

2015 Partnership Return

Tax year beginning _____, 2015, ending _____

Print or Type

Partnership's Name		Federal ID Number	Minnesota Tax ID Number	
Doing Business as		Former name, if changed since 2014 return:		
Mailing Address				
<input type="checkbox"/> Check if new address				
City	State	Zip Code	Number of Schedules KPI and KPC:	Number of Partners:

Check if: Initial Return Composite Income Tax More than 80% of Income is from Farming Qualified Business Participating in a JOBZ Zone LLC Out of Business (see inst.)

Round amounts to nearest whole dollar

Tax and Credits

- 1 Minimum fee from line 9 of M3A (see M3A inst., page 6) **1** (enclose M3A)
- 2 Composite income tax for nonresident individual partners **2** (enclose Schedules KPI)
- 3 Minnesota income tax withheld for nonresident individual partners. If you received a Form AWC from a partner, check box: **3** (enclose Forms AWC)
- 4 Add lines 1 through 3 **4**
- 5 Employer Transit Pass Credit not passed through to partners, limited to the amount of the minimum fee on line 1 (enclose Schedule ETP) **5**
- 6 Subtract line 5 from line 4 **6**
- 7 Enterprise Zone Credit not passed through to partners **7**
- 8 Job Opportunity Building Zone Jobs Credit not passed through to partners (enclose Schedule JOBZ) **8**
- 9 Estimated tax and/or extension payments made for 2015 **9**

Refund or Amount Due

- 10 Add lines 7 through 9 **10**
- 11 Tax due. If line 6 is more than line 10, subtract line 10 from line 6 **11**
- 12 Penalty (see instructions, page 4) **12**
- 13 Interest (see instructions, page 5) **13**
- 14 Additional charge for underpayment of estimated tax (enclose Schedule EST) **14**
- 15 **AMOUNT DUE.** If you entered an amount on line 11, add lines 11 through 14. Check payment method: Electronic (see inst., pg. 2), or Check (see inst. pg. 2) **15**

Continued next page

Partnership Return (continued)

Partnership's Name	Federal ID Number	Minnesota Tax ID Number
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Refund or Amount Due	16 Overpayment. If line 10 is more than the sum of lines 6 and 14, subtract line 6 and line 14 from line 10. If line 10 is less than the sum of lines 6 and 14 (see instructions, page 5) 16 <input type="text"/>
	17 Amount of line 16 to be credited to your 2016 estimated tax 17 <input type="text"/>
	18 REFUND. Subtract line 17 from line 16 18 <input type="text"/>
	19 To have your refund direct deposited, enter the following. Otherwise, you will receive a check. You must use an account not associated with any foreign banks.

Account type: Routing number Account number (use an account not associated with any foreign banks)

Checking Savings

Signatures	Signature of General Partner		Date	Daytime Phone	<input type="checkbox"/> I authorize the MN Dept. of Revenue to discuss this tax return with the person below.	
	Print Name of General Partner		Email Address for Correspondence, if Desired	This email address belongs to:		
				<input type="checkbox"/> Employee	<input type="checkbox"/> Paid Preparer	<input type="checkbox"/> Other:
	Paid Preparer's Signature if Other than Partner		Date	Daytime Phone	Preparer's PTIN	

Include a complete copy of federal Form 1065, Schedules K and K-1, and other federal schedules.

Mail to: Minnesota Partnership Tax, Mail Station 1760, St. Paul, MN 55145-1760

2015 Apportionment and Minimum Fee

All partnerships must complete M3A to determine its Minnesota source income and minimum fee. See M3A instructions beginning on page 6. Enclose a copy of your balance sheet.

A
In Minn.

B
Total

C
Factors (A ÷ B)
(carry to 5 decimal places)

Property and Payroll

Property

- 1 a** Average value of inventory **1a** ■ _____
- b** Average value of buildings, machinery and other tangible property owned **1b** ■ _____
- c** Average value of land owned **1c** ■ _____
- Total average value of tangible property owned at original cost *(add lines 1a-1c)* **1** ■ _____
- 2** Capitalized rents paid by partnership *(gross rents paid x 8)* **2** ■ _____
- 3** Add lines 1 and 2 **3** ■ _____

Payroll

- 4** Total payroll, including guaranteed payments to partners **4** ■ _____

Sales/
Apportionment

Sales

- 5** Sales *(including rents received)* **5** ■ _____

Minimum Fee

Minimum Fee Calculation

- 6** Total of lines 3, 4 and 5 in column A **6** ■ _____
- 7** Adjustments *(see instructions, page 7)* **7** ■ _____
Schedule KPC MUST be included.
- 8** Combine lines 6 and 7 **8** ■ _____
- 9** Minimum fee *(determine using the amount on line 8 and the table below)* **9** ■ _____

(Identify pass-through entity and enclose schedule.)

Enter this amount on line 1 of your Form M3.

Minimum Fee Table

If line 8 of M3A is:	your minimum fee* is:
Less than \$960,000	\$0
\$960,000 to \$1,929,999	\$200
\$1,930,000 to \$9,649,999	\$580
\$9,650,000 to \$19,299,999	\$1,930
\$19,300,000 to \$38,589,999	\$3,860
\$38,590,000 or More	\$9,650

***The following partnerships do not have to pay a minimum fee:**

- Farm partnerships with more than 80 percent of income from farming; and
- Qualified businesses participating in a JOBZ zone in Minnesota that have all of their property and payroll within the zone.

If you are exempt from the minimum fee, enter zero on line 9 above and on line 1 of Form M3.