |                       |                                       |           |                        | 61.3412 |  |

<sup>\*</sup> Please include the amounts in columns A and B on Schedule K.

| Schedule K-Combined for Montana Form CIT   | _          |                    |                      | _           | _       |
|--|------------|--------------------|----------------------|-------------|---------|
| Separate Corporation Calculations (continued)  | Α          | Montana Separate ( | Corporation Activity | В           | С       |
|  | Everywhere |                    | ~~~~                 | Grand Total | Factor  |
|  | Activity*  | MOM CORP           | SOME ONE             | of Montana  |         |
|  |            | 10045550           | 0.45.55.00.01        | Columns*    |         |
| 3. Receipts Factor   |            | 123456789          | 345678901            |             |         |
| 3a. Gross receipts, less returns and allowances  | 87987987   |                    |                      |             |         |
| 3b. Receipts delivered or shipped to Montana purchasers:                                     |            |                    |                      |             |         |
| (1) Shipped from outside Montana   |            | 12123456           | 909090               | 2323232     |         |
| (2) Shipped from within Montana3b.(2)  |            | 321321             | 321300               | 676767      |         |
| 3c. Receipts shipped from Montana to:  |            |                    |                      |             |         |
| (1) United States government3c.(1)   |            |                    |                      |             |         |
| (2) Purchasers in a state where the taxpayer is not taxable                                  |            |                    |                      |             |         |
| 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 47973e.                        | 9812345    | 982222             | 972222               | 9191919     |         |
| 3f. Other gross receipts (rents, royalties, interest, etc.)                                  |            |                    |                      |             |         |
| 3g. Receipts of foreign subs included in combined group                                      |            |                    |                      |             |         |
| 3h. Receipts of unconsolidated subsidiaries included in combined group3h.                    |            |                    |                      |             |         |
| 3i. Receipts (pro-rata share) of pass-through entities included in combined group3i.         |            |                    |                      |             |         |
| 3j. Less: All intercompany transactions  |            |                    |                      |             |         |
| 3k. Total Montana receipts (Add lines (3a) through (3j).)3k.                                 |            | 13426999           | 2202612              | 12191918    |         |
| 3I. Total Everywhere receipts  |            |                    |                      |             |         |
| (Enter in each column the total of lines (3a) through (3j) in the Everywhere column.)3l. 9   | 97800332   | 997800332          | 997800332            |             |         |
| 3m. Separate entity Receipts Factor  |            |                    |                      |             |         |
| (Divide line (3k) by line (3l) and multiply the result by 100.)                              |            | 1.3457             | 0.2207               |             |         |
| 3n. Total Receipts Factor (Add columns from line (3m).)                                      |            |                    |                      |             | 1.5664  |
| 4. Double Weighted Receipts Factors  |            |                    |                      |             |         |
| 4a. For periods beginning after June 30, 2021 enter the amount reported on line 3m           |            |                    |                      |             |         |
| (For periods beginning before July1, 2021 leave blank)4a.                                    |            |                    |                      |             |         |
| 4b. Total Receipts for Double Weighted Calculation (Add columns from line (4a).)4b.          |            |                    |                      |             |         |
| <b>5. Sum of the Factors</b> (Add lines (1p), (2j), (3m), and (4a) for each corporation.) 5. |            | 35.2733            | 54.0720              |             |         |
| 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.)   |            | 11.7578            | 18.0240              |             |         |
| 6b. Total Apportionment Factor (Add columns on line (6a) and enter here.                     |            | ,                  | _3.3_10              |             |         |
| This should equal page 5, line 6 of the Schedule K.)   |            |                    |                      |             | 29.7818 |
| 5.1.5.1.2 54.5.1. page 5, mile 5 6, 416 56, 100 416 14/                                      |            |                    |                      |             | =25=0   |

<sup>\*</sup> Please include the amounts in columns A and B on Schedule K

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

| 7a. Montana adjusted taxable income. (Enter the amount from CIT, page 3, line 4.)7a.   |
|--|
| 7b. Income apportioned to Montana (In each column, multiply line (6a) on page 11 by line (7a).)  |
| 7c. Total income apportioned to Montana. (Add columns on line (7b). Enter this amount on line 5, page 3 of the CIT.)7c.                |
| 7d. Income directly allocated to Montana7d.  |
| 7e. Total income directly allocated to Montana. (Add columns on line (7d). Enter this amount on line 6, page 3 of the CIT.) 7e.        |
| 7f. Montana taxable income before net operating loss (In each column, add lines (7b) and (7d).)7f.                                     |
| 7g. Total Montana taxable income. (Add columns on line (7f). Enter this amount on line 7, page 3 of the CIT.)7g.                       |
| 7h. Montana net operating loss (NOL) carryover on a separate entity basis7h.   |
| 7i. Total NOL carryover (Add columns on line (7h). Enter this amount on line 8, page 3 of the CIT.)7i.                                 |
| 7j. Montana taxable income (Subtract line (7h) from line (7f) and enter result.)7j.  |
| 7k. Total Montana Taxable Income (Add all columns on line (7j). Enter this amount on line 9, page 3 of the CIT.)7k.                    |
| 7I. 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 7l. |
| 7m. Total Montana tax liability (Add all columns on line (7l). Enter this amount on line 10, page 3 of the CIT.)7m.                    |
| 7n. Montana credits on a separate entity basis (Attach applicable form(s).)7n.   |
| 7o. Total Montana Credits. (Add columns on line (7n).) Enter this amount on line 28, Schedule C7o.                                     |

| В                      | Corporation Activity | Montana Separate C |
|------------------------|----------------------|--------------------|
| Grand Total of Montana | SOME ONE             | MOM CORP           |
| Columns*               | 345678901            | 123456789          |
|                        | 1873448              | 1873448            |
| 55794654               | 33767027             | 22027627           |
|                        | 40000                | 50000              |
| 90000                  | 33807027             | 22077627           |
| 55884654               | 33007027             | 22011021           |
| 0                      |                      |                    |
| U                      | 33807027             | 22077627           |
| 55884654               |                      |                    |
| 45454                  | 23232                | 22222              |
| 13131                  | 27045                | 25640              |
| 52685                  |                      |                    |

<sup>\*</sup>These totals must be reported on lines 5 through 10 on page 3 of the CIT.

| 2021 Form CIT, Page 13 | Period End Date | FEIN |  |
|------------------------|-----------------|------|--|
| - , <b>.</b>           |                 |      |  |

# Schedule NOL for Montana Form CIT Net Operating Loss (NOL) Deduction

|   | Wonta    | na Separate Corp | oration NOL Appil | cation   |
|---|----------|------------------|-------------------|----------|
| Corporation name  |          |                  |                   |          |
| 2. Corporation's Federal Tax Identification Number (FEIN) |          |                  |                   |          |
| 3. Date of merger/consolidation (See instructions)        |          |                  |                   |          |
|   | Column A | Column B         | Column A          | Column B |
| 4. 2021 Montana separate corporation taxable              |          |                  |                   |          |
| income before NOL deduction (enter line 7(f) from         |          |                  |                   |          |
| Schedule K-Combined)                                      |          |                  |                   |          |
| Carryforward deductions                                   |          |                  |                   |          |
| 5. Taxable period of NOL                                  |          |                  |                   |          |
| 5a. Total NOL for taxable period5a.                       |          |                  |                   |          |
| 5b. NOL applied to periods other than to 20215b.          |          |                  |                   |          |
| 5c. NOL carryforward to 20215c.                           |          |                  |                   |          |
| 5d. NOL expired due to 7-year carryforward5d.             |          |                  |                   |          |
| 5e. NOL available for carryforward5e.                     |          |                  |                   |          |
| 6. Taxable period of NOL                                  |          |                  |                   |          |
| 6a. Total NOL for taxable period6a.                       |          |                  |                   |          |
| 6b. NOL applied to periods other than to 20216b.          |          |                  |                   |          |
| 6c. NOL carryforward to 20216c.                           |          |                  |                   |          |
| 6d. NOL available for carryforward6d.                     |          |                  |                   |          |
| 7. Taxable period of NOL                                  |          |                  |                   |          |
| 7a. Total NOL for taxable period7a.                       |          |                  |                   |          |
| 7b. NOL applied to periods other than to 20217b.          |          |                  |                   |          |
| 7c. NOL carryforward to 20217c.                           |          |                  |                   |          |
| 7d. NOL available for carryforward7d.                     |          |                  |                   |          |
| 8. Taxable period of NOL                                  |          |                  |                   |          |
| 8a. Total NOL for taxable period8a.                       |          |                  |                   |          |
| 8b. NOL applied to periods other than to 20218b.          |          |                  |                   |          |
| 8c. NOL carryforward to 20218c.                           |          |                  |                   |          |
| 8d. NOL available for carryforward8d.                     |          |                  |                   |          |
| 9. Taxable period of NOL                                  |          |                  |                   |          |
| 9a. Total NOL for taxable period9a.                       |          |                  |                   |          |
| 9b. NOL applied to periods other than to 20219b.          |          |                  |                   |          |
| 9c. NOL carryforward to 20219c.                           |          |                  |                   |          |
| 9d. NOL available for carryforward9d.                     |          |                  |                   |          |
| 10. Taxable period of NOL                                 |          |                  |                   |          |
| 10a. Total NOL for taxable period10a.                     |          |                  |                   |          |
| 10b. NOL applied to periods other than to 202110b.        |          |                  |                   |          |
| 10c. NOL carryforward to 2021                             |          |                  |                   |          |
| 10d. NOL available for carryforward10d.                   |          |                  |                   |          |
| 11. Taxable period of NOL                                 |          |                  |                   |          |
| 11a. Total NOL for taxable period11a.                     |          |                  |                   |          |
| 11b. NOL applied to periods other than to 2021 11b.       |          |                  |                   |          |
| 11c. NOL carryforward to 2021                             |          |                  |                   |          |
| 11d. NOL available for carryforward                       |          |                  |                   |          |
| 12. Total separate corporation NOL carryforward to 2021.  |          |                  |                   |          |
| Add column B lines 5 through 1112.                        |          |                  |                   |          |
|   |          |                  |                   |          |

| 2021 Form CIT, Page 14 | Period End Date | FEIN |  |
|------------------------|-----------------|------|--|
|                        |                 |      |  |

# Schedule NOL for Montana Form CIT Net Operating Loss (NOL) Deduction (continued)

| Enter corporate information from previous page.  | Monta    | na Separate Corp | oration NOL Appli | cation   |
|--|----------|------------------|-------------------|----------|
| Corporation name   |          |                  |                   |          |
| Corporation's Federal Tax Identification Number (FEIN)   |          |                  |                   |          |
|  | Column A | Column B         | Column A          | Column B |
| 2021 Montana separate corporation taxable income before NOL deduction (enter line 7(f) from Schedule K-Combined)   |          |                  |                   |          |
| AMENDED RETURNS - carryback deductions   |          |                  |                   |          |
| 13. Taxable period of NOL  |          |                  |                   |          |
| 13a. Total NOL for taxable period13a.  |          |                  |                   |          |
| 13b. NOL applied to periods other than to 202113b.   |          |                  |                   |          |
| 13c. NOL carryback to 2021 (Total carryback for all entities limited to \$500,000)13c.   |          |                  |                   |          |
| 13d. Net NOL for taxable period13d.  |          |                  |                   |          |
| 14. Taxable period of NOL  |          |                  |                   |          |
| 14a. Total NOL for taxable period14a.  |          |                  |                   |          |
| 14b. NOL applied to periods other than to 202114b.   |          |                  |                   |          |
| 14c. NOL carryback to 2021 (Total carryback for all entities limited to \$500,000)14c.   |          |                  |                   |          |
| 14d. Net NOL for taxable period14d.  |          |                  |                   |          |
| 15. Taxable period of NOL  |          |                  |                   |          |
| 15a. Total NOL for taxable period15a.  |          |                  |                   |          |
| 15b. NOL applied to periods other than to 202115b.   |          |                  |                   |          |
| 15c. NOL carryback to 2021 (Total carryback for all  |          |                  |                   |          |
| entities limited to \$500,000)15c.   |          |                  |                   |          |
| 15d. Net NOL for taxable period15d.  |          |                  |                   |          |
| 16. Total separate corporation NOL carryback to 202116.  |          |                  |                   |          |
| 17. Total separate corporation NOL carryforward to 2021 from previous page, line 1217.   |          |                  |                   |          |
| 18. Total separate corporation NOL deduction for 2021 (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) |          |                  |                   |          |

| 2021 Form CIT. Page 15    | Period End Date | 12312021 |
|---------------------------|-----------------|----------|
| ZUZ I FUIIII GII. FAUE IS | renou Enu Date  | 12312021 |

# 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.  | 7897897 | 00 |
|--|-----|---------|----|
| 2. Enter your consolidated 1120 positive federal line 30 income. (See instructions)  |     | 3097897 | 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. |     | 2.5494  |    |
| 4. Enter the tax liability, after tax credits, which you reported on your consolidated 1120  | 4.  | 789789  | 00 |
| 5. Multiply line 3 by line 4. This is the federal tax liability associated with your 80/20 companies   | 5.  | 2013488 | 00 |
| 6. Enter the section 78 gross-up received by your 80/20 companies (include schedule)   | 6.  | 567567  | 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.  | 5316842 | 00 |
| 8. Enter the after-tax net income of all unconsolidated 80/20 companies  | 8.  | 12312   | 00 |
| 9. Add lines 7 and 8; enter the result. This is your total after-tax net income  | 9.  | 5329154 | 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. | 1065831 | 00 |

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

|               |           | · · · · · · · · · · · · · · · · · · ·                 |    |                                    |    |                       |    |
|---------------|-----------|---|----|------------------------------------|----|-----------------------|----|
| 1. Name       | 2. FEIN   | <ol><li>Income/Loss<br/>Reported on Line 28</li></ol> | 4  | 4. Income/Loss Reported on Line 30 | 5  | 5. Dividends Received |    |
| ONE COMPANY   | 678901234 | 423456  | 00 |                                    | 00 | 495555                | 00 |
| TWO COMPANY   | 789012345 | 523456  | 00 |                                    | 00 | 596666                | 00 |
| THREE COMPANY | 345678901 | -56789  | 00 |                                    | 00 | -12969                | 00 |
|               |           |   | 00 |                                    | 00 |                       | 00 |
|               |           |   | 00 |                                    | 00 |                       | 00 |
|               |           |   | 00 |                                    | 00 |                       | 00 |
|               |           |   | 00 |                                    | 00 |                       | 00 |
|               | Totals    | 890123  | 00 |                                    | 00 | 1079252               | 00 |

Part IV. List your Controlled Foreign Corporations. Include a separate sheet if necessary.

| - a                |                |  | · <del>-</del> |    |
|--------------------|----------------|--|----------------|----|
| 1. Name            | 2. Entity Type | <ol><li>Country of Incorporation/<br/>Organization</li></ol> | 4. Income/Loss |    |
| MOM CORPORATION    | PARTNER        | UK   | 1987654        | 00 |
| POP CORPORATION    | LLC            | FRANCE   | 789643         | 00 |
| COUSIN CORPORATION | FOR SUB        | ITALY  | 1719841        | 00 |
|                    |                |  |                | 00 |
|                    |                |  |                | 00 |
|                    |                |  |                | 00 |
|                    |                |  |                | 00 |
|                    |                | Total  | 4497138        | 00 |





2021 Montana Corporate Income Tax Return
Include a copy of federal Form 1120 as filed with the Internal Revenue Service

| For calendar year 2021 or tax y  | ear be   | eginning 1001202  | 1 and ending                     | 09302022  |
|--|--|---|----------------------------------|---|
| Name   |  |   | FEIN                             | 676767690   |
| FORM APPROVAL CENTRAL  | FEIN   | 676767690   |                                  |   |
|  | Federal Business Code  | e/NAICS   |                                  |   |
| Mailing Address  |  |   | State Incorporated in            | WY  |
| 2510 S CROATAN HIGHWAY   |  |   | State incorporated in            | on 10102006   |
| City   | State  | ZIP Code  | Date Qualified in Monta          | ana 10102007  |
| NAGS HEAD  | МТ   | 27959   | MT Secretary of State            | ID 987987987  |
| Mark all that apply:  Initial Return  Final Return  Refund Return I - Filing Method  |  | – Filers need to comple   | te the entire form using         | the corrected amounts.  |
| <ol> <li>Mark this box if you are protected under the How many companies are claiming protection used if marked, Schedule K must be completed and Are you a member (parent or subsidiary) of a constant of the your answered Yes to questions 2 or 3 above, a. Separate Company b. Separate Accounting c. Worldwide Combination</li> <li>How many members of the unitary group had powith Montana activity during the taxable period?</li> <li>Are all members of the unitary group 100% Montany of the difference of the unitary group 100% Montany of th</li></ol> | roperty ntana c you m , and e                                  | Public Law 86-272? 1 ed with your tax return; set with your tax return; set ated group for federal personal set.  In ark one of the following d. Domestic Combete e. Limited Combinations of the following d. Water's Edge (You must have a payroll or receipts in Material set.  Corporations? | kip questions 2 through urposes? | Yes X No Yes X No ude Schedule M:  dule WE must be included.) rest in a pass-through entity  X Yes No |
| Part II - Amended Return Only (mark all that app  a. Federal Revenue Agent Report; include a b. NOL carryback/carry forward; list year(s) (Schedule NOL must be included.) c. Apportionment factor changes; include a d. Amended federal tax return (Form 1120X  X e. Application and/or change in tax credit; list f. Other; include a statement explaining all a   | a comp<br>of loss<br>statem<br>(); inclu<br>st type<br>adjustm | ent explaining all adjust<br>de a complete copy of the<br>of credit being claimed.<br>nents in detail.  | ne federal Form 1120X.           |   |
| Part III - General Questions (all questions must a. Describe in detail the nature and location(s) of you b. Is this your corporation's first Montana tax retur If this corporation is a successor to a previously Name   | our Mo   | ntana activities (if necess   |                                  | Yes X No  |



| 2021 Form CIT, Page 2 Period End Da | ite 09302022 | FEIN | 676767690 |  |
|-------------------------------------|--------------|------|-----------|--|
|-------------------------------------|--------------|------|-----------|--|

| Pa  | rt III - General Questions (continued)  |     |     |
|-----|---|-----|-----|
|     | Is this your corporation's final Montana tax return?  | X   | No  |
|     | If <b>Yes</b> , 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?  | X   | No  |
|     | If <b>Yes</b> , indicate what period(s)   |     |     |
| e.  | Are any statute of limitation waivers currently in force that have been executed with the Internal Revenue  |     |     |
|     | Service?  | X   | No  |
|     | If <b>Yes</b> , 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?X Yes   |     | No  |
|     | If <b>Yes</b> , 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 <b>Yes</b> , enter name NEW CORPORATION and % of ownership 50.5555 X 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?  | X   | No  |
|     | If <b>Yes</b> , 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   | X   | 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  | X   | No  |
|     | If <b>Yes</b> , 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 <b>Yes</b> , how many corporations?   | X   | No  |
| I.  | 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   | X   | No  |
|     | If <b>Yes</b> , 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 <b>Yes</b> , how many partnerships?  | X   | No  |
| n.  | Did this corporation or any member of the consolidated group directly or indirectly have an interest in a   | 7.7 |     |
|     | foreign partnership? If <b>Yes</b> , how many partnerships?   |     | No  |
|     | If you answered Yes to any of the above questions (h) through (n), you need to complete and include Schedule  | M.  |     |
| 0.  | Are you a multistate taxpayer that uses market sourcing for receipts factor purposes and uses reasonable  | 37  |     |
|     | approximation in assigning receipts? If yes, provide a brief description.   | Λ   | No  |
|     |   |     |     |
| Da  | vt IV Departing of Special Transportions  |     |     |
| Pa  | rt IV - Reporting of Special Transactions   |     |     |
|     | Mark <b>Yes</b> 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. |     |     |
| ,   | I filed federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service. X Yes  |     | No  |
| a.  | Form 8886 is used to disclose information for each reportable transaction in which you participated.  |     | INU |
| h   | I filed federal Schedule UTP - Uncertain Tax Position Statement with the Internal Revenue Service.  | Y   | No  |
| IJ. | Schedule UTP is used to disclose uncertain tax positions.   | 21  | INU |
|     | ochedule of the about to disclose differential 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. [      | 1234567    | 00  |
| 2. Additions  |                          |           |            |     |
| 2a. State, local, foreign and franchise taxes based on income. Include                        |                          |           |            |     |
| breakdown of your Form 1120, line 172a.   | 986544                   | 00        |            |     |
| 2b. Federal tax exempt interest2b.  |                          | 00        |            |     |
| 2c. Contributions used to compute qualified endowment credit2c.                               | 71414                    | 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.   | 12897                    | 00        |            |     |
| 2h. Federal capital loss carry-over utilized on federal return.                               |                          |           |            |     |
| Include Schedule D2h.   | 12345                    | 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 add                   | ditions                  | 2.        | 1083200    | 00  |
| 3. Reductions   |                          |           |            |     |
| 3a. IRC Section 243 dividend received deduction3a.  |                          | 00        |            |     |
| 3b. Nonapportionable income (include a detailed breakdown)3b.                                 | 9876                     | 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 D3f.                      | 1234                     | 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 re                    |                          |           | 11110      | 00  |
| 4. Add lines 1 and 2, then subtract line 3 and enter the result. This is your ad              | djusted taxable income   | 4.        | 2306657    | 00  |
|   | 0 1 1 1 1 0 0 1 1        |           |            |     |
| Combined filers with more than one entity with Montana activity must u                        | ise Schedule K-Combii    | ned to    | r          |     |
| lines 5 through 10 below. (See instructions)  | on Cabadula IV lina C)   | -         | 824279     | 0.0 |
| 5. Income apportioned to Montana (multiply line 4 x 35.7348 % from                            |                          |           | 45678      | 0.0 |
| 6. Enter the income that you allocated directly to Montana. Include a detaile                 |                          | o.        | 43076      | 00  |
| 7. Montana taxable income before net operating loss (add lines 5 and 6 or e on line 4)        | •                        | 7         | 869957     | 0.0 |
| ,   |                          | / .<br>No | 009937     | 00  |
| If line 7 is a loss, do you wish to forgo the net operating loss carry-back p                 |                          | INO       |            |     |
| Note: If you have reported a loss on line 7 and have not marked either bo carried back first. |                          |           |            |     |
| 8. Enter your Montana net operating loss carried over to this period                          |                          | 8.        | 1157575    | 00  |
| Use Schedule NOL of Form CIT on page 14 to calculate your net ope                             |                          |           |            |     |
| 9. Subtract line 8 from line 7 and enter the result here. This is your Montar                 |                          | 9.        | -287618    | 00  |
| 10. Multiply line 9 by 6.75% (or line 9 by 7% if you have a valid Water's Edge                |                          |           | 04 = 4 = 0 |     |
| Montana tax liability. (This amount cannot be less than the minimum tax                       | k liability of \$50.)    | . 10.     | 215410     | 00  |
|   |                          |           |            |     |
| Mark this box if you are calculating your tax liability using the Alternative                 | e Iax method (please see | the       |            |     |

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.



| 2021 Form CIT, Page 4 Period End D  | ate 09302022                          | FEIN                   | 676767690                     |                          |
|---|---------------------------------------|------------------------|-------------------------------|--------------------------|
| Computation of Montana Taxable Inco   | me and Net Amount Due                 | (continued)            |                               |                          |
| 11. Your Montana tax liability from line 1  |                                       |                        | 11.                           | 215410 00                |
| 12. Payments  |                                       |                        |                               |                          |
| 12a. 2020 overpayment   |                                       | 12a.                   | 00                            |                          |
| 12b. Tentative payment  |                                       | 12b.                   | 00                            |                          |
| 12c. Quarterly estimated tax payments   |                                       | 12c.                   | 00                            |                          |
| 12d. Montana mineral royalty tax withhele   | d. Include Form(s) 1099               | 12d.                   | 00                            |                          |
| 12e. Montana tax withheld from pass-thro  | ugh entities. Include MT Sche         | dule(s) K-112e.        | 00                            |                          |
| 12f. All other payments. Describe ANOTH   | IER                                   | 12f.                   | 34567 00                      |                          |
| 12g. Previously issued refunds. (Do not i   | nclude any overpayments t             | o 2022.)12g.           | 00                            |                          |
| Add lines 12a through 12f and subtrac   | t line 12g; enter the result. Th      | nis is the total of yo | ur payments 12.               | 34567 00                 |
| 13. Enter total credits (from Schedule C  | ·)                                    |                        | 13.                           | 18988 00                 |
| 14. Add lines 12 and 13, then subtract from   | n line 11 and enter result. <b>Th</b> | is is your tax due o   | r overpayment14.              | 161855 00                |
| 15. Enter the amount of overpayment th  | at you want to be applied t           | o your 2022 estima     | ated tax15.                   | 0.0                      |
| 16. Add lines 14 and 15; enter the resul  |                                       | -                      |                               | 161855 00                |
| 17. Enter interest on all the tax paid after  | =                                     |                        |                               | 0.0                      |
| 18. Enter estimated tax underpayment i  |                                       |                        |                               | 0.0                      |
| Mark this box if you are using  | the annualized income or a            | adjusted seasonal i    | ncome method.                 |                          |
| 19. Penalty   |                                       |                        |                               |                          |
| 19a. Enter your late filing penalty (See in   | structions)                           | 19a.                   | 00                            |                          |
| 19b. Enter your late payment penalty (Se  | *                                     |                        | 00                            |                          |
| Add lines 19a and 19b; enter the  |                                       |                        | 19.                           | 0.0                      |
| 20. Add lines 16 through 19; enter the re   |                                       | -                      |                               |                          |
| 20a. If the result is positive, enter the am  |                                       |                        | <b>e.</b> 20a.                | 161855 00                |
| Visit our website at revenue.mt.gov fo  | =                                     |                        |                               | Department of Revenue.   |
| 20b. If the result is negative, enter the re-   |                                       | -                      |                               | ,                        |
|   |                                       |                        |                               |                          |
| Direct Deposit  |                                       |                        |                               |                          |
| Your Refund 1. RTN#   |                                       | 2. ACCT#               |                               |                          |
|   | leposit, you are required to          |                        | J                             | vings                    |
| (See instructions) 4. Is this refund go   | oing to an account that is loc        | ated outside of the l  | United States or its territor | ies? Yes No              |
| Under penalties of false swearing, I declarate best of my knowledge and belief, it is |                                       |                        | accompanying schedules        | s and statements, and to |
| Signature of Officer  | Date                                  | Printed Name and Ti    | itle                          | Telephone Number         |
| x   |                                       | YOU N ME,              |                               |                          |
| ^   |                                       | ,                      |                               |                          |
| Print/Type Preparer's Name  | Preparer's Signat                     | ure                    | Date                          | PTIN                     |
| Firm's Name   | Firm's Address                        |                        | Telephone Number              | Firm's FEIN              |
|   |                                       |                        |                               |                          |
|   |                                       |                        |                               |                          |

Please mail your completed Form CIT to: Montana Department of Revenue, PO Box 8021, Helena, MT 59604-8021

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

D7 11162021

35.7348

#### 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) C. Factor A. Everywhere B. Montana. 1. Property Factor: Enter average values for real and tangible personal property. 546 00 656 00 1a. Land......1a. 765 444 00 00 999 00 888 00 1c. Machinery .......1c. 777 666 1d. Equipment ......1d. 00 00 1e. Furniture and fixtures......1e. 00 00 666 1f. Leases and leased property ......1f. 555 0.0 0.0 777 555 00 00 1h. Depletable assets ......1h. 555 00 333 00 444 333 00 00 1i. Supplies and other......1i. 1j. Property of foreign subs included in combined group ........1j. 00 00 1k. Property of unconsolidated subs included in combined group ... 1k. 00 00 00 11. Property (pro-rata share) of pass-throughs included in group .... 11. 00 1m. Multiply amount of rents by 8 and enter result......1m. 00 00 5529 00 4430 00 Total Property Value - add lines 1a through 1m 80.1230 Divide the total in column B by the total in column A. Multiply that result by 100. **This is your property factor.** ......**1.** 2. Pavroll Factor: 234567 123456 2a. Compensation of officers......2a. 0.0 0.0 00 00 Payroll included in: 00 00 0.0 0.0 2d. Other deductions ......2d. 2e. Payroll of foreign subs included in combined group..........2e. 00 00 2f. Payroll of unconsolidated subs included in combined group..2f. 00 00 00 2g. Payroll (pro-rata share) of pass-throughs included in group .2g. 00 234567 00 123456 00 Total Payroll Value - add lines 2a through 2g Divide the total in column B by the total in column A. Multiply that result by 100. **This is your payroll factor.** ...... **2.** 52.6314 3. Gross Receipts Factor: Montana Sources Sales on Market Basis 3a. Gross receipts, less returns and allowances......3a. 23123 00 3b. Receipts delivered or shipped to Montana purchasers: 2112 00 (1) Shipped from outside Montana ......3b.(1) 00 3c. Receipts 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. Receipts other than receipts of tangible personal property 00 3e. Net gains reported on federal Schedule D and federal Form 4797 3e. 00 00 00 3f. Other gross receipts (rents, royalties, interest, etc.)...........3f. 00 3g. Receipts of foreign subs included in combined group .......3g. 0.0 0.0 00 3h. Receipts of unconsolidated subs included in combined group..3h. 00 00 00 3i. Receipts (pro-rata share) of pass-throughs included in group..3i. 00 00 00 23123 00 2112 Total Receipts Value - add lines 3a through 3i Divide the total in column B by the total in column A. Multiply that result by 100. This is your receipts factor. ..... 3. 9.1338 01.0509 4. For periods beginning after June 30, 2021 enter the amount reported on line 3. (Otherwise, leave blank).....4. 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 also on Form CIT, page 3, line 5. This is your apportionment factor. ......6.

| 2021 Form CIT, Page 6 Period End Date | 09302022 | FEIN 676767690 |  |
|---------------------------------------|----------|----------------|--|
|---------------------------------------|----------|----------------|--|

#### 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.

| Α   | В   | С                       | D                                      |  | E           | F      | G           |  |  |                |                           |
|---|---|-------------------------|--|--|-------------|--------|-------------|--|--|----------------|---------------------------|
| Federal<br>Employer<br>Identification<br>Number<br>(FEIN) | Name of affiliate/subsidiary/parent corporation | Percentage of ownership | Considered a<br>Disregarded<br>Entity? |  | Disregarded |        | Disregarded |  | in this<br>Montana<br>unitary<br>filing? | in<br>Montana? | Montana Form CIT separate |
| 00000000  |   | 45 5000                 | Yes N                                  |  | Yes No      | Yes No |             |  |  |                |                           |
| 987987987<br>654654654                                    |   | 45.5000<br>54.5000      | X                                      |  | X<br>X      | X      |             |  |  |                |                           |
|   |   |                         |  |  |             |        |             |  |  |                |                           |
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| 2021 Form CIT, Page 7 | Period End Date | FEIN |  |
|-----------------------|-----------------|------|--|

#### **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.

| Α   | В              | С                       | D  | E        | F             |
|---|----------------|-------------------------|--|----------|---------------|
| Federal<br>Employer<br>Identification<br>Number<br>(FEIN) | Name of entity | Percentage of ownership | in this<br>Montana<br>unitary<br>filing? | Montana? | partnership,  |
|   |                |                         | Yes No                                   | Yes No   | LLC, LLP, DER |
|   |                |                         |  |          |               |
|   |                |                         |  |          |               |
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| 2021 Form CIT, Page 8 | Period End Date | FEIN |  |
|-----------------------|-----------------|------|--|

#### 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.

## 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   | B              | С                       |  | D      |   | Е      | F  |
|---|----------------|-------------------------|--|--------|---|--------|--|
| Federal Employer Identification Number (FEIN) (if applicable) | Name of entity | Percentage of ownership | Included<br>in this<br>Montana<br>unitary<br>filing? |        | Included Have any in this activities  Montana in unitary Montana? |        | subsidiary,<br>foreign<br>partnership,<br>foreign<br>disregarded |
|   |                |                         | Ye   | Yes No |   | Yes No | entity   |
|   |                |                         |  |        |   |        |  |
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|   |                |                         |  |        |   |        |  |



2021 Form CIT, Page 9 Period End Date 09302022 FEIN 676767690

#### Schedule C - Tax Credits

| Type of Credit   | Column A Current Year Earned |                                       | Column B<br>Total<br>Available |         | Column C<br>Current Year App | olied |
|--|------------------------------|---------------------------------------|--------------------------------|---------|------------------------------|-------|
| Nonrefundable Credits  |                              |                                       |                                |         |                              |       |
| 1. Montana Dependent Care Assistance Credit (include Form DCAC) 1.               |                              | 00                                    |                                | 00      |                              | 00    |
| 2. Montana College Contribution Credit (include Form CC)                         |                              | 00                                    |                                | 00      |                              | 00    |
| 3. Health Insurance for Uninsured Montanans Credit (include Form HI)3.           |                              | 00                                    |                                | 00      |                              | 00    |
| 4. Montana Recycle Credit (include Form RCYL)4.                                  |                              | 00                                    |                                | 00      |                              | 00    |
| 5. Alternative Energy Production Credit (include Form AEPC)                      |                              | 00                                    |                                | 00      |                              | 00    |
| 6. Contractor's Gross Receipts Tax Credit  |                              |                                       |                                |         |                              |       |
| (include supporting schedule)6.  |                              | 00                                    |                                | 00      |                              | 00    |
| 7. Alternative Fuel Credit (include Form AFCR)                                   |                              | 00                                    |                                | 00      |                              | 00    |
| 8. Infrastructure Users Fee Credit (include Form IUFC)                           |                              | 00                                    |                                | 00      |                              | 00    |
| 9. Qualified Endowment Credit (include Form QEC)9.                               |                              | 00                                    |                                | 00      |                              | 00    |
| 10. Historical Buildings Preservation Credit (include federal Form 3468) 10.     |                              | 00                                    |                                | 00      |                              | 00    |
| 11. Increase Research and Development Activities Credit 11.                      |                              |                                       |                                | 00      |                              | 00    |
| 12. Mineral and Coal Exploration Incentive Credit                                |                              |                                       |                                |         |                              |       |
| (include Forms MINE-CRED and MINE-CERT)  |                              | 00                                    |                                | 00      |                              | 00    |
| 13. Empowerment Zone Credit  |                              | 00                                    |                                | 00      |                              | 00    |
| 14. Biodiesel Blending and Storage Credit (include Form BBSC) 14.                |                              | 00                                    |                                | 00      |                              | 00    |
| 15. Geothermal System Credit (include Form ENRG-A)15.                            | 23232                        | 00                                    | 12121                          | 00      | 9898                         | 00    |
| 16. Innovative Educational Program Credit16.                                     |                              | 00                                    |                                | 00      |                              | 00    |
| 17. Student Scholarship Organization Credit                                      |                              | 00                                    |                                | 00      |                              | 00    |
| 18. Apprenticeship and/or Trades Education and Training Tax Credit 18.           |                              | 00                                    |                                | 00      |                              | 00    |
| 19. MEDIA Credit19.  | 21212                        | 00                                    | 21219                          | 00      | 9090                         | 00    |
| 20. Add lines 1 through 19 and enter the result.                                 |                              |                                       |                                |         |                              |       |
| This is your total nonrefundable credits   | 44444                        | 00                                    | 33340                          | 00      | 18988                        | 00    |
| Refundable Credits   |                              |                                       |                                |         |                              |       |
| 21. Emergency Lodging Credit (include Form ELC)21.                               |                              | 00                                    |                                | 00      |                              | 00    |
| 22. Unlocking Public Lands Credit  |                              | 00                                    |                                | 00      |                              | 00    |
| 23. Add lines 21 and 22 and enter the result.                                    |                              |                                       |                                |         |                              |       |
| This is your total refundable credits23.   |                              | 00                                    |                                | 00      |                              | 00    |
| Tax Credits Recapture  |                              |                                       |                                |         |                              |       |
| 24. Qualified Endowment Credit Recapture   |                              |                                       |                                | 24.     |                              | 0.0   |
| 25. Historical Buildings Preservation Credit Recapture                           |                              |                                       |                                |         |                              | 0.0   |
| 26. Biodiesel Blending and Storage Credit Recapture                              |                              |                                       |                                |         |                              | 00    |
| 27. Add lines 24 through 26 and enter the result.                                |                              |                                       |                                |         |                              |       |
| This is your total recapture of tax credits.                                     |                              |                                       |                                | 27      |                              | 00    |
| 28. Add totals of lines 20 and 23; then subtract line 27. Enter the result here. |                              | · · · · · · · · · · · · · · · · · · · |                                | <b></b> |                              |       |
| This is the total of your credits. Enter the total in column C on                |                              |                                       |                                |         |                              |       |
| Form CIT, page 4, line 13  | 44444                        | 0.0                                   | 33340                          | 00      | 18988                        | 00    |
| To receive these gradite, you will have to include this Cahadula C and the or    |                              |                                       |                                |         | 10700                        | 3 3   |

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 (70).



Α

**Montana Separate Corporation Activity** 

С

| Separate Corporation Calculations   | A Montana Separate Corporation Activity B |           |           | ь                      | ,       |  |
|---|---|-----------|-----------|------------------------|---------|--|
|   | Everywhere<br>Activity *                  | MOM CORP  | POP CORP  | Grand Total of Montana | Factor  |  |
| 1. Property Factor (Enter average values for real and tangible personal property)                   | ,   | 987987987 | 654654654 | Columns*               |         |  |
| 1a. Land1a.   | 1768888                                   | 212345    | 121212    | 879879                 |         |  |
| 1b. Buildings   |   |           |           |                        |         |  |
| 1c. Machinery1c.  |   |           |           |                        |         |  |
| 1d. Equipment   |   |           |           |                        |         |  |
| 1e. Furniture and fixtures  |   |           |           |                        |         |  |
| 1f. Leases and leased property1f.   | 987878                                    | 87878     | 79797     | 187879                 |         |  |
| 1g. Inventories1g.  |   |           |           |                        |         |  |
| 1h. Depletable assets   |   |           |           |                        |         |  |
| 1i. Supplies and other1i.   |   |           |           |                        |         |  |
| 1j. Property of foreign subs included in combined group1j.  |   |           |           |                        |         |  |
| 1k. Property of unconsolidated subs included in combined group1k.                                   |   |           |           |                        |         |  |
| 1l. Property (pro-rata share) of pass-through entities included in combined group1l.                |   |           |           |                        |         |  |
| 1m. Multiply amount of rents by 8 and enter result  |   |           |           |                        |         |  |
| 1n. Total Montana average property (Add lines 1a through 1m above)                                  |   | 300223    | 201009    | 1067758                |         |  |
| 1o. Total Everywhere average property   |   |           |           |                        |         |  |
| (Enter in each column the total of lines 1a through 1m in the Everywhere column.) 1o.               | 2756766                                   | 2756766   | 2756766   |                        |         |  |
| 1p. Separate entity Property Factor (Divide line 1n by line 1o and multiply the result by 100.) 1p. |   | 10.8904   | 7.2915    |                        |         |  |
| 1q. Total Property Factor (Add columns on line 1p.)1q.  |   |           |           |                        | 18.1819 |  |
| 2. Payroll Factor   |   |           |           |                        |         |  |
| 2a. Compensation of officers2a.   | 1966789                                   | 106678    | 106689    | 333333                 |         |  |
| 2b. Salaries and wages  |   |           |           |                        |         |  |
| Payroll included in:  |   |           |           |                        |         |  |
| 2c. Costs of goods sold2c.  |   |           |           |                        |         |  |
| 2d. Other deductions  |   |           |           |                        |         |  |
| 2e. Payroll of foreign subs included in combined group2e.   |   |           |           |                        |         |  |
| 2f. Payroll of unconsolidated subs included in combined group                                       |   |           |           |                        |         |  |
| 2g. Payroll (pro-rata share) of pass-through entities included in combined group 2g.                |   | 101356    | 91356     | 606060                 |         |  |
| 2h. Total Montana payroll (Add lines 2a through 2g above.)  |   | 208034    | 198045    | 939393                 |         |  |
| 2i. Total Everywhere payroll  |   |           |           |                        |         |  |
| (Enter in each column the total of lines 2a through 2g in the Everywhere column.)2i.                | 1966789                                   | 1966789   | 1966789   |                        |         |  |
| 2j. Separate entity Payroll Factor (Divide line 2h by line 2i and multiply the result by 100.) 2j.  |   | 10.5773   | 10.0695   |                        |         |  |
| 2k. Total Payroll Factor (Add columns on line 2j.)2k.   |   |           |           |                        | 20.6468 |  |

<sup>\*</sup> Please include the amounts in columns A and B on Schedule K.

Α

**Montana Separate Corporation Activity** 

С

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

|   | Everywhere |           |           | Grand Total | Factor  |
|---|------------|-----------|-----------|-------------|---------|
|   | Activity*  | MOM CORP  | POP CORP  | of Montana  |         |
|   | ,          |           |           | Columns*    |         |
| 3. Receipts Factor  |            | 987987987 | 654654654 |             |         |
| 3a. Gross receipts, less returns and allowances   | 1987987    |           |           |             |         |
| 3b. Receipts delivered or shipped to Montana purchasers:                                  |            |           |           |             |         |
| (1) Shipped from outside Montana3b.(1)  |            | 212345    | 212345    | 213213      |         |
| (2) Shipped from within Montana3b.(2)   |            | 11111     | 22222     | 33333       |         |
| 3c. Receipts shipped from Montana to:   |            |           |           |             |         |
| (1) United States government3c.(1)  |            |           |           |             |         |
| (2) Purchasers in a state where the taxpayer is not taxable                               |            |           |           |             |         |
| 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 47973e.                     |            |           |           |             |         |
| 3f. Other gross receipts (rents, royalties, interest, etc.)                               | 6100332    | 550505    | 440404    | 330303      |         |
| 3g. Receipts of foreign subs included in combined group                                   |            |           |           |             |         |
| 3h. Receipts of unconsolidated subsidiaries included in combined group3h.                 |            |           |           |             |         |
| 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.                              |            | 773961    | 674971    | 576849      |         |
| 3I. Total Everywhere receipts   |            |           |           |             |         |
| (Enter in each column the total of lines (3a) through (3j) in the Everywhere column.)3l.  | 8088319    | 8088319   | 8088319   |             |         |
| 3m. Separate entity Receipts Factor   |            |           |           |             |         |
| (Divide line (3k) by line (3l) and multiply the result by 100.)                           |            | 9.5689    | 8.3450    |             |         |
| 3n. Total Receipts Factor (Add columns from line (3m).)                                   |            |           |           |             | 17.9139 |
| 4. Double Weighted Receipts Factors   |            |           |           |             |         |
| 4a. For periods beginning after June 30, 2021 enter the amount reported on line 3m        |            |           |           |             |         |
| (For periods beginning before July1, 2021 leave blank)4a.                                 |            | 1.61089   | 0.99075   |             |         |
| 4b. Total Receipts for Double Weighted Calculation (Add columns from line (4a).)4b.       |            |           |           |             | 2.60164 |
| 5. Sum of the Factors (Add lines (1p), (2j), (3m), and (4a) for each corporation.) 5.     |            | 31.0366   | 25.7060   |             |         |
| 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.                                     |            | 10.3455   | 8.5687    |             |         |
| 6b. Total Apportionment Factor (Add columns on line (6a) and enter here.                  |            |           |           |             |         |
| This should equal page 5, line 6 of the Schedule K.)6b.                                   |            |           |           |             | 18.9142 |

<sup>\*</sup> Please include the amounts in columns A and B on Schedule K

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

| 7a. Montana adjusted taxable income. (Enter the amount from CIT, page 3, line 4.)7a.   |
|--|
| 7b. Income apportioned to Montana (In each column, multiply line (6a) on page 11 by line (7a).)  |
| 7c. Total income apportioned to Montana. (Add columns on line (7b). Enter this amount on line 5, page 3 of the CIT.) 7c.               |
| 7d. Income directly allocated to Montana7d.  |
| 7e. Total income directly allocated to Montana. (Add columns on line (7d). Enter this amount on line 6, page 3 of the CIT.) 7e.        |
| 7f. Montana taxable income before net operating loss (In each column, add lines (7b) and (7d).)7f.                                     |
| 7g. Total Montana taxable income. (Add columns on line (7f). Enter this amount on line 7, page 3 of the CIT.)7g.                       |
| 7h. Montana net operating loss (NOL) carryover on a separate entity basis7h.   |
| 7i. Total NOL carryover (Add columns on line (7h). Enter this amount on line 8, page 3 of the CIT.)7i.                                 |
| 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.)7k.                    |
| 7I. 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 7l. |
| 7m. Total Montana tax liability (Add all columns on line (7l). Enter this amount on line 10, page 3 of the CIT.)7m.                    |
| 7n. Montana credits on a separate entity basis (Attach applicable form(s).)7n.   |
| 7o. Total Montana Credits. (Add columns on line (7n).) Enter this amount on line 28, Schedule C7o.                                     |

| Montana Separate C | В         |                        |
|--------------------|-----------|------------------------|
| MOM CORP           | POP CORP  | Grand Total of Montana |
| 987987987          | 654654654 | Columns*               |
| 2306657            | 2306657   |                        |
| 23863520           | 19765052  | 43628572               |
| 333000             | 322000    | 655000                 |
| 24196520           | 20087052  | 655000                 |
|                    |           | 44283572               |
|                    |           | 0                      |
| 24196520           | 20087052  | 44002550               |
| 22222              | 23232     | 44283572               |
| 05.640             | 05045     | 45454                  |
| 25640              | 27045     | 52685                  |

<sup>\*</sup>These totals must be reported on lines 5 through 10 on page 3 of the CIT.

| 2021 Form CIT, Page 13 | Period End Date | FEIN |  |
|------------------------|-----------------|------|--|
| - , <b>.</b>           |                 |      |  |

# Schedule NOL for Montana Form CIT Net Operating Loss (NOL) Deduction

|   | Wonta    | na Separate Corp | oration NOL Appil | cation   |
|---|----------|------------------|-------------------|----------|
| Corporation name  |          |                  |                   |          |
| 2. Corporation's Federal Tax Identification Number (FEIN) |          |                  |                   |          |
| 3. Date of merger/consolidation (See instructions)        |          |                  |                   |          |
|   | Column A | Column B         | Column A          | Column B |
| 4. 2021 Montana separate corporation taxable              |          |                  |                   |          |
| income before NOL deduction (enter line 7(f) from         |          |                  |                   |          |
| Schedule K-Combined)                                      |          |                  |                   |          |
| Carryforward deductions                                   |          |                  |                   |          |
| 5. Taxable period of NOL                                  |          |                  |                   |          |
| 5a. Total NOL for taxable period5a.                       |          |                  |                   |          |
| 5b. NOL applied to periods other than to 20215b.          |          |                  |                   |          |
| 5c. NOL carryforward to 20215c.                           |          |                  |                   |          |
| 5d. NOL expired due to 7-year carryforward5d.             |          |                  |                   |          |
| 5e. NOL available for carryforward5e.                     |          |                  |                   |          |
| 6. Taxable period of NOL                                  |          |                  |                   |          |
| 6a. Total NOL for taxable period6a.                       |          |                  |                   |          |
| 6b. NOL applied to periods other than to 20216b.          |          |                  |                   |          |
| 6c. NOL carryforward to 20216c.                           |          |                  |                   |          |
| 6d. NOL available for carryforward6d.                     |          |                  |                   |          |
| 7. Taxable period of NOL                                  |          |                  |                   |          |
| 7a. Total NOL for taxable period7a.                       |          |                  |                   |          |
| 7b. NOL applied to periods other than to 20217b.          |          |                  |                   |          |
| 7c. NOL carryforward to 20217c.                           |          |                  |                   |          |
| 7d. NOL available for carryforward7d.                     |          |                  |                   |          |
| 8. Taxable period of NOL                                  |          |                  |                   |          |
| 8a. Total NOL for taxable period8a.                       |          |                  |                   |          |
| 8b. NOL applied to periods other than to 20218b.          |          |                  |                   |          |
| 8c. NOL carryforward to 20218c.                           |          |                  |                   |          |
| 8d. NOL available for carryforward8d.                     |          |                  |                   |          |
| 9. Taxable period of NOL                                  |          |                  |                   |          |
| 9a. Total NOL for taxable period9a.                       |          |                  |                   |          |
| 9b. NOL applied to periods other than to 20219b.          |          |                  |                   |          |
| 9c. NOL carryforward to 20219c.                           |          |                  |                   |          |
| 9d. NOL available for carryforward9d.                     |          |                  |                   |          |
| 10. Taxable period of NOL                                 |          |                  |                   |          |
| 10a. Total NOL for taxable period10a.                     |          |                  |                   |          |
| 10b. NOL applied to periods other than to 202110b.        |          |                  |                   |          |
| 10c. NOL carryforward to 2021                             |          |                  |                   |          |
| 10d. NOL available for carryforward10d.                   |          |                  |                   |          |
| 11. Taxable period of NOL                                 |          |                  |                   |          |
| 11a. Total NOL for taxable period11a.                     |          |                  |                   |          |
| 11b. NOL applied to periods other than to 2021 11b.       |          |                  |                   |          |
| 11c. NOL carryforward to 2021                             |          |                  |                   |          |
| 11d. NOL available for carryforward                       |          |                  |                   |          |
| 12. Total separate corporation NOL carryforward to 2021.  |          |                  |                   |          |
| Add column B lines 5 through 1112.                        |          |                  |                   |          |
|   |          |                  |                   |          |

| 2021 Form CIT, Page 14 | Period End Date | FEIN |  |
|------------------------|-----------------|------|--|
|                        |                 |      |  |

# Schedule NOL for Montana Form CIT Net Operating Loss (NOL) Deduction (continued)

| Enter corporate information from previous page.  | Montana Separate Corporation NOL Application |          |          |          |
|--|--|----------|----------|----------|
| Corporation name   |  |          |          |          |
| Corporation's Federal Tax Identification Number (FEIN)   |  |          |          |          |
|  | Column A                                     | Column B | Column A | Column B |
| 2021 Montana separate corporation taxable income before NOL deduction (enter line 7(f) from Schedule K-Combined)   |  |          |          |          |
| AMENDED RETURNS - carryback deductions   |  |          |          |          |
| 13. Taxable period of NOL  |  |          |          |          |
| 13a. Total NOL for taxable period13a.  |  |          |          |          |
| 13b. NOL applied to periods other than to 202113b.   |  |          |          |          |
| 13c. NOL carryback to 2021 (Total carryback for all entities limited to \$500,000)13c.   |  |          |          |          |
| 13d. Net NOL for taxable period13d.  |  |          |          |          |
| 14. Taxable period of NOL  |  |          |          |          |
| 14a. Total NOL for taxable period14a.  |  |          |          |          |
| 14b. NOL applied to periods other than to 202114b.   |  |          |          |          |
| 14c. NOL carryback to 2021 (Total carryback for all entities limited to \$500,000)14c.   |  |          |          |          |
| 14d. Net NOL for taxable period14d.  |  |          |          |          |
| 15. Taxable period of NOL  |  |          |          |          |
| 15a. Total NOL for taxable period15a.  |  |          |          |          |
| 15b. NOL applied to periods other than to 202115b.   |  |          |          |          |
| 15c. NOL carryback to 2021 (Total carryback for all  |  |          |          |          |
| entities limited to \$500,000)15c.   |  |          |          |          |
| 15d. Net NOL for taxable period15d.  |  |          |          |          |
| 16. Total separate corporation NOL carryback to 202116.  |  |          |          |          |
| 17. Total separate corporation NOL carryforward to 2021 from previous page, line 1217.   |  |          |          |          |
| 18. Total separate corporation NOL deduction for 2021 (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) |  |          |          |          |

| 2021 Form CIT, Page 15     | Period End Date   | 09302022        |
|----------------------------|-------------------|-----------------|
| 2021   01111 C11.   auc 13 | I CIIUU LIIU Dale | 0 2 3 0 2 0 2 2 |

# 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

| Fait II. Calculation of Deemed Dividends Received from 60/20 Companies   |     |        |    |
|--|-----|--------|----|
| 1. Enter the positive federal line 30 income of your 80/20 companies. (See instructions)   | 1.  | 87879  | 00 |
| 2. Enter your consolidated 1120 positive federal line 30 income. (See instructions)  | 2.  | 54321  | 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.  | 1.6178 |    |
| 4. Enter the tax liability, after tax credits, which you reported on your consolidated 1120  | 4.  | 9777   | 00 |
| 5. Multiply line 3 by line 4. This is the federal tax liability associated with your 80/20 companies   | 5.  | 15817  | 00 |
| 6. Enter the section 78 gross-up received by your 80/20 companies (include schedule)   | 6.  | 7575   | 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.  | 64487  | 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.  | 64487  | 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. | 12897  | 00 |

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

| 1. Name     | 2. FEIN   | 3. Income/Loss<br>Reported on Line 28 | <ol> <li>Income/Loss<br/>Reported on Line 30</li> </ol> | _   | Dividends Received |    |
|-------------|-----------|---------------------------------------|---|-----|--------------------|----|
| ONE COMPANY | 678901234 | 19819                                 | 00  | 00  | 95080              | 00 |
| TWO COMPANY | 789012345 | 76402                                 | 00  | 00  | 65624              | 00 |
|             |           |                                       | 00  | 0.0 |                    | 00 |
|             |           |                                       | 00  | 00  |                    | 00 |
|             |           |                                       | 00  | 00  |                    | 00 |
|             |           |                                       | 00  | 00  |                    | 00 |
|             |           |                                       | 00  | 00  |                    | 00 |
| Totals      |           | 96221                                 | 00  | 0.0 | 160704             | 00 |

Part IV. List your Controlled Foreign Corporations. Include a separate sheet if necessary.

| 1. Name | 2. Entity Type | <ol><li>Country of Incorporation/<br/>Organization</li></ol> | 4. Income/Loss |
|---------|----------------|--|----------------|
|         |                |  | 00             |
|         |                |  | 00             |
|         |                |  | 00             |
|         |                |  | 00             |
|         |                |  | 00             |
|         |                |  | 00             |
|         |                |  | 00             |
|         |                | Total  | 00             |