



# 2020 M4, Corporation Franchise Tax Return

Tax year beginning (MM/DD/YYYY) MM / DD / YYYY, and ending (MM/DD/YYYY) MM / DD / YYYY

NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXXX  
Name of Corporation/Designated Filer

0123456789  
FEIN

0123456789  
Minnesota Tax ID Number

MAILING ADDRESSXXXXXXXXXXXX

Mailing Address  Check if new address

0123456789  
Business Activity Code (from federal)

CITYXXXXXXXXXXXX  
City

MN  
State

55418  
ZIP Code

FORMER NAME XXXXXXXXXXXXXXXXXXXXXXX  
Former Name (if changed since 2019 return)

PARENT NAME IF DIFFERENT  
Federal Consolidated Common Parent Name (if different) FEIN

Check if filing a combined income return

Is this your final C corporation return? If yes, indicate if:

Withdrawn  Dissolved  Merged  S corp election

Check if this corporation (place an X in the boxes that apply):

is claiming Public Law 86-272  is a Co-op  is in Bankruptcy

Has a federal examination been finalized? (list years) 1999 1999 1999

Report changes to federal income tax within 180 days of final determination. If there is a change in tax, you must report it on Form M4X.

Is a federal examination now in progress? (list years) 1999 1999 1999

Tax years and expiration date(s) of federal waivers: 1999 1999 1999

You must round amounts to nearest whole dollar

|    |  |    |   |                  |
|----|--|----|---|------------------|
| 1  | Minnesota tax liability (from M4T, line 23) .....                                | 1  | ■ | <u>123456789</u> |
| 2  | Minnesota Nongame Wildlife Fund donation (see instructions, pg. 5) .....         | 2  | ■ | <u>123456789</u> |
| 3  | Add lines 1 and 2 .....  | 3  | ■ | <u>123456789</u> |
| 4  | Enterprise Zone Credit (attach Schedule EPC) .....                               | 4  | ■ | <u>123456789</u> |
| 5  | Historic Structure Rehabilitation Credit (attach credit certificate) .....       | 5  | ■ | <u>123456789</u> |
|    | Enter National Park Service (NPS) project number: <u>123456789</u>               |    |   |                  |
| 6  | Minnesota backup withholding .....   | 6  | ■ | <u>123456789</u> |
| 7  | Amount credited from your 2019 return .....                                      | 7  | ■ | <u>123456789</u> |
| 8  | Total corporate estimated tax payments made for 2020 .....                       | 8  | ■ | <u>123456789</u> |
| 9  | 2020 extension payment .....   | 9  | ■ | <u>123456789</u> |
| 10 | Add lines 4 through 9 .....  | 10 | ■ | <u>123456789</u> |
| 11 | Tax due. If line 3 is more than line 10, subtract line 10 from line 3 .....      | 11 | ■ | <u>123456789</u> |
| 12 | Penalty (see instructions, pg. 5) .....  | 12 | ■ | <u>123456789</u> |
| 13 | Interest (see instructions, pg. 5) .....   | 13 | ■ | <u>123456789</u> |
| 14 | Additional charge for underpayment of estimated tax (attach Schedule M15C) ..... | 14 | ■ | <u>123456789</u> |

Continued next page

2020 M4, Page 2



NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Name of Corporation/Designated Filer

0123456789  
FEIN

0123456789  
Minnesota Tax ID

15 AMOUNT DUE. If you entered an amount on line 11, add lines 11 through 14

Payment Method:  Electronic (see inst., pg. 2), or  Check (see inst., pg. 2) ..... 15 ■ 123456789

16 Overpayment. If line 10 is more than the sum of lines 3 and 12 through 14, subtract line 3 and 12 through line 14 from line 10. If line 10 is less than the sum of lines 3 and 12 through 14, see instructions, pg. 5

16 ■ 123456789

17 Amount of line 16 to be credited to your 2021 estimated tax ..... 17 ■ 123456789

18 REFUND. Subtract line 17 from line 16 ..... 18 ■ 123456789

If you have a refund, you must enter your banking information below.

Account Type:

Checking  Savings      123456789      123456789  
Routing Number      Account Number (use an account not associated with any foreign banks)

I declare that this return is correct and complete to the best of my knowledge and belief.

Authorized Signature      TITLE      MM /DD /YYYY      6515555555  
Title      Date (MM/DD/YYYY)      Daytime Phone  
Signature of Preparer      PTIN      MM /DD /YYYY      6515555555  
PTIN      Date (MM/DD/YYYY)      Preparer's Daytime Phone  
NAME OF PERSON TO CONTACTXXXXXXXXXX      TITLE      6515555555  
Print name of person to contact within corporation to discuss this return      Title      Daytime Phone

Include a complete copy of your federal return including schedules as filed with the IRS. If you're paying by check, see inst., pg. 2.

Mail to: Minnesota Department of Revenue  
Mail Station 1250  
600 N. Robert St.  
St. Paul, MN 55145-1250

I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.  
 I do not want my paid preparer to file my return electronically.



# 2020 M4I, Income Calculation

See instructions beginning on page 6.

|   |            |                  |
|---|------------|------------------|
| NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 0123456789 | 0123456789       |
| Name of Corporation/Designated Filer            | FEIN       | Minnesota Tax ID |

You must round amounts to nearest whole dollar

1 a. Federal taxable income before net operating loss deduction and special deductions (from federal Form 1120, line 28, or see inst., pg. 6) ..... 1a ■ 123456789

b. Interest expense limitation for combined reports ..... 1b ■ 123456789

2 Additions to income

a. Federal deduction taken for taxes based on net income and minimum fee ... 2a ■ 123456789

b. Federal deduction for capital losses (IRC sections 1211 and 1212) ..... 2b ■ 123456789

c. Interest income exempt from federal income tax ..... 2c ■ 123456789

d. Exempt interest dividends (IRC section 852[b][5]) ..... 2d ■ 123456789

e. Losses from mining operations subject to occupation tax ..... 2e ■ 123456789

f. Federal deduction for percentage depletion (IRC sections 611-614 and 291) .. 2f ■ 123456789

g. Federal bonus depreciation and suspended loss (IRC section 168[k]) ..... 2g ■ 123456789

h. Eighty percent of excess IRC section 179 deduction ..... 2h ■ 123456789

i. Addition due to federal changes not adopted by Minnesota (M4NC, line 25) ..... 2i ■ 123456789

j. This line intentionally left blank ..... 2j ■

k. This line intentionally left blank ..... 2k ■

Total additions (add lines 2a through 2k) ..... 2 ■ 123456789

3 Total (add lines 1a, 1b, and 2) ..... 3 123456789

Continued next page

# 2020 M4I, Page 2



See instructions beginning on page 7.

NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Name of Corporation/Designated Filer

0123456789  
FEIN

0123456789  
Minnesota Tax ID

## 4 Subtractions from income

- a. Refund of taxes based on net income included in federal taxable income ..... **4a** ■ 123456789
- b. Minnesota deduction for capital losses ..... **4b** ■ 123456789
- c. Sum of research expenses, IRC sections 45A(a) and 51 salary expenses, disability access expenditures, and IRC section 45G(a) railroad track maintenance expenses disallowed for federal tax purposes (attach schedule) . **4c** ■ 123456789
- d. Gross-up for foreign taxes deemed paid under IRC section 78 ..... **4d** ■ 123456789
- e. Expenses relating to income taxable by Minnesota, but federally exempt ..... **4e** ■ 123456789
- f. Dividends paid by a bank to the U.S. government on preferred stock ..... **4f** ■ 123456789
- g. Income/gains from mining operations subject to the occupation tax ..... **4g** ■ 123456789
- h. Deduction for cost depletion ..... **4h** ■ 123456789
- i. Subtraction for prior bonus depreciation addback ..... **4i** ■ 123456789
- j. Subtraction for prior IRC section 179 addback ..... **4j** ■ 123456789
- k. Subtraction for prior addback of reacquisition of indebtedness income ..... **4k** ■ 123456789
- l. Deferred foreign income (Section 965) ..... **4l** ■ 123456789
- m. Global intangible low-taxed income (GILTI) ..... **4m** ■ 123456789
- n. Disallowed section 280E expenses of medical cannabis manufacturers. .... **4n** ■ 123456789
- o. Subtraction due to federal changes not adopted by Minnesota (M4NC, line 25, as a positive number) ..... **4o** ■ 123456789

**Total subtractions (add lines 4a through 4o) ..... **4** ■ 123456789**

**5 Intercompany eliminations (attach schedule) ..... **5** ■ 123456789**

**6 Add lines 4 and 5 ..... **6** 123456789**

**7 Minnesota net income (subtract line 6 from line 3) ..... **7** ■ 123456789**

**8 Total nonapportionable income (see instructions, pg. 9; attach schedule) ..... **8** ■ 123456789**

**9 Minnesota apportionable income (subtract line 8 from line 7). Enter on Form M4T, line 1 ..... **9** ■ 123456789**



# 2020 M4A, Apportionment/Fee Calculation

B<sub>1</sub>

B<sub>2</sub>

B<sub>3</sub>

Single/Designated Filer

|                         |            |            |            |
|-------------------------|------------|------------|------------|
| <b>Corporation Name</b> | NAMEXXXXXX | NAMEXXXXXX | NAMEXXXXXX |
| <b>FEIN</b>             | 1234567890 | 1234567890 | 1234567890 |
| <b>Minnesota Tax ID</b> | 1234567890 | 1234567890 | 1234567890 |

**A**

Total in and  
outside Minnesota

In Minnesota

In Minnesota

In Minnesota

|  |    |            |            |            |
|--|----|------------|------------|------------|
| <b>1</b> Average inventory   | 1  | 1234567890 | 1234567890 | 1234567890 |
| <b>2</b> Average tangible property and land owned/used (at original cost)                                    | 2  | 1234567890 | 1234567890 | 1234567890 |
| <b>3</b> Capitalized rents (gross rents x 8)   | 3  | 1234567890 | 1234567890 | 1234567890 |
| <b>4</b> Total property (add lines 1, 2 and 3)   | 4  | 1234567890 | 1234567890 | 1234567890 |
| <b>5</b> Payroll/officer's compensation  | 5  | 1234567890 | 1234567890 | 1234567890 |
| <b>6</b> MN sales or receipts  | 6  | 1234567890 | 1234567890 | 1234567890 |
| <b>7</b> MN sales of non-filing entities (see instructions pg. 9)  | 7  | 1234567890 | 1234567890 | 1234567890 |
| <b>8</b> Sales or receipts (add lines 6 and 7) (Financial institutions: see inst., pg. 11)                   | 8  | 1234567890 | 1234567890 | 1234567890 |
| <b>9</b> Minnesota apportionment factor (divide each line 8B amount by line 8A; carry to six decimal places) | 9  | 1234567890 | 1234567890 | 1234567890 |
| <b>Enter amounts on Form M4T, line 2.</b>  |    |            |            |            |
| <b>MINIMUM FEE CALCULATION (see inst., pg. 10)</b>   |    |            |            |            |
| <b>10</b> Adjustments (see inst., pg. 10; attach schedule)   | 10 | 1234567890 | 1234567890 | 1234567890 |
| <b>11</b> Add lines 4, 5, 8 and 10   | 11 | 1234567890 | 1234567890 | 1234567890 |
| <b>12</b> Minimum fee (see table below)  | 12 | 1234567890 | 1234567890 | 1234567890 |
| <b>Enter amounts on Form M4T, line 17.</b>   |    |            |            |            |

**Minimum Fee Table**

| If the amount on line 11 is: | Enter this amount on line 12: |
|------------------------------|-------------------------------|
| less than \$1,040,000        | \$0                           |
| \$1,040,000 to \$2,069,999   | \$210                         |
| \$2,070,000 to \$10,379,999  | \$620                         |
| \$10,380,000 to \$20,749,999 | \$2,070                       |
| \$20,750,000 to \$41,499,999 | \$4,160                       |
| \$41,500,000 or more         | \$10,380                      |



# 2020 M4T, Tax Calculation

B<sub>1</sub>

B<sub>2</sub>

B<sub>3</sub>

Single/designated filer

Corporation Name NAMEXXXXXXXX NAMEXXXXXXXX NAMEXXXXXXXX

FEIN 1234567890 1234567890 1234567890

Minnesota Tax ID 1234567890 1234567890 1234567890

1 Minnesota apportionable income (enter amount from M4I, line 9, in each column) . . . . . 1 ■ 1234567890 1234567890 1234567890

2 Apportionment factor (from M4A, line 9) . . . . . 2 ■ 1234567890 1234567890 1234567890

3 Net income apportioned to Minnesota (multiply line 1 by line 2) . . . . . 3 ■ 1234567890 1234567890 1234567890

4a Minnesota nonapportionable income (see inst., pg. 15, and attach schedule) . . . . . 4a ■ 1234567890 1234567890 1234567890

4b Minnesota nonunitary partnership income (see inst., pg. 15, and attach schedule) . . . . . 4b ■ 1234567890 1234567890 1234567890

5 Taxable net income (add lines 3, 4a, and 4b) . . . . . 5 ■ 1234567890 1234567890 1234567890

6 Net operating loss deduction (from NOL) . . . . . 6 ■ 1234567890 1234567890 1234567890

7 Subtract line 6 from line 5 . . . . . 7 ■ 1234567890 1234567890 1234567890

8 Deduction for dividends received (see inst., pg. 15) . . . . . 8 ■ 1234567890 1234567890 1234567890

9 Taxable income (subtract line 8b from line 7) . . . . . 9 ■ 1234567890 1234567890 1234567890

10 Regular tax (multiply line 9 by 0.098; if result is zero or less, leave blank) . . . . . 10 ■ 1234567890 1234567890 1234567890

11 Alternative minimum tax (AMT) (from AMTT, line 10) . . . . . 11 ■ 1234567890 1234567890 1234567890

12 Add lines 10 and 11 . . . . . 12 ■ 1234567890 1234567890 1234567890

13 AMT credit (from AMTT, line 13) . . . . . 13 ■ 1234567890 1234567890 1234567890

14 Subtract line 13 from line 12 . . . . . 14 ■ 1234567890 1234567890 1234567890

15 Minnesota credit for increasing research activities (from RD, line 43) . . . . . 15 ■ 1234567890 1234567890 1234567890

16 Subtract line 15 from line 14 . . . . . 16 ■ 1234567890 1234567890 1234567890

17 Minimum fee (from M4A, line 12). . . . . 17 ■ 1234567890 1234567890 1234567890

18 Tax liability by corporation (add lines 16 and 17) . . . . . 18 ■ 1234567890 1234567890 1234567890

19 Tax Credit for Owners of Agricultural Assets (see inst.) . . . . . 19 ■ 1234567890 1234567890 1234567890

20 Subtract line 19 from line 18 . . . . . 20 ■ 1234567890 1234567890 1234567890

21 Employer Transit Pass Credit (from ETP, line 4) . . . . . 21 ■ 1234567890 1234567890 1234567890

22 Subtract line 21 from line 20 (if result is zero or less, leave blank) . . . . . 22 ■ 1234567890 1234567890 1234567890

23 Add all amounts on line 22. This is your MINNESOTA TAX LIABILITY . . . . . 23 ■ 1234567890  
Enter on Form M4, line 1. 9995