



# 2024 Montana Corporate Income Tax Return

Form CIT

2024v1

5/2024

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

For calendar year 2024 or tax year beginning  and ending

Name

Mailing Address

City  State  ZIP Code

FEIN

Federal Business Code/NAICS

State Incorporated in  on

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
- Paper-Filed Return – Enter Total Gross Receipts:
- 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? 2  Yes  No
- 3 Are you filing a combined return for Montana purposes? 3  Yes  No
- 4 If you answered Yes to questions 2 or 3 above, 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?
- 6 Are all members of the unitary group 100% Montana corporations? 6  Yes  No
- 7 If you answered **Yes** to questions 2 or 3 above, you must include pages 1 through 5 of the parent's consolidated federal Form 1120 as filed with the Internal Revenue Service, and enter:  
 a. Ultimate U.S. parent's name as reported on federal tax return   
 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? b  Yes  No  
If this corporation is a successor to a previously existing business, enter the predecessor's information:  
Name  FEIN



\*24EP0101\*

**Part III - General Questions (continued)**

- c Is this your corporation's final Montana tax return? c  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 you have not filed with the Montana Department of Revenue? d  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? e  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? f  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 \_\_\_\_\_ g  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? h  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? i  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? j  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? \_\_\_\_\_ k  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.? l  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? \_\_\_\_\_ m  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? \_\_\_\_\_ n  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. o  Yes  No  
 \_\_\_\_\_

**Part IV - Reporting of Special Transactions**

Mark **Yes** if you filed any of the following forms with the Internal Revenue Service.  
Include with your Montana tax return a complete copy of any of these applicable forms.

- a I filed federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service.** a  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.** b  Yes  No  
 Schedule UTP is used to disclose uncertain tax positions.



\*24EP0201\*

**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		00
<b>2 Additions</b>			
2a State, local, foreign and franchise taxes based on income. Include breakdown of your Form 1120, line 17	2a		00
2b Federal tax-exempt interest	2b		00
2c Contributions used to compute qualified endowment credit	2c		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 Federal capital loss carry-over utilized on federal return. Include Schedule D	2g		00
2h All other additions. Include a detailed breakdown	2h		00
Add lines 2a through 2h and enter the result.	<b>This is the total of your additions.</b>		00
<b>3 Reductions</b>			
3a IRC Section 243 dividend received deduction	3a		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 D	3f		00
3g All other reductions. Include a detailed breakdown	3g		00
Add lines 3a through 3g and enter the result.	<b>This is the total of your reductions.</b>		00
4 Add lines 1 and 2, then subtract line 3 and enter the result. <b>This is your adjusted taxable income.</b>	4		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 <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> % from Schedule K, line 6)	5		00
6 Enter the income that you allocated directly to Montana. Include a detailed breakdown	6		00
7 Montana taxable income before net operating loss (add lines 5 and 6 or enter amount reported on line 4)	7		00
If line 7 is a loss, do you wish to forgo the net operating loss carry-back provision? <input type="checkbox"/> Yes <input type="checkbox"/> 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
<b>Use Schedule NOL of Form CIT on page 14 to calculate your net operating loss carryover.</b>			
9 Subtract line 8 from line 7 and enter the result here. <b>This is your Montana taxable income.</b>	9		00
10 Multiply line 9 by 6.75% (or line 9 by 7% if you have a valid Water’s Edge election). <b>This is your Montana tax liability.</b> (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.



\*24EP0301\*

Name \_\_\_\_\_ FEIN \_\_\_\_\_

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

11 Your Montana tax liability from line 10	11		00
<b>12 Payments</b>			
12a 2023 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 2025.)	12g		00
Add lines 12a through 12f and subtract line 12g; enter the result. <b>This is the total of your payments.</b>	12		00
13 Enter total credits (from Schedule C)	13		00
14 Add lines 12 and 13, then subtract from line 11 and enter result. <b>This is your tax due or overpayment.</b>	14		00
15 Enter the amount of overpayment that you want to be applied to your 2025 estimated tax	15		00
16 Add lines 14 and 15; enter the result. <b>This is your net tax due or overpayment.</b>	16		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
<input type="checkbox"/> Mark this box if you are using the annualized income or adjusted seasonal income method.			
<b>19 Penalty</b>			
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. <b>This is your total penalty.</b>	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. <b>This is your total amount due.</b>	20a		00
<i>Visit our website at <a href="http://MTRevenue.gov">MTRevenue.gov</a> 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. <b>This is your total refund.</b>	20b		00

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

1 Routing Number \_\_\_\_\_

2 Account Number \_\_\_\_\_  Checking  Savings

3  Mark this box if this refund is going to an account that is located outside of the United States or its territories.

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

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

**Officer**

Signature  \_\_\_\_\_ Date Signed

Printed Name \_\_\_\_\_ Phone

**Tax Preparer**

Signature \_\_\_\_\_ Date Signed

Print Name \_\_\_\_\_ Phone

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

**Tax Preparation Firm**

Firm Name \_\_\_\_\_ Firm's FEIN

Mailing Address \_\_\_\_\_

City  State  ZIP



\*24EP0401\*



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

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Name		FEIN					
Enter dollar values in columns A and B. Enter percentages in column C. For combined filers, also complete Schedule-K Combined (See instructions)		A	B	C			
		Everywhere	Montana.	Factor			
<b>1 Property Factor:</b> 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			
<b>Total Property Value</b> - add lines 1a through 1m		00		00			
Divide the total in column B by the total in column A. Multiply that result by 100. <b>This is your property factor.</b>			1		%		
<b>2 Payroll Factor:</b>							
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			
<b>Total Payroll Value</b> - add lines 2a through 2g		00		00			
Divide the total in column B by the total in column A. Multiply that result by 100. <b>This is your payroll factor.</b>			2		%		
<b>3 Gross Receipts Factor: Montana Sources Sales on Market Basis</b>							
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			
<b>Total Receipts Value</b> - add lines 3a through 3j		00		00			
Divide the total in column B by the total in column A. Multiply that result by 100. <b>This is your receipts factor.</b>			3		%		
<b>4</b> Enter the amount reported on line 3.			4		%		
<b>5</b> Add the percentages on lines 1, 2, 3, and 4 in column C. <b>This is the sum of your factors.</b>			5		%		
<b>6</b> Divide the total percentage on line 5, column C, by the number of factors that can be included in the calculation. If a property, payroll or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in Column A. (See instructions) Enter the results here and on Form CIT, page 3, line 5. <b>This is your apportionment factor.</b>			6		%		



\*24EP0501\*



# 2024 Montana Form CIT Schedule M – Affiliated Entities

2024v1  
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Name		FEIN							
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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	



\*24EP0601\*

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



Name	FEIN
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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	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



\*24EP0701\*

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

Name _____	FEIN								
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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	







# 2024 Montana Form CIT Schedule C – Tax Credits

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Name  FEIN

Type of Credit	A Current Year Earned	B Total Available	C Current Year Applied
<b>Nonrefundable Credits</b>			
1 Montana Dependent Care Assistance Credit	1	00	00
2 Montana Recycle Credit (include Form RCYL)	2 <input type="text" value="00"/>	00	00
3 Alternative Energy Production Credit	3	00	00
4 Contractor's Gross Receipts Tax Credit (include supporting schedule) CGR Account ID <input type="text"/> C G R	4 <input type="text" value="00"/>	00	00
5 Infrastructure Users Fee Credit (include Form IUFC)	5 <input type="text" value="00"/>	00	00
6 Qualified Endowment Credit (include Form QEC)	6 <input type="text" value="00"/>	00	00
7 Historical Buildings Preservation Credit (include federal Form 3468)	7 <input type="text" value="00"/>	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
13 Innovative Educational Program Credit Credit Confirmation Code <input type="text"/>	13 <input type="text" value="00"/>	00	00
14 Student Scholarship Organization Credit Credit Confirmation Code <input type="text"/>	14 <input type="text" value="00"/>	00	00
15 Apprenticeship Tax Credit	15 <input type="text" value="00"/>	00	00
16 Trades Education and Training Tax Credit. Include Form TETC	16 <input type="text" value="00"/>	00	00
17 MEDIA Credit UCRN <input type="text"/>	17 <input type="text" value="00"/>	00	00
18 Jobs Growth Incentive Credit. Include Form JGI Credit Certificate Number <input type="text"/>	18 <input type="text" value="00"/>	00	00
19 Add lines 1 through 18 and enter the result. <b>This is your total nonrefundable credits.</b>	19 <input type="text" value="00"/>	00	00
<b>Refundable Credits</b>			
20 Unlocking Public Lands Credit	20 <input type="text" value="00"/>	00	00
21 Enter the amount from Line 20. <b>This is your total refundable credits.</b>	21 <input type="text" value="00"/>	00	00
<b>Tax Credits Recapture</b>			
22 Qualified Endowment Credit Recapture	22	00	00
23 Historical Buildings Preservation Credit Recapture	23	00	00
24 Biodiesel Blending and Storage Credit Recapture	24	00	00
25 Add lines 22 through 24 and enter the result. <b>This is your total recapture of tax credits.</b>	25 <input type="text"/>	00	00
26 Add totals of lines 19 and 21; then subtract line 25. Enter the result here. <b>This is the total of your credits.</b> Enter the total in column C on Form CIT, page 4, line 13.	26 <input type="text" value="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).**



\*24EP0901\*



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

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Name  FEIN

	A Everywhere Activity*	Montana Separate Corporation Activity		B Grand Total of Montana Columns*	C Factor
		Corporation Name FEIN	Corporation Name FEIN		
<b>1 Property Factor</b> (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				%
<b>2 Payroll Factor</b>					
2a Compensation of officers	2a				
2b Salaries and wages Payroll included in:	2b				
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.

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

Name  FEIN

		A Everywhere Activity*	Montana Separate Corporation Activity		B Grand Total of Montana Columns*	C Factor
			Corporation Name	Corporation Name		
			FEIN	FEIN		
<b>3 Receipts Factor</b>						
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					%
<b>4 Double Weighted Receipts Factors</b>						
4a Enter the amount reported on line 3m	4a		%	%		
4b Total Receipts for Double Weighted Calculation (Add columns from line (4a).)	4b					%
<b>5 Sum of the Factors</b>						
Add lines (1p), (2j), (3m), and (4a) for each corporation	5		%	%		
<b>6 Apportionment Factor</b>						
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

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

Name  FEIN

	Montana Separate Corporation Activity		B Grand Total of Montana Columns*
	Corporation Name	Corporation Name	
	FEIN	FEIN	
<b>7 Montana Taxable Income</b>			
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.



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

2024v1  
5/2024

Name  FEIN

### Montana Separate Corporation NOL Application

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

Corporation Name		Corporation Name					
FEIN		FEIN					
M	M	D	D	Y	Y	Y	Y
A				B			

#### Carryforward deductions

5	Taxable period of NOL	M	M	D	D	Y	Y	Y	Y				
5a	Total NOL for taxable period												
5b	NOL applied to periods other than to 2024												
5c	NOL carryforward to 2024												
5d	NOL expired due to 7-year carryforward												
5e	NOL available for carryforward												
6	Taxable period of NOL	M	M	D	D	Y	Y	Y	Y				
6a	Total NOL for taxable period												
6b	NOL applied to periods other than to 2024												
6c	NOL carryforward to 2024												
6d	NOL available for carryforward												
7	Taxable period of NOL	M	M	D	D	Y	Y	Y	Y				
7a	Total NOL for taxable period												
7b	NOL applied to periods other than to 2024												
7c	NOL carryforward to 2024												
7d	NOL available for carryforward												
8	Taxable period of NOL	M	M	D	D	Y	Y	Y	Y				
8a	Total NOL for taxable period												
8b	NOL applied to periods other than to 2024												
8c	NOL carryforward to 2024												
8d	NOL available for carryforward												
9	Taxable period of NOL	M	M	D	D	Y	Y	Y	Y				
9a	Total NOL for taxable period												
9b	NOL applied to periods other than to 2024												
9c	NOL carryforward to 2024												
9d	NOL available for carryforward												
10	Taxable period of NOL	M	M	D	D	Y	Y	Y	Y				
10a	Total NOL for taxable period												
10b	NOL applied to periods other than to 2024												
10c	NOL carryforward to 2024												
10d	NOL available for carryforward												
11	Taxable period of NOL	M	M	D	D	Y	Y	Y	Y				
11a	Total NOL for taxable period												
11b	NOL applied to periods other than to 2024												
11c	NOL carryforward to 2024												
11d	NOL available for carryforward												
12	Total separate corporation NOL carryforward to 2024. Add column B lines 5 through 11												

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

Name  FEIN

**Enter corporate information from previous page.**

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

**Montana Separate Corporation NOL Application**

2024 Montana separate corporation taxable income before NOL deduction (enter line 7(f) from Schedule K-Combined)

**AMENDED RETURNS - carryback deductions**

		Montana Separate Corporation NOL Application			
		Corporation Name		Corporation Name	
		FEIN		FEIN	
		A	B	A	B
13	Taxable period of NOL	MMDDYYYY			
13a	Total NOL for taxable period				
13b	NOL applied to periods other than to 2024				
13c	NOL carryback to 2024 (Total carryback for all entities limited to \$500,000)				
13d	Net NOL for taxable period				
14	Taxable period of NOL	MMDDYYYY			
14a	Total NOL for taxable period				
14b	NOL applied to periods other than to 2024				
14c	NOL carryback to 2024 (Total carryback for all entities limited to \$500,000)				
14d	Net NOL for taxable period				
15	Taxable period of NOL	MMDDYYYY			
15a	Total NOL for taxable period				
15b	NOL applied to periods other than to 2024				
15c	NOL carryback to 2024 (Total carryback for all entities limited to \$500,000)				
15d	Net NOL for taxable period				
16	Total separate corporation NOL carryback to 2024				
17	Total separate corporation NOL carryforward to 2024 from previous page, line 12.				
18	Total separate corporation NOL deduction for 2024 (add lines 16 and 17 and enter total on page 3, line 8 - for combined filers, enter on line 7(h) of Schedule K-Combined)				



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

2024v1  
5/2024

Name  FEIN

### Part I. Water’s Edge Election

1 Enter the tax periods for which you received an approval letter from the department for a valid Water’s Edge Election:

### Part II. Calculation of Deemed Dividends Received from 80/20 Companies

1 Enter the positive federal line 30 income of your 80/20 companies. (See instructions)	1		00
2 Enter your consolidated 1120 positive federal line 30 income. (See instructions)	2		00
3 Divide the amount on line 1 by the amount on line 2. <b>This is the ratio of your 80/20 positive income to your consolidated 1120 positive income.</b>	3		
4 Enter the tax liability, after tax credits, which you reported on your consolidated 1120	4		00
5 Multiply line 3 by line 4. <b>This is the federal tax liability associated with your 80/20 companies.</b>	5		00
6 Enter the section 78 gross-up received by your 80/20 companies (include schedule)	6		00
7 Subtract the total of lines 5 and 6 from line 1; enter the result. <b>This is the after-tax net income of your 80/20 companies. If the result is less than zero, enter zero.</b>	7		00
8 Enter the after-tax net income of all unconsolidated 80/20 companies	8		00
9 Add lines 7 and 8; enter the result. <b>This is your total after-tax net income.</b>	9		00
10 Multiply line 9 by 20% and enter the result here and on line 2(f) of Form CIT, page 3. <b>This is your 20% deemed dividend.</b>	10		00

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

A Name	B FEIN	C Income/Loss Reported on Line 28	D Income/Loss Reported on Line 30	E Dividends Received
		00	00	00
		00	00	00
		00	00	00
		00	00	00
		00	00	00
		00	00	00
		00	00	00
Totals		00	00	00