



# 2016 Unrelated Business Income Tax (UBIT) Return

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


Tax year beginning \_\_\_\_\_, 2016, and ending \_\_\_\_\_ **(required)**

Please Print or Type

Name of Organization		FEIN	Minnesota Tax ID (required)
Mailing Address <input type="checkbox"/> Check if New Address		This Organization Files Federal Form (check one) <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 (check one) <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 (see inst., pg. 3)		Enter your NAICS Codes (see instructions, pg. 3) /	
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 (complete and attach Schedule M4NPA)	

**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





2016 Unrelated Business Income Tax (UBIT) Return (continued)

Name of Organization	FEIN	Minnesota Tax ID
----------------------	------	------------------

<b>Credits and Payments, Cont.</b>	<b>16</b> Total refundable credits (from M4NPI, line 4) . . . . . <b>16</b> _____
	<b>17</b> Amount credited from your 2015 Form M4NP, line 30 . . . . . <b>17</b> _____
	<b>18</b> 2016 estimated tax payments . . . . . <b>18</b> _____
	<b>19</b> 2016 extension payment . . . . . <b>19</b> _____
	<b>20</b> Total refundable credits and payments (add lines 16, 17, 18 and 19) . . . . . <b>20</b> _____

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

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

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

<b>Amount Due or Overpaid</b>	<b>29</b> <b>OVERPAYMENT.</b> If line 27 is more than line 26, subtract line 26 from line 27 . . . . . <b>29</b> _____
	<b>30</b> Amount of line 29 to be credited to your 2016 estimated tax . . . <b>30</b> _____
	<b>31</b> Refund (subtract line 30 from line 29) . . . . . <b>31</b> _____

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.

<b>Sign Here</b>	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





# 2016 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
----------------------	------	------------------

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

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





# 2016 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.

Name of Organization	FEIN	Minnesota Tax ID
----------------------	------	------------------

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

<b>A</b>	<b>B</b>
<b>Minnesota</b>	<b>Total</b>

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

