

2015 S Corporation Return

Tax year beginning _____, 2015, ending _____

Print or Type

Name of Corporation		Federal ID Number	Minnesota Tax ID	
Mailing Address		<input type="checkbox"/> Check if New Address	Former name, if changed since 2014 return:	
City	State	Zip Code	Number of Schedule KS:	Number of Shareholders:

Initial Return
 Composite Income Tax
 Financial Institution
 Qualified Subchapter S Subsidiary
 Qualified Business Participating in a JOBZ Zone
 Out of Business (see instructions, pg. 4)

Round amounts to nearest whole dollar

Tax and Credits

1 S corporation taxes (place an X in all that apply):

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 2015 **12**

Refund or Amount Due

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. **18**

Payment method: Electronic (see inst., pg. 2), or Check (see inst., pg. 2)

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Round amounts to nearest whole dollar

Refund or Amount Due	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 2016 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.

Account type: Routing number Account number *(use an account not associated with any foreign banks)*

Checking Savings

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

2015 Apportionment and Minimum Fee

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 <small>(carry to 5 decimal places)</small>	C Factors (A ÷ B)		
Property and Payroll	Property				
	1 a Average value of inventory 1 a ■	_____			
	b Average value of buildings, machinery and other tangible property owned 1 b ■	_____			
	c Average value of land owned 1 c ■	_____			
	d Financial institutions only: Average intangible property owned 1 d ■	_____			
	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 ■	_____			
	Payroll				
	4 Total payroll, including officers' compensation 4 ■	_____			
Sales/ Apportionment	Sales				
	5 Sales (including rents received) 5 ■	_____	_____		
<i>(If line 5, column B is zero, see instructions, page 7.)</i>					
Minimum Fee	Minimum Fee Calculation				
	6 Total of lines 3, 4 and 5 in column A 6 ■	_____			
	7 Adjustments (see instructions, page 8) 7 ■	_____	<i>(Identify pass-through entity and enclose schedule.)</i>		
	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 2 of your Form M8.		

If line 8 of M8A is:	your minimum fee* is:
Less than \$960,000	\$0
\$960,000 to \$1,929,999	\$200
\$1,930,000 to \$9,649,999	\$580
\$9,650,000 to \$19,299,999	\$1,930
\$19,300,000 to \$38,589,999	\$3,860
\$38,590,000 or More	\$9,650

***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.