

2012 Montana S Corporation Information and Composite Tax Return

Include a complete copy of the federal Form 1120S and all related forms and schedules.

For calendar year 2012 or tax year beginning MMDD2012 and ending MMDDYYYY

- Mark all that apply:
Initial return
Final return
Amended return
Refund return

Name, Mailing Address, City, State, Zip Code + 4, FEIN, Enter number of: Schedules K-1 included, Resident shareholders, Nonresident shareholders, Other types of shareholders

State Incorporated in on MMDDYYYY Federal Business Code/NAICS MT Secretary of State ID # Foreign S corporations: date S corporation obtained certificate of authority from Montana Secretary of State MMDDYYYY

Shareholders' Pro Rata Share of Income Items (Form 1120S, Schedule K)

Table with 11 rows for income items: 1. Ordinary business income (loss), 2. Net rental real estate income (loss), 3a. Other gross rental income (loss), 3b. Expenses from other rental activities, 3c. Subtract line 3b from line 3a, 4. Interest income, 5. Ordinary dividends, 6. Royalties, 7. Net short-term capital gain (loss), 8. Net long-term capital gain (loss), 9. Net section 1231 gain (loss), 10. Other income (loss), 11. Add lines 1 through 10 and enter result.

Shareholders' Distributive Share of Deduction Items (Form 1120S, Schedule K)

Table with 5 rows for deduction items: 12a. Section 179 deduction, 12b. Contributions, 12c. Investment interest expense, 12d. Section 59(e)(2) expenditures, 12e. Other deductions, 13. Add lines 12a through 12e and enter result, 14. Subtract line 13 from line 11.

Shareholders' Distributive Share of Montana Additions and Deductions to Income

Table with 3 rows for Montana additions and deductions: 15a. Interest and dividends not taxable under the Internal Revenue Code, 15b. Taxes based on income or profits, 15c. Other additions, 16a. Interest on U.S. government obligations, 16b. Deduction for purchasing recycled material, 16c. Other deductions, 17. Add lines 14 and 15, then subtract line 16 from that result.

Apportioned and Allocated Montana Source Income

Table with 3 rows for apportioned and allocated income: 18. Income apportioned to Montana, 19. Income allocated to Montana, 20. Add lines 18 and 19; enter result.



Schedule I – Apportionment Factors for Multistate S Corporations

Enter amounts in columns A and B. Enter percentages in column C.

	A. Everywhere	B. Montana	C. Factor
1. Property Factor: Use average value for real and tangible personal property.			
1a. Land	00	00	00
1b. Buildings	00	00	00
1c. Machinery	00	00	00
1d. Equipment	00	00	00
1e. Furniture and fixtures	00	00	00
1f. Leases and leased property	00	00	00
1g. Inventories	00	00	00
1h. Depletable assets	00	00	00
1i. Supplies and other	00	00	00
1j. Property of foreign subsidiaries included in combined unitary group	00	00	00
1k. Property of unconsolidated subsidiaries included in combined unitary group	00	00	00
1l. Property of pass-through entities included in combined unitary group	00	00	00
1m. Multiply amount of rents by 8 and enter result	00	00	00
Total Property Value add lines 1a through 1m	00	00	00
Divide the total in column B by the total in column A. Multiply the result by 100. This is your property factor.			1. %
2. Payroll Factor:			
2a. Compensation of officers	00	00	
2b. Salaries and wages	00	00	
Payroll included in:			
2c. Costs of goods sold	00	00	
2d. Other expenses and deductions	00	00	
2e. Payroll of foreign subsidiaries included in combined unitary group	00	00	
2f. Payroll of unconsolidated subsidiaries included in combined unitary group	00	00	
2g. Payroll of pass-through entities included in combined unitary group	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 the result by 100. This is your payroll factor.			2. %
3. Sales (Gross Receipts) Factor:			
3a. Gross sales, less returns and allowances	00		
3b. Sales delivered or shipped to Montana purchasers:			
(1) Shipped from outside Montana	3b.(1)	00	
(2) Shipped from within Montana	3b.(2)	00	
3c. Sales 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. Sales other than sales of tangible personal property (i.e. 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. Sales (receipts) of foreign subsidiaries included in combined unitary group	3g.	00	00
3h. Sales (receipts) of unconsolidated subsidiaries included in combined unitary group	3h.	00	00
3i. Sales (receipts) of pass-through entities included in combined unitary group	3i.	00	00
3j. Less: All intercompany transactions	3j.	00	00
Total Sales Value add lines 3a through 3j	00	00	00
Divide the total in column B by the total in column A. Multiply the result by 100. This is your sales factor.			3. %
4. Add the percentages on lines 1, 2, and 3 in column C. This is the sum of your factors.			4. %
5. Divide the total percentage on line 4, column C, by the number of factors that can be included in the calculation. If there is a value in column A for a factor category (Property, Payroll, or Sales) you should include this factor as part of the calculation (see instructions). Enter the results here and also insert on Form CLT-4S, page 1, line 18. This is your apportionment factor.			5. %



Schedule II – Montana S Corporation Tax Credits

Type of Credit	Amount of Credit
1. Dependent Care Assistance Credit include Form DCAC	00
2. College Contribution Credit include Form CC	00
3. Health Insurance for Uninsured Montanans Credit include Form HI	00
4. Recycle Credit include Form RCYL	00
5. Alternative Energy Production Credit include Form AEPC	00
6. Contractor's Gross Receipts Tax Credit. If multiple CGR accounts, please mark here. <input type="checkbox"/>	00
CGR Account ID: <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	00
7. Alternative Fuel Credit include Form AFCR	00
8. Infrastructure Users Fee Credit include Form IUFC	00
9. Historic Property Preservation Credit include federal Form 3468	00
10. Increase Research and Development Activities Credit include a detailed schedule of the credit carryforward	00
11. Mineral and Coal Exploration Incentive Credit include Forms MINE-CERT and MINE-CRED	00
12. Empowerment Zone Credit.....	00
13. Film Production Credit..... include Form FPC	00
14. Biodiesel Blending and Storage Credit..... include Form BBSC	00
15. Oilseed Crushing and Biodiesel/Biolubricant Production Credit..... include Form OSC	00
16. Insure Montana Small Business Health Insurance Credit	00
Business FEIN: <input type="text"/> - <input type="text"/>	00
17. Temporary Emergency Lodging Credit..... include Form TELC	00
Type of Credit Recapture	Amount of Credit Recapture
18. Historic Property Preservation Credit Recapture.....	00
19. Film Production Credit Recapture	00
20. Biodiesel Blending and Storage Credit Recapture	00
21. Oilseed Crushing and Biodiesel/Biolubricant Production Credit Recapture	00

Any credit or credit recapture from an S corporation has to be attributed to its shareholders using the same proportion that is used when it reported that shareholder's income or loss for Montana income tax purposes. Please include a detailed breakdown that shows each shareholder's share of the credit or credit recapture.

Please notify each shareholder of the amount of credit available to that shareholder by using Montana Schedule K-1.



Schedule III – Montana S Corporation Information

Summary Schedule and Supplemental Information

Complete columns E, F or G if the shareholder is a nonresident individual, estate, trust or foreign C corporation. If electing composite tax, mark column E.

Complete columns A through D for all shareholders.

A	B	C	D	E	F	G
Name Street Address or PO Box City State Zip Code	Entity Type and Identification Number (FEIN or SSN) (see codes below*)	Residency Code (R/N)	Ownership %	Composite Income Tax (from Schedule IV, column H)	Shareholder Withholding (see instructions)	PT-AGR (year)
1.	Entity Type	<input type="checkbox"/> R		<input type="checkbox"/>		
	FEIN	<input type="checkbox"/> N			00	00
	SSN					
2.	Entity Type	<input type="checkbox"/> R		<input type="checkbox"/>		
	FEIN	<input type="checkbox"/> N			00	00
	SSN					
3.	Entity Type	<input type="checkbox"/> R		<input type="checkbox"/>		
	FEIN	<input type="checkbox"/> N			00	00
	SSN					
4.	Entity Type	<input type="checkbox"/> R		<input type="checkbox"/>		
	FEIN	<input type="checkbox"/> N			00	00
	SSN					
5.	Entity Type	<input type="checkbox"/> R		<input type="checkbox"/>		
	FEIN	<input type="checkbox"/> N			00	00
	SSN					
6.	Entity Type	<input type="checkbox"/> R		<input type="checkbox"/>		
	FEIN	<input type="checkbox"/> N			00	00
	SSN					
7.	Entity Type	<input type="checkbox"/> R		<input type="checkbox"/>		
	FEIN	<input type="checkbox"/> N			00	00
	SSN					
8. Enter the totals of columns D, E and F from all additional pages, if used					00	00
Enter the totals of columns D, E and F					00	00

Transfer the total from column E to Form CLT-4S, line 21. Transfer the total from column F to Form CLT-4S, line 22. Include all additional pages from line 8 with the tax return.

*Column B Entity Type Codes:
C – C corporation **E** – Estate **F** – Foreign C corporation **I** – Individual **T** – Trust



Schedule IV – Montana S Corporation Composite Income Tax Schedule

<p>Part I. Eligible Participating Shareholders</p> <p>Enter the number of eligible participating shareholders. <input style="width: 100px;" type="text"/></p> <p>See instructions for more information about eligible participating shareholders.</p>	<p>Part II. Composite Tax Ratio</p> <p>Use the amount in column 3 to complete the calculation in column H below.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">1</th> <th style="width:33%;">2</th> <th style="width:33%;">3</th> </tr> <tr> <td style="text-align: center;">Enter the amount from Form CLT-4S, line 14</td> <td style="text-align: center;">Enter the amount from Form CLT-4S, line 20</td> <td style="text-align: center;">Divide column 2 by column 1</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	1	2	3	Enter the amount from Form CLT-4S, line 14	Enter the amount from Form CLT-4S, line 20	Divide column 2 by column 1			
1	2	3									
Enter the amount from Form CLT-4S, line 14	Enter the amount from Form CLT-4S, line 20	Divide column 2 by column 1									

Part III. Enter below in columns A through H the required information and amounts for each eligible participating shareholder.

A	B	C	D	E	F	G	H	
Name	Social security number or federal employer identification number	Shareholders' share of federal income from entity	Standard deduction	Exemption \$2,190	Montana taxable income – Subtract columns D and E from column C.	Enter the appropriate tax from the tax table below.	Montana composite income tax. Multiply column G times composite tax ratio from Part II.	
1.		00	00	00	00	00	00	
2.		00	00	00	00	00	00	
3.		00	00	00	00	00	00	
4.		00	00	00	00	00	00	
5.		00	00	00	00	00	00	
6.		00	00	00	00	00	00	
7.		00	00	00	00	00	00	
8.		00	00	00	00	00	00	
9.		00	00	00	00	00	00	
10.		00	00	00	00	00	00	
11.	Enter the total composite tax from all additional pages, if used						11.	00

Add column H, lines 1 through 11. **This is your total composite income tax liability.**

Transfer the amounts from column H to Form CLT-4S, Schedule III, column E.



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Include all additional pages from line 11 with the tax return.

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$0	\$2,700	1% (0.010)	\$0	
\$2,700	\$4,700	2% (0.020)	\$27	
\$4,700	\$7,200	3% (0.030)	\$74	
\$7,200	\$9,700	4% (0.040)	\$146	

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$9,700	\$12,500	5% (0.050)	\$243	
\$12,500	\$16,000	6% (0.060)	\$368	
More Than \$16,000		6.9% (0.069)	\$512	

Schedule VI – Reporting of Special Transactions

Complete Schedule VI only if your small business corporation filed any of the federal forms described below. Mark the appropriate box indicating which form(s) you filed with the Internal Revenue Service for this tax year. If your answer is “Yes” to one or more of these forms, you will need to include a complete copy of your federal tax return Form 1120S.

1. The S corporation filed federal **Form 8918 – Material Advisor Disclosure Statement** with the Internal Revenue Service. Yes

Form 8918 is required to be filed by material advisors to any reportable transactions.

2. The S corporation filed federal **Form 8824 – Like-Kind Exchanges** with the Internal Revenue Service. Yes

NOTE: Mark the box if your like-kind exchange includes Montana property. Nonresidents do not have to report a like-kind exchange if the properties involved do not include Montana property.

Form 8824 is used to report each exchange of business or investment property for property of a like-kind.

3. The S corporation filed federal **Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnerships** with the Internal Revenue Service. Yes

Form 8865 is used to report the information required under 26 USC 6038 (reporting with respect to controlled foreign partnerships), Section 6038B (reporting of transfers to foreign partnerships), or Section 6046A (reporting of acquisitions, dispositions, and changes in foreign partnership interest).

4. The S corporation filed federal **Form 8886 – Reportable Transaction Disclosure Statement** with the Internal Revenue Service. Yes

Form 8886 is used to disclose information for each reportable transaction in which you participated.

5. The S corporation filed federal **Form 8023 – Elections Under Section 338 for Corporations Making Qualified Stock Purchases** with the Internal Revenue Service. Yes

Form 8023 is used to report elections under IRC 338 made by a purchasing corporation for a target corporation in a qualified stock purchase (QSP). In the case of a target S corporation acquisition under IRC 338(h)(10), the election must be made by all of the shareholders of a target S corporation, including those who do not sell their stock in the event of a QSP transaction.

Complete this section if you made a disbursement to a related party.

6. **During this tax year, the S corporation made payments to one or more related parties (excluding salary compensation) that exceed \$100,000 per recipient.** Yes

If your answer is “Yes” to this question, please provide the name and federal employer identification number of each related party below and the amount that you paid to each related party:

Name	FEIN	Amount of Payment
		00
		00
		00

