

2015 Corporation Franchise Tax Return

Tax year beginning \_\_\_\_\_, 2015, and ending \_\_\_\_\_

Name of corporation/designated filer		FEIN	Minnesota tax ID
Mailing address <input type="checkbox"/> Check if new address		Business activity code (from federal) _____	
City	State	Zip code	
Former name (if changed since 2012 return)			
Federal consolidated common parent name (if different)		FEIN	

Are you filing a combined income return?  Yes  No

Is this your final C corporation return? If yes, indicate if:

Withdrawn      Dissolved      Merged      S corp election

This corporation is (place an X in the boxes that apply):

a co-op     in bankruptcy

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 report it on Form M4X.

Is a federal examination now in progress? (list years) \_\_\_\_\_

Tax years and expiration date(s) of federal waivers: \_\_\_\_\_

**You must round amounts to nearest whole dollar**

Print or Type

Tax, Payments and Credits

<b>1</b>	Minnesota tax liability (from M4T, line 23) .....	<b>1</b>
<b>2</b>	Minnesota Nongame Wildlife Fund donation (see instructions, pg. 5) .....	<b>2</b>
<b>3</b>	Add lines 1 and 2 .....	<b>3</b>
<b>4</b>	Enterprise Zone Credit (attach Schedule EPC) .....	<b>4</b>
<b>5</b>	Jobs Credit for participating in a Job Opportunity Building Zone (JOBZ) (attach Schedule JOBZ) ..	<b>5</b>
<b>6</b>	Historic Structure Rehabilitation Credit (attach credit certificate) and enter NPS project number: .....	<b>6</b>
<b>7</b>	Greater Minnesota Internship Credit (see instructions, pg. 5) .....	<b>7</b>
<b>8</b>	Amount credited from your 2014 return .....	<b>8</b>
<b>9</b>	Total corporate estimated tax payments made for 2015 .....	<b>9</b>
<b>10</b>	2015 extension payment .....	<b>10</b>
<b>11</b>	Add lines 4 through 10 .....	<b>11</b>
<b>12</b>	Tax due. If line 3 is more than line 11, subtract line 11 from line 3 .....	<b>12</b>
<b>13</b>	Penalty (see instructions, pg. 5) .....	<b>13</b>
<b>14</b>	Interest (see instructions, pg. 5) .....	<b>14</b>
<b>15</b>	Additional charge for underpayment of estimated tax (attach Schedule M15C) .....	<b>15</b>

Continued next page

2015 Corporation Franchise Tax Return (continued)

Name of corporation/designated filer	FEIN	Minnesota tax ID
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<b>Amount Due or Overpaid</b>	<b>16 AMOUNT DUE.</b> If you entered an amount on line 12, add lines 12 through 15. Payment method:    Electronic ( <i>see inst., pg. 2</i> ), or    Check ( <i>see inst., pg. 2</i> ) . . . . . <b>16</b> <span style="float: right;">■</span>
	<b>17 Overpayment.</b> If line 11 is more than the sum of lines 3 and 15, subtract line 3 and line 15 from line 11. If line 11 is less than the sum of lines 3 and 15, see instructions, pg. 5 . . . . . <b>17</b> <span style="float: right;">■</span>
	<b>18</b> Amount of line 17 to be credited to your 2016 estimated tax . . . . . <b>18</b> <span style="float: right;">■</span>
	<b>19 REFUND.</b> Subtract line 18 from line 17 . . . . . <b>19</b> <span style="float: right;">■</span> If you have a refund, you must enter your banking information below. Account type:                      Routing number                      Account number ( <i>use an account not associated with any foreign banks</i> )  Checking                      Savings

<b>Sign Here</b>	<i>I declare that this return is correct and complete to the best of my knowledge and belief.</i>				I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.
	Authorized signature	Title	Date	Daytime phone	
	Signature of preparer	PTIN	Date	Daytime phone	
	Print name of person to contact within corporation to discuss this return	Title	Daytime phone		

**Attach a complete copy of your federal return including schedules as filed with the IRS. If you're paying by check, see inst., pg. 2.**  
Mail to: Minnesota Revenue, Mail Station 1250, St. Paul, MN 55145-1250

# 2015 Income Calculation

See instructions beginning on page 6.

Name of corporation/designated filer	FEIN	Minnesota tax ID
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**You must round amounts to nearest whole dollar**

<b>Income</b>	<b>1</b> Federal taxable income before net operating loss deduction and special deductions <i>(from federal Form 1120, line 28, or see inst., pg. 6)</i> ..... <b>1</b> ■
	<b>2 Additions to income</b>
	a Federal deduction taken for taxes based on net income and minimum fee ..... <b>2a</b> ■
	b Federal deduction for capital losses <i>(IRC sections 1211 and 1212)</i> ..... <b>2b</b> ■
	c Interest income exempt from federal income tax ..... <b>2c</b> ■
	d Exempt interest dividends <i>(IRC section 852[b][5])</i> ..... <b>2d</b> ■
	e Losses from mining operations subject to occupation tax ..... <b>2e</b> ■
	f Federal deduction for percentage depletion <i>(IRC sections 611-614 and 291)</i> ..... <b>2f</b> ■
	g Federal bonus depreciation and suspended loss <i>(IRC section 168[k])</i> ..... <b>2g</b> ■
	h Domestic production activities deduction ..... <b>2h</b> ■
	i Eighty percent of excess IRC section 179 deduction ..... <b>2i</b> ■
	j Fines, fees and penalties deducted federally as a trade or business expense ..... <b>2j</b> ■
	k <b>The need for line 2k has been eliminated. Leave blank.</b> ..... <b>2k</b> ■
<b>Total additions</b> <i>(add lines 2a through 2j)</i> ..... <b>2</b> ■	
<b>3 Total</b> <i>(add lines 1 and 2)</i> ..... <b>3</b> ■	

Continued next page

2015 Income Calculation, (continued)

See instructions beginning on page 6.

Name of corporation/designated filer	FEIN	Minnesota tax ID
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<b>Subtractions From Income</b>	<b>4 Subtractions from income</b>	
	a Refund of taxes based on net income included in federal taxable income	4a ■
	b Minnesota deduction for capital losses	4b ■
	c Sum of research expenses, IRC sections 45A(a) and 51 salary expenses, disability access expenditures, and IRC section 45G(a) railroad track maintenance expenses disallowed for federal tax purposes (attach schedule)	4c ■
	d Foreign dividend gross-up required under IRC section 78	4d ■
	e Expenses relating to income taxable by Minnesota, but federally exempt	4e ■
	f Dividends paid by a bank to the U.S. government on preferred stock	4f ■
	g Income/gains from mining operations subject to the occupation tax	4g ■
	h Deduction for cost depletion	4h ■
	i Minnesota depreciation for pre-1987 certified pollution control facilities	4i ■
	j Subtraction for prior bonus depreciation addback	4j ■
	k Subtraction for prior IRC section 179 addback	4k ■
	l Subtraction for prior addback of reacquisition of indebtedness income	4l ■
m <del>The need for line 4m has been eliminated. Leave blank.</del>	4m ■	
<b>Total subtractions (add lines 4a through 4l)</b>	<b>4 ■</b>	
<b>Apportionable Income</b>	<b>5 Intercompany eliminations (attach schedule)</b>	<b>5 ■</b>
	<b>6 Add lines 4 and 5</b>	<b>6 ■</b>
	<b>7 Minnesota net income (subtract line 6 from line 3)</b>	<b>7 ■</b>
	<b>8 Total nonapportionable income (see instructions, pg. 9; attach schedule)</b>	<b>8 ■</b>
	<b>9 Minnesota apportionable income (subtract line 8 from line 7). Enter on M4T, line 1</b>	<b>9 ■</b>

2015 Apportionment/Fee Calculation

B<sub>1</sub> B<sub>2</sub> B<sub>3</sub>  
 Single/Designated Filer \_\_\_\_\_

Corporation Name \_\_\_\_\_  
 FEIN \_\_\_\_\_  
 Minnesota Tax ID \_\_\_\_\_

**A**  
 Total in and  
 outside Minnesota In Minnesota In Minnesota In Minnesota

Minnesota Payroll  
and Property

1 Average inventory ..... 1 ■ \_\_\_\_\_  
 2 Average tangible property and  
 land owned/used (at original cost) ..... 2 ■ \_\_\_\_\_  
 3 Capitalized rents (gross rents x 8) ..... 3 ■ \_\_\_\_\_  
 4 Total property (add lines 1, 2 and 3) ..... 4 ■ \_\_\_\_\_  
 5 Payroll/officer's compensation ..... 5 ■ \_\_\_\_\_

Sales/  
Apportionment

6 MN sales or receipts ..... 6 ■ \_\_\_\_\_  
 7 MN sales of non-filing entities  
 (see instructions pg. 9) ..... 7 ■ \_\_\_\_\_  
 8 Sales or receipts (add lines 6 and 7)  
 (Financial institutions: see inst., pg. 11) ... 8 ■ \_\_\_\_\_  
 9 Minnesota apportionment factor (divide each  
 line 8B amount by line 8A; carry to six decimal places) ..... 9 ■ \_\_\_\_\_

Enter amounts on M4T, line 2.

**MINIMUM FEE CALCULATION** (see inst., pg. 10)

Minimum Fee

10 Adjustments (see inst., pg. 10; attach schedule) ..... 10 ■ \_\_\_\_\_  
 11 Add lines 4, 5, 8 and 10 ..... 11 ■ \_\_\_\_\_  
 12 Minimum fee (see table below) ..... 12 ■ \_\_\_\_\_  
 Enter amounts on M4T, line 19.

<b>If the amount on line 11 is:</b>	<b>Enter this amount on line 12:</b>	<b>If the amount on line 11 is:</b>	<b>Enter this amount on line 12:</b>
less than \$960,000 .....	\$0	\$9,650,000 to \$19,299,999 .....	\$1,930
\$960,000 to \$1,929,999 .....	\$200	\$19,300,000 to \$38,589,999 .....	\$3,860
\$1,930,000 to \$9,649,999 .....	\$580	\$38,590,000 or more .....	\$9,650

2015 Tax Calculation

		B <sub>1</sub> Single/designated filer	B <sub>2</sub>	B <sub>3</sub>
	Corporation name	_____	_____	_____
	FEIN	_____	_____	_____
	Minnesota tax ID	_____	_____	_____
Income	1 Minnesota apportionable income (enter amount from M4I, line 9, in each column) . . . . .	1 ■ _____	_____	_____
	2 Apportionment factor (from M4A, line 9) . . . . .	2 ■ _____	_____	_____
	3 Net income apportioned to Minnesota (multiply line 1 by line 2) . . . . .	3 ■ _____	_____	_____
	4 Minnesota nonapportionable income (see inst., pg. 12, and attach schedule) . . . . .	4 ■ _____	_____	_____
Deductions From Income	5 Taxable net income (add lines 3 and 4) . . . . .	5 ■ _____	_____	_____
	6 Net operating loss deduction (from NOL) . . . . .	6 ■ _____	_____	_____
	7 Subtract line 6 from line 5 . . . . .	7 ■ _____	_____	_____
	8 Deduction for dividends receive			
	a Amount from DIV, line 15 . . . . .	8a ■ _____	_____	_____
	b Multiply line 8a by line 2 above for each column . . . . .	8b ■ _____	_____	_____
9 Job Opportunity Building Zone (JOBZ) exemptions (from JOBZ, line 17) . . . . .	9 ■ _____	_____	_____	
10 Add lines 8b and 9 . . . . .	10 ■ _____	_____	_____	
Tax	11 Taxable income (subtract line 10 from line 7) . . . . .	11 ■ _____	_____	_____
	12 Regular tax (multiply line 11 by 0.098; if zero or less, enter zero) . . . . .	12 ■ _____	_____	_____
	13 Alternative minimum tax (AMT) (from AMTT, line 10) . . . . .	13 ■ _____	_____	_____
Credits Against Tax	14 Add lines 12 and 13 . . . . .	14 ■ _____	_____	_____
	15 AMT credit (from AMTT, line 13) . . . . .	15 ■ _____	_____	_____
	16 Subtract line 15 from line 14 . . . . .	16 ■ _____	_____	_____
	17 Minnesota credit for increasing research activities (from RD, line 33) . . . . .	17 ■ _____	_____	_____
Tax Liability	18 Subtract line 17 from line 16 . . . . .	18 ■ _____	_____	_____
	19 Minimum fee (from M4A, line 12). If you are a qualified business with all property and payroll located in a JOBZ zone, enter zero	19 ■ _____	_____	_____
	20 Tax liability by corporation (add lines 18 and 19) . . . . .	20 ■ _____	_____	_____
	21 Employer Transit Pass Credit (from ETP, line 4) . . . . .	21 ■ _____	_____	_____
	22 Subtract line 21 from line 20 (if zero or less, enter zero) . . . . .	22 ■ _____	_____	_____
	23 Add all amounts on line 22. This is your <b>MINNESOTA TAX LIABILITY</b> . . . . .	23 ■ _____	_____	_____

Enter on M4, line 1.