



2024 M4NP, Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. Refer to *2024 Unrelated Business Income Tax Return Instructions* on our website at www.revenue.state.mn.us.

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

Name of Organization _____		FEIN _____	Minnesota Tax ID (Required) _____
Mailing Address _____ <input type="checkbox"/> Check if New Address		This Organization Files Federal Form (Check one)	
City _____	County _____	State _____	ZIP Code _____
Check All That Apply: <input type="checkbox"/> Amended Return		<input type="checkbox"/> 990-T	<input type="checkbox"/> 1120-C
<input type="checkbox"/> Filing Under an Extension		<input type="checkbox"/> 1120-H	<input type="checkbox"/> 1120-POL
<input type="checkbox"/> Final Return (refer to inst., pg. 4)		Exempt Under IRS Section (Check one)	
Enter Close Date: _____		<input type="checkbox"/> 501(c)(____)	<input type="checkbox"/> 528
Are you filing a combined income return? <input type="checkbox"/> Yes <input type="checkbox"/> No		Enter your NAICS Codes (Refer to inst., pg. 4)	
Check if reporting Tax Position Disclosure (Enclose Form TPD) <input type="checkbox"/>		____ / ____	
		Was any business conducted outside of Minnesota?	
		<input type="checkbox"/> Yes (Complete and attach schedule M4NPA) <input type="checkbox"/> No	

You must round amounts to nearest whole dollar.

- 1 Federal taxable income **before** net operating loss and specific deduction
(total from all federal Form 990-T Schedule As, Part II line 16; 1120-C, line 25c; 1120-H, line 17; or 1120-POL, line 17c) 1 _____
- 2 Total additions to federal taxable income *(from Form M4NPI, line 1)* 2 _____
- 3 Federal taxable income after additions *(add lines 1 and 2)* 3 _____
- 4 Total subtractions from federal taxable income *(from Form M4NPI, line 2)* 4 _____
- 5 Federal taxable income (loss) after subtractions *(refer to instructions)*. If you conducted business both within and outside Minnesota, complete Form M4NPA *(refer to to instructions, pg. 4)*. If 100% of your activities were conducted in Minnesota, do not complete Form M4NPA. Enter line 5 on line 6. 5 _____
- 6 Minnesota taxable net income (loss) *(from Form M4NPA, line 10.)* If 100% of your activities were conducted in Minnesota, enter amount from line 5 above. 6 _____
- 7 Minnesota net operating loss deduction *(from Form M4NP NOL)* 7 _____
- 8 Subtract line 7 from line 6 *(if zero or less, enter zero)* 8 _____
- 9 Total deductions from taxable net income *(from Form M4NPI, line 3)* 9 _____
- 10 Taxable income *(subtract line 9 from line 8; if zero or less, enter zero)* 10 _____
- 11 Regular tax *(multiply line 10 by 9.8% [0.098]; if zero or less, enter zero)* 11 _____
- 12 Proxy tax *(refer to instructions, pg. 4)* 12 _____
- 13 Tax before credits *(add lines 11 and 12)* 13 _____
- 14 Total credits against tax *(from Form M4NPI, line 4)* 14 _____
- 15 Minnesota tax liability *(subtract line 14 from line 13; if zero or less, enter zero)* 15 _____

Continued next page

2024 M4NP, UBIT Return Page 2 (continued)

Table with 3 columns: Name of Organization, FEIN, Minnesota Tax ID. Rows 16-30 detailing tax amounts and payments.

Payment method: [] Electronic [] Check [] Amended Return Payment by Check (Refer to instructions, page 2.)

Rows 31-33 detailing overpayment and refund amounts.

To have your refund direct deposited, 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

Email Address for Correspondence, if Desired This email address belongs to (check one) [] Employee [] Paid Preparer

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules. Mail to: Minnesota Department of Revenue, Mail Station 1257, 600 N. Robert St., St. Paul, MN 55146-1257

[] I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.



2024 M4NPI, Income Adjustments, Deductions and Credits

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. Refer to *2024 Unrelated Business Income Tax Return Instructions* on our website at www.revenue.state.mn.us.

Name of Organization _____ FEIN _____ Minnesota Tax ID _____

You must round amounts to nearest whole dollar.

1 Additions to federal taxable income due to changes not adopted by Minnesota
Enter on Form M4NPI, line 2 (you must provide a brief explanation below)
_____ **1** _____

2 Subtractions from federal taxable income

- a Advertising revenues from a newspaper published by a section 501(c)(4) organization **2a** _____
- b Lawful gambling expenditures under Minnesota Statutes, Chapter 349, not deducted on federal return (refer to instructions, pg. 7) **2b** _____
- c Charitable contributions (refer to instructions, pg. 7) **2c** _____
- d Subtractions due to federal changes not adopted by Minnesota (you must provide a brief explanation below) **2d** _____
- e Other subtractions from income (you must provide a brief explanation below) **2e** _____

Total subtractions (add lines 2a through 2e) **Enter on Form M4NPI, line 4.** **2** _____

3 Deductions from taxable net income

- a Federal specific or special deductions **3a** _____
- b Other deductions (you must provide a brief explanation below) **3b** _____

Total deductions from taxable net income (add lines 3a and 3b) **3** _____
Enter on Form M4NPI, line 9.

4 Credits against tax

- a Employer Transit Pass Credit (from Form ETP, line 4) **4a** _____
- b SEED Capital Investment Credit (refer to instructions, pg. 7) **4b** _____
- c Tax Credit for Owners of Agricultural Assets **4c** _____
- d Manufactured Home Park Credit (from Form MHP, part 2, line 2) **4d** _____
- e Other credits against tax (you must provide a brief explanation below) **4e** _____

Total credits against tax (add lines 4a through 4e) **4** _____
Enter on Form M4NPI, line 14.

5 Refundable credits

- a Historic Structure Rehabilitation Credit (attach credit certificate) and enter NPS project number **5a** _____
- b Other refundable credits (you must provide a brief explanation below) **5b** _____

Total refundable credits (add lines 5a and 5b) **5** _____
Enter on Form M4NPI, line 18.



2024 M4NPA, Apportionment Calculation

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. Refer to *2024 Unrelated Business Income Tax Return Instructions* on our website at www.revenue.state.mn.us.

If you conducted business both within and outside Minnesota during the year, complete Schedule M4NPA to determine your Minnesota source income. Do not complete this schedule if you conducted all your business in Minnesota during the tax year.

Name of Organization	FEIN	Minnesota Tax ID	
		You must round amounts to nearest whole dollar.	
		A	B
		Minnesota	Total
1 Federal taxable income (loss) (from Form M4NP, line 5) 1	_____		
2 Total nonapportionable income. 2	_____		
3 Total apportionable income (subtract line 2 from line 1) 3	_____		
4 Sales or receipts 4	_____	_____	_____
5 Sales of non-filing entities (refer to inst., pg. 10) 5	_____	_____	_____
6 Total sales or receipts (add lines 4 and 5) (Financial institutions: refer to inst., pg. 11) 6	_____	_____	_____
7 Minnesota apportionment factor (divide line 6A amount by line 6B; carry to six decimal places) 7	_____		
8 Net income apportioned to Minnesota (multiply line 3 by line 7) 8	_____		
9 Minnesota nonapportionable income. 9	_____		
10 Minnesota taxable income (add lines 8 and 9) Enter on Form M4NP, line 6 10	_____	_____	_____