M3 MINNESOTA·REVENUE
Partnership Return 2014

14301

Print or Type

Tax year beginning _____ , 2014, ending _____

Partnership's Name	Federal ID Number	Minnesota Tax ID Number

Doing Business as	Former name, if changed since 2013 return:

Street Address	☐ Check if new address	

City	State	Zip Code	Number of Enclosed 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 2014 .... **9** ▪ _____

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** ▪ _____

Refund or Amount Due

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** ▪ _____

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** ▪ _____

17 Amount of line 16 to be credited to your 2015 estimated tax .... **17** ▪ _____

18 **REFUND.** Subtract line 17 from line 16 .... **18** ▪ _____

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: ☐ Checking ☐ Savings   Routing number _____   Account number _____

Signatures

Signature of General Partner	Date	Daytime Phone	☐ 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: ☐ Employee ☐ Paid Preparer ☐ 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

M3A MINNESOTA·REVENUE

Apportionment and Minimum Fee 2014

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** ■ _____ *(Identify pass-through entity and enclose schedule.)*
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** ■ _____ *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 $950,000	$0
$950,000 to $1,899,999	$190
$1,900,000 to $9,499,999	$570
$9,500,000 to $18,999,999	$1,900
$19,000,000 to $37,989,999	$3,800
$37,990,000 or More	$9,500

*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.