



Tax year beginning \_\_\_\_\_, 2014, ending \_\_\_\_\_

Print or Type

Name of Corporation		Federal ID Number	Minnesota Tax ID
Current Street Address <input type="checkbox"/> Check if New Address		Former name, if changed since 2013 return:	
City	State	Zip Code	Number of Enclosed Schedules KS: _____
Place an X in all that apply: <input type="checkbox"/> Initial Return <input type="checkbox"/> Composite Income Tax <input type="checkbox"/> Financial Institution <input type="checkbox"/> Qualified Subchapter S Subsidiary <input type="checkbox"/> Qualified Business Participating in a JOBZ Zone <input type="checkbox"/> Out of Business (see instructions, pg. 4)			Number of Shareholders: _____

Tax and Credits

**1** S corporation taxes (place an X in all that apply): **Round amounts to nearest whole dollar**

federal Schedule D taxes  passive income

LIFO recapture ..... **1** ■ \_\_\_\_\_ (enclose computation)

**2** Minimum fee from M8A, line 9 (see M8A instructions, pg. 8) .... **2** ■ \_\_\_\_\_ (enclose M8A)

**3** Composite income tax for nonresident shareholders ..... **3** ■ \_\_\_\_\_ (enclose Schedules KS)

**4** Minnesota income tax withheld for nonresident shareholders.  
If you received Form AWC from a shareholder, check box:  .... **4** ■ \_\_\_\_\_ (enclose Forms AWC)

**5** Add lines 1 through 4 ..... **5** ■ \_\_\_\_\_

**6** Employer Transit Pass Credit not passed through to shareholders, limited to the sum of lines 1 and 2 above (enclose Schedule ETP) ..... **6** ■ \_\_\_\_\_

**7** Subtract line 6 from line 5 ..... **7** ■ \_\_\_\_\_

**8** Minnesota Nongame Wildlife Fund donation (see instructions, pg. 4).  
This will reduce your refund or increase your tax ..... **8** ■ \_\_\_\_\_

**9** Add lines 7 and 8 ..... **9** ■ \_\_\_\_\_

**10** Enterprise Zone Credit not passed through to shareholders (enclose Schedule EPC) ..... **10** ■ \_\_\_\_\_

**11** Job Opportunity Building Zone Jobs Credit not passed through to shareholders (enclose Schedule JOBZ) ..... **11** ■ \_\_\_\_\_

**12** Estimated tax and/or extension payments made for 2014 ..... **12** ■ \_\_\_\_\_

**13** Add lines 10 through 12 ..... **13** ■ \_\_\_\_\_

**14** Tax due. If line 9 is more than line 13, subtract line 13 from line 9 ..... **14** ■ \_\_\_\_\_

**15** Penalty (see instructions, pg. 5) ..... **15** ■ \_\_\_\_\_

**16** Interest (see instructions, pg. 5) ..... **16** ■ \_\_\_\_\_

**17** Additional charge for underpayment of estimated tax (attach Schedule EST) ..... **17** ■ \_\_\_\_\_

**18** **AMOUNT DUE.** If you entered an amount on line 14, add lines 14 through 17.  
Payment method:  Electronic (see inst., pg. 2), or  Check (see inst., pg. 2) ..... **18** ■ \_\_\_\_\_

**19** Overpayment. If line 13 is more than the sum of lines 9 and 17, subtract line 9 and line 17 from line 13 ..... **19** ■ \_\_\_\_\_

**20** Amount of line 19 to be credited to your 2015 estimated tax .... **20** ■ \_\_\_\_\_

**21** **REFUND.** Subtract line 20 from line 19 ..... **21** ■ \_\_\_\_\_

**22** To have your refund direct deposited, enter the following. Otherwise, you will receive a check.

Refund or Amount Due

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

Signatures

Signature of Officer	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 Officer	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	Date	Daytime Phone	Preparer's PTIN

**Include a complete copy of federal Form 1120S, Schedules K and K-1, and other federal schedules**  
Mail to: Minnesota S Corporation Income Tax, Mail Station 1770, St. Paul, MN 55145-1770

# Apportionment and Minimum Fee 2014

All S corporations must complete M8A to determine its Minnesota source income and minimum fee. See M8A instructions beginning on page 7. Enclose a copy of your balance sheet.

	A In Minn.	B Total	C Factors (A ÷ B) <small>(carry to 5 decimal places)</small>
<b>Property and Payroll</b>			
<b>Property</b>			
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 ■	
d	Financial institutions only: Average intangible property owned	1d ■	
	Total average value of tangible property owned at original cost (add lines 1a-1d)	1 ■	
2	Capitalized rents paid by S corporation (gross rents paid x 8)	2 ■	
3	Add lines 1 and 2	3 ■	
<b>Payroll</b>			
4	Total payroll, including officers' compensation	4 ■	
<b>Sales/ Apportionment</b>			
5	Sales (including rents received) <small>(If line 5, column B is zero, see instructions, page 7.)</small>	5 ■	.
<b>Minimum Fee Calculation</b>			
6	Total of lines 3, 4 and 5 in column A	6 ■	
7	Adjustments (see instructions, page 8)	7 ■	<small>(Identify pass-through entity and enclose schedule.)</small>
8	Combine lines 6 and 7	8 ■	
9	Minimum fee (determine using the amount on line 8 and the table below)	9 ■	<small>Enter this amount on line 2 of your Form M8.</small>

If line 8 of M8A 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 S Corporations do not have to pay a minimum fee:**

- 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 M8.