



# 2020 M4X, Amended Franchise Tax Return/Claim for Refund

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

NAME OF CORPORATION 123456789 123456789  
 Name of Corporation/Designated Filer FEIN Minnesota Tax ID

MAILING ADDRESS 123456789  
 Mailing Address Date Original Return was Filed

CITYXXXXXXXXXXXXXXXXXXXXXXXXXX MN 55555  
 City State ZIP Code

Are you filing as a member of a unitary business? ...  Yes  No

Are you filing an amended federal return (1120X)? ...  Yes  No

If yes, attach a complete copy.

Check boxes that apply:  
 Net operating loss  Cooperative  Public Law 86-272  
 IRS adjustment  Other

A As Previously Reported B Net Change C Corrected Amounts

You must round amounts to nearest whole dollar.

	A	B	C
	As Previously Reported	Net Change	Corrected Amounts
<b>1</b> Minnesota net income or (loss) (see instructions) . . . . .	<b>1</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>2</b> Nonapportionable income or (loss) . . . . .	<b>2</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>3</b> Minnesota apportionable income (subtract line 2 from line 1) . . . . .	<b>3</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>4</b> Apportionment factor . . . . .	<b>4</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>5</b> Net income apportioned to Minnesota (multiply line 3 by line 4) . . . . .	<b>5</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>6a</b> Minnesota nonapportionable (income) or loss (see instructions) . . . . .	<b>6a</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>6b</b> Minnesota nonunitary partnership (income) or loss (see instructions) . . . . .	<b>6b</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>7</b> Net operating loss deduction (15-year carryforward only) . . . . .	<b>7</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>8</b> Deduction for dividends received . . . . .	<b>8</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>9</b> Add lines 6 through 8 . . . . .	<b>9</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>10</b> Taxable income (subtract line 9 from line 5) . . . . .	<b>10</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>11</b> Regular franchise tax (multiply line 10 by 9.8% [0.098]; if result is zero or less, leave blank) . . . . .	<b>11</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>12</b> Alternative minimum tax . . . . .	<b>12</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>13</b> Subtotal (add lines 11 and 12) . . . . .	<b>13</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>14</b> Alternative minimum tax credit . . . . .	<b>14</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>15</b> Minnesota credit for increasing research activities . . . . .	<b>15</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>16</b> Credits against tax prior to minimum fee (add lines 14 and 15) . . . . .	<b>16</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>17</b> Subtract line 16 from line 13 (if result is zero or less, leave blank) . . . . .	<b>17</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>18</b> Minimum fee . . . . .	<b>18</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>
<b>19</b> Minnesota tax liability (add lines 17 and 18) . . . . .	<b>19</b> ■ <u>123456789</u> ■	<u>123456789</u>	<u>123456789</u>



NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXXXXXXXXXXX 123456789 123456789  
Name of Corporation/Designated Filer FEIN Minnesota Tax ID

As Previously Reported (A) Net Change (B) Corrected Amounts (C)

Table with 4 columns: Line number, Description, Amount A, Amount B, Amount C. Rows include Tax Credit for Owners of Agricultural Assets, Subtract line 20 from line 19, Employer Transit Pass Credit, etc.

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

Account Type: [X] Checking [X] Savings 1234567890 01234567890  
Routing Number Account Number (use an account not associated with any foreign banks)

Authorized Signature TITLE MM /DD / YYYY 1234567890  
Title Date (MM/DD/YYYY) Daytime Phone

Signature of Preparer PTIN MM /DD / YYYY 1234567890  
PTIN Date (MM/DD/YYYY) Preparer's Daytime Phone

PRINT NAME OF PERSON TO CONTACT TITLE 1234567890  
Print name of person to contact within corporation to discuss this return Title Daytime Phone

Explain net changes on the following page and show computations in detail. [X] I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.  
Enclose the list of changes, amended schedules and amended federal Form 1120X, if any. [X] I do not want my paid preparer to file my return electronically.  
Mail to: Minnesota Revenue, Mail Station 1255, St. Paul, MN 55145-1255.





# 2020 M4X, Page 4

## Amended Income Calculation

NAME OF CORPORATION/DISIGNATED FILERXXXXXXXXX 0123456789000 01234567890  
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) .....	1a	123456789
1 b. Interest expense limitation for combined reports .....	1b	123456789
<b>2 Additions to income</b>		
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 (MANC, 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
<b>3 Total (add lines 1a, 1b, and 2) .....</b>	<b>3</b>	<b>123456789</b>

Continued next page



# 2020 M4X page 5 Amended Income Calculation (Continued)

NAME OF CORPORATION/DISIGNATED FILERXXXXXXXXX 0123456789000 01234567890  
Name of Corporation/Designated Filer FEIN Minnesota Tax ID

You must round amounts to nearest whole dollar.

### 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 (attach schedule 179) . . . . . 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 . . . . . 4o 123456789  
(M4NC, line 25, as a positive number)

Total subtractions from federal taxable income before net operating loss deduction and special deductions (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

Enter this amount on M4X, page 1, line 1, column C.