DEPARTMENT OF REVENUE

NEAR FINAL DRAFT 8/25/21
pg. 2 updated barcode

* 2 1 3 9 1 1 *

2021 M3X, Amended Partnership Return

Explain each change on page 2 of Form M3X.

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

PARTNER'S NAMEXXXXXXXXXXXXXXXXXXXXXXXXX
Partnership's Name

0123456789
Federal ID Number

0123456789
Minnesota Tax ID Number

DOING BUSINESS AS XXXXXXXXXXXXXXXXXXXXX
Doing Business As

Check this box if the name or address has changed since filing your original return. Fill in former information below. [X]

MAILING ADDRESSXXXXXXXXXXXXXXXXXXXXXXX
Mailing Address

FORMER NAME OR ADDRESS IF CHANGED
Former Name or Address, if Changed

CITYXXXXXXXXXXXXXXXXXX
City

MN
State

XXXXX
ZIP Code

1234
Number of Amended Schedules KPI and KPC

1234
Number of Partners

Check if: [X] Composite Income Tax [X] Pass-through Entity (PTE) Tax [X] Partnership Pays Election (enclose Schedule M3BBA) [X] Installment Sale of Pass-through Assets or Interests

Check box to indicate the reason you are amending: [X] Amended Federal Return [X] IRS Adjustment Enter Final Determination Date MMDDYYY [X] Changes affect Nonresident Withholding [X] Changes affect Changes Schedules KPC and/or KPI [X] Changes affect M3A [X] Public Law 86-272

		A—As previously reported	B—Net change	C—Corrected amounts
1	Minimum fee *(from line 1 of Form M3)* 1	012345678	012345678	012345678
2	Pass-through Entity Tax *(enclose Schedule PTE)* 2	012345678	012345678	012345678
3	Composite income tax *(enclose Schedules KPI)* 3	012345678	012345678	012345678
4	Nonresident Minnesota withholding 4	012345678	012345678	012345678
5	Partnership Pays Election Tax *(enclose Schedule M3BBA)* 5	012345678	012345678	012345678
6	Add lines 1 through 5 6	012345678	012345678	012345678
7	Employer Transit Pass Credit not passed through to partners, limited to the amount on line 1 *(enclose Schedule ETP)* 7	012345678	012345678	012345678
8	Film Production Tax Credit, limited to the amount on line 1. 8	012345678	012345678	012345678
	Enter the credit certificate number: TAXC - 0123456789			
9	Tax Credit for Owners of Agricultural Assets not passed through to partners, limited to the amount of the minimum fee on line 1 9	012345678	012345678	012345678
	Enter the certificate number from the certificate you received from the Rural Finance Authority: AO 01 - 123456789			
10	Add lines 7 through 9 10	012345678	012345678	012345678
11	Subtract line 10 from line 6 *(if result is zero or less, leave blank)* 11	012345678	012345678	012345678
12	Enterprise Zone Credit *(enclose Schedule EPC)* 12	012345678	012345678	012345678
13	Estimated tax and/or extension payments 13	012345678	012345678	012345678

Continued next page

NEAR FINAL DRAFT 8/25/21
pg. 2 updated barcode

213921

Partnership's Name	Federal ID Number	Minnesota Tax ID Number
PARTNERSHIP NAMEXXXXXXXXXXXXXXXXXXXXXXX	0123456789	0123456789

Line	Description		Amount
14	Amount due from original Form M3, line 14 *(see instructions)*	14 ■	012345678
15	Total refundable credits and tax paid *(add lines 12C and 13C and line 14)*	15 ■	012345678
16	Refund amount from original Form M3, line 19 *(see instructions)*	16 ■	012345678
17	Subtract line 16 from line 15 *(if result is less than zero, enter the negative amount)*	17 ■	012345678
18	Tax you owe. If line 11C is more than line 17, subtract line 17 form line 11C *(if line 17 is a negative amount, see instructions)*	18 ■	012345678
19	If you failed to timely report federal changes or the IRS assessed a penalty *(see instructions)*	19 ■	012345678
20	Add lines 18 and 19	20 ■	012345678
21	Interest *(see instructions)*	21 ■	012345678
22	**AMOUNT DUE** *(add lines 20 and 21).* Skip lines 23–24	22 ■	012345678

Check payment method: [X] Electronic *(see instructions)*, or [X] Check *(see instructions)*

Line	Description		Amount
23	**REFUND**. If line 17 is more than the sum of lines 11C, 19, and 21, subtract lines 11C, 19, and 21 from line 17.	23 ■	012345678

24 To have your refund direct deposited, enter the following. Otherwise, you will receive a check.

Account type:

[X] **Checking** [X] **Savings**

Routing number: 012345678901234567

Account number *(use an account not associated with any foreign banks)*: 012345678901234567

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

Signature of General Partner	Date (MM/DD/YYYY)	Partner's Daytime Phone
	MM / DD / YYYY	6515555555

Print Name of General Partner	Email Address for Correspondence, if Desired
NAME OF PARTNERXXXX	EMAIL ADDRESSXXXXXXX

This email address belongs to: [X] Employee [X] Paid Preparer [X] Other: OTHERR

Preparer's Signature	Preparer's PTIN	Date (MM/DD/YYYY)	Preparer's Daytime Phone
	0123456789	MM / DD / YYYY	6515555555

Explain net changes below and show computations in detail. Enclose your list of changes, amended schedules, and a complete copy of the amended federal Form 1065, if any.

[X] I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.

Mail to: Minnesota Partnership Tax
Mail Station 1760
St. Paul, MN 55145-1760

EXPLANATION OF CHANGE—Enclose a detailed explanation for each change. If the changes involve items requiring supporting information, be sure to attach the appropriate schedule, statement or form to Form M3X to verify the correct amount.

EXPLANATION OF CHANGE HERE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX