



# 2023 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 2022 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☐ Withdrawn   ☐ Dissolved   ☐ Merged   ☐ S corp election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 28). . . . . **1** ■ \_\_\_\_\_
- 2 Minnesota Nongame Wildlife Fund donation (see instructions, pg. 6) . . . . . **2** ■ \_\_\_\_\_
- 3 Add lines 1 and 2 . . . . . **3** ■ \_\_\_\_\_
- 4 Enterprise Zone Credit (attach Enterprise Zone Credit Form). . . . . **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 2022 return . . . . . **7** ■ \_\_\_\_\_
- 8 Total corporate estimated tax payments made for 2023 . . . . . **8** ■ \_\_\_\_\_
- 9 2023 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 2024 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 55146-1250

- ☐ 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.





## 2023 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. This line intentionally left blank . . . . . **2h** ■ \_\_\_\_\_

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** \_\_\_\_\_



# 2023 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. Delayed business interest .....4k ■ \_\_\_\_\_

l. Deferred foreign income/Employee Retention Credit .....4l ■ \_\_\_\_\_

m. Disallowed section 280E expenses of a licensed cannabis business .....4m ■ \_\_\_\_\_

n. This line intentionally left blank .....4n ■ \_\_\_\_\_

o. This line intentionally left blank .....4o ■ \_\_\_\_\_

p. This line intentionally left blank .....4p ■ \_\_\_\_\_

q. This line intentionally left blank .....4q ■ \_\_\_\_\_

r. This line intentionally left blank .....4r ■ \_\_\_\_\_

**Total subtractions (add lines 4a through 4r) .....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 ■ \_\_\_\_\_**





## 2023 M4A, Apportionment/Fee Calculation

B<sub>1</sub>

B<sub>2</sub>

B<sub>3</sub>

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
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 20.

#### Minimum Fee Table

If the amount on line 11 is:	Enter this amount on line 12:
less than \$1,160,000 . . . . .	\$0
1,160,000 to \$2,309,999 . . . . .	\$240
\$2,310,000 to \$11,569,999 . . . . .	\$690
\$11,570,000 to \$23,139,999 . . . . .	\$2,310
\$23,140,000 to \$46,279,999 . . . . .	\$4,640
\$46,280,000 or more . . . . .	\$11,570



# 2023 M4T, Tax Calculation

**B<sub>1</sub>**  
Single/designated filer

**B<sub>2</sub>**

**B<sub>3</sub>**

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

**B<sub>1</sub>**

Single/designated filer

**B<sub>2</sub>****B<sub>3</sub>**

Corporation Name

FEIN

Minnesota Tax ID

**22** Film Production Tax Credit. . . . . **a22** ■ \_\_\_\_\_ **b22** \_\_\_\_\_ **c22** \_\_\_\_\_

Enter the credit certificate number: TAXC - \_\_\_\_\_

**23** Tax Credit for Owners of Agricultural Assets (*see inst.*). . . . . **a23** ■ \_\_\_\_\_ **b23** \_\_\_\_\_ **c23** \_\_\_\_\_

**24** Employer Transit Pass Credit (*from ETP, line 4*). . . . . **a24** ■ \_\_\_\_\_ **b24** \_\_\_\_\_ **c24** \_\_\_\_\_

**25** LIFO Recapture Tax Deferral . . . . . **a25** ■ \_\_\_\_\_ **b25** \_\_\_\_\_ **c25** \_\_\_\_\_

**26** Add lines 22, 23, 24, and 25 . . . . . **a26** ■ \_\_\_\_\_ **b26** \_\_\_\_\_ **c26** \_\_\_\_\_

**27** Subtract line 26 from line 21. . . . . **a27** ■ \_\_\_\_\_ **b27** \_\_\_\_\_ **c27** \_\_\_\_\_

**28** Add all amounts on line 27. This is your **MINNESOTA TAX LIABILITY**  
Enter on Form M4, line 1.

**28** ■ \_\_\_\_\_

