



2021 M4, Corporation Franchise Tax Return

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

Name of Corporation/Designated Filer _____ FEIN _____ Minnesota Tax ID Number _____

Mailing Address _____ Check if new address _____ Business Activity Code (from federal) _____

City _____ State _____ ZIP Code _____

Former Name (if changed since 2020 return) _____ 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 Withdrawn Dissolved Merged S corp election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) _____

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 report it on Form M4X.

You must round amounts to nearest whole dollar

- 1 Minnesota tax liability (from M4T, line 25) 1 ■ _____
- 2 Minnesota Nongame Wildlife Fund donation (see instructions, pg. 6)  2 ■ _____
- 3 Add lines 1 and 2 3 _____
- 4 Enterprise Zone Credit (attach Schedule EPC) 4 ■ _____
- 5 Historic Structure Rehabilitation Credit (attach credit certificate) 5 ■ _____
- Enter National Park Service (NPS) project number: _____
- 6 Minnesota backup withholding 6 ■ _____
- 7 Amount credited from your 2020 return 7 ■ _____
- 8 Total corporate estimated tax payments made for 2021 8 ■ _____
- 9 2021 extension payment 9 ■ _____
- 10 Add lines 4 through 9 10 _____
- 11 Tax due. If line 3 is more than line 10, subtract line 10 from line 3 11 ■ _____
- 12 Penalty (see instructions, pg. 6 and 7) 12 ■ _____
- 13 Interest (see instructions, pg. 7) 13 ■ _____
- 14 Additional charge for underpayment of estimated tax (attach Schedule M15C) 14 ■ _____



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: [] Electronic (see inst., pg. 3), or [] Check (see inst., pg. 3) 15 ■ _____

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 ■ _____

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

18 REFUND. Subtract line 17 from line 16 18 ■ _____
If you have a refund, you must enter your banking information below.

Account Type:

[] Checking [] Savings 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 Date (MM/DD/YYYY) Daytime Phone
Signature of Preparer PTIN Date (MM/DD/YYYY) Preparer's Daytime Phone
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

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



2021 M4I, Income Calculation

See instructions beginning on page 8.

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** ■ _____

b. Interest expense limitation for combined reports **1b** ■ _____

2 Additions to income

a. Federal deduction taken for taxes based on net income and minimum fee ... **2a** ■ _____

b. Federal deduction for capital losses (IRC sections 1211 and 1212) **2b** ■ _____

c. Interest income exempt from federal income tax **2c** ■ _____

d. Exempt interest dividends (IRC section 852[b][5]) **2d** ■ _____

e. Losses from mining operations subject to occupation tax **2e** ■ _____

f. Federal deduction for percentage depletion (IRC sections 611-614 and 291) .. **2f** ■ _____

g. Federal bonus depreciation and suspended loss (IRC section 168[k]) **2g** ■ _____

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

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 ■ _____

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

Continued next page



2021 M4I, Page 2

See instructions beginning on page 9.



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** ■ _____
- b. Minnesota deduction for capital losses **4b** ■ _____
- c. Certain federal credit expenses (see instructions, pg. 10; attach schedule) . . . **4c** ■ _____
- d. Gross-up for foreign taxes deemed paid under IRC section 78 **4d** ■ _____
- e. Expenses relating to income taxable by Minnesota, but federally exempt **4e** ■ _____
- f. Dividends paid by a bank to the U.S. government on preferred stock **4f** ■ _____
- g. Income/gains from mining operations subject to the occupation tax **4g** ■ _____
- h. Deduction for cost depletion **4h** ■ _____
- i. Subtraction for prior bonus depreciation addback **4i** ■ _____
- j. Subtraction for prior IRC section 179 addback **4j** ■ _____
- k. Subtraction for prior addback of reacquisition of indebtedness income **4k** ■ _____
- l. Deferred foreign income (Section 965) **4l** ■ _____
- m. Global intangible low-taxed income (GILTI) **4m** ■ _____
- n. Disallowed section 280E expenses of medical cannabis manufacturers. **4n** ■ _____
- o. Subtraction due to federal changes not adopted by Minnesota **4o** ■ _____
(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 ■ _____

5 Intercompany eliminations (attach schedule) 5 ■ _____

6 Add lines 4 and 5 6 ■ _____

7 Minnesota net income (subtract line 6 from line 3) 7 ■ _____

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

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





2021 M4A, Apportionment/Fee Calculation

B₁

B₂

B₃

Single/Designated Filer

Corporation Name _____

FEIN _____

Minnesota Tax ID _____

A

Total in and

outside Minnesota

In Minnesota

In Minnesota

In Minnesota

1 Average inventory 1 ■ _____

2 Average tangible property and land owned/used (at original cost) 2 ■ _____

3 Capitalized rents (gross rents x 8) 3 ■ _____

4 Total property (add lines 1, 2 and 3) 4 ■ _____

5 Payroll/officer's compensation 5 ■ _____

6 MN sales or receipts 6 ■ _____

7 MN sales of non-filing entities (see instructions pg. 12) 7 ■ _____

8 Sales or receipts (add lines 6 and 7) (Financial institutions: see inst., pg. 14) . 8 ■ _____

9 Minnesota apportionment factor (divide each line 8B amount by line 8A; carry to six decimal places) 9 ■ _____
Enter amounts on Form M4T, line 2.

MINIMUM FEE CALCULATION (see inst., pg. 13)

10 Adjustments (see inst., pg. 13 and 14; attach schedule) ... 10 ■ _____

11 Add lines 4, 5, 8 and 10 11 ■ _____

12 Minimum fee (see table below) 12 ■ _____
Enter amounts on Form M4T, line 17.

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
Single/designated filer

B₂

B₃

Corporation Name _____

FEIN _____

Minnesota Tax ID _____

- 1 Minnesota apportionable income
(enter amount from M4I, line 9, in each column) **1** ■ _____
- 2 Apportionment factor *(from M4A, line 9)* **2** ■ _____
- 3 Net income apportioned to Minnesota
(multiply line 1 by line 2) **3** ■ _____
- 4a Minnesota nonapportionable income
(see inst., pg. 15; attach schedule) **4a** ■ _____
- 4b Minnesota nonunitary partnership income
(see inst., pg. 15; attach schedule) **4b** ■ _____
- 5 Taxable net income *(add lines 3, 4a, and 4b)* **5** ■ _____
- 6 Net operating loss deduction *(from NOL)* **6** ■ _____
- 7 Subtract line 6 from line 5 **7** ■ _____
- 8 Deduction for dividends received *(see inst., pg. 15)* **8** ■ _____
- 9 Taxable income *(subtract line 8 from line 7)* **9** ■ _____
- 10 Regular tax *(multiply line 9 by 0.098;
if result is zero or less, leave blank)* **10** ■ _____
- 11 Alternative minimum tax (AMT) *(from AMTT, line 10)* **11** ■ _____
- 12 Add lines 10 and 11 **12** ■ _____
- 13 AMT credit *(from AMTT, line 13)* **13** ■ _____
- 14 Subtract line 13 from line 12 **14** ■ _____
- 15 Minnesota credit for increasing research activities
(from RD, line 45) **15** ■ _____
- 16 Subtract line 15 from line 14 **16** ■ _____
- 17 Minimum fee *(from M4A, line 12)* **17** ■ _____
- 18 Tax liability by corporation *(add lines 16 and 17)* **18** ■ _____
- 19 Film Production Tax Credit **19** ■ _____

Enter the credit certificate number: TAXC - _____
- 20 Tax Credit for Owners of Agricultural Assets *(see inst.)* **20** ■ _____
- 21 Employer Transit Pass Credit *(from ETP, line 4)* **21** ■ _____



B₁
Single/designated filer

B₂

B₃

Corporation Name _____

FEIN _____

Minnesota Tax ID _____

22 LIFO Recapture Tax Deferral **22** ■ _____

23 Add lines 19, 20, 21, and 22 **23** ■ _____

24 Subtract line 23 from line 18..... **24** ■ _____

25 Add all amounts on line 24. This is your **MINNESOTA TAX LIABILITY** **25** ■ _____
Enter on Form M4, line 1.

