

No Staples!

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 MMDD2023 and ending MMDDYYYY

Name, Mailing Address, City, State, ZIP Code, FEIN, Federal Business Code/NAICS, State Incorporated in, 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?
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:
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.
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



\*23EP0101\*

Part III - General Questions (continued)

- c. Is this your corporation's final Montana tax return?
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?
e. Are any statute of limitation waivers currently in force that have been executed with the Internal Revenue Service?
f. Have you filed an amended federal tax return for any of the last five taxable periods?
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?
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?
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?
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?
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?
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.?
m. Did this corporation or any member of the consolidated group directly or indirectly have an interest in a domestic partnership?
n. Did this corporation or any member of the consolidated group directly or indirectly have an interest in a foreign partnership?
o. Are you a multistate taxpayer that uses market sourcing for receipts factor purposes and uses reasonable approximation in assigning receipts?

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.
b. I filed federal Schedule UTP - Uncertain Tax Position Statement with the Internal Revenue Service.



**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

**2. Additions**

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 of your other additions. Include a detailed breakdown .....2h.  00  
 Add lines 2a through 2h and enter the result. **This is the total of your additions.**..... 2.  00

**3. Reductions**

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 of your other reductions. Include a detailed breakdown .....3g.  00  
 Add lines 3a through 3g and enter the result. **This is the total of your reductions.**..... 3.  00

4. Add lines 1 and 2, then subtract line 3 and enter the result. **This is your adjusted taxable income.**... 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  % 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?  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.  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.  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. 2022 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 2024.) ... 12g. 00
Add lines 12a through 12f and subtract line 12g; enter the result. This is the total of your payments. .... 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. This is your tax due or overpayment. ... 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. This is your net tax due or overpayment. .... 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
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
20b. If the result is negative, enter the refund due here. This is your total refund. .... 20b. 00

Direct Deposit

Your Refund
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
X MMDDYYYY

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
<b>1. Property Factor:</b> Enter average values for real and tangible personal property.			
1a. Land.....1a.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1b. Buildings.....1b.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1c. Machinery.....1c.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1d. Equipment.....1d.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1e. Furniture and fixtures.....1e.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1f. Leases and leased property.....1f.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1g. Inventories.....1g.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1h. Depletable assets.....1h.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1i. Supplies and other.....1i.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1j. Property of foreign subs included in combined group.....1j.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1k. Property of unconsolidated subs included in combined group...1k.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1l. Property (pro-rata share) of pass-throughs included in group....1l.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
1m. Multiply amount of rents by 8 and enter result.....1m.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
<b>Total Property Value</b> - add lines 1a through 1m	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="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.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
2b. Salaries and wages.....2b.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
Payroll included in:			
2c. Costs of goods sold.....2c.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
2d. Other deductions.....2d.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
2e. Payroll of foreign subs included in combined group.....2e.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
2f. Payroll of unconsolidated subs included in combined group..2f.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
2g. Payroll (pro-rata share) of pass-throughs included in group .2g.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
<b>Total Payroll Value</b> - add lines 2a through 2g	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="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.	<input type="text" value="00"/>		
3b. Receipts delivered or shipped to Montana purchasers:			
(1) Shipped from outside Montana.....3b.(1)	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
(2) Shipped from within Montana.....3b.(2)	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
3c. Receipts shipped from Montana to:			
(1) United States government.....3c.(1)	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
(2) Purchasers in a state where the taxpayer is not taxable.....3c.(2)	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
3d. Receipts other than receipts of tangible personal property (for example, service income).....3d.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
3e. Net gains reported on federal Schedule D and federal Form 4797 3e.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
3f. Other gross receipts (rents, royalties, interest, etc.).....3f.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
3g. Receipts of foreign subs included in combined group.....3g.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
3h. Receipts of unconsolidated subs included in combined group..3h.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
3i. Receipts (pro-rata share) of pass-throughs included in group..3i.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
3j. Less: All intercompany transactions.....3j.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
<b>Total Receipts Value</b> - add lines 3a through 3j	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="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	

### 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
<b>Nonrefundable Credits</b>			
1. Montana Dependent Care Assistance Credit..... 1.		<input type="text" value="00"/>	<input type="text" value="00"/>
2. Montana Recycle Credit (include Form RCYL)..... 2.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
3. Alternative Energy Production Credit..... 3.		<input type="text" value="00"/>	<input type="text" value="00"/>
4. Contractor's Gross Receipts Tax Credit (include supporting schedule)..... 4.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
CGR Account ID <input type="text" value=""/> <b>C G R</b>			
5. Infrastructure Users Fee Credit (include Form IUFC)..... 5.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
6. Qualified Endowment Credit (include Form QEC)..... 6.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
7. Historical Buildings Preservation Credit (include federal Form 3468)..... 7.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
8. Increase Research and Development Activities Credit..... 8.		<input type="text" value="00"/>	<input type="text" value="00"/>
9. Mineral and Coal Exploration Incentive Credit..... 9.		<input type="text" value="00"/>	<input type="text" value="00"/>
10. Empowerment Zone Credit..... 10.		<input type="text" value="00"/>	<input type="text" value="00"/>
11. Biodiesel Blending and Storage Credit..... 11.		<input type="text" value="00"/>	<input type="text" value="00"/>
12. Geothermal System Credit..... 12.		<input type="text" value="00"/>	<input type="text" value="00"/>
13. Innovative Educational Program Credit..... 13.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
Credit Confirmation Code <input type="text" value=""/>			
14. Student Scholarship Organization Credit..... 14.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
Credit Confirmation Code <input type="text" value=""/>			
15. Apprenticeship Tax Credit..... 15.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
16. Trades Education and Training Tax Credit. Include Form TETC..... 16.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
17. MEDIA Credit..... 17.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
UCRN <input type="text" value=""/>			
18. Jobs Growth Incentive Credit. Include Form JGI..... 18.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
Credit Certificate Number <input type="text" value=""/>			
19. Add lines 1 through 18 and enter the result. <b>This is your total nonrefundable credits.</b> ..... 19.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
<b>Refundable Credits</b>			
20. Unlocking Public Lands Credit..... 20.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
21. Enter the amount from Line 20. <b>This is your total refundable credits.</b> ..... 21.	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>
<b>Tax Credits Recapture</b>			
22. Qualified Endowment Credit Recapture..... 22.			<input type="text" value="00"/>
23. Historical Buildings Preservation Credit Recapture..... 23.			<input type="text" value="00"/>
24. Biodiesel Blending and Storage Credit Recapture..... 24.			<input type="text" value="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" value="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"/>	<input type="text" value="00"/>	<input type="text" value="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

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.

Table with 4 columns: A. Everywhere Activity \*, Montana Separate Corporation Activity (with sub-columns for Corporation Name and FEIN), B. Grand Total of Montana Columns\*, and C. Factor. Rows correspond to lines 1a through 2k.

\* 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. 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.

	<b>A. Everywhere Activity *</b>			<b>Montana Separate Corporation Activity</b>		<b>B. Grand Total of Montana Columns*</b>	<b>C. Factor</b>



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

Montana Separate Corporation NOL Application					
		Corporation Name	Corporation Name		
		FEIN	FEIN		
		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. 2023 Montana separate corporation taxable income before NOL deduction (enter line 7(f) from Schedule K-Combined)					
<b>Carryforward deductions</b>					
5. Taxable period of NOL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
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)

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

Montana Separate Corporation NOL Application			
Corporation Name		Corporation Name	
FEIN		FEIN	
Column A	Column B	Column A	Column B
<b>AMENDED RETURNS - carryback deductions</b>			
13. Taxable period of NOL	<input type="text" value="MMDDYYYY"/>		
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	<input type="text" value="MMDDYYYY"/>		
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	<input type="text" value="MMDDYYYY"/>		
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.		

MMDDYYYY

FEIN -

**Schedule WE - Water's Edge Schedule**

**Part I. Water's Edge Election**

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

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

1. Enter the positive federal line 30 income of your 80/20 companies. (See instructions)	1.		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. This is the ratio of your 80/20 positive income to your consolidated 1120 positive income.	3.		
4. Enter the tax liability, after tax credits, which you reported on your consolidated 1120.	4.		00
5. Multiply line 3 by line 4. This is the federal tax liability associated with your 80/20 companies	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. This is the after-tax net income of your 80/20 companies. If the result is less than zero, enter zero.	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. This is your total after-tax net income.	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
	Totals		00	00