



2023 Montana Corporate Income Tax Return
Include a copy of federal Form 1120 as filed with the Internal Revenue Service

For calendar year 2023 or tax year beginning and ending

Name

FEIN

Federal Business Code/NAICS

Mailing Address

State Incorporated in on

City

State ZIP Code

Date Qualified in Montana

MT Secretary of State ID

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?
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?
3. Are you filing a combined return for Montana purposes?
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 b. Separate Accounting c. Worldwide Combination d. Domestic Combination e. Limited Combination (Attach statement) f. Water's Edge
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?
6. Are all members of the unitary group 100% Montana corporations?
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
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)

- a. Describe in detail the nature and location(s) of your Montana activities (if necessary, provide the description on an additional page).
b. Is this your corporation's first Montana tax return?
If this corporation is a successor to a previously existing business, enter the predecessor's information:
Name FEIN

Office Use Only
Date Received



23EP01XX

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.



Computation of Montana Taxable Income and Net Amount Due

Table with 3 columns: Description, Amount, and Total. Rows include: 1. Taxable income reported on your federal tax return (line 28). 2. Additions (2a-2h). 3. Reductions (3a-3g). 4. Add lines 1 and 2, then subtract line 3 and enter the result. This is your adjusted taxable income...

Combined filers with more than one entity with Montana activity must use Schedule K-Combined for lines 5 through 10 below. (See instructions)

Table with 3 columns: Description, Amount, and Total. Rows include: 5. Income apportioned to Montana (multiply line 4 x % from Schedule K, line 6). 6. Enter the income that you allocated directly to Montana. 7. Montana taxable income before net operating loss (add lines 5 and 6 or enter amount reported on line 4). 8. Enter your Montana net operating loss carried over to this period. 9. Subtract line 8 from line 7 and enter the result here. This is your Montana taxable income. 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.

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.



23EP03XX

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

Table with 3 columns: Description, Amount, and Total. Rows include: 11. Your Montana tax liability from line 10 (11, 00); 12. Payments (12a-12g, 00); 13. Enter total credits (13, 00); 14. Add lines 12 and 13, then subtract from line 11 and enter result (14, 00); 15. Enter the amount of overpayment that you want to be applied to your 2024 estimated tax (15, 00); 16. Add lines 14 and 15; enter the result (16, 00); 17. Enter interest on all the tax paid after the due date (17, 00); 18. Enter estimated tax underpayment interest (18, 00); 19. Penalty (19a-19b, 00); 20. Add lines 16 through 19; enter the result on line 20a or 20b below (20a, 00); 20b. If the result is negative, enter the refund due here (20b, 00).

Direct Deposit

Your Refund

Form with fields: 1. RTN#, 2. ACCT#, 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 _____

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



23EP04XX

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 |
| 1b. Buildings.....1b. | 00 | | 00 |
| 1c. Machinery.....1c. | 00 | | 00 |
| 1d. Equipment.....1d. | 00 | | 00 |
| 1e. Furniture and fixtures.....1e. | 00 | | 00 |
| 1f. Leases and leased property.....1f. | 00 | | 00 |
| 1g. Inventories.....1g. | 00 | | 00 |
| 1h. Depletable assets.....1h. | 00 | | 00 |
| 1i. Supplies and other.....1i. | 00 | | 00 |
| 1j. Property of foreign 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 | 00 | | 00 |
| Divide the total in column B by the total in column A. Multiply that result by 100. This is your property factor.1. | | | % |
| 2. Payroll Factor: | | | |
| 2a. Compensation of officers.....2a. | 00 | | 00 |
| 2b. Salaries and wages.....2b. | 00 | | 00 |
| Payroll included in: | | | |
| 2c. Costs of goods sold.....2c. | 00 | | 00 |
| 2d. Other 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 | 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. | 00 | | |
| 3b. Receipts delivered or shipped to Montana purchasers: | | | |
| (1) Shipped from outside Montana.....3b.(1) | | | 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 | 00 | | 00 |
| Divide the total in column B by the total in column A. Multiply that result by 100. This is your receipts factor.3. | | | % |
| 4. Enter the amount reported on line 3.....4. | | | % |
| 5. Add the percentages on lines 1, 2, 3, and 4 in column C. This is the sum of your factors.5. | | | % |
| 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. | | | % |



Schedule M - Affiliated Entities

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

1. Members of a U.S. Consolidated Group

Include your information in the following schedule for all members of your U.S. consolidated group. If additional space is needed, attach another copy of the Schedule M for this section. Federal Form 851 is not an acceptable substitution for this section.

| A. Federal Employer Identification Number (FEIN) | B. Name of affiliate/subsidiary/parent corporation | C. Percentage of ownership | D. Considered a Disregarded Entity? | | E. Included in this Montana unitary filing? | | F. Have any activities in Montana? | | G. Mark if filing Montana Form CIT separate from this unitary filing |
|--|--|----------------------------|-------------------------------------|----|---|----|------------------------------------|----|--|
| | | | Yes | No | Yes | No | Yes | No | |



23EP06XX



Schedule M - Affiliated Entities (continued)

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

2. Affiliated Entities

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

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





Schedule M - Affiliated Entities (continued)

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

3. Foreign Parent and Affiliated Entities

If you are owned directly or indirectly greater than 50% by a corporation incorporated in a foreign country, provide the name of the foreign parent and any foreign subsidiaries owned greater than 50% by the foreign parent. If additional space is needed, attach another copy of the Schedule M for this section.

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



Schedule C - Tax Credits

| Type of Credit | A. Current Year Earned | B. Total Available | C. Current Year Applied |
|---|---------------------------|-----------------------|----------------------------|
| Nonrefundable Credits | | | |
| 1. Montana Dependent Care Assistance Credit 1. | | 00 | 00 |
| 2. Montana Recycle Credit (include Form RCYL) 2. | 00 | 00 | 00 |
| 3. Alternative Energy Production Credit 3. | | 00 | 00 |
| 4. Contractor's Gross Receipts Tax Credit (include supporting schedule)..... 4. CGR Account ID | 00 | 00 | 00 |
| 5. Infrastructure Users Fee Credit (include Form IUFC)..... 5. | 00 | 00 | 00 |
| 6. Qualified Endowment Credit (include Form QEC)..... 6. | 00 | 00 | 00 |
| 7. Historical Buildings Preservation Credit (include federal Form 3468) 7. | | 00 | 00 |
| 8. Increase Research and Development Activities Credit..... 8. | | 00 | 00 |
| 9. Mineral and Coal Exploration Incentive Credit 9. | | 00 | 00 |
| 10. Empowerment Zone Credit..... 10. | | 00 | 00 |
| 11. Biodiesel Blending and Storage Credit..... 11. | | 00 | 00 |
| 12. Geothermal System Credit 12. | 00 | 00 | 00 |
| 13. Innovative Educational Program Credit 13. Credit Confirmation Code | 00 | 00 | 00 |
| 14. Student Scholarship Organization Credit 14. Credit Confirmation Code | 00 | 00 | 00 |
| 15. Apprenticeship Tax Credit..... 15. | 00 | 00 | 00 |
| 16. Trades Education and Training Tax Credit. Include Form TETC 16. | 00 | 00 | 00 |
| 17. MEDIA Credit..... 17. UCRN | 00 | 00 | 00 |
| 18. Jobs Growth Incentive Credit. Include Form JGI..... 18. Credit Certificate Number | 00 | 00 | 00 |
| 19. Add lines 1 through 18 and enter the result. This is your total nonrefundable credits. 19. | 00 | 00 | 00 |
| Refundable Credits | | | |
| 20. Unlocking Public Lands Credit..... 20. | 00 | 00 | 00 |
| 21. Enter the amount from Line 20. This is your total refundable credits. 21. | 00 | 00 | 00 |
| Tax Credits Recapture | | | |
| 22. Qualified Endowment Credit Recapture 22. | | | 00 |
| 23. Historical Buildings Preservation Credit Recapture 23. | | | 00 |
| 24. Biodiesel Blending and Storage Credit Recapture 24. | | | 00 |
| 25. Add lines 22 through 24 and enter the result. This is your total recapture of tax credits. 25. | | | 00 |
| 26. Add totals of lines 19 and 21; then subtract line 25. Enter the result here. This is the total of your credits. Enter the total in column C on Form CIT, page 4, line 13. 26. | 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 |
|---|--------------------------------|--|---|-----------|
| 1. Property Factor (Enter average values for real and tangible personal property) | | | | |
| 1a. Land..... | 1a. | | | |
| 1b. Buildings..... | 1b. | | | |
| 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-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. | | | |
| 1o. Total Everywhere average property (Enter in each column the total of lines 1a through 1m in the Everywhere column.)..... | 1o. | | | |
| 1p. Separate entity Property Factor (Divide line 1n by line 1o and multiply the result by 100.) ... | 1p. | % | % | |
| 1q. Total Property Factor (Add columns on line 1p.)..... | 1q. | | | % |
| 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-through entities included in combined group..... | 2g. | | | |
| 2h. Total Montana payroll (Add lines 2a through 2g above.)..... | 2h. | | | |
| 2i. Total Everywhere payroll (Enter in each column the total of lines 2a through 2g in the Everywhere column.)..... | 2i. | | | |
| 2j. Separate entity Payroll Factor (Divide line 2h by line 2i and multiply the result by 100.)..... | 2j. | % | % | |
| 2k. Total Payroll Factor (Add columns on line 2j.)..... | 2k. | | | % |

* 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 |
|--|---|--|---|------------------|
| 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. Enter the amount reported on line 3m | 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. | | | % |

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

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

| Montana Separate Corporation Activity | | B. Grand Total of Montana Columns* |
|--|------------------|---|
| Corporation Name | Corporation Name | |
| FEIN | FEIN | |

7. Montana Taxable Income

| | |
|--|-----|
| 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 26, Schedule C | 7o. |

***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. 2023 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 2023..... 5b.
 - 5c. NOL carryforward to 2023 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 2023..... 6b.
 - 6c. NOL carryforward to 2023 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 2023..... 7b.
 - 7c. NOL carryforward to 2023 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 2023..... 8b.
 - 8c. NOL carryforward to 2023 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 2023..... 9b.
 - 9c. NOL carryforward to 2023 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 2023..... 10b.
 - 10c. NOL carryforward to 2023 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 2023..... 11b.
 - 11c. NOL carryforward to 2023 11c.
 - 11d. NOL available for carryforward 11d.
- 12. Total separate corporation NOL carryforward to 2023.
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)

Montana Separate Corporation NOL Application

| Column A | Column B | Column A | Column B |
|----------|----------|----------|----------|
|----------|----------|----------|----------|

2023 Montana separate corporation taxable income before NOL deduction (enter line 7(f) from Schedule K-Combined)

AMENDED RETURNS - carryback deductions

- 13. Taxable period of NOL
 - 13a. Total NOL for taxable period 13a.
 - 13b. NOL applied to periods other than to 2023..... 13b.
 - 13c. NOL carryback to 2023 (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 2023..... 14b.
 - 14c. NOL carryback to 2023 (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 2023..... 15b.
 - 15c. NOL carryback to 2023 (Total carryback for all entities limited to \$500,000)..... 15c.
 - 15d. Net NOL for taxable period 15d.
- 16. Total separate corporation NOL carryback to 2023 ..16.
- 17. Total separate corporation NOL carryforward to 2023 from previous page, line 12.17.
- 18. Total separate corporation NOL deduction for 2023 (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.

