



2021 M4R, Minnesota Business Activity Report

Corporations are required to file Form M4R if they obtain any business from within Minnesota during the tax year. If you are registered with the Minnesota Secretary of State's Office to do business in this state, you are not required to file Form M4R.

| | | | |
|--|-------------|---|--|
| For Calendar Year 1999 | | Or fiscal year (enter beginning/ending dates) Begins 01011966 Ends 01011966 | |
| Name of Corporation NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXXX | | FEIN 0123456789 | Minnesota Tax ID 0123456789 |
| Mailing Address MAILING ADDRESSXXXXXXXXXXXX | | Are you a member of a unitary business? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Do you make retail sales in Minnesota? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| City CITYXXXXXXXXXXXX | State MN | ZIP Code 55555 | |
| Principal Office in Minnesota FORMER NAME XXXXXXXXXXXXXXXXXXXXXXX | | Principal Type of Business PRINCIPAL TYPE OF BUSINESS | |
| Street Address STREET ADDRESS | | Principal Product or Service PRINCIPAL PRODUCT OR SERVICE | |
| City CITYXXXXXXXXXXXX | State MN | ZIP Code 55555 | Amount of Minnesota Sales (wholesale or retail) or Receipts \$123456789000000000000000000000 |

| | |
|--|--|
| Offices and other places of business in Minnesota. (Attach additional sheets if you need more room.) | |
| Location LOCATION LOCATION LOCATION LOCATION | Nature of Activity NATURE OF ACTIVITY |
| LOCATION LOCATION LOCATION LOCATION | NATURE OF ACTIVITY |
| LOCATION LOCATION LOCATION LOCATION | NATURE OF ACTIVITY |

| | |
|--|--|
| Officers, employees, agents and representatives with activity in Minnesota. (Attach a brief job description for each officer and class of employee.) | |
| Title TITLE | Number of Persons NUMBER OF PERSONS |
| TITLE | NUMBER OF PERSONS |

On a separate sheet, explain all "yes" answers below in detail. During the period covered by the report, did the corporation:

| | | |
|--|-------------------------------------|-------------------------------------|
| | Yes | No |
| 1 Own or lease tangible or intangible personal property or real property in Minnesota? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 Employ or own any other assets in Minnesota? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Own or consign any merchandise located in Minnesota? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Own assets located in Minnesota that are leased to others? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Perform or contract any training, installation or repair work in Minnesota? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Perform or contract any warranty work in Minnesota? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Derive any revenues from services performed by employees or entities for persons or businesses located in Minnesota? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Derive income from any source within Minnesota, including income from activities conducted by subsidiaries, affiliated entities or partnerships? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

I certify that this report, including any accompanying material, is true, correct and complete to the best of my knowledge and belief.

| | | | |
|-----------------------|-------|----------|---------------|
| Signature | Title | Date | Daytime Phone |
| | TITLE | 11141966 | 6515555555 |
| Signature of Preparer | PTIN | Date | Daytime Phone |
| | PTIN | 11141966 | 6515555555 |

Mail to: Minnesota Revenue, Mail Station 5130, St. Paul, MN 55146-5130
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