



2022 M4, Corporation Franchise Tax Return

Do not use staples on anything you submit.

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

Name of Corporation/Designated Filer _____		FEIN _____	Minnesota Tax ID Number _____
Mailing Address _____	<input type="checkbox"/> Check if new address	Business Activity Code (from federal) _____	
City _____	State _____	ZIP Code _____	
Former Name (if changed since 2021 return) _____	Federal Consolidated Common Parent Name (if different) FEIN _____		
<input type="checkbox"/> Check if filing a combined income return	<input type="checkbox"/> Check if reporting Tax Position Disclosure (Enclose Form TPD)		

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Withdrawn Dissolved Merged S corp election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 2021 return 7 ■ _____
- 8 Total corporate estimated tax payments made for 2022 8 ■ _____
- 9 2022 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 2023 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) Direct Phone
Signature of Preparer PTIN Date (MM/DD/YYYY) Preparer's Direct Phone
Print name of person to contact within corporation to discuss this return Title Direct 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.



2022 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 _____



2022 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. This line intentionally left blank **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** ■ _____





2022 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 a1 ■ _____ b1 _____ c1 _____

2 Average tangible property and land owned/used (at original cost) a2 ■ _____ b2 _____ c2 _____

3 Capitalized rents (gross rents x 8) a3 ■ _____ b3 _____ c3 _____

4 Total property (add lines 1, 2 and 3) a4 ■ _____ b4 _____ c4 _____

5 Payroll/officer's compensation a5 ■ _____ b5 _____ c5 _____

6 MN sales or receipts a6 ■ _____ b6 _____ c6 _____

7 MN sales of non-filing entities (see instructions pg. 12) a7 ■ _____ b7 _____ c7 _____

8 Sales or receipts (add lines 6 and 7) (Financial institutions: see inst., pg. 14) . 8 ■ _____ a8 ■ _____ b8 _____ c8 _____

9 Minnesota apportionment factor (divide each line 8B amount by line 8A; carry to six decimal places) a9 ■ _____ b9 _____ c9 _____
Enter amounts on Form M4T, line 2.

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

10 Adjustments (see inst., pg. 13 and 14; attach schedule) ... a10 ■ _____ b10 _____ c10 _____

11 Add lines 4, 5, 8 and 10 a11 ■ _____ b11 _____ c11 _____

12 Minimum fee (see table below) a12 ■ _____ b12 _____ c12 _____
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 \$1,080,000	\$0
\$1,080,000 to \$2,159,999	\$220
\$2,160,000 to \$10,809,999	\$650
\$10,810,000 to \$21,609,999	\$2,160
\$21,610,000 to \$43,219,999	\$4,330
\$43,220,000 or more	\$10,810





2022 M4T, Tax Calculation

B₁
Single/designated filer

B₂

B₃

	Corporation Name		
	FEIN		
	Minnesota Tax ID		
1	Minnesota apportionable income <i>(enter amount from M4I, line 9, in each column)</i> a1 ■	b1	c1
2	Apportionment factor <i>(from M4A, line 9)</i> a2 ■	b2	c2
3	Net income apportioned to Minnesota <i>(multiply line 1 by line 2)</i> a3 ■	b3	c3
4a	Minnesota nonapportionable income <i>(see inst., pg. 15; attach schedule)</i> a4a ■	b4a	c4a
4b	Minnesota nonunitary partnership income <i>(see inst., pg. 15; attach schedule)</i> a4b ■	b4b	c4b
5	Taxable net income <i>(add lines 3, 4a, and 4b)</i> a5 ■	b5	c5
6	Net operating loss deduction <i>(from NOL)</i> a6 ■	b6	c6
7	Subtract line 6 from line 5 a7 ■	b7	c7
8	Deduction for dividends received <i>(see inst., pg. 15)</i> a8 ■	b8	c8
9	Taxable income <i>(subtract line 8 from line 7)</i> a9 ■	b9	c9
10	Regular tax <i>(multiply line 9 by 0.098; if result is zero or less, leave blank)</i> a10 ■	b10	c10
11	Alternative minimum tax (AMT) <i>(from AMTT, line 10)</i> a11 ■	b11	c11
12	Add lines 10 and 11 a12 ■	b12	c12
13	AMT credit <i>(from AMTT, line 13)</i> a13 ■	b13	c13
14	Subtract line 13 from line 12 a14 ■	b14	c14
15	Minnesota credit for increasing research activities <i>(from RD, line 45)</i> a15 ■	b15	c15
16	Subtract line 15 from line 14 a16 ■	b16	c16
17	Minimum fee <i>(from M4A, line 12)</i> a17 ■	b17	c17
18	Tax liability by corporation <i>(add lines 16 and 17)</i> a18 ■	b18	c18
19	Film Production Tax Credit a19 ■	b19	c19
	Enter the credit certificate number: TAXC - _____		
20	Tax Credit for Owners of Agricultural Assets <i>(see inst.)</i> a20 ■	b20	c20
21	Employer Transit Pass Credit <i>(from ETP, line 4)</i> a21 ■	b21	c21



B₁
Single/designated filer

B₂

B₃

Corporation Name _____

FEIN _____

Minnesota Tax ID _____

22 LIFO Recapture Tax Deferrala22 ■ _____ b22 _____ c22 _____

23 Add lines 19, 20, 21, and 22a23 ■ _____ b23 _____ c23 _____

24 Subtract line 23 from line 18.....a24 ■ _____ b24 _____ c24 _____

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

