

2016 Occupation Tax Return

Print or Type	Name of Company _____		Minnesota Tax ID _____	FEIN _____
	Street _____		<input type="checkbox"/> Check if new address	<input type="checkbox"/> Check if amended
	City _____	County _____	State _____	ZIP code _____
	Has a federal examination been finalized? (list years) _____		Report changes to federal income tax within 180 days of final determination. If there is a change in tax, you must file an amended return.	
Is a federal examination now in progress? (list years) _____				
Tax years and expiration date(s) of federal waivers: _____				

Round amounts to the nearest whole dollar

Tax, Payments and Credits	1 Minnesota tax liability (from M30-I, line 26)	1 _____
	2 Minnesota Nongame Wildlife Fund (see instructions, page 3)	2 _____
	3 Add lines 1 and 2	3 _____
	4 Amount credited from your 2015 return	4 _____
	5 2016 extension payment made by the regular due date	5 _____
	6 Add lines 4 and 5	6 _____
	7 Subtract line 6 from line 3	7 _____
	8 Penalty (see instructions, page 3)	8 _____
	9 Interest (see instructions, page 3)	9 _____
Amount Due or Overpaid	10 AMOUNT DUE or OVERPAID Add lines 7, 8 and 9 (if less than zero, also enter on line 12)	10 _____
	11 Payment made with this return	11 _____
	12 Overpayment	12 _____
	13 Amount of line 12 to be credited to your 2017 tax	13 _____
	14 Refund (subtract line 13 from line 12)	14 _____

To have your refund direct deposited, enter the following. Otherwise, you will receive a check.

Account type:	Routing number	Account number (use an account not associated with any foreign banks)
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input style="width: 150px;" type="text"/>	<input style="width: 250px;" type="text"/>

I declare that this return is correct and complete to the best of my knowledge and belief.

Sign Here	Authorized Signature _____	Title _____	Date _____	Daytime Phone _____	<input type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.
	Signature of Preparer _____	PTIN _____	Date _____	Daytime Phone _____	
	Print name of person to contact within company to discuss this return _____	Title _____	Daytime Phone _____		

Attach copies of all supporting schedules as requested in instructions.

Mail to: Minnesota Revenue, Occupation Tax, Mail Station 3331, St Paul, MN 55146-3331

2016 Income and Tax Calculations

Name of Company	Minnesota Tax ID	FEIN
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Round amounts to the nearest whole dollar

Income Calculation	1 Gross income/mine value (from M30-G) 1 _____
	2 Cost of pellets produced (from Schedule A, line 8) 2 _____
	3 Gross profit (subtract line 2 from line 1) 3 _____
	4 Net gain or loss (see instructions, page 4; attach schedule) 4 _____
	5 Federal bonus depreciation addback 5 _____
	6 Excess IRC section 179 expense addback (see instructions, page 4; attach schedule) 6 _____
	7 Other adjustments (see instructions, page 4; attach schedule) 7 _____
	8 Total income (add lines 3 through 7) 8 _____
Deductions	9 Salaries and wages 9 _____
	10 Repairs 10 _____
	11 Rents and leases (attach schedule) 11 _____
	12 Royalties 12 _____
	13 Taxes 13 _____
	14 Interest expense 14 _____
	15 a Depreciation (see instructions, page 5; attach schedule) 15a _____
	b Any depreciation included on Schedule A, line 5 15b _____
	15 Subtract line 15b from line 15a 15 _____
	16 Development (see instructions, page 5; attach schedule) 16 _____
	17 Depletion (see instructions, page 5; attach schedule) 17 _____
	18 Pension, profit-sharing plans and deferred compensation plans 18 _____
	19 Employee benefit programs 19 _____
	20 Subtractions for prior addbacks of federal bonus depreciation and excess IRC section 179 expensing (attach schedule) 20 _____
21 Other deductions (attach schedule) 21 _____	
22 Total deductions (add lines 9 through 21) 22 _____	
Tax Calculation	23 Minnesota net income (loss) (subtract line 22 from line 8) 23 _____
	24 Net operating loss deduction (from M30-NOL) 24 _____
	25 Taxable income (subtract line 24 from line 23; if zero or less, enter zero) 25 _____
	26 MINNESOTA OCCUPATION TAX LIABILITY (multiply line 25 by 2.45% [.0245]) 26 _____ Enter on M30, line 1.