



2021 M4, Corporation Franchise Tax Return

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

<u>NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXXX</u> Name of Corporation/Designated Filer	<u>0123456789</u> FEIN	<u>0123456789</u> Minnesota Tax ID Number
<u>MAILING ADDRESSXXXXXXXXXXXX</u> Mailing Address <input checked="" type="checkbox"/> Check if new address	<u>0123456789</u> Business Activity Code (from federal)	
<u>CITYXXXXXXXXXXXX</u> City	<u>MN</u> State	<u>55418</u> ZIP Code
<u>FORMER NAME XXXXXXXXXXXXXXXXXXXXXXX</u> Former Name (if changed since 2020 return)	<u>PARENT NAME IF DIFFEREN 0123456789</u> 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Withdrawn Dissolved Merged S corp election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 a member of the group (place an X in the boxes that apply):

is claiming Public Law 86-272 is a Co-op is in Bankruptcy owns a captive insurance company

Has a federal examination been finalized? (list years) 1999 1999 1999

Is a federal examination now in progress? (list years) 1999 1999 1999

Tax years and expiration date(s) of federal waivers: 1999 1999 1999

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 25)	1 ■	<u>123456789</u>
2 Minnesota Nongame Wildlife Fund donation (see instructions, pg. 6)	2 ■	<u>123456789</u>
3 Add lines 1 and 2	3	<u>123456789</u>
4 Enterprise Zone Credit (attach Schedule EPC)	4 ■	<u>123456789</u>
5 Historic Structure Rehabilitation Credit (attach credit certificate)	5 ■	<u>123456789</u>
Enter National Park Service (NPS) project number: <u>123456789</u>		
6 Minnesota backup withholding	6 ■	<u>123456789</u>
7 Amount credited from your 2020 return	7 ■	<u>123456789</u>
8 Total corporate estimated tax payments made for 2021	8 ■	<u>123456789</u>
9 2021 extension payment	9 ■	<u>123456789</u>
10 Add lines 4 through 9	10	<u>123456789</u>
11 Tax due. If line 3 is more than line 10, subtract line 10 from line 3	11 ■	<u>123456789</u>
12 Penalty (see instructions, pg. 6)	12 ■	<u>123456789</u>
13 Interest (see instructions, pg. 7)	13 ■	<u>123456789</u>
14 Additional charge for underpayment of estimated tax (attach Schedule M15C)	14 ■	<u>123456789</u>

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NEAR FINAL DRAFT 8/23/21
M4T page 2, updated barcode



NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXXXXXXXXXXX 0123456789 0123456789
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: [X] Electronic (see inst., pg. 3), or [X] Check (see inst., pg. 3) 15 ■ 123456789

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. 7

16 ■ 123456789

17 Amount of line 16 to be credited to your 2022 estimated tax 17 ■ 123456789

18 REFUND. Subtract line 17 from line 16 18 ■ 123456789

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

Account Type:

[X] Checking [X] Savings 123456789 123456789
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 MM /DD /YYYY 6515555555
Date (MM/DD/YYYY) Daytime Phone
Signature of Preparer PTIN MM /DD /YYYY 6515555555
Date (MM/DD/YYYY) Preparer's Daytime Phone
NAME OF PERSON TO CONTACTXXXXXXXXX TITLE 6515555555
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 instructions, page 3.

Mail to: Minnesota Department of Revenue
Mail Station 1250
600 N. Robert St.
St. Paul, MN 55145-1250

[X] I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.
[X] I do not want my paid preparer to file my return electronically.



2021 M4I, Income Calculation

See instructions beginning on page 8.

NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXXXXXXXXXXX	0123456789	0123456789
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. 8) 1a ■ 123456789

b. Interest expense limitation for combined reports 1b ■ 123456789

2 Additions to income

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. Addition due to federal changes not adopted by Minnesota (M4NC, line 33) 2h ■ 123456789

i. This line intentionally left blank 2i ■ _____

j. This line intentionally left blank 2j ■ _____

k. This line intentionally left blank 2k ■ _____

Total additions (add lines 2a through 2k) 2 ■ 123456789

3 Total (add lines 1a, 1b, and 2) 3 123456789

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2021 M4I, Page 2



See instructions beginning on page 10.

NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXXXXXXXXXXX	0123456789	0123456789
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** ■ 123456789
- b. Minnesota deduction for capital losses **4b** ■ 123456789
- c. Certain federal credit expenses (see inst. and 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 **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 33, as a positive number)
- p. This line intentionally left blank **4p** ■ _____
- q. This line intentionally left blank **4q** ■ _____
- r. This line intentionally left blank **4r** ■ _____
- s. This line intentionally left blank **4s** ■ _____

Total subtractions (add lines 4a through 4s) 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

8 Total nonapportionable income (see instructions, pg. 11; attach schedule) 8 ■ 123456789

9 Minnesota apportionable income (subtract line 8 from line 7). Enter on Form M4T, line 1 9 ■ 123456789



2021 M4A, Apportionment/Fee Calculation

B₁ B₂ B₃

Single/Designated Filer

Corporation Name	NAMEXXXXXX	NAMEXXXXXX	NAMEXXXXXX
FEIN	1234567890	1234567890	1234567890
Minnesota Tax ID	1234567890	1234567890	1234567890

A

Total in and

outside Minnesota

In Minnesota

In Minnesota

In Minnesota

1 Average inventory	1	1234567890	1234567890	1234567890
2 Average tangible property and land owned/used (at original cost)	2	1234567890	1234567890	1234567890
3 Capitalized rents (gross rents x 8)	3	1234567890	1234567890	1234567890
4 Total property (add lines 1, 2 and 3)	4	1234567890	1234567890	1234567890
5 Payroll/officer's compensation	5	1234567890	1234567890	1234567890
6 MN sales or receipts	6	1234567890	1234567890	1234567890
7 MN sales of non-filing entities (see instructions pg. 12)	7	1234567890	1234567890	1234567890
8 Sales or receipts (add lines 6 and 7) (Financial institutions: see inst., pg. 14)	8	1234567890	1234567890	1234567890
9 Minnesota apportionment factor (divide each line 8B amount by line 8A; carry to six decimal places) Enter amounts on Form M4T, line 2.	9	1234567890	1234567890	1234567890
MINIMUM FEE CALCULATION (see inst., pg. 10)				
10 Adjustments (see inst., pg. 11; attach schedule)	10	1234567890	1234567890	1234567890
11 Add lines 4, 5, 8 and 10	11	1234567890	1234567890	1234567890
12 Minimum fee (see table below) Enter amounts on Form M4T, line 17.	12	1234567890	1234567890	1234567890

Minimum Fee Table

If the amount on line 11 is:	Enter this amount on line 12:
less than \$1,050,000	\$0
\$1,050,000 to \$2,089,999	\$220
\$2,090,000 to \$10,479,999	\$630
\$10,480,000 to \$20,959,999	\$2,090
\$20,960,000 to \$41,909,999	\$4,200
\$41,910,000 or more	\$10,480



2021 M4T, Tax Calculation

B₁

B₂

B₃

Single/designated filer

Corporation Name NAMEXXXXXXXX NAMEXXXXXXXX NAMEXXXXXXXX

FEIN 1234567890 1234567890 1234567890

Minnesota Tax ID 1234567890 1234567890 1234567890

1 Minnesota apportionable income
(enter amount from M4I, line 9, in each column) **1** ■ 1234567890 1234567890 1234567890

2 Apportionment factor (from M4A, line 9) **2** ■ 1234567890 1234567890 1234567890

3 Net income apportioned to Minnesota
(multiply line 1 by line 2) **3** ■ 1234567890 1234567890 1234567890

4a Minnesota nonapportionable income
(see inst., pg. 15, and attach schedule) **4a** ■ 1234567890 1234567890 1234567890

4b Minnesota nonunitary partnership income
(see inst., pg. 15, and attach schedule) **4b** ■ 1234567890 1234567890 1234567890

5 Taxable net income (add lines 3, 4a, and 4b) **5** ■ 1234567890 1234567890 1234567890

6 Net operating loss deduction (from NOL) **6** ■ 1234567890 1234567890 1234567890

7 Subtract line 6 from line 5 **7** ■ 1234567890 1234567890 1234567890

8 Deduction for dividends received (see inst., pg. 15) **8** ■ 1234567890 1234567890 1234567890

9 Taxable income (subtract line 8 from line 7) **9** ■ 1234567890 1234567890 1234567890

10 Regular tax (multiply line 9 by 0.098;
if result is zero or less, leave blank) **10** ■ 1234567890 1234567890 1234567890

11 Alternative minimum tax (AMT) (from AMTT, line 10) **11** ■ 1234567890 1234567890 1234567890

12 Add lines 10 and 11 **12** ■ 1234567890 1234567890 1234567890

13 AMT credit (from AMTT, line 13) **13** ■ 1234567890 1234567890 1234567890

14 Subtract line 13 from line 12 **14** ■ 1234567890 1234567890 1234567890

15 Minnesota credit for increasing research activities
(from RD, line 45) **15** ■ 1234567890 1234567890 1234567890

16 Subtract line 15 from line 14 **16** ■ 1234567890 1234567890 1234567890

17 Minimum fee (from M4A, line 12). **17** ■ 1234567890 1234567890 1234567890

18 Tax liability by corporation (add lines 16 and 17) **18** ■ 1234567890 1234567890 1234567890

19 Film Production Tax Credit **19** ■ 1234567890 1234567890 1234567890

Enter the credit certificate number: TAXC - 1234567890

20 Tax Credit for Owners of Agricultural Assets (see inst.) **20** ■ 1234567890 1234567890 1234567890

21 Employer Transit Pass Credit (from ETP, line 4) **21** ■ 1234567890 1234567890 1234567890

9995

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B₁
Single/designated filer

B₂

B₃

	B ₁	B ₂	B ₃
Corporation Name	NAMEXXXXXX	NAMEXXXXXX	NAMEXXXXXX
FEIN	1234567890	1234567890	1234567890
Minnesota Tax ID	1234567890	1234567890	1234567890
22 LIFO Recapture Tax Deferral 22 ■	1234567890	1234567890	1234567890
23 Add lines 19, 20, 21, and 22 23 ■	1234567890	1234567890	1234567890
24 Subtract line 23 from line 18. 24 ■	1234567890	1234567890	1234567890
25 Add all amounts on line 24. This is your MINNESOTA TAX LIABILITY 25 ■ Enter on Form M4, line 1.		1234567890	