



# 2020 M4, Corporation Franchise Tax Return

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

Name of Corporation/Designated Filer \_\_\_\_\_ FEIN \_\_\_\_\_ Minnesota Tax ID Number \_\_\_\_\_

Mailing Address \_\_\_\_\_  Check if new address \_\_\_\_\_ Business Activity Code (from federal) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Former Name (if changed since 2019 return) \_\_\_\_\_ 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 Withdrawn  Dissolved  Merged  S corp election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) \_\_\_\_\_

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

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

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.

**You must round amounts to nearest whole dollar**

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

Continued next page





Name of Corporation/Designated Filer FEIN 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 ■ \_\_\_\_\_

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 ■ \_\_\_\_\_

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

18 REFUND. Subtract line 17 from line 16 . . . . . 18 ■ \_\_\_\_\_
If you have a refund, you must 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

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 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** ■ \_\_\_\_\_

b. Interest expense limitation for combined reports ..... **1b** ■ \_\_\_\_\_

**2 Additions to income**

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

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

c. Interest income exempt from federal income tax ..... **2c** ■ \_\_\_\_\_

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

e. Losses from mining operations subject to occupation tax ..... **2e** ■ \_\_\_\_\_

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

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

h. Eighty percent of excess IRC section 179 deduction ..... **2h** ■ \_\_\_\_\_

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

j. This line intentionally left blank ..... **2j** ■ \_\_\_\_\_

k. This line intentionally left blank ..... **2k** ■ \_\_\_\_\_

**Total additions (add lines 2a through 2k) ..... 2** ■ \_\_\_\_\_

**3 Total (add lines 1a, 1b, and 2) ..... 3** \_\_\_\_\_

Continued next page



# 2020 M4I, Page 2

See instructions beginning on page 7.



Name of Corporation/Designated Filer \_\_\_\_\_

FEIN \_\_\_\_\_

Minnesota Tax ID \_\_\_\_\_

## 4 Subtractions from income

- a. Refund of taxes based on net income included in federal taxable income ..... **4a** ■ \_\_\_\_\_
- b. Minnesota deduction for capital losses ..... **4b** ■ \_\_\_\_\_
- 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** ■ \_\_\_\_\_
- d. Gross-up for foreign taxes deemed paid under IRC section 78 ..... **4d** ■ \_\_\_\_\_
- e. Expenses relating to income taxable by Minnesota, but federally exempt . . . . **4e** ■ \_\_\_\_\_
- f. Dividends paid by a bank to the U.S. government on preferred stock . . . . . **4f** ■ \_\_\_\_\_
- g. Income/gains from mining operations subject to the occupation tax . . . . . **4g** ■ \_\_\_\_\_
- h. Deduction for cost depletion . . . . . **4h** ■ \_\_\_\_\_
- i. Subtraction for prior bonus depreciation addback . . . . . **4i** ■ \_\_\_\_\_
- j. Subtraction for prior IRC section 179 addback . . . . . **4j** ■ \_\_\_\_\_
- k. Subtraction for prior addback of reacquisition of indebtedness income . . . . . **4k** ■ \_\_\_\_\_
- l. Deferred foreign income (Section 965) . . . . . **4l** ■ \_\_\_\_\_
- m. Global intangible low-taxed income (GILTI) . . . . . **4m** ■ \_\_\_\_\_
- n. Disallowed section 280E expenses of medical cannabis manufacturers. . . . . **4n** ■ \_\_\_\_\_
- o. Subtraction due to federal changes not adopted by Minnesota . . . . . **4o** ■ \_\_\_\_\_  
(*M4NC, line 25, as a positive number*)
- Total subtractions (add lines 4a through 4o) . . . . . **4** ■ \_\_\_\_\_**
- 5 Intercompany eliminations (attach schedule) . . . . . **5** ■ \_\_\_\_\_**
- 6 Add lines 4 and 5 . . . . . **6** ■ \_\_\_\_\_**
- 7 Minnesota net income (subtract line 6 from line 3) . . . . . **7** ■ \_\_\_\_\_**
- 8 Total nonapportionable income (see instructions, pg. 9; attach schedule) . . . . . **8** ■ \_\_\_\_\_**
- 9 Minnesota apportionable income (subtract line 8 from line 7). Enter on Form M4T, line 1 . . . . . **9** ■ \_\_\_\_\_**





# 2020 M4A, Apportionment/Fee Calculation

B<sub>1</sub>

B<sub>2</sub>

B<sub>3</sub>

Single/Designated Filer

Corporation Name \_\_\_\_\_

FEIN \_\_\_\_\_

Minnesota Tax ID \_\_\_\_\_

**A**

Total in and

outside Minnesota

In Minnesota

In Minnesota

In Minnesota

1 Average inventory ..... 1 ■ \_\_\_\_\_

2 Average tangible property and land owned/used (at original cost) ..... 2 ■ \_\_\_\_\_

3 Capitalized rents (gross rents x 8) ..... 3 ■ \_\_\_\_\_

4 Total property (add lines 1, 2 and 3) ..... 4 ■ \_\_\_\_\_

5 Payroll/officer's compensation ..... 5 ■ \_\_\_\_\_

6 MN sales or receipts ..... 6 ■ \_\_\_\_\_

7 MN sales of non-filing entities (see instructions pg. 9) ..... 7 ■ \_\_\_\_\_

8 Sales or receipts (add lines 6 and 7) (Financial institutions: see inst., pg. 11) . 8 ■ \_\_\_\_\_

9 Minnesota apportionment factor (divide each line 8B amount by line 8A; carry to six decimal places) ..... 9 ■  
Enter amounts on Form M4T, line 2.

**MINIMUM FEE CALCULATION** (see inst., pg. 10)

10 Adjustments (see inst., pg. 10; attach schedule) ..... 10 ■ \_\_\_\_\_

11 Add lines 4, 5, 8 and 10 ..... 11 ■ \_\_\_\_\_

12 Minimum fee (see table below) ..... 12 ■  
Enter amounts on Form M4T, line 17.

**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>**  
Single/designated filer

**B<sub>2</sub>**

**B<sub>3</sub>**

<b>Corporation Name</b>	_____	_____	_____
<b>FEIN</b>	_____	_____	_____
<b>Minnesota Tax ID</b>	_____	_____	_____
<b>1</b> Minnesota apportionable income <i>(enter amount from M4I, line 9, in each column)</i> . . . . . <b>1</b> ■	_____	_____	_____
<b>2</b> Apportionment factor <i>(from M4A, line 9)</i> . . . . . <b>2</b> ■	_____	_____	_____
<b>3</b> Net income apportioned to Minnesota <i>(multiply line 1 by line 2)</i> . . . . . <b>3</b> ■	_____	_____	_____
<b>4a</b> Minnesota nonapportionable income <i>(see inst., pg. 15, and attach schedule)</i> . . . . . <b>4a</b> ■	_____	_____	_____
<b>4b</b> Minnesota nonunitary partnership income <i>(see inst., pg. 15, and attach schedule)</i> . . . . . <b>4b</b> ■	_____	_____	_____
<b>5</b> Taxable net income <i>(add lines 3, 4a, and 4b)</i> . . . . . <b>5</b> ■	_____	_____	_____
<b>6</b> Net operating loss deduction <i>(from NOL)</i> . . . . . <b>6</b> ■	_____	_____	_____
<b>7</b> Subtract line 6 from line 5 . . . . . <b>7</b> ■	_____	_____	_____
<b>8</b> Deduction for dividends received <i>(see inst., pg. 15)</i> . . . . . <b>8</b> ■	_____	_____	_____
<b>9</b> Taxable income <i>(subtract line 8 from line 7)</i> . . . . . <b>9</b> ■	_____	_____	_____
<b>10</b> Regular tax <i>(multiply line 9 by 0.098; if result is zero or less, leave blank)</i> . . . . . <b>10</b> ■	_____	_____	_____
<b>11</b> Alternative minimum tax (AMT) <i>(from AMTT, line 10)</i> . . . . . <b>11</b> ■	_____	_____	_____
<b>12</b> Add lines 10 and 11 . . . . . <b>12</b> ■	_____	_____	_____
<b>13</b> AMT credit <i>(from AMTT, line 13)</i> . . . . . <b>13</b> ■	_____	_____	_____
<b>14</b> Subtract line 13 from line 12 . . . . . <b>14</b> ■	_____	_____	_____
<b>15</b> Minnesota credit for increasing research activities <i>(from RD, line 45)</i> . . . . . <b>15</b> ■	_____	_____	_____
<b>16</b> Subtract line 15 from line 14 . . . . . <b>16</b> ■	_____	_____	_____
<b>17</b> Minimum fee <i>(from M4A, line 12)</i> . . . . . <b>17</b> ■	_____	_____	_____
<b>18</b> Tax liability by corporation <i>(add lines 16 and 17)</i> . . . . . <b>18</b> ■	_____	_____	_____
<b>19</b> Tax Credit for Owners of Agricultural Assets <i>(see inst.)</i> . . . . . <b>19</b> ■	_____	_____	_____
<b>20</b> Subtract line 19 from line 18 . . . . . <b>20</b> ■	_____	_____	_____
<b>21</b> Employer Transit Pass Credit <i>(from ETP, line 4)</i> . . . . . <b>21</b> ■	_____	_____	_____
<b>22</b> Subtract line 21 from line 20 <i>(if result is zero or less, leave blank)</i> . . . . . <b>22</b> ■	_____	_____	_____
<b>23</b> Add all amounts on line 22. This is your <b>MINNESOTA TAX LIABILITY</b> . . . . . <b>23</b> ■	_____	_____	_____
<b>Enter on Form M4, line 1.</b>			

