

No
Staples!

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 beginning 09092099 and ending 09092099

Name XX			FEIN 999999999
Mailing Address XX			Federal Business Code/NAICS XXXXXX
City XXXXXXXXXXXXXXXXXXXX	State XX	ZIP Code 999999999	State Incorporated in XX on 09092099
			Date Qualified in Montana 09092099
			MT Secretary of State ID XXXXXXXXXX

Mark all that apply:

- ☒ Initial Return ☒ Amended Return – Filers need to complete the entire form using the corrected amounts.
☒ Final Return ☒ Refund Return

Part I - Filing Method

1. ☒ 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? 999
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? ☒ Yes ☒ No
3. Are you filing a combined return for Montana purposes? ☒ Yes ☒ No
4. 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 | ☒ d. Domestic Combination |
| ☒ b. Separate Accounting | ☒ e. Limited Combination (Attach statement) |
| ☒ c. Worldwide Combination | ☒ f. Water's Edge |
- (You must have a valid election and Schedule WE must be included.)
5. How many members of the unitary group had property, payroll or receipts in Montana or have an interest in a pass-through entity with Montana activity during the taxable period? 9999999
6. Are all members of the unitary group 100% Montana corporations? ☒ Yes ☒ No
7. If you answered **Yes** to questions 2 or 3 above, you must include pages 1 through 5 of the parent's consolidated federal Form 1120 that you filed with the Internal Revenue Service, and enter:
- a. Ultimate U.S. parent's name as reported on federal tax return XX
- b. Ultimate U.S. parent's FEIN 999999999

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. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(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. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
- ☒ f. Other; include a statement explaining all adjustments in detail.

Part III - General Questions (all questions must be answered)

- a. Describe in detail the nature and location(s) of your Montana activities (if necessary, provide the description on an additional page).
XX
- b. Is this your corporation's first Montana tax return? ☒ Yes ☒ No
If this corporation is a successor to a previously existing business, enter the predecessor's information:
Name XX FEIN 999999999

Office Use Only

Date Received

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Part III - General Questions (continued)

- c. Is this your corporation's final Montana tax return? ☒ Yes ☒ No
 If **Yes**, please include detailed statement and indicate whether your corporation has:
☒ Withdrawn ☒ Merged ☒ Dissolved ☒ Reorganized
 Date of withdrawal, dissolution, merger, or reorganization 09092099
 If applicable, enter the successor's name XXXXXXXXXXXXXXXXXXXXXXXX FEIN 999999999
- 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? ☒ Yes ☒ No
 If **Yes**, indicate what period(s) XXXXXXXXXXXXXXXXXXXXXXXX
- e. Are any statute of limitation waivers currently in force that have been executed with the Internal Revenue Service? ☒ Yes ☒ No
 If **Yes**, which taxable year(s) is covered and what is the expiration date(s) of the waiver(s)? XXXXXXXX
 XXXXXXXXXXXXXXXXXXXXXXXX
- f. Have you filed an amended federal tax return for any of the last five taxable periods? ☒ Yes ☒ No
 If **Yes**, for which years have you filed amended Montana returns? XXXXXXXXXXXXXXXX
- g. Did an individual at the end of the taxable year own, directly or indirectly, 50% or more of the voting stock of this corporation? If **Yes**, enter name XXXXXXXXXXXXXXXX and % of ownership 999.9999 ☒ 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? ☒ Yes ☒ No
 If **Yes**, enter name XXXXXXXXXXXXXXXX and % of ownership 999.9999
- 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 ☒ 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 ☒ No
 If **Yes**, how many corporations? 9999999
- k. Did this corporation or any member of the consolidated group own, directly or indirectly, 50% or more of the outstanding voting stock of a foreign corporation? If **Yes**, how many corporations? 9999999 ☒ Yes ☒ No
- l. Was your corporation owned 50% or more, directly or indirectly, by a corporation or entity that was organized or incorporated outside the U.S.? ☒ Yes ☒ No
 If **Yes**, enter name XXXXXXXXXXXXXXXX and % of ownership 999.9999
- m. Did this corporation or any member of the consolidated group directly or indirectly have an interest in a domestic partnership? If **Yes**, how many partnerships? 9999999 ☒ Yes ☒ No
- n. Did this corporation or any member of the consolidated group directly or indirectly have an interest in a foreign partnership? If **Yes**, how many partnerships? 9999999 ☒ Yes ☒ No
If you answered Yes to any of the above questions (h) through (n), you need to complete and include Schedule M.
- o. Are you a multistate taxpayer that uses market sourcing for receipts factor purposes and uses reasonable approximation in assigning receipts? If yes, provide a brief description. ☒ Yes ☒ No
 XXXXXXXXXXXXXXXXXXXXXXXX

Part IV - Reporting of Special Transactions

Mark **Yes** 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 ☒ 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.** ☒ Yes ☒ No
 Schedule UTP is used to disclose uncertain tax positions.



21EP0257

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. **9999999999999 00****2. Additions**

2a. State, local, foreign and franchise taxes based on income. Include breakdown of your Form 1120, line 172a.

9999999999999 00

2b. Federal tax exempt interest2b.

9999999999999 00

2c. Contributions used to compute qualified endowment credit2c.

9999999999999 00

2d. Income/loss of foreign parent and foreign subsidiaries for worldwide combined filers (attach schedule)2d.

9999999999999 00

2e. Income/loss of unitary corporations not included in federal consolidated return (attach schedule)2e.

9999999999999 00

2f. Deemed dividends – Water's Edge filers only (include Schedule WE) ...2f.

9999999999999 00

2g. Income/loss of corporations incorporated in tax havens – Water's Edge filers only (attach schedule)2g.

9999999999999 00

2h. Federal capital loss carry-over utilized on federal return.

Include Schedule D2h.

9999999999999 00

2i. All of your other additions. Include a detailed breakdown2i.

9999999999999 00Add lines 2a through 2i and enter the result. **This is the total of your additions.**..... 2. **9999999999999 00****3. Reductions**

3a. IRC Section 243 dividend received deduction3a.

9999999999999 00

3b. Nonapportionable income (include a detailed breakdown)3b.

9999999999999 00

3c. Montana recycling deduction (include Form RCYL)3c.

9999999999999 00

3d. Income/loss of nonunitary corporations included in federal consolidated return (attach schedule)3d.

9999999999999 00

3e. Income/loss of 80/20 companies – Water's Edge filers only (attach schedule)3e.

9999999999999 00

3f. Capital loss incurred in current year. Include federal Schedule D3f.

9999999999999 00

3g. All of your other reductions. Include a detailed breakdown3g.

9999999999999 00Add lines 3a through 3g and enter the result. **This is the total of your reductions.**..... 3. **9999999999999 00**4. Add lines 1 and 2, then subtract line 3 and enter the result. **This is your adjusted taxable income.**... 4. **9999999999999 00****Combined filers with more than one entity with Montana activity must use Schedule K-Combined for lines 5 through 10 below. (See instructions)**5. Income apportioned to Montana (multiply line 4 x **999.9999** % from Schedule K, line 6)..... 5. **9999999999999 00**6. Enter the income that you allocated directly to Montana. Include a detailed breakdown 6. **9999999999999 00**7. Montana taxable income before net operating loss (add lines 5 and 6 or enter amount reported on line 4) 7. **9999999999999 00**If line 7 is a loss, do you wish to forgo the net operating loss carry-back provision? ☒ Yes ☒ No

Note: If you have reported a loss on line 7 and have not marked either box, the loss must be carried back first.

8. Enter your Montana net operating loss carried over to this period 8. **9999999999999 00****Use Schedule NOL of Form CIT on page 14 to calculate your net operating loss carryover.**9. Subtract line 8 from line 7 and enter the result here. **This is your Montana taxable income.** 9. **9999999999999 00**10. Multiply line 9 by 6.75% (or line 9 by 7% if you have a valid Water's Edge election). **This is your Montana tax liability.** (This amount cannot be less than the minimum tax liability of \$50.) 10. **9999999999999 00**☒ Mark this box if you are calculating your tax liability using the Alternative Tax method (please see the Form CIT instructions before checking this box).**Questions?** Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.

21EP0357

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

11. Your Montana tax liability from line 10.....	11.	999999999999	00
12. Payments			
12a. 2020 overpayment.....	12a.	9999999999	00
12b. Tentative payment	12b.	9999999999	00
12c. Quarterly estimated tax payments.....	12c.	9999999999	00
12d. Montana mineral royalty tax withheld. Include Form(s) 1099.....	12d.	9999999999	00
12e. Montana tax withheld from pass-through entities. Include MT Schedule(s) K-1.....	12e.	9999999999	00
12f. All other payments. Describe XXXXXXXXXXXXXXXXXXXXXXXX.....	12f.	9999999999	00
12g. Previously issued refunds. (Do not include any overpayments to 2022.).....	12g.	9999999999	00
Add lines 12a through 12f and subtract line 12g; enter the result. This is the total of your payments.	12.	999999999999	00
13. Enter total credits (from Schedule C)	13.	999999999999	00
14. Add lines 12 and 13, then subtract from line 11 and enter result. This is your tax due or overpayment.	14.	999999999999	00
15. Enter the amount of overpayment that you want to be applied to your 2022 estimated tax.....	15.	999999999999	00
16. Add lines 14 and 15; enter the result. This is your net tax due or overpayment.	16.	999999999999	00
17. Enter interest on all the tax paid after the due date (See instructions).....	17.	999999999999	00
18. Enter estimated tax underpayment interest. Include Form CIT-UT	18.	999999999999	00
☒ Mark this box if you are using the annualized income or adjusted seasonal income method.			
19. Penalty			
19a. Enter your late filing penalty (See instructions)	19a.	9999999999	00
19b. Enter your late payment penalty (See instructions).....	19b.	9999999999	00
Add lines 19a and 19b; enter the result. This is your total penalty.	19.	999999999999	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.	999999999999	00
Visit our website at revenue.mt.gov for electronic payment options or include your remittance payable to Montana Department of Revenue.			
20b. If the result is negative, enter the refund due here. This is your total refund.	20b.	999999999999	00

**Direct Deposit
Your Refund**

1. RTN# 999999999	2. ACCT# 9999999999999999
Complete 1, 2, 3 and 4. (See instructions)	3. If using direct deposit, you are required to mark one box. ☒ Checking ☒ Savings
	4. Is this refund going to an account that is located outside of the United States or its territories? ☒ Yes ☒ No

Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Officer	Date	Printed Name and Title	Telephone Number
X	09092099	XXXXXXXXXXXXXXXXXXXXX	999 999 9999

Print/Type Preparer's Name	Preparer's Signature	Date	PTIN
XXXXXXXXXXXXXXXXXXXXX		09092099	P99999999
Firm's Name	Firm's Address	Telephone Number	Firm's FEIN
XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	999 999 9999	999999999
	XXXXXXXXXXXXXXXXXXXXX		

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

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



21EP0457

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)

A. Everywhere

B. Montana.

C. Factor

1. Property Factor: Enter average values for real and tangible personal property.

1a. Land.....1a.	99999999999999 00	999999999999 00
1b. Buildings.....1b.	99999999999999 00	999999999999 00
1c. Machinery.....1c.	99999999999999 00	999999999999 00
1d. Equipment.....1d.	99999999999999 00	999999999999 00
1e. Furniture and fixtures.....1e.	99999999999999 00	999999999999 00
1f. Leases and leased property.....1f.	99999999999999 00	999999999999 00
1g. Inventories.....1g.	99999999999999 00	999999999999 00
1h. Depletable assets.....1h.	99999999999999 00	999999999999 00
1i. Supplies and other.....1i.	99999999999999 00	999999999999 00
1j. Property of foreign subs included in combined group.....1j.	99999999999999 00	999999999999 00
1k. Property of unconsolidated subs included in combined group.....1k.	99999999999999 00	999999999999 00
1l. Property (pro-rata share) of pass-throughs included in group.....1l.	99999999999999 00	999999999999 00
1m. Multiply amount of rents by 8 and enter result.....1m.	99999999999999 00	999999999999 00
Total Property Value - add lines 1a through 1m	99999999999999 00	999999999999 00

Divide the total in column B by the total in column A. Multiply that result by 100. **This is your property factor.**1. 999.9999**2. Payroll Factor:**

2a. Compensation of officers.....2a.	99999999999999 00	999999999999 00
2b. Salaries and wages.....2b.	99999999999999 00	999999999999 00
Payroll included in:		
2c. Costs of goods sold.....2c.	99999999999999 00	999999999999 00
2d. Other deductions.....2d.	99999999999999 00	999999999999 00
2e. Payroll of foreign subs included in combined group.....2e.	99999999999999 00	999999999999 00
2f. Payroll of unconsolidated subs included in combined group.....2f.	99999999999999 00	999999999999 00
2g. Payroll (pro-rata share) of pass-throughs included in group.....2g.	99999999999999 00	999999999999 00
Total Payroll Value - add lines 2a through 2g	99999999999999 00	999999999999 00

Divide the total in column B by the total in column A. Multiply that result by 100. **This is your payroll factor.**2. 999.9999**3. Gross Receipts Factor: Montana Sources Sales on Market Basis**

3a. Gross receipts, less returns and allowances.....3a.	99999999999999 00	
3b. Receipts delivered or shipped to Montana purchasers:		
(1) Shipped from outside Montana.....3b.(1)	99999999999999 00	
(2) Shipped from within Montana.....3b.(2)	99999999999999 00	
3c. Receipts shipped from Montana to:		
(1) United States government.....3c.(1)	99999999999999 00	
(2) Purchasers in a state where the taxpayer is not taxable.....3c.(2)	99999999999999 00	
3d. Receipts other than receipts of tangible personal property (for example, service income).....3d.	99999999999999 00	
3e. Net gains reported on federal Schedule D and federal Form 4797 3e.	99999999999999 00	
3f. Other gross receipts (rents, royalties, interest, etc.).....3f.	99999999999999 00	
3g. Receipts of foreign subs included in combined group.....3g.	99999999999999 00	
3h. Receipts of unconsolidated subs included in combined group.....3h.	99999999999999 00	
3i. Receipts (pro-rata share) of pass-throughs included in group.....3i.	99999999999999 00	
3j. Less: All intercompany transactions.....3j.	99999999999999 00	
Total Receipts Value - add lines 3a through 3j	99999999999999 00	

Divide the total in column B by the total in column A. Multiply that result by 100. **This is your receipts factor.**3. 999.9999**4. For periods beginning after June 30, 2021 enter the amount reported on line 3. (Otherwise, leave blank).....4. 999.9999****5. Add the percentages on lines 1, 2, 3, and 4 in column C. This is the sum of your factors.5. 999.9999****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. 999.9999

21EP0557

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.

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.

[illegible]

* 21EP0657 *

Schedule C - Tax Credits

Type of Credit	Column A Current Year Earned	Column B Total Available	Column C Current Year Applied
Nonrefundable Credits			
1. Montana Dependent Care Assistance Credit (include Form DCAC) ... 1.	999999999 00	999999999 00	999999999 00
2. Montana College Contribution Credit (include Form CC) 2.	999999999 00	999999999 00	999999999 00
3. Health Insurance for Uninsured Montanans Credit (include Form HI) 3.	999999999 00	999999999 00	999999999 00
4. Montana Recycle Credit (include Form RCYL) 4.	999999999 00	999999999 00	999999999 00
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.	999999999 00	999999999 00	999999999 00
7. Alternative Fuel Credit (include Form AFCR) 7.	999999999 00	999999999 00	999999999 00
8. Infrastructure Users Fee Credit (include Form IUFC)..... 8.	999999999 00	999999999 00	999999999 00
9. Qualified Endowment Credit (include Form QEC)..... 9.	999999999 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..... 11.	999999999 00	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..... 13.	999999999 00	999999999 00	999999999 00
14. Biodiesel Blending and Storage Credit (include Form BBSC)..... 14.	999999999 00	999999999 00	999999999 00
15. Geothermal System Credit (include Form ENRG-A)..... 15.	999999999 00	999999999 00	999999999 00
16. Innovative Educational Program Credit..... 16.	999999999 00	999999999 00	999999999 00
17. Student Scholarship Organization Credit 17.	999999999 00	999999999 00	999999999 00
18. Apprenticeship and/or Trades Education and Training Tax Credit... 18.	999999999 00	999999999 00	999999999 00
19. MEDIA Credit..... 19.	999999999 00	999999999 00	999999999 00
20. Add lines 1 through 19 and enter the result.			
This is your total nonrefundable credits. 20.	999999999 00	999999999 00	999999999 00
Refundable Credits			
21. Emergency Lodging Credit (include Form ELC)..... 21.	999999999 00	999999999 00	999999999 00
22. Unlocking Public Lands Credit..... 22.	999999999 00	999999999 00	999999999 00
23. Add lines 21 and 22 and enter the result.			
This is your total refundable credits. 23.	999999999 00	999999999 00	999999999 00
Tax Credits Recapture			
24. Qualified Endowment Credit Recapture 24.			999999999 00
25. Historical Buildings Preservation Credit Recapture 25.			999999999 00
26. Biodiesel Blending and Storage Credit Recapture 26.			999999999 00
27. Add lines 24 through 26 and enter the result.			
This is your total recapture of tax credits. 27.			999999999 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 13. 28.	999999999 00	999999999 00	999999999 00

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

For combined filers, Column C is obtained from Schedule K-Combined on page 12, line (7o).



21EP0957

Schedule K-Combined for Montana Form CIT
Separate Corporation Calculations

	A	Montana Separate Corporation Activity		B	C
	Everywhere Activity *	XXXXXXXXXX	XXXXXXXXXX	Grand Total of Montana Columns*	Factor
1. Property Factor (Enter average values for real and tangible personal property)		99999999	99999999	99999999	
1a. Land.....1a.	99999999	99999999	99999999	99999999	
1b. Buildings.....1b.	99999999	99999999	99999999	99999999	
1c. Machinery.....1c.	99999999	99999999	99999999	99999999	
1d. Equipment.....1d.	99999999	99999999	99999999	99999999	
1e. Furniture and fixtures.....1e.	99999999	99999999	99999999	99999999	
1f. Leases and leased property.....1f.	99999999	99999999	99999999	99999999	
1g. Inventories.....1g.	99999999	99999999	99999999	99999999	
1h. Depletable assets.....1h.	99999999	99999999	99999999	99999999	
1i. Supplies and other.....1i.	99999999	99999999	99999999	99999999	
1j. Property of foreign subs included in combined group.....1j.	99999999	99999999	99999999	99999999	
1k. Property of unconsolidated subs included in combined group.....1k.	99999999	99999999	99999999	99999999	
1l. Property (pro-rata share) of pass-through entities included in combined group.....1l.	99999999	99999999	99999999	99999999	
1m. Multiply amount of rents by 8 and enter result.....1m.	99999999	99999999	99999999	99999999	
1n. Total Montana average property (Add lines 1a through 1m above).....1n.		99999999	99999999	99999999	
1o. Total Everywhere average property (Enter in each column the total of lines 1a through 1m in the Everywhere column.).....1o.	99999999	99999999	99999999		
1p. Separate entity Property Factor (Divide line 1n by line 1o and multiply the result by 100.) ...1p.	999 . 9999	999 . 9999	999 . 9999		
1q. Total Property Factor (Add columns on line 1p.).....1q.					999 . 9999
2. Payroll Factor					
2a. Compensation of officers.....2a.	99999999	99999999	99999999	99999999	
2b. Salaries and wages.....2b.	99999999	99999999	99999999	99999999	
Payroll included in:					
2c. Costs of goods sold.....2c.	99999999	99999999	99999999	99999999	
2d. Other deductions.....2d.	99999999	99999999	99999999	99999999	
2e. Payroll of foreign subs included in combined group.....2e.	99999999	99999999	99999999	99999999	
2f. Payroll of unconsolidated subs included in combined group.....2f.	99999999	99999999	99999999	99999999	
2g. Payroll (pro-rata share) of pass-through entities included in combined group.....2g.	99999999	99999999	99999999	99999999	
2h. Total Montana payroll (Add lines 2a through 2g above.).....2h.		99999999	99999999	99999999	
2i. Total Everywhere payroll (Enter in each column the total of lines 2a through 2g in the Everywhere column.).....2i.	99999999	99999999	99999999		
2j. Separate entity Payroll Factor (Divide line 2h by line 2i and multiply the result by 100.).....2j.		999 . 9999	999 . 9999		
2k. Total Payroll Factor (Add columns on line 2j.).....2k.					999 . 9999

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

Schedule K-Combined for Montana Form CIT
Separate Corporation Calculations (continued)
3. Receipts Factor

	A Everywhere Activity*	Montana Separate Corporation Activity		B Grand Total of Montana Columns*	C Factor
		XXXXXXXXXX	XXXXXXXXXX		
		999999999	999999999		
3a. Gross receipts, less returns and allowances..... 3a.	99999999				
3b. Receipts delivered or shipped to Montana purchasers:					
(1) Shipped from outside Montana..... 3b.(1)		999999999	999999999	99999999	
(2) Shipped from within Montana..... 3b.(2)		999999999	999999999	99999999	
3c. Receipts shipped from Montana to:					
(1) United States government..... 3c.(1)		999999999	999999999	99999999	
(2) Purchasers in a state where the taxpayer is not taxable..... 3c.(2)		999999999	999999999	99999999	
3d. Receipts other than receipts of tangible personal property (i.e., service income) ... 3d.		999999999	999999999	99999999	
3e. Net gains reported on federal Schedule D and federal Form 4797 3e.	99999999	999999999	999999999	99999999	
3f. Other gross receipts (rents, royalties, interest, etc.)..... 3f.	99999999	999999999	999999999	99999999	
3g. Receipts of foreign subs included in combined group..... 3g.	99999999	999999999	999999999	99999999	
3h. Receipts of unconsolidated subsidiaries included in combined group 3h.	99999999	999999999	999999999	99999999	
3i. Receipts (pro-rata share) of pass-through entities included in combined group 3i.	99999999	999999999	999999999	99999999	
3j. Less: All intercompany transactions 3j.	99999999	999999999	999999999	99999999	
3k. Total Montana receipts (Add lines (3a) through (3j).) 3k.		999999999	999999999	99999999	
3l. Total Everywhere receipts (Enter in each column the total of lines (3a) through (3j) in the Everywhere column.) 3l.	99999999	999999999	999999999		
3m. Separate entity Receipts Factor (Divide line (3k) by line (3l) and multiply the result by 100.)..... 3m.		999.9999	999.9999		
3n. Total Receipts Factor (Add columns from line (3m).) 3n.					999.9999
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.					999.9999
5. Sum of the Factors (Add lines (1p), (2j), (3m), and (4a) for each corporation.) 5.		999.9999	999.9999		
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.					999.9999

* 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.
 7l. Montana tax liability (Multiply (7j) by 6.75%, or 7% if you have a valid water's edge election.) If (7j) is a loss, enter \$50 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 7o.

Montana Separate Corporation Activity		B Grand Total of Montana Columns*
XXXXXXXXXX	XXXXXXXXXX	
999999999	999999999	
999999999	999999999	
999999999	999999999	99999999
999999999	999999999	
999999999	999999999	99999999
999999999	999999999	
999999999	999999999	99999999
999999999	999999999	
999999999	999999999	99999999
999999999	999999999	
999999999	999999999	99999999
999999999	999999999	
999999999	999999999	99999999
999999999	999999999	
999999999	999999999	99999999

*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	XXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXX	
2. Corporation's Federal Tax Identification Number (FEIN)	999999999		999999999	
3. Date of merger/consolidation (See instructions)	09092099		09092099	
	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				
5. Taxable period of NOL	09092099			
5a. Total NOL for taxable period	5a.	999999999		999999999
5b. NOL applied to periods other than to 2021	5b.	999999999		999999999
5c. NOL carryforward to 2021	5c.	999999999	999999999	999999999
5d. NOL expired due to 7-year carryforward	5d.	999999999		999999999
5e. NOL available for carryforward	5e.	999999999		999999999
6. Taxable period of NOL	09092099			
6a. Total NOL for taxable period	6a.	999999999		999999999
6b. NOL applied to periods other than to 2021	6b.	999999999		999999999
6c. NOL carryforward to 2021	6c.	999999999	999999999	999999999
6d. NOL available for carryforward	6d.	999999999		999999999
7. Taxable period of NOL	09092099			
7a. Total NOL for taxable period	7a.	999999999		999999999
7b. NOL applied to periods other than to 2021	7b.	999999999		999999999
7c. NOL carryforward to 2021	7c.	999999999	999999999	999999999
7d. NOL available for carryforward	7d.	999999999		999999999
8. Taxable period of NOL	09092099			
8a. Total NOL for taxable period	8a.	999999999		999999999
8b. NOL applied to periods other than to 2021	8b.	999999999		999999999
8c. NOL carryforward to 2021	8c.	999999999	999999999	999999999
8d. NOL available for carryforward	8d.	999999999		999999999
9. Taxable period of NOL	09092099			
9a. Total NOL for taxable period	9a.	999999999		999999999
9b. NOL applied to periods other than to 2021	9b.	999999999		999999999
9c. NOL carryforward to 2021	9c.	999999999	999999999	999999999
9d. NOL available for carryforward	9d.	999999999		999999999
10. Taxable period of NOL	09092099			
10a. Total NOL for taxable period	10a.	999999999		999999999
10b. NOL applied to periods other than to 2021	10b.	999999999		999999999
10c. NOL carryforward to 2021	10c.	999999999	999999999	999999999
10d. NOL available for carryforward	10d.	999999999		999999999
11. Taxable period of NOL	09092099			
11a. Total NOL for taxable period	11a.	999999999		999999999
11b. NOL applied to periods other than to 2021	11b.	999999999		999999999
11c. NOL carryforward to 2021	11c.	999999999	999999999	999999999
11d. NOL available for carryforward	11d.	999999999		999999999
12. Total separate corporation NOL carryforward to 2021. Add column B lines 5 through 11	12.		999999999	999999999

Schedule NOL for Montana Form CIT
Net Operating Loss (NOL) Deduction (continued)
Enter corporate information from previous page.

Corporation name

Corporation's Federal Tax Identification Number (FEIN)

Montana Separate Corporation NOL Application

XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX

999999999

999999999

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)

999999999

999999999

AMENDED RETURNS - carryback deductions

13. Taxable period of NOL 09092099

13a. Total NOL for taxable period 13a. 999999999

999999999

13b. NOL applied to periods other than to 2021 13b. 999999999

999999999

13c. NOL carryback to 2021 (Total carryback for all
entities limited to \$500,000) 13c. 999999999 999999999 999999999 999999999

13d. Net NOL for taxable period 13d. 999999999

999999999

14. Taxable period of NOL 09092099

14a. Total NOL for taxable period 14a. 999999999

999999999

14b. NOL applied to periods other than to 2021 14b. 999999999

999999999

14c. NOL carryback to 2021 (Total carryback for all
entities limited to \$500,000) 14c. 999999999 999999999 999999999 999999999

14d. Net NOL for taxable period 14d. 999999999

999999999

15. Taxable period of NOL 09092099

15a. Total NOL for taxable period 15a. 999999999

999999999

15b. NOL applied to periods other than to 2021 15b. 999999999

999999999

15c. NOL carryback to 2021 (Total carryback for all
entities limited to \$500,000) 15c. 999999999 999999999 999999999 999999999

15d. Net NOL for taxable period 15d. 999999999

999999999

16. Total separate corporation NOL carryback to 2021 ..16.

999999999

999999999

17. Total separate corporation NOL carryforward
to 2021 from previous page, line 12.17.

999999999

999999999

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.

999999999

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:

XX

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. 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. 3. 9.9999
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 7. 999999999999 00
8. Enter the after-tax net income of all unconsolidated 80/20 companies 8. 999999999999 00
9. Add lines 7 and 8; enter the result. This is your total after-tax net income 9. 999999999999 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. 999999999999 00

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

1. Name	2. FEIN	3. Income/Loss Reported on Line 28	4. Income/Loss Reported on Line 30	5. Dividends Received
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999999 00	999999999999 00	999999999999 00
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999999 00	999999999999 00	999999999999 00
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999999 00	999999999999 00	999999999999 00
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999999 00	999999999999 00	999999999999 00
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999999 00	999999999999 00	999999999999 00
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999999 00	999999999999 00	999999999999 00
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999999 00	999999999999 00	999999999999 00
Totals		999999999999 00	999999999999 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/ Organization	4. Income/Loss
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	999999999999 00
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	999999999999 00
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	999999999999 00
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	999999999999 00
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	999999999999 00
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	999999999999 00
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	999999999999 00
Total			999999999999 00

No
Staples!

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 beginning and ending

Name FORM APPROVAL CENTRAL			FEIN 121212121
Mailing Address 2510 S CROATAN HIGHWAY			Federal Business Code/NAICS 987987
City NAGS HEAD			State Incorporated in NC on 06062000
State MT	ZIP Code 27959	Date Qualified in Montana 07072000	MT Secretary of State ID 12456789

Mark all that apply:

- ☐ Initial Return
 ☐ Amended Return – Filers need to complete the entire form using the corrected amounts.
 ☒ Refund Return

Part I - Filing Method

- ☒ 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? ☐ Yes ☒ No
- Are you filing a combined return for Montana purposes? ☐ Yes ☒ No
- 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
 ☐ d. Domestic Combination
☐ b. Separate Accounting
 ☐ e. Limited Combination (Attach statement)
☐ c. Worldwide Combination
 ☒ 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? ☒ Yes ☐ No
- 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)

- Describe in detail the nature and location(s) of your Montana activities (if necessary, provide the description on an additional page).
EXPLANATION, HELENA, MT
- Is this your corporation's first Montana tax return? ☐ Yes ☒ No
If this corporation is a successor to a previously existing business, enter the predecessor's information:
Name FEIN

Office Use Only

Date Received

57 11162021



21EP0157

Part III - General Questions (continued)

- c. Is this your corporation's final Montana tax return? ☐ Yes ☒ 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? ☐ Yes ☒ No
 If **Yes**, indicate what period(s)
- e. Are any statute of limitation waivers currently in force that have been executed with the Internal Revenue Service? ☐ Yes ☒ No
 If **Yes**, 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 ☒ No
 If **Yes**, 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 **Yes**, enter name and % of ownership ☐ 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? ☐ Yes ☒ No
 If **Yes**, 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 ☒ 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 ☒ No
 If **Yes**, 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 **Yes**, how many corporations? ☐ Yes ☒ No
- l. Was your corporation owned 50% or more, directly or indirectly, by a corporation or entity that was organized or incorporated outside the U.S.? ☐ Yes ☒ No
 If **Yes**, 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 **Yes**, how many partnerships? ☐ Yes ☒ No
- n. Did this corporation or any member of the consolidated group directly or indirectly have an interest in a foreign partnership? If **Yes**, how many partnerships? ☐ Yes ☒ No
If you answered Yes to any of the above questions (h) through (n), you need to complete and include Schedule M.
- o. Are you a multistate taxpayer that uses market sourcing for receipts factor purposes and uses reasonable approximation in assigning receipts? If yes, provide a brief description. ☐ Yes ☒ No

Part IV - Reporting of Special Transactions

Mark **Yes** 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 ☒ 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.** ☐ Yes ☒ No
 Schedule UTP is used to disclose uncertain tax positions.



21EP0257

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. **654123 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 interest2b.

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 – 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.

00Add lines 2a through 2i and enter the result. **This is the total of your additions.**..... 2. **1073606 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.

00Add lines 3a through 3g and enter the result. **This is the total of your reductions.**..... 3. **654 00**4. Add lines 1 and 2, then subtract line 3 and enter the result. **This is your adjusted taxable income.**... 4.**1727075 00****Combined filers with more than one entity with Montana activity must use Schedule K-Combined for lines 5 through 10 below. (See instructions)**5. Income apportioned to Montana (multiply line 4 x **59.4749** % from Schedule K, line 6)..... 5. **1027176 00**6. Enter the income that you allocated directly to Montana. Include a detailed breakdown 6. **4567 00**7. Montana taxable income before net operating loss (add lines 5 and 6 or enter amount reported on line 4) 7. **1031743 00**If line 7 is a loss, do you wish to forgo the net operating loss carry-back provision? ☐ Yes ☒ No

Note: If you have reported a loss on line 7 and have not marked either box, the loss must be carried back first.

8. Enter your Montana net operating loss carried over to this period 8. **00****Use Schedule NOL of Form CIT on page 14 to calculate your net operating loss carryover.**9. Subtract line 8 from line 7 and enter the result here. **This is your Montana taxable income.** 9. **1031743 00**10. Multiply line 9 by 6.75% (or line 9 by 7% if you have a valid Water's Edge election). **This is your Montana tax liability.** (This amount cannot be less than the minimum tax liability of \$50.) 10. **28090 00**☐ Mark this box if you are calculating your tax liability using the Alternative Tax method (please see the Form CIT instructions before checking this box).**Questions?** Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.

21EP0357

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

11. Your Montana tax liability from line 10.....	11.	28090	00
12. Payments			
12a. 2020 overpayment.....	12a.	3511	00
12b. Tentative payment	12b.	222	00
12c. Quarterly estimated tax payments.....	12c.	333	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.).....	12g.	999	00
Add lines 12a through 12f and subtract line 12g; enter the result. This is the total of your payments.		12.	3067 00
13. Enter total credits (from Schedule C)	13.	53578	00
14. Add lines 12 and 13, then subtract from line 11 and enter result. This is your tax due or overpayment.	14.	-28555	00
15. Enter the amount of overpayment that you want to be applied to your 2022 estimated tax.....	15.		00
16. Add lines 14 and 15; enter the result. This is your net tax due or overpayment.	16.	-28555	00
17. Enter interest on all the tax paid after the due date (See instructions).....	17.		00
18. Enter estimated tax underpayment interest. Include Form CIT-UT	18.		00
☐ Mark this box if you are using the annualized income or adjusted seasonal income method.			
19. Penalty			
19a. Enter your late filing penalty (See instructions)	19a.		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 amount due.	20a.		00
<i>Visit our website at revenue.mt.gov for electronic payment options or include your remittance payable to Montana Department of Revenue.</i>			
20b. If the result is negative, enter the refund due here. This is your total refund.	20b.	28555	00

**Direct Deposit
Your Refund**

1. RTN# 123123123	2. ACCT# 32132132132132132
Complete 1, 2, 3 and 4. (See instructions)	3. If using direct deposit, you are required to mark one box. ☒ Checking ☐ Savings
4. Is this refund going to an account that is located outside of the United States or its territories? ☒ Yes ☐ No	

Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Officer	Date	Printed Name and Title	Telephone Number
X	01012022	YOU N ME	999 888 7766

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 THERE, MT 98765	999 888 7766	989898989

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

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



21EP0457

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)

	A. Everywhere	B. Montana.	C. Factor
1. Property Factor: Enter average values for real and tangible personal property.			
1a. Land.....1a.	546546 00	515656 00	
1b. Buildings.....1b.	56565 00	44444 00	
1c. Machinery.....1c.			
1d. Equipment.....1d.			
1e. Furniture and fixtures.....1e.			
1f. Leases and leased property.....1f.			
1g. Inventories.....1g.			
1h. Depletable assets.....1h.			
1i. Supplies and other.....1i.			
1j. Property of foreign subs included in combined group.....1j.			
1k. Property of unconsolidated subs included in combined group.....1k.			
1l. Property (pro-rata share) of pass-throughs included in group.....1l.			
1m. Multiply amount of rents by 8 and enter result.....1m.			
Total Property Value - add lines 1a through 1m	603111 00	560100 00	
Divide the total in column B by the total in column A. Multiply that result by 100. This is your property factor.1.			92.8685
2. Payroll Factor:			
2a. Compensation of officers.....2a.			
2b. Salaries and wages.....2b.			
Payroll included in:			
2c. Costs of goods sold.....2c.			
2d. Other deductions.....2d.			
2e. Payroll of foreign subs included in combined group.....2e.			
2f. Payroll of unconsolidated subs included in combined group.....2f.			
2g. Payroll (pro-rata share) of pass-throughs included in group.....2g.			
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:			
(1) Shipped from outside Montana.....3b.(1)		32112 00	
(2) Shipped from within Montana.....3b.(2)			
3c. Receipts shipped from Montana to:			
(1) United States government.....3c.(1)			
(2) Purchasers in a state where the taxpayer is not taxable.....3c.(2)			
3d. Receipts other than receipts of tangible personal property (for example, service income).....3d.			
3e. Net gains reported on federal Schedule D and federal Form 4797 3e.			
3f. Other gross receipts (rents, royalties, interest, etc.).....3f.			
3g. Receipts of foreign subs included in combined group.....3g.			
3h. Receipts of unconsolidated subs included in combined group.....3h.			
3i. Receipts (pro-rata share) of pass-throughs included in group.....3i.			
3j. Less: All intercompany transactions.....3j.			
Total Receipts Value - add lines 3a through 3j	123123 00	32112 00	
Divide the total in column B by the total in column A. Multiply that result by 100. This is your receipts factor.3.			26.0812
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 the sum of your factors.5.			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.			59.4749



21EP0557

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.

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.

[illegible]

* 21EP0657 *

21FP0757

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.

[illegible]

* 21EP0857 *

Schedule C - Tax Credits

Type of Credit	Column A Current Year Earned	Column B Total Available	Column C Current Year Applied
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) .. 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) 12.	5555 00	5554 00	52343 00
13. Empowerment Zone Credit..... 13.	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.	00	00	00
16. Innovative Educational Program Credit..... 16.	00	00	00
17. Student Scholarship Organization Credit 17.	00	00	00
18. Apprenticeship and/or Trades Education and Training Tax Credit... 18.	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.	5555 00	5554 00	52343 00
Refundable Credits			
21. Emergency Lodging Credit (include Form ELC)..... 21.	1234 00	2345 00	1235 00
22. Unlocking Public Lands Credit..... 22.	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 25.			00
26. Biodiesel Blending and Storage Credit Recapture 26.			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 13. 28.	56789 00	57899 00	53578 00

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

For combined filers, Column C is obtained from Schedule K-Combined on page 12, line (7o).

21EP0957

Schedule K-Combined for Montana Form CIT
Separate Corporation Calculations

	A Everywhere Activity *	Montana Separate Corporation Activity		B Grand Total of Montana Columns*	C Factor
		ONE CO	TWO CO		
1. Property Factor (Enter average values for real and tangible personal property)		678901234	789012345		
1a. Land.....1a.	999999	99999	189789	232323	
1b. Buildings.....1b.					
1c. Machinery.....1c.					
1d. Equipment.....1d.					
1e. Furniture and fixtures.....1e.	123456	65432	78945	32323	
1f. Leases and leased property.....1f.					
1g. Inventories.....1g.					
1h. Depletable assets.....1h.	787878	54545	98989	585858	
1i. Supplies and other.....1i.					
1j. Property of foreign subs included in combined group.....1j.					
1k. Property of unconsolidated subs included in combined group.....1k.					
1l. Property (pro-rata share) of pass-through entities included in combined group.....1l.					
1m. Multiply amount of rents by 8 and enter result.....1m.					
1n. Total Montana average property (Add lines 1a through 1m above).....1n.		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.).....1q.					30.7481
2. Payroll Factor					
2a. Compensation of officers.....2a.	1234567	200000	195827	123456	
2b. Salaries and wages.....2b.	456789	56789	150000	250000	
Payroll included in:					
2c. Costs of goods sold.....2c.					
2d. Other deductions.....2d.					
2e. Payroll of foreign subs included in combined group.....2e.					
2f. Payroll of unconsolidated subs included in combined group.....2f.					
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.).....2h.		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

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

**Schedule K-Combined for Montana Form CIT
Separate Corporation Calculations (continued)****3. Receipts Factor**

- 3a. Gross receipts, less returns and allowances 3a.
- 3b. Receipts delivered or shipped to Montana purchasers:
- (1) Shipped from outside Montana 3b.(1)
- (2) Shipped from within Montana 3b.(2)
- 3c. Receipts shipped from Montana to:
- (1) United States government 3c.(1)
- (2) Purchasers in a state where the taxpayer is not taxable 3c.(2)
- 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 4797 3e.
- 3f. Other gross receipts (rents, royalties, interest, etc.) 3f.
- 3g. Receipts of foreign subs included in combined group 3g.
- 3h. Receipts of unconsolidated subsidiaries included in combined group 3h.
- 3i. Receipts (pro-rata share) of pass-through entities included in combined group 3i.
- 3j. Less: All intercompany transactions 3j.
- 3k. Total Montana receipts (Add lines (3a) through (3j).) 3k.
- 3l. Total Everywhere receipts
(Enter in each column the total of lines (3a) through (3j) in the Everywhere column.) 3l.
- 3m. Separate entity Receipts Factor
(Divide line (3k) by line (3l) and multiply the result by 100.) 3m.
- 3n. Total Receipts Factor (Add columns from line (3m).) 3n.

4. Double Weighted Receipts Factors

- 4a. For periods beginning after June 30, 2021 enter the amount reported on line 3m
(For periods beginning before July 1, 2021 leave blank) 4a.
- 4b. Total Receipts for Double Weighted Calculation (Add columns from line (4a).) 4b.

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
be included in the calculation. See instructions.) 6a.
- 6b. Total Apportionment Factor (Add columns on line (6a) and enter here.
This should equal page 5, line 6 of the Schedule K.) 6b.

A Everywhere Activity*	Montana Separate Corporation Activity		B Grand Total of Montana Columns*	C Factor
	ONE CO	TWO CO		
	678901234	789012345		
3a. 987987987				
3b.(1)	12123456	909090	2323232	
3b.(2)	321321	321300	676767	
3c.(1)				
3c.(2)				
3d.				
3e. 9812345	982222	972222	9191919	
3f.				
3g.				
3h.				
3i.				
3j.				
3k.	13426999	2202612	12191918	
3l. 997800332	997800332	997800332		
3m.	1.3457	0.2207		
3n.				1.5664
4a.				
4b.				
5.	43.2196	53.7751		
6a.	14.4065	17.9250		
6b.				32.3315

* 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.
 7l. Montana tax liability (Multiply (7j) by 6.75%, or 7% if you have a valid water's edge election.) If (7j) is a loss, enter \$50 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 7o.

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

***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					
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 period.....	5a.				
5b. NOL applied to periods other than to 2021.....	5b.				
5c. NOL carryforward to 2021	5c.				
5d. NOL expired due to 7-year carryforward	5d.				
5e. NOL available for carryforward.....	5e.				
6. Taxable period of NOL					
6a. Total NOL for taxable period.....	6a.				
6b. NOL applied to periods other than to 2021.....	6b.				
6c. NOL carryforward to 2021	6c.				
6d. NOL available for carryforward.....	6d.				
7. Taxable period of NOL					
7a. Total NOL for taxable period.....	7a.				
7b. NOL applied to periods other than to 2021.....	7b.				
7c. NOL carryforward to 2021	7c.				
7d. NOL available for carryforward.....	7d.				
8. Taxable period of NOL					
8a. Total NOL for taxable period.....	8a.				
8b. NOL applied to periods other than to 2021.....	8b.				
8c. NOL carryforward to 2021	8c.				
8d. NOL available for carryforward.....	8d.				
9. Taxable period of NOL					
9a. Total NOL for taxable period.....	9a.				
9b. NOL applied to periods other than to 2021.....	9b.				
9c. NOL carryforward to 2021	9c.				
9d. NOL available for carryforward.....	9d.				
10. Taxable period of NOL					
10a. Total NOL for taxable period.....	10a.				
10b. NOL applied to periods other than to 2021.....	10b.				
10c. NOL carryforward to 2021	10c.				
10d. NOL available for carryforward.....	10d.				
11. Taxable period of NOL					
11a. Total NOL for taxable period.....	11a.				
11b. NOL applied to periods other than to 2021.....	11b.				
11c. NOL carryforward to 2021	11c.				
11d. NOL available for carryforward.....	11d.				
12. Total separate corporation NOL carryforward to 2021. Add column B lines 5 through 11.....					

Schedule NOL for Montana Form CIT
Net Operating Loss (NOL) Deduction (continued)
Enter corporate information from previous page.Corporation name Corporation's Federal Tax Identification Number (FEIN) **Montana Separate Corporation NOL Application**2021 Montana separate corporation taxable income before
NOL deduction (enter line 7(f) from Schedule K-Combined)

Column A

Column B

Column A

Column B

AMENDED RETURNS - carryback deductions

13. Taxable period of NOL	
13a. Total NOL for taxable period	13a.
13b. NOL applied to periods other than to 2021.....	13b.
13c. NOL carryback to 2021 (Total carryback for all entities limited to \$500,000).....	13c.
13d. Net NOL for taxable period	13d.
14. Taxable period of NOL	
14a. Total NOL for taxable period	14a.
14b. NOL applied to periods other than to 2021.....	14b.
14c. NOL carryback to 2021 (Total carryback for all entities limited to \$500,000).....	14c.
14d. Net NOL for taxable period	14d.
15. Taxable period of NOL	
15a. Total NOL for taxable period	15a.
15b. NOL applied to periods other than to 2021.....	15b.
15c. NOL carryback to 2021 (Total carryback for all entities limited to \$500,000).....	15c.
15d. Net NOL for taxable period	15d.
16. Total separate corporation NOL carryback to 2021	16.
17. Total separate corporation NOL carryforward to 2021 from previous page, line 12.	17.
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.

No
Staples!

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 beginning and ending

Name			FEIN		454545454
FORM APPROVAL CENTRAL			Federal Business Code/NAICS		879871
Mailing Address			State Incorporated in		NC
2510 S CROATAN HIGHWAY			on		09092006
City	State	ZIP Code	Date Qualified in Montana		07072000
NAGS HEAD	MT	27959	MT Secretary of State ID		34567801

Mark all that apply:

- ☒ Initial Return
 ☐ Amended Return – Filers need to complete the entire form using the corrected amounts.
 ☐ Final Return
 ☐ Refund Return

Part I - Filing Method

- ☒ 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? **3**
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? ☐ Yes ☒ No
- Are you filing a combined return for Montana purposes? ☒ Yes ☐ No
- 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
 ☒ d. Domestic Combination
☐ b. Separate Accounting
 ☐ e. Limited Combination (Attach statement)
☐ c. Worldwide Combination
 ☐ 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? **3**
- Are all members of the unitary group 100% Montana corporations? ☒ Yes ☐ No
- 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 **MY PARENT CO**
 b. Ultimate U.S. parent's FEIN **787878787**

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. **2020**
 (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)

- Describe in detail the nature and location(s) of your Montana activities (if necessary, provide the description on an additional page).
1 NOT HERE, BILLINGS, MT 123454545
- Is this your corporation's first Montana tax return? ☒ Yes ☐ No
If this corporation is a successor to a previously existing business, enter the predecessor's information:
 Name **FORM APPROVAL CENTRAL** FEIN **454545454**

Office Use Only

Date Received

57 11162021



21EP0157

Part III - General Questions (continued)

- c. Is this your corporation's final Montana tax return? ☒ Yes ☐ No
 If **Yes**, please include detailed statement and indicate whether your corporation has:
☐ Withdrawn ☐ Merged ☒ 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? ☐ Yes ☒ No
 If **Yes**, indicate what period(s)
- e. Are any statute of limitation waivers currently in force that have been executed with the Internal Revenue Service? ☐ Yes ☒ No
 If **Yes**, 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 ☒ No
 If **Yes**, 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 **Yes**, enter name NEW CORPORATION and % of ownership 50.5050 ☒ 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? ☐ Yes ☒ No
 If **Yes**, 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 ☒ 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 ☒ No
 If **Yes**, 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 **Yes**, how many corporations? ☐ Yes ☒ No
- l. Was your corporation owned 50% or more, directly or indirectly, by a corporation or entity that was organized or incorporated outside the U.S.? ☐ Yes ☒ No
 If **Yes**, 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 **Yes**, how many partnerships? ☐ Yes ☒ No
- n. Did this corporation or any member of the consolidated group directly or indirectly have an interest in a foreign partnership? If **Yes**, how many partnerships? ☐ Yes ☒ No
If you answered Yes to any of the above questions (h) through (n), you need to complete and include Schedule M.
- o. Are you a multistate taxpayer that uses market sourcing for receipts factor purposes and uses reasonable approximation in assigning receipts? If yes, provide a brief description. ☐ Yes ☒ No

Part IV - Reporting of Special Transactions

Mark **Yes** 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 ☐ 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.** ☒ Yes ☐ 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 172a.

00

2b. Federal tax exempt interest2b.

00

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

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 – 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 additions.**..... 2. 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 reductions.**..... 3. 654 004. Add lines 1 and 2, then subtract line 3 and enter the result. **This is your adjusted taxable income.**... 4. 1873448 00**Combined filers with more than one entity with Montana activity must use Schedule K-Combined for lines 5 through 10 below. (See instructions)**

5. Income apportioned to Montana (multiply line 4 x 52.6840 % from Schedule K, line 6)..... 5. 987007 00

6. Enter the income that you allocated directly to Montana. Include a detailed breakdown 6. 98787 00

7. Montana taxable income before net operating loss (add lines 5 and 6 or enter amount reported on line 4) 7. 1085794 00

If line 7 is a loss, do you wish to forgo the net operating loss carry-back provision? ☒ Yes ☐ No

Note: If you have reported a loss on line 7 and have not marked either box, the loss must be carried back first.

8. Enter your Montana net operating loss carried over to this period 8. 00

Use Schedule NOL of Form CIT on page 14 to calculate your net operating loss carryover.9. Subtract line 8 from line 7 and enter the result here. **This is your Montana taxable income.** 9. 1085794 0010. Multiply line 9 by 6.75% (or line 9 by 7% if you have a valid Water's Edge election). **This is your Montana tax liability.** (This amount cannot be less than the minimum tax liability of \$50.) 10. 00☒ Mark this box if you are calculating your tax liability using the Alternative Tax method (please see the Form CIT instructions before checking this box).**Questions?** Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.

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

11. Your Montana tax liability from line 10.....	11.		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 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.)....	12g.	2525	00
Add lines 12a through 12f and subtract line 12g; enter the result. This is the total of your 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 tax due or overpayment.	14.	2525	00
15. Enter the amount of overpayment that you want to be applied to your 2022 estimated tax.....	15.		00
16. Add lines 14 and 15; enter the result. This is your net tax due or overpayment.	16.	2525	00
17. Enter interest on all the tax paid after the due date (See instructions).....	17.		00
18. Enter estimated tax underpayment interest. Include Form CIT-UT	18.		00
☐ Mark this box if you are using the annualized income or adjusted seasonal income method.			
19. Penalty			
19a. Enter your late filing penalty (See instructions)	19a.		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 amount due.	20a.	2525	00
<i>Visit our website at revenue.mt.gov for electronic payment options or include your remittance payable to Montana Department of Revenue.</i>			
20b. If the result is negative, enter the refund due here. This is your total refund.	20b.		00

Direct Deposit**Your Refund**Complete 1, 2, 3 and 4.
(See instructions)

1. RTN#

2. ACCT#

3. If using direct deposit, you are required to mark one box. ☐ Checking ☐ Savings4. Is this refund going to an account that is located outside of the United States or its territories? ☐ Yes ☐ No

Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Officer

Date

Printed Name and Title

Telephone Number

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
BILLINGS, MT 12345

987 987 9879

203040506

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

	A. Everywhere	B. Montana.	C. Factor
1. Property Factor: Enter average values for real and tangible personal property.			
1a. Land.....1a.	00	00	00
1b. Buildings.....1b.	00	00	00
1c. Machinery.....1c.	546546 00	515656 00	00
1d. Equipment.....1d.	56565 00	44444 00	00
1e. Furniture and fixtures.....1e.	00	00	00
1f. Leases and leased property.....1f.	00	00	00
1g. Inventories.....1g.	00	00	00
1h. Depletable assets.....1h.	00	00	00
1i. Supplies and other.....1i.	00	00	00
1j. Property of foreign subs included in combined group.....1j.	00	00	00
1k. Property of unconsolidated subs included in combined group...1k.	00	00	00
1l. Property (pro-rata share) of pass-throughs included in group....1l.	00	00	00
1m. Multiply amount of rents by 8 and enter result.....1m.	00	00	00
Total Property Value - add lines 1a through 1m	603111 00	560100 00	
Divide the total in column B by the total in column A. Multiply that result by 100. This is your property factor.1.			92.8685
2. Payroll Factor:			
2a. Compensation of officers.....2a.	00	00	00
2b. Salaries and wages.....2b.	00	00	00
Payroll included in:			
2c. Costs of goods sold.....2c.	00	00	00
2d. Other deductions.....2d.	00	00	00
2e. Payroll of foreign subs included in combined group.....2e.	00	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	00	00	
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:			
(1) Shipped from outside Montana.....3b.(1)		12345 00	
(2) Shipped from within Montana.....3b.(2)		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 (for example, service income).....3d.		00	
3e. Net gains reported on federal Schedule D and federal Form 4797 3e.	00	00	
3f. Other gross receipts (rents, royalties, interest, etc.).....3f.	00	00	
3g. Receipts of foreign subs included in combined group.....3g.	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.	00	00	
3j. Less: All intercompany transactions.....3j.	00	00	
Total Receipts Value - add lines 3a through 3j	98765 00	12345 00	
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.			
5. Add the percentages on lines 1, 2, 3, and 4 in column C. This is the sum of your factors.5.			105.3679
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.			52.6840



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.

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.

[illegible]

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.

[illegible]

Schedule C - Tax Credits

Type of Credit	Column A Current Year Earned	Column B Total Available	Column C Current Year Applied
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 APCR) 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) .. 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) 12.	00	00	00
13. Empowerment Zone Credit..... 13.	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.	00	00	00
16. Innovative Educational Program Credit..... 16.	00	00	00
17. Student Scholarship Organization Credit 17.	00	00	00
18. Apprenticeship and/or Trades Education and Training Tax Credit... 18.	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.	00	00	00
Refundable Credits			
21. Emergency Lodging Credit (include Form ELC)..... 21.	00	00	00
22. Unlocking Public Lands Credit..... 22.	00	00	00
23. Add lines 21 and 22 and enter the result.			
This is your total refundable credits. 23.	00	00	00
Tax Credits Recapture			
24. Qualified Endowment Credit Recapture 24.			00
25. Historical Buildings Preservation Credit Recapture 25.			00
26. Biodiesel Blending and Storage Credit Recapture 26.			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 13. 28.	00	00	00

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

For combined filers, Column C is obtained from Schedule K-Combined on page 12, line (7o).



Schedule K-Combined for Montana Form CIT
Separate Corporation Calculations

	A Everywhere Activity *	Montana Separate Corporation Activity		B Grand Total of Montana Columns*	C Factor
		MOM CORP	SOME ONE		
1. Property Factor (Enter average values for real and tangible personal property)		123456789	345678901		
1a. Land.....1a.	888888	88888	89789	132323	
1b. Buildings.....1b.					
1c. Machinery.....1c.					
1d. Equipment.....1d.	123456	65432	78945	23232	
1e. Furniture and fixtures.....1e.					
1f. Leases and leased property.....1f.					
1g. Inventories.....1g.					
1h. Depletable assets.....1h.					
1i. Supplies and other.....1i.	797979	65656	89898	494949	
1j. Property of foreign subs included in combined group.....1j.					
1k. Property of unconsolidated subs included in combined group.....1k.					
1l. Property (pro-rata share) of pass-through entities included in combined group.....1l.					
1m. Multiply amount of rents by 8 and enter result.....1m.					
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		26.4377
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.					
2. Payroll Factor					
2a. Compensation of officers.....2a.	234567	100000	295827	223456	
2b. Salaries and wages.....2b.	996789	66789	100000	150000	
Payroll included in:					
2c. Costs of goods sold.....2c.					
2d. Other deductions.....2d.					
2e. Payroll of foreign subs included in combined group.....2e.					
2f. Payroll of unconsolidated subs included in combined group.....2f.					
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.).....2h.		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

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

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

	A Everywhere Activity*	Montana Separate Corporation Activity		B Grand Total of Montana Columns*	C Factor
		MOM CORP	SOME ONE		
3. Receipts Factor		123456789	345678901		
3a. Gross receipts, less returns and allowances..... 3a.	987987987				
3b. Receipts delivered or shipped to Montana purchasers:					
(1) Shipped from outside Montana 3b.(1)		12123456	909090	2323232	
(2) Shipped from within Montana..... 3b.(2)		321321	321300	676767	
3c. Receipts shipped from Montana to:					
(1) United States government..... 3c.(1)					
(2) Purchasers in a state where the taxpayer is not taxable..... 3c.(2)					
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 4797 3e.	9812345	982222	972222	9191919	
3f. Other gross receipts (rents, royalties, interest, etc.)..... 3f.					
3g. Receipts of foreign subs included in combined group 3g.					
3h. Receipts of unconsolidated subsidiaries included in combined group 3h.					
3i. Receipts (pro-rata share) of pass-through entities included in combined group 3i.					
3j. Less: All intercompany transactions 3j.					
3k. Total Montana receipts (Add lines (3a) through (3j).) 3k.		13426999	2202612	12191918	
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 (Divide line (3k) by line (3l) and multiply the result by 100.) 3m.		1.3457	0.2207		
3n. Total Receipts Factor (Add columns from line (3m).) 3n.					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.					
5. Sum of the Factors (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.)..... 6a.		11.7578	18.0240		
6b. Total Apportionment Factor (Add columns on line (6a) and enter here. This should equal page 5, line 6 of the Schedule K.) 6b.					29.7818

* 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.
 7l. Montana tax liability (Multiply (7j) by 6.75%, or 7% if you have a valid water's edge election.) If (7j) is a loss, enter \$50 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 7o.

Montana Separate Corporation Activity		B Grand Total of Montana Columns*
MOM CORP	SOME ONE	
123456789	345678901	
1873448	1873448	
22027627	33767027	
		55794654
50000	40000	
		90000
22077627	33807027	
		55884654
		0
22077627	33807027	
		55884654
22222	23232	
		45454
25640	27045	
		52685

*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			
		Column A	Column B	Column A	Column B
1. Corporation name					
2. Corporation's Federal Tax Identification Number (FEIN)					
3. Date of merger/consolidation (See instructions)					
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 period.....	5a.				
5b. NOL applied to periods other than to 2021.....	5b.				
5c. NOL carryforward to 2021	5c.				
5d. NOL expired due to 7-year carryforward	5d.				
5e. NOL available for carryforward	5e.				
6. Taxable period of NOL					
6a. Total NOL for taxable period.....	6a.				
6b. NOL applied to periods other than to 2021.....	6b.				
6c. NOL carryforward to 2021	6c.				
6d. NOL available for carryforward	6d.				
7. Taxable period of NOL					
7a. Total NOL for taxable period.....	7a.				
7b. NOL applied to periods other than to 2021.....	7b.				
7c. NOL carryforward to 2021	7c.				
7d. NOL available for carryforward	7d.				
8. Taxable period of NOL					
8a. Total NOL for taxable period.....	8a.				
8b. NOL applied to periods other than to 2021.....	8b.				
8c. NOL carryforward to 2021	8c.				
8d. NOL available for carryforward	8d.				
9. Taxable period of NOL					
9a. Total NOL for taxable period.....	9a.				
9b. NOL applied to periods other than to 2021.....	9b.				
9c. NOL carryforward to 2021	9c.				
9d. NOL available for carryforward	9d.				
10. Taxable period of NOL					
10a. Total NOL for taxable period.....	10a.				
10b. NOL applied to periods other than to 2021.....	10b.				
10c. NOL carryforward to 2021	10c.				
10d. NOL available for carryforward	10d.				
11. Taxable period of NOL					
11a. Total NOL for taxable period.....	11a.				
11b. NOL applied to periods other than to 2021.....	11b.				
11c. NOL carryforward to 2021	11c.				
11d. NOL available for carryforward	11d.				
12. Total separate corporation NOL carryforward to 2021.					
Add column B lines 5 through 11.....	12.				

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

Enter corporate information from previous page.

Corporation name

Corporation's Federal Tax Identification Number (FEIN)

2021 Montana separate corporation taxable income before
 NOL deduction (enter line 7(f) from Schedule K-Combined)

Montana Separate Corporation NOL Application

Column A

Column B

Column A

Column B

AMENDED RETURNS - carryback deductions

13. Taxable period of NOL

13a. Total NOL for taxable period 13a.

13b. NOL applied to periods other than to 2021 13b.

13c. NOL carryback to 2021 (Total carryback for all
 entities limited to \$500,000) 13c.

13d. Net NOL for taxable period 13d.

14. Taxable period of NOL

14a. Total NOL for taxable period 14a.

14b. NOL applied to periods other than to 2021 14b.

14c. NOL carryback to 2021 (Total carryback for all
 entities limited to \$500,000) 14c.

14d. Net NOL for taxable period 14d.

15. Taxable period of NOL

15a. Total NOL for taxable period 15a.

15b. NOL applied to periods other than to 2021 15b.

15c. NOL carryback to 2021 (Total carryback for all
 entities limited to \$500,000) 15c.

15d. Net NOL for taxable period 15d.

16. Total separate corporation NOL carryback to 2021 ..16.

17. Total separate corporation NOL carryforward
 to 2021 from previous page, line 12.17.

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.

No
Staples!

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 beginning 10012021 and ending 09302022

Name			FEIN		676767690
FORM APPROVAL CENTRAL			Federal Business Code/NAICS		
Mailing Address			State Incorporated in		WY
2510 S CROATAN HIGHWAY			on		10102006
City	State	ZIP Code	Date Qualified in Montana		10102007
NAGS HEAD	MT	27959	MT Secretary of State ID		987987987

Mark all that apply:

- ☐ Initial Return
 ☐ Amended Return – Filers need to complete the entire form using the corrected amounts.
 ☐ Final Return
 ☐ Refund Return

Part I - Filing Method

- ☐ 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? **13**
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? ☐ Yes ☒ No
- Are you filing a combined return for Montana purposes? ☐ Yes ☒ No
- 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
 ☐ d. Domestic Combination
☐ b. Separate Accounting
 ☐ e. Limited Combination (Attach statement)
☐ c. Worldwide Combination
 ☒ 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? ☒ Yes ☐ No
- 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
- 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. **TYPE 1**
☐ f. Other; include a statement explaining all adjustments in detail.

Part III - General Questions (all questions must be answered)

- Describe in detail the nature and location(s) of your Montana activities (if necessary, provide the description on an additional page).
.....
- Is this your corporation's first Montana tax return? ☐ Yes ☒ No
If this corporation is a successor to a previously existing business, enter the predecessor's information:
 Name FEIN

Office Use Only

Date Received

57 11162021



21EP0157

Part III - General Questions (continued)

- c. Is this your corporation's final Montana tax return? ☐ Yes ☒ 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? ☐ Yes ☒ No
 If **Yes**, indicate what period(s) _____
- e. Are any statute of limitation waivers currently in force that have been executed with the Internal Revenue Service? ☐ Yes ☒ No
 If **Yes**, 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 ☐ No
 If **Yes**, for which years have you filed amended Montana returns? 2010
- g. Did an individual at the end of the taxable year own, directly or indirectly, 50% or more of the voting stock of this corporation? If **Yes**, enter name NEW CORPORATION and % of ownership 50.5555 ☒ 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? ☐ Yes ☒ No
 If **Yes**, 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 ☒ 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 ☒ No
 If **Yes**, 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 **Yes**, how many corporations? ☐ Yes ☒ No
- l. Was your corporation owned 50% or more, directly or indirectly, by a corporation or entity that was organized or incorporated outside the U.S.? ☐ Yes ☒ No
 If **Yes**, 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 **Yes**, how many partnerships? ☐ Yes ☒ No
- n. Did this corporation or any member of the consolidated group directly or indirectly have an interest in a foreign partnership? If **Yes**, how many partnerships? ☐ Yes ☒ No
If you answered Yes to any of the above questions (h) through (n), you need to complete and include Schedule M.
- o. Are you a multistate taxpayer that uses market sourcing for receipts factor purposes and uses reasonable approximation in assigning receipts? If yes, provide a brief description. ☐ Yes ☒ No

Part IV - Reporting of Special Transactions

Mark **Yes** 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 ☐ 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.** ☐ Yes ☒ 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. 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 additions.**..... 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 reductions.**..... 3. 11110 004. Add lines 1 and 2, then subtract line 3 and enter the result. **This is your adjusted taxable income.**... 4. 2306657 00**Combined filers with more than one entity with Montana activity must use Schedule K-Combined for lines 5 through 10 below. (See instructions)**

5. Income apportioned to Montana (multiply line 4 x 35.7348 % from Schedule K, line 6)..... 5. 824279 00

6. Enter the income that you allocated directly to Montana. Include a detailed breakdown 6. 45678 00

7. Montana taxable income before net operating loss (add lines 5 and 6 or enter amount reported on line 4) 7. 869957 00

If line 7 is a loss, do you wish to forgo the net operating loss carry-back provision? ☒ Yes ☐ No

Note: If you have reported a loss on line 7 and have not marked either box, the loss must be carried back first.

8. Enter your Montana net operating loss carried over to this period 8. 1157575 00

Use Schedule NOL of Form CIT on page 14 to calculate your net operating loss carryover.9. Subtract line 8 from line 7 and enter the result here. **This is your Montana taxable income.** 9. -287618 0010. Multiply line 9 by 6.75% (or line 9 by 7% if you have a valid Water's Edge election). **This is your Montana tax liability.** (This amount cannot be less than the minimum tax liability of \$50.) 10. 215410 00☐ Mark this box if you are calculating your tax liability using the Alternative Tax method (please see the Form CIT instructions before checking this box).**Questions?** Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.

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

11. Your Montana tax liability from line 10.....	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 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 ANOTHER	12f.	34567	00	
12g. Previously issued refunds. (Do not include any overpayments to 2022.).....	12g.		00	
Add lines 12a through 12f and subtract line 12g; enter the result. This is the total of your payments.	12.		34567	00
13. Enter total credits (from Schedule C)	13.		18988	00
14. Add lines 12 and 13, then subtract from line 11 and enter result. This is your tax due or overpayment.	14.		161855	00
15. Enter the amount of overpayment that you want to be applied to your 2022 estimated tax.....	15.			00
16. Add lines 14 and 15; enter the result. This is your net tax due or overpayment.	16.		161855	00
17. Enter interest on all the tax paid after the due date (See instructions).....	17.			00
18. Enter estimated tax underpayment interest. Include Form CIT-UT	18.			00
☐ Mark this box if you are using the annualized income or adjusted seasonal income method.				
19. Penalty				
19a. Enter your late filing penalty (See instructions)	19a.		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 amount due.	20a.		161855	00
<i>Visit our website at revenue.mt.gov for electronic payment options or include your remittance payable to Montana Department of Revenue.</i>				
20b. If the result is negative, enter the refund due here. This is your total refund.	20b.			00

Direct Deposit**Your Refund**Complete 1, 2, 3 and 4.
(See instructions)

1. RTN#

2. ACCT#

3. If using direct deposit, you are required to mark one box. ☐ Checking ☐ Savings4. Is this refund going to an account that is located outside of the United States or its territories? ☐ Yes ☐ No

Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Officer

Date

Printed Name and Title

Telephone Number

X _____

YOU N ME, DIRECTOR

Print/Type Preparer's Name

Preparer's Signature

Date

PTIN

Firm's Name

Firm's Address

Telephone Number

Firm's FEIN

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

	A. Everywhere	B. Montana.	C. Factor
1. Property Factor: Enter average values for real and tangible personal property.			
1a. Land.....1a.	546 00	656 00	
1b. Buildings.....1b.	765 00	444 00	
1c. Machinery.....1c.	999 00	888 00	
1d. Equipment.....1d.	777 00	666 00	
1e. Furniture and fixtures.....1e.	00	00	
1f. Leases and leased property.....1f.	666 00	555 00	
1g. Inventories.....1g.	777 00	555 00	
1h. Depletable assets.....1h.	555 00	333 00	
1i. Supplies and other.....1i.	444 00	333 00	
1j. Property of foreign subs included in combined group.....1j.	00	00	
1k. Property of unconsolidated subs included in combined group.....1k.	00	00	
1l. Property (pro-rata share) of pass-throughs included in group.....1l.	00	00	
1m. Multiply amount of rents by 8 and enter result.....1m.	00	00	
Total Property Value - add lines 1a through 1m	5529 00	4430 00	
Divide the total in column B by the total in column A. Multiply that result by 100. This is your property factor.			1. 80.1230
2. Payroll Factor:			
2a. Compensation of officers.....2a.	234567 00	123456 00	
2b. Salaries and wages.....2b.	00	00	
Payroll included in:			
2c. Costs of goods sold.....2c.	00	00	
2d. Other deductions.....2d.	00	00	
2e. Payroll of foreign subs included in combined group.....2e.	00	00	
2f. Payroll of unconsolidated subs included in combined group.....2f.	00	00	
2g. Payroll (pro-rata share) of pass-throughs included in group.....2g.	00	00	
Total Payroll Value - add lines 2a through 2g	234567 00	123456 00	
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:			
(1) Shipped from outside Montana.....3b.(1)		2112 00	
(2) Shipped from within Montana.....3b.(2)		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 (for example, service income).....3d.		00	
3e. Net gains reported on federal Schedule D and federal Form 4797 3e.	00	00	
3f. Other gross receipts (rents, royalties, interest, etc.).....3f.	00	00	
3g. Receipts of foreign subs included in combined group.....3g.	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.	00	00	
3j. Less: All intercompany transactions.....3j.	00	00	
Total Receipts Value - add lines 3a through 3j	23123 00	2112 00	
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
4. For periods beginning after June 30, 2021 enter the amount reported on line 3. (Otherwise, leave blank).....4.			01.0509
5. Add the percentages on lines 1, 2, 3, and 4 in column C. This is the sum of your factors.5.			142.9391
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.			35.7348



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.

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.

[illegible]

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.

[illegible]

Schedule C - Tax Credits

Type of Credit	Column A Current Year Earned	Column B Total Available	Column C Current Year Applied
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) .. 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) 12.	00	00	00
13. Empowerment Zone Credit..... 13.	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 Credit..... 16.	00	00	00
17. Student Scholarship Organization Credit 17.	00	00	00
18. Apprenticeship and/or Trades Education and Training Tax Credit... 18.	00	00	00
19. MEDIA Credit..... 19.	21212 00	21219 00	9090 00
20. Add lines 1 through 19 and enter the result.			
This is your total nonrefundable credits. 20.	44444 00	33340 00	18988 00
Refundable Credits			
21. Emergency Lodging Credit (include Form ELC)..... 21.	00	00	00
22. Unlocking Public Lands Credit..... 22.	00	00	00
23. Add lines 21 and 22 and enter the result.			
This is your total refundable credits. 23.	00	00	00
Tax Credits Recapture			
24. Qualified Endowment Credit Recapture 24.			00
25. Historical Buildings Preservation Credit Recapture 25.			00
26. Biodiesel Blending and Storage Credit Recapture 26.			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 13. 28.	44444 00	33340 00	18988 00

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

For combined filers, Column C is obtained from Schedule K-Combined on page 12, line (7o).



Schedule K-Combined for Montana Form CIT
Separate Corporation Calculations

	A Everywhere Activity *	Montana Separate Corporation Activity		B Grand Total of Montana Columns*	C Factor
		MOM CORP	POP CORP		
1. Property Factor (Enter average values for real and tangible personal property)		987987987	654654654		
1a. Land.....1a.	1768888	212345	121212	879879	
1b. Buildings.....1b.					
1c. Machinery.....1c.					
1d. Equipment.....1d.					
1e. Furniture and fixtures.....1e.					
1f. Leases and leased property.....1f.	987878	87878	79797	187879	
1g. Inventories.....1g.					
1h. Depletable assets.....1h.					
1i. Supplies and other.....1i.					
1j. Property of foreign subs included in combined group.....1j.					
1k. Property of unconsolidated subs included in combined group.....1k.					
1l. Property (pro-rata share) of pass-through entities included in combined group.....1l.					
1m. Multiply amount of rents by 8 and enter result.....1m.					
1n. Total Montana average property (Add lines 1a through 1m above).....1n.		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 officers.....2a.	1966789	106678	106689	333333	
2b. Salaries and wages.....2b.					
Payroll included in:					
2c. Costs of goods sold.....2c.					
2d. Other deductions.....2d.					
2e. Payroll of foreign subs included in combined group.....2e.					
2f. Payroll of unconsolidated subs included in combined group.....2f.					
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.).....2h.		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

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

Schedule K-Combined for Montana Form CIT
Separate Corporation Calculations (continued)
3. Receipts Factor

3a. Gross receipts, less returns and allowances 3a.

3b. Receipts delivered or shipped to Montana purchasers:

(1) Shipped from outside Montana 3b.(1)

(2) Shipped from within Montana 3b.(2)

3c. Receipts shipped from Montana to:

(1) United States government 3c.(1)

(2) Purchasers in a state where the taxpayer is not taxable 3c.(2)

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 4797 3e.

3f. Other gross receipts (rents, royalties, interest, etc.) 3f.

3g. Receipts of foreign subs included in combined group 3g.

3h. Receipts of unconsolidated subsidiaries included in combined group 3h.

3i. Receipts (pro-rata share) of pass-through entities included in combined group 3i.

3j. Less: All intercompany transactions 3j.

3k. Total Montana receipts (Add lines (3a) through (3j).) 3k.

3l. Total Everywhere receipts
(Enter in each column the total of lines (3a) through (3j) in the Everywhere column.) 3l.

3m. Separate entity Receipts Factor
(Divide line (3k) by line (3l) and multiply the result by 100.) 3m.

3n. Total Receipts Factor (Add columns from line (3m).) 3n.

4. Double Weighted Receipts Factors

4a. For periods beginning after June 30, 2021 enter the amount reported on line 3m
(For periods beginning before July 1, 2021 leave blank) 4a.

4b. Total Receipts for Double Weighted Calculation (Add columns from line (4a).) 4b.

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
be included in the calculation. See instructions.) 6a.

6b. Total Apportionment Factor (Add columns on line (6a) and enter here.
This should equal page 5, line 6 of the Schedule K.) 6b.

A Everywhere Activity*	Montana Separate Corporation Activity		B Grand Total of Montana Columns*	C Factor
	MOM CORP	POP CORP		
1987987	987987987	654654654		
	212345	212345	213213	
	11111	22222	33333	
6100332	550505	440404	330303	
	773961	674971	576849	
8088319	8088319	8088319		
	9.5689	8.3450		
				17.9139
	1.61089	0.99075		
				2.60164
	31.0366	25.7060		
	10.3455	8.5687		
				18.9142

* 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.
 7l. Montana tax liability (Multiply (7j) by 6.75%, or 7% if you have a valid water's edge election.) If (7j) is a loss, enter \$50 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 7o.

Montana Separate Corporation Activity		B Grand Total of Montana Columns*
MOM CORP	POP CORP	
987987987	654654654	
2306657	2306657	
23863520	19765052	
		43628572
333000	322000	
		655000
24196520	20087052	
		44283572
		0
24196520	20087052	
		44283572
22222	23232	
		45454
25640	27045	
		52685

*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					
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 period.....	5a.				
5b. NOL applied to periods other than to 2021.....	5b.				
5c. NOL carryforward to 2021	5c.				
5d. NOL expired due to 7-year carryforward	5d.				
5e. NOL available for carryforward.....	5e.				
6. Taxable period of NOL					
6a. Total NOL for taxable period.....	6a.				
6b. NOL applied to periods other than to 2021.....	6b.				
6c. NOL carryforward to 2021	6c.				
6d. NOL available for carryforward.....	6d.				
7. Taxable period of NOL					
7a. Total NOL for taxable period.....	7a.				
7b. NOL applied to periods other than to 2021.....	7b.				
7c. NOL carryforward to 2021	7c.				
7d. NOL available for carryforward.....	7d.				
8. Taxable period of NOL					
8a. Total NOL for taxable period.....	8a.				
8b. NOL applied to periods other than to 2021.....	8b.				
8c. NOL carryforward to 2021	8c.				
8d. NOL available for carryforward.....	8d.				
9. Taxable period of NOL					
9a. Total NOL for taxable period.....	9a.				
9b. NOL applied to periods other than to 2021.....	9b.				
9c. NOL carryforward to 2021	9c.				
9d. NOL available for carryforward.....	9d.				
10. Taxable period of NOL					
10a. Total NOL for taxable period.....	10a.				
10b. NOL applied to periods other than to 2021.....	10b.				
10c. NOL carryforward to 2021	10c.				
10d. NOL available for carryforward.....	10d.				
11. Taxable period of NOL					
11a. Total NOL for taxable period.....	11a.				
11b. NOL applied to periods other than to 2021.....	11b.				
11c. NOL carryforward to 2021	11c.				
11d. NOL available for carryforward.....	11d.				
12. Total separate corporation NOL carryforward to 2021. Add column B lines 5 through 11.....					

Schedule NOL for Montana Form CIT
Net Operating Loss (NOL) Deduction (continued)
Enter corporate information from previous page.

Corporation name

Corporation's Federal Tax Identification Number (FEIN)

Montana Separate Corporation NOL Application

 2021 Montana separate corporation taxable income before
 NOL deduction (enter line 7(f) from Schedule K-Combined)

AMENDED RETURNS - carryback deductions

	Column A	Column B	Column A	Column B
13. Taxable period of NOL				
13a. Total NOL for taxable period 13a.				
13b. NOL applied to periods other than to 2021 13b.				
13c. NOL carryback to 2021 (Total carryback for all entities limited to \$500,000) 13c.				
13d. Net NOL for taxable period 13d.				
14. Taxable period of NOL				
14a. Total NOL for taxable period 14a.				
14b. NOL applied to periods other than to 2021 14b.				
14c. NOL carryback to 2021 (Total carryback for all entities limited to \$500,000) 14c.				
14d. Net NOL for taxable period 14d.				
15. Taxable period of NOL				
15a. Total NOL for taxable period 15a.				
15b. NOL applied to periods other than to 2021 15b.				
15c. NOL carryback to 2021 (Total carryback for all entities limited to \$500,000) 15c.				
15d. Net NOL for taxable period 15d.				
16. Total separate corporation NOL carryback to 2021 ..16.				
17. Total separate corporation NOL carryforward to 2021 from previous page, line 12.17.				
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.				

