

2015 Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations and political organizations with unrelated business income.


Tax year beginning _____, 2015, and ending _____ **(required)**

Please Print or Type

Name of Organization	FEIN	Minnesota Tax ID <i>(required)</i>
Mailing Address <input type="checkbox"/> Check if New Address	This Organization Files Federal Form <i>(check one)</i> <input type="checkbox"/> 990-T <input type="checkbox"/> 1120-C <input type="checkbox"/> 1120-H <input type="checkbox"/> 1120-POL	
City County State Zip Code	Exempt Under IRS Section <i>(check one)</i> <input type="checkbox"/> 501(c)(_____) <input type="checkbox"/> 528 <input type="checkbox"/> Other: _____	
Check All That Apply: <input type="checkbox"/> Amended Return <input type="checkbox"/> Filing Under an Extension <input type="checkbox"/> Final Return <i>(see inst., pg. 3)</i> Enter Close Date: _____	Enter your NAICS Codes <i>(see instructions, pg. 3)</i> _____ / _____	
Are you filing a combined income return? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was 100% of the business conducted in Minnesota for this tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(complete and attach Schedule M4NPA)</i>	

You must round amounts to nearest whole dollar.

Determining Tax

- 1 Federal taxable income **before** net operating loss and specific deduction
(from federal Form 990-T, line 30; 1120-C, line 25a; 1120-H, line 17; or 1120-POL, line 17c) **1** _____
- 2 Total subtractions from federal taxable income *(from M4NPI, line 1)* **2** _____
- 3 Federal taxable income or (loss) after subtractions *(see instructions)* **3** _____
 If you conducted business both within and outside Minnesota, complete M4NPA *(see instructions, pg. 6)*.
 If 100% of your activities were conducted in Minnesota, do not complete M4NPA. Enter line 3 on line 4.
- 4 Minnesota taxable net income or (loss) *(from M4NPA, line 15, or if 100% of your activities were conducted in Minnesota, enter amount from line 3 above)* **4** _____
- 5 Minnesota net operating loss deduction *(from NOL)* **5** _____
- 6 Subtract line 5 from line 4 *(if zero or less, enter zero)* **6** _____
- 7 Total deductions from taxable net income *(from M4NPI, line 2)* **7** _____
- 8 Taxable income *(subtract line 7 from line 6; if zero or less, enter zero)* **8** _____
- 9 Regular tax *(multiply line 8 by 9.8% [0.098]; if zero or less, enter zero)* **9** _____
- 10 Proxy tax *(see instructions, pg. 3)* **10** _____
- 11 Tax before credits *(add lines 9 and 10)* **11** _____
- 12 Total credits against tax *(from M4NPI, line 3)* **12** _____
- 13 Minnesota tax liability *(subtract line 12 from line 11; if zero or less, enter zero)* **13** _____
- 14 Minnesota Nongame Wildlife Fund donation *(see instructions, pg. 3)*  **14** _____
- 15 Add lines 13 and 14 **15** _____

Credits and Payments

Continued next page

M4NP page 2 MINNESOTA • REVENUE

2015 Unrelated Business Income Tax (UBIT) Return (continued)

Name of Organization	FEIN	Minnesota Tax ID
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Credits and Payments, Cont.	16 Total refundable credits (from M4NPI, line 4) 16 _____
	17 Amount credited from your 2014 Form M4NP, line 30 17 _____
	18 2015 estimated tax payments 18 _____
	19 2015 extension payment 19 _____
	20 Total refundable credits and payments (add lines 16, 17, 18 and 19) 20 _____

Tax, Donation, Penalty, Interest, Charges	21 Subtract line 20 from line 15 21 _____
	22 Penalty (determine from worksheet in the instructions, pg. 4) 22 _____
	23 Interest (determine from worksheet in the instructions, pg. 4) 23 _____
	24 Additional charge for underpayment of estimated tax (from M15NP, line 17) 24 _____
	25 Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 15, 22, 23 and 24) 25 _____

Amount Due or Overpaid	26 Amount from line 25 26 _____
	27 Amount from line 20 27 _____
	28 AMOUNT DUE. If line 26 is more than or equal to line 27, subtract line 27 from 26 28 _____

Payment method: Electronic (see inst., pg. 2) Check (see inst., pg.2) Amended return payment by check (see inst., pg. 2)

Amount Due or Overpaid	29 OVERPAYMENT. If line 27 is more than line 26, subtract line 26 from line 27 29 _____
	30 Amount of line 29 to be credited to your 2015 estimated tax . . . 30 _____
	31 Refund (subtract line 30 from line 29) 31 _____

To have your refund direct deposited, enter your banking information below.

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:100%;" type="text"/>	<input style="width:100%;" 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 paid preparer listed here.
	Paid Preparer's Signature	PTIN	Date	Daytime Phone	
	Email Address for Correspondence, if Desired		This email address belongs to (check one):		
		<input type="checkbox"/> Employee <input type="checkbox"/> Paid Preparer			

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules.
 Mail to: Minnesota Revenue, Mail Station 1257, St. Paul, MN 55146-1257

2015 Income Adjustments, Deductions and Credits

For tax-exempt organizations, cooperatives, homeowners associations and political organizations with unrelated business income.

See instructions on page 5.

Name of Organization	FEIN	Minnesota Tax ID
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You must round amounts to nearest whole dollar.

Subtractions	1	Subtractions from federal taxable income		
		a Federal specific, special and section 1382 deductions	1a	_____
		b Advertising revenues from a newspaper published by a section 501(c)(4) organization	1b	_____
		c Lawful gambling expenditures under Minnesota Statutes, Chapter 349, not deducted on federal return (see instructions, pg. 6)	1c	_____
		d Other subtractions from income (you must provide a brief explanation below) _____	1d	_____
		Total subtractions (add lines 1a through 1d)	1	_____
		Enter on Form M4NP, line 2.		
Deductions	2	Deductions from taxable net income		
		a Job Opportunity Building Zone (JOBZ) exemptions (from JOBZ, line 17) .	2a	_____
		b Other deductions (you must provide a brief explanation below) _____	2b	_____
		Total deductions from taxable net income (add lines 2a and 2b)	2	_____
		Enter on Form M4NP, line 7.		
Credits Against Tax	3	Credits against tax		
		a Employer Transit Pass Credit (from ETP, line 4)	3a	_____
		b SEED Capital Investment Credit (see instructions, pg. 6)	3b	_____
		c Other credits against tax (you must provide a brief explanation below) _____	3c	_____
		Total credits against tax (add lines 3a, 3b and 3c)	3	_____
		Enter on Form M4NP, line 12.		
Refundable Credits	4	Refundable credits		
		a Jobs Credit for participating in a Job Opportunity Building Zone (JOBZ) (from JOBZ, line 43)	4a	_____
		b Greater Minnesota Internship Credit (see instructions, pg. 6)	4b	_____
		c Historic Structure Rehabilitation Credit (attach credit certificate) and enter NPS project number: <input style="width: 100px;" type="text"/>	4c	_____
		d Other refundable credits (you must provide a brief explanation below) _____	4d	_____
		Total refundable credits (add lines 4a, 4b, 4c and 4d)	4	_____
		Enter on Form M4NP, line 16.		

2015 Apportionment Calculation – Schedule A

For tax-exempt organizations, cooperatives, homeowners associations and political organizations with unrelated business income.

If you conducted business both within and outside Minnesota during the year, complete Schedule M4NPA to determine your Minnesota source income. Do not complete this schedule if you conducted all your business in Minnesota during the tax year. See instructions beginning on page 7.

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You must round amounts to nearest whole dollar.

A	B
Minnesota	Total

Apportionment Income	1 Federal taxable income or (loss) (from M4NP, line 3) 1 _____		
	2 Total nonapportionable income 2 _____		
	3 Total apportionable income (subtract line 2 from line 1) 3 _____		
Sales/ Apportionment	4 Average inventory 4 _____		
	5 Average tangible property and land owned/used (at original cost) 5 _____		
	6 Capitalized rents (gross rents x 8) 6 _____		
	7 Total property (add lines 4, 5 and 6) 7 _____		
	8 Payroll/officer’s compensation 8 _____		
	9 Sales or receipts 9 _____		
Minnesota Taxable Income	10 Sales of non-filing entities (see instructions pg. 8) 10 _____		
	11 Total sales or receipts (add lines 9 and 10) (Financial institutions: see inst., pg. 8) 11 _____		
	12 Minnesota apportionment factor (divide line 11A amount by line 11B; carry to six decimal places) 12 _____		
	13 Net income apportioned to Minnesota (multiply line 3 by line 12) 13 _____		
14 Minnesota nonapportionable income 14 _____			
	15 Minnesota taxable net income or (loss) (add lines 13 and 14) Enter on Form M4NP, line 4 15 _____		