

2020 Occupation Tax Return

Print or Type	Name of Company _____	Minnesota Tax ID _____	FEIN _____	
	Street _____	<input type="checkbox"/> Check if New Address	<input type="checkbox"/> Check if Amended	
	City _____	County _____	State _____	ZIP Code _____

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 file an amended return.

Round amounts to the nearest whole dollar

Tax, Payments and Credits	1	Minnesota tax liability <i>(from M30-I, line 30)</i>	1	_____
	2	Minnesota Nongame Wildlife Fund <i>(see instructions, page 3)</i>	2	_____
	3	Add lines 1 and 2	3	_____
	4	Amount credited from your 2019 return	4	_____
	5	2020 extension payment made by the regular due date	5	_____
	6	Add lines 4 and 5	6	_____
	7	Subtract line 6 from line 3	7	_____
	8	Penalty <i>(see instructions, page 3)</i>	8	_____
	9	Interest <i>(see instructions, page 3)</i>	9	_____
Amount Due or Overpaid	10	AMOUNT DUE or OVERPAID Add lines 7, 8 and 9 <i>(if less than zero, also enter on line 12)</i>	10	_____
	11	Payment made with this return	11	_____
	12	Overpayment	12	_____
	13	Amount of line 12 to be credited to your 2021 tax	13	_____
	14	Refund <i>(subtract line 13 from line 12)</i>	14	_____

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)*

Checking Savings _____ _____

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

Sign Here	Authorized Signature _____	Title _____	Date _____	Daytime Phone _____	<input type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.
	Signature of Preparer _____	PTIN _____	Date _____	Daytime Phone _____	
	Print name of person to contact within company to discuss this return _____		Title _____	Daytime Phone _____	

Attach copies of all supporting schedules as requested in instructions.

Mail to: Minnesota Department of Revenue, Occupation Tax, Mail Station 3331, St Paul, MN 55146-3331

2020 Income and Tax Calculations

Name of Company	Minnesota Tax ID	FEIN
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Round amounts to the nearest whole dollar

Income Calculation	1	Gross income/mine value (from M30-G)	1	_____
	2	Cost of pellets produced (from Schedule A, line 8)	2	_____
	3	Gross profit (subtract line 2 from line 1)	3	_____
	4	Net gain or loss (see instructions, page 4; attach schedule)	4	_____
	5	Federal bonus depreciation addback	5	_____
	6	This line intentionally left blank	6	_____
	7	Other adjustments (see instructions, page 4; attach schedule)	7	_____
	8	Addition due to federal changes not adopted by Minnesota	8	_____
	9	Total income (add lines 3 through 8)	9	_____
Deductions	10	Salaries and wages	10	_____
	11	Repairs	11	_____
	12	Rents and leases (attach schedule)	12	_____
	13	Royalties	13	_____
	14	Taxes	14	_____
	15	Interest expense	15	_____
	16	a Depreciation (see instructions, page 5; attach schedule)	16a	_____
		b Any depreciation included on Schedule A, line 5	16b	_____
	16	Subtract line 16b from line 16a	16	_____
	17	Development (see instructions, page 5; attach schedule)	17	_____
	18	Depletion (see instructions, page 5; attach schedule)	18	_____
	19	Pension, profit-sharing plans and deferred compensation plans	19	_____
	20	Employee benefit programs	20	_____
	21	Subtractions for prior addbacks of federal bonus depreciation and excess IRC section 179 expensing (attach schedule) .	21	_____
	22	Other deductions (attach schedule)	22	_____
	23	Subtraction due to federal changes not adopted by Minnesota	23	_____
24	Total deductions (add lines 10 through 23)	24	_____	
Tax Calculation	25	Minnesota taxable net income (loss) (subtract line 24 from line 9)	25	_____
	26	Net operating loss deduction (from M30-NOL)	26	_____
	27	Taxable income (subtract line 26 from line 25; if zero or less, enter zero)	27	_____
	28	MINNESOTA OCCUPATION TAX LIABILITY (multiply line 27 by 2.45% [.0245])	28	_____
	29	Minnesota Credit for Increasing Research Activities (from M30-RD, Line 33).....	29	_____
	30	Subtract line 29 from 28, Enter on M30, Line 1.	30	_____