

2020 M4NP Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. See *2020 Unrelated Business Income Tax Return Instructions* on our website at www.revenue.state.mn.us.

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

Name of Organization _____		FEIN _____	Minnesota Tax ID (required) _____
Mailing Address _____		<input type="checkbox"/> Check if New Address	
City _____	County _____	State _____	ZIP Code _____
Check All That Apply: <input type="checkbox"/> Amended Return <input type="checkbox"/> Filing Under an Extension <input type="checkbox"/> Final Return (see inst., pg. 4) Enter Close Date: _____		This Organization Files Federal Form (check one) <input type="checkbox"/> 990-T <input type="checkbox"/> 1120-C <input type="checkbox"/> 1120-H <input type="checkbox"/> 1120-POL Exempt Under IRS Section (check one) <input type="checkbox"/> 501(c)(____) <input type="checkbox"/> 528 <input type="checkbox"/> Other: _____ Enter your NAICS Codes (see instructions, pg. 4) _____ / _____ Was 100% of the business conducted in Minnesota for this tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete and attach Schedule M4NPA)	
Are you filing a combined income return? <input type="checkbox"/> Yes <input type="checkbox"/> No			

You must round amounts to nearest whole dollar.

1 Federal taxable income before net operating loss and specific deduction <i>(total from all federal Form 990-T Schedule As, Part II Line 16; 1120-c, line 25c; 1120-H, line 17; or 1120-POL, line 17c)</i>	1	
2 Total additions to federal taxable income <i>(from Form M4NPI, line 1)</i>	2	
3 Federal taxable income after additions <i>(add lines 1 and 2)</i>	3	
4 Total subtractions from federal taxable income <i>(from Form M4NPI, line 2)</i>	4	
5 Federal taxable income (loss) after subtractions. <i>(See instructions.)</i> If you conducted business both within and outside Minnesota, complete Form M4NPA. <i>(See instructions, pg. 4.)</i> If 100% of your activities were conducted in Minnesota, do not complete Form M4NPA. Enter line 5 on line 6.	5	
6 Minnesota taxable net income (loss) <i>(from Form M4NPA, line 10.)</i> If 100% of your activities were conducted in Minnesota, enter amount from line 5 above.	6	
7 Minnesota net operating loss deduction <i>(from Form M4NP NOL)</i>	7	
8 Subtract line 7 from line 6 <i>(if zero or less, enter zero)</i>	8	
9 Total deductions from taxable net income <i>(from Form M4NPI, line 3)</i>	9	
10 Taxable income <i>(subtract line 9 from line 8; if zero or less, enter zero)</i>	10	
11 Regular tax <i>(multiply line 10 by 9.8% [0.098]; if zero or less, enter zero)</i>	11	
12 Proxy tax <i>(see instructions, pg. 4)</i>	12	
13 Tax before credits <i>(add lines 11 and 12)</i>	13	
14 Total credits against tax <i>(from Form M4NPI, line 4)</i>	14	
15 Minnesota tax liability <i>(subtract line 14 from line 13; if zero or less, enter zero)</i>	15	

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Name of Organization	FEIN	Minnesota Tax ID
16 Minnesota Nongame Wildlife Fund donation (see instructions, pg. 4) 	16	_____
17 Add lines 15 and 16	17	_____
18 Total refundable credits (from Form M4NPI, line 5)	18	_____
19 Amount credited from your 2019 Form M4NP, line 32	19	_____
20 2020 estimated tax payments	20	_____
21 2020 extension payment	21	_____
22 Total refundable credits and payments (add lines 18, 19, 20, and 21)	22	_____
23 Subtract line 22 from line 17	23	_____
24 Penalty (determine from worksheet in the instructions, pg. 5)	24	_____
25 Interest (determine from worksheet in the instructions, pg. 5)	25	_____
26 Additional charge for underpayment of estimated tax (from Form M15NP, line 17)	26	_____
27 Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26)	27	_____
28 Amount from line 27	28	_____
29 Amount from line 22	29	_____
30 AMOUNT DUE. If line 28 is more than or equal to line 29, subtract line 29 from 28	30	_____

Payment method: Electronic (see inst., pg. 2) Check (see inst., pg.2) Amended return payment by check (see inst., pg. 2)

31 **OVERPAYMENT.** If line 29 is more than line 28, subtract line 28 from line 29

32 Amount of line 31 to be credited to your 2021 estimated tax

33 Refund (subtract line 32 from line 31)

To have your refund direct deposited, enter your banking information below.

Account Type: Checking Savings _____

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

Email Address for Correspondence, if Desired _____ This email address belongs to (check one) Employee Paid Preparer

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules.
 Mail to: Minnesota Department of Revenue, Mail Station 1257, 600 N. Robert St., St. Paul, MN 55146-1257

I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.

2020 M4NPI Income Adjustments, Deductions and Credits

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. See *2020 Unrelated Business Income Tax Return Instructions* on our website at www.revenue.state.mn.us.

Name of Organization _____ FEIN _____ Minnesota Tax ID _____

You must round amounts to nearest whole dollar.

1 Additions to federal taxable income due to changes not adopted by Minnesota
Enter on Form M4NP, line 2 (you must provide a brief explanation below)
 _____ **1** _____

2 Subtractions from federal taxable income

a Advertising revenues from a newspaper published by a section 501(c)(4) organization **2a** _____

b Lawful gambling expenditures under Minnesota Statutes, Chapter 349, not deducted on federal return (see instructions, pg. 7) **2b** _____

c Charitable contributions (see instructions, pg. 7) **2c** _____

d Subtractions due to federal changes not adopted by Minnesota (you must provide a brief explanation below) **2d** _____

e Other subtractions from income (you must provide a brief explanation below) **2e** _____

Total subtractions (add lines 2a through 2e) **Enter on Form M4NP, line 4.** **2** _____

3 Deductions from taxable net income

a Federal specific or special deductions **3a** _____

b Other deductions (you must provide a brief explanation below) **3b** _____

Total deductions from taxable net income (add lines 3a and 3b) **3** _____

Enter on Form M4NP, line 9.

4 Credits against tax

a Employer Transit Pass Credit (from Form ETP, line 4) **4a** _____

b SEED Capital Investment Credit (see instructions, pg. 7) **4b** _____

c Tax Credit for Owners of Agricultural Assets **4c** _____

d Other credits against tax (you must provide a brief explanation below) **4d** _____

Total credits against tax (add lines 4a through 4d) **4** _____

Enter on Form M4NP, line 14.

5 Refundable credits

a Historic Structure Rehabilitation Credit (attach credit certificate) and enter NPS project number **5a** _____

b Other refundable credits (you must provide a brief explanation below) **5b** _____

Total refundable credits (add lines 5a and 5b) **5** _____

Enter on Form M4NP, line 18.

2020 M4NPA Apportionment Calculation

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. See *2020 Unrelated Business Income Tax Return Instructions* on our website at www.revenue.state.mn.us.

If you conducted business both within and outside Minnesota during the year, complete Schedule M4NPA to determine your Minnesota source income. Do not complete this schedule if you conducted all your business in Minnesota during the tax year.

Name of Organization	FEIN	Minnesota Tax ID	
		You must round amounts to nearest whole dollar.	
		A	B
		Minnesota	Total
1 Federal taxable income (loss) (from Form M4NP, line 5) 1	_____		
2 Total nonapportionable income. 2	_____		
3 Total apportionable income (subtract line 2 from line 1) 3	_____		
4 Sales or receipts 4	_____	_____	_____
5 Sales of non-filing entities (see inst., pg. 10) 5	_____	_____	_____
6 Total sales or receipts (add lines 4 and 5) (Financial institutions: see inst., pg. 11) 6	_____	_____	_____
7 Minnesota apportionment factor (divide line 6A amount by line 6B; carry to six decimal places) 7	_____		
8 Net income apportioned to Minnesota (multiply line 3 by line 7) 8	_____		
9 Minnesota nonapportionable income. 9	_____		
10 Minnesota taxable income (add lines 8 and 9) Enter on Form M4NP, line 6 10	_____		