



2021 M8X, Amended S Corporation Return

Explain each change on page 2 of Form M8X.

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

CORPORATIONNAMEHERE 123456789 123456789
Name of Corporation Federal ID Number Minnesota Tax ID Number

MAILINGADDRESS XXXXXX
Mailing Address Check this box if the name or address has changed since filing your original return. Fill in former information below.

CITYXXXXXX MN XXXXX XXXXXXXXXXXXXXXXXX
City State ZIP Code Former Name or Address, if Changed

1234 1234
Number of Amended Schedule KS Number of Shareholders

Place an X in all that apply: Composite Income Tax Financial Institution QSSS Installment Sale of Pass-through Assets or Interests Pass-through Entity (PTE) Tax

Check box to indicate the reason you are amending: Amended Federal Return Changes Affect IRS Adjustment Changes Affect Schedules KS Changes Affect M8A Nonresident Withholding Public Law 86-272

1 S corporation taxes (enclose computation):

Original: Sch D taxes Passive income
 LIFO recapture

Amended:	Sch D taxes	Passive income	A-As previously reported	B-Net change	C-Corrected amounts
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1 ■ <u>123456789</u>	■ <u>123456789</u>	<u>123456789</u>

2 Minimum fee (from line 2 of Form M8) 2 ■ 123456789 ■ 123456789 123456789

3 Pass-through Entity Tax (enclose Schedule PTE) 3 ■ 123456789 ■ 123456789 123456789

4 Composite income tax (enclose Schedules KS) 4 ■ 123456789 ■ 123456789 123456789

5 Nonresident Minnesota withholding 5 ■ 123456789 ■ 123456789 123456789

6 Add lines 1 through 5 6 ■ 123456789 ■ 123456789 123456789

7 Employer Transit Pass Credit not passed through to shareholders, limited to the sum of lines 1 and 2 (enclose Schedule ETP) 7 ■ 123456789 ■ 123456789 123456789

8 Film Production Tax Credit, limited to the sum of lines 1 and 2 above 8 ■ 123456789 ■ 123456789 123456789

Enter the credit certificate number: TAXC - 123456789

9 Tax Credit for Owners of Agricultural Assets not passed through to shareholders, limited to the sum of lines 1 and 2 above 9 ■ 123456789 ■ 123456789 123456789

Enter the certificate number from the certificate you received from the Rural Finance Authority:

AO 1234 5678900000

10 Add lines 7 though 9 10 ■ 123456789 ■ 123456789 123456789

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CORPORATIONNAMEHERE

123456789

123456789

Name of Corporation

Federal ID Number

Minnesota Tax ID Number

A-As previously reported

B-Net change

C-Corrected amounts

- 11 Subtract line 10 from line 6 (if result is zero or less, leave blank)
12 Enterprise Zone Credit (enclose Schedule EPC)
13 Estimated tax and/or extension payments.
14 Amount due from original Form M8, line 17 (see instructions)
15 Total refundable credits and tax paid (add lines 12C, 13C, and 14)
16 Refund amount from original Form M8, line 22 (see instructions)
17 Subtract line 16 from line 15 (if result is less than zero, enter the negative amount)
18 Tax you owe. If line 11C is more than line 17, subtraction line 17 from line 11C (if line 17 is a negative amount, see instructions)
19 If you failed to timely report federal changes or the IRS assessed a penalty (see instructions)
20 Add lines 18 and 19
21 Interest (see instructions)
22 AMOUNT DUE (add lines 20 and 21). Skip lines 23-24

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

- 23 REFUND. If line 17 is more than line 11C, 19, and 21, subtract lines 11C, 19, and 21 from line 17
24 To have your refund direct deposited, enter the following. Otherwise, you will receive a check.

Account type:

1234567890123456

1234567890123456789

[X] Checking [X] Savings

Routing number

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

Signature of Officer

MM / DD / YYYY Date (MM/DD/YYYY)

6515555555 Officer's Daytime Phone

PRINTNAMEOFFICER

EMAILADDRESSHERE

Print Name of Officer

Email Address for Correspondence, if Desired

This email address belongs to:

[X] Employee [X] Paid Preparer [X] Other:XXXXXX

Preparer's Signature

6515555555

Preparer's PTIN

MM / DD / YYYY Date (MM/DD/YYYY)

6515555555

Preparer's Daytime Phone

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 1120s, if any.

Mail to: Minnesota S Corporation Tax
Mail Station 1770
St. Paul, MN 55145-1770

[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.

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 M8X to verify the correct amount.