

S Corporation Return 2016

Tax year beginning \_\_\_\_\_, 2016, 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 2015 return:	
City	State	Zip Code	Number of Schedule KS:	Number of Shareholders:

Initial Return  
  Composite Income Tax  
  Financial Institution  
  Qualified Subchapter S Subsidiary  
  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 Estimated tax and/or extension payments made for 2016 ..... **11** ■ \_\_\_\_\_

12 Add lines 10 through 11 ..... **12** ■ \_\_\_\_\_

13 Tax due. If line 9 is more than line 12, subtract line 12 from line 9 ..... **13** ■ \_\_\_\_\_

14 Penalty (see instructions, pg. 5) ..... **14** ■ \_\_\_\_\_

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

16 Additional charge for underpayment of estimated tax (attach Schedule EST) ..... **16** ■ \_\_\_\_\_

17 **AMOUNT DUE.** If you entered an amount on line 13, add lines 13 through 16 ..... **17** ■ \_\_\_\_\_

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

Refund or Amount Due

Continued next page

S Corporation Return 2016 (continued)

Name of Corporation	Federal ID Number	Minnesota Tax ID
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**Round amounts to nearest whole dollar**

<b>Refund or Amount Due</b>	<b>18</b> Overpayment. If line 12 is more than the sum of lines 9 and 16, subtract line 9 and line 16 from line 12 . . . . . <b>18</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>
	<b>19</b> Amount of line 18 to be credited to your 2017 estimated tax . . . <b>19</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>
	<b>20 REFUND.</b> Subtract line 19 from line 18 . . . . . <b>20</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>
	<b>21</b> 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)
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 250px; height: 15px;"></span>	

<b>Signatures</b>	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 2016

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	<b>Property</b>				
	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 ■ _____			
	<b>Payroll</b>				
	4 Total payroll, including officers' compensation . . . . .	4 ■ _____			
Sales/ Apportionment	<b>Sales</b>				
	5 Sales (including rents received) . . . . .	5 ■ _____	_____		
<i>(If line 5, column B is zero, see instructions, page 7.)</i>					
Minimum Fee	<b>Minimum Fee Calculation</b>				
	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 \$970,000 . . . . .	\$0
\$970,000 to \$1,939,999 . . . . .	\$200
\$1,940,000 to \$9,689,999 . . . . .	\$580
\$9,690,000 to \$19,379,999 . . . . .	\$1,940
\$19,380,000 to \$38,769,999 . . . . .	\$3,880
\$38,770,000 or More . . . . .	\$9,690