



## 2025 Schedule RD, Credit for Increasing Research Activities

**Unitary businesses:** Complete a separate Schedule RD for each corporation that is claiming the credit.

Name of Corporation \_\_\_\_\_

FEIN \_\_\_\_\_

Minnesota Tax ID \_\_\_\_\_

Round amounts to nearest whole dollar.

- 1 Wages for qualified services (*do not include wages used in figuring the work opportunity credit*) ..... **1** ■ \_\_\_\_\_
- 2 Cost of supplies ..... **2** ■ \_\_\_\_\_
- 3 Amounts paid or incurred for the right to use computers to conduct research ..... **3** ■ \_\_\_\_\_
- 4 Applicable percentage of contract expenses ..... **4** ■ \_\_\_\_\_
- 5 Amount paid to qualified research organizations for basic research ..... **5** ■ \_\_\_\_\_
- 6 Development contributions to a nonprofit organization ..... **6** ■ \_\_\_\_\_
- 7 Total qualified research expenses in Minnesota for the tax year (*add lines 1 through 6*) ..... **7** ■ \_\_\_\_\_

**A- Minnesota Sales  
and Receipts**

**B- Minnesota Qualified  
Research Expenses**

- |   | <b>A- Minnesota Sales<br/>and Receipts</b> | <b>B- Minnesota Qualified<br/>Research Expenses</b> |
|---|--|---|
| 8 Tax year 1988. ....   | <b>8</b> _____                             | _____   |
| 9 Tax year 1987. ....   | <b>9</b> _____                             | _____   |
| 10 Tax year 1986. ....  | <b>10</b> _____                            | _____   |
| 11 Tax year 1985. ....  | <b>11</b> _____                            | _____   |
| 12 Tax year 1984. ....  | <b>12</b> _____                            | _____   |
| 13 Add lines 8 through 12. ....   | <b>13</b> _____                            | _____   |
| 14 Fixed base percentage (divide line 13B by line 13A; do not fill in more than 16% [.16]).<br>Start-up companies, see instructions ..... <b>14</b> _____ |  |   |
| 15 Tax year 2024. ....  | <b>15</b> _____                            |   |
| 16 Tax year 2023. ....  | <b>16</b> _____                            |   |
| 17 Tax year 2022. ....  | <b>17</b> _____                            |   |
| 18 Tax year 2021. ....  | <b>18</b> _____                            |   |
| 19 Add lines 15 through 18. ....  | <b>19</b> _____                            |   |
| 20 Average annual gross receipts ( <i>multiply line 19 by 25% [.25]</i> ) ..... <b>20</b> _____   |  |   |
| 21 Multiply line 20 by the percentage on line 14 ..... <b>21</b> _____  |  |   |
| 22 Multiply line 7 by 50% (.50) ..... <b>22</b> _____   |  |   |
| 23 Base amount ( <i>enter amount from line 21 or line 22, whichever is greater</i> ). .... <b>23</b> _____  |  |   |



Name of Corporation \_\_\_\_\_ FEIN \_\_\_\_\_ Minnesota Tax ID \_\_\_\_\_

Round amounts to nearest whole dollar.

- 24 Subtract line 23 from line 7 (if result is zero or less, leave blank) . . . . . **24** \_\_\_\_\_
- 25 Enter the amount from line 24 or \$2,000,000, whichever is less . . . . . **25** \_\_\_\_\_
- 26 Subtract line 25 from line 24 . . . . . **26** \_\_\_\_\_
- 27 Multiply line 25 by 10% (.10) . . . . . **27** \_\_\_\_\_
- 28 Multiply line 26 by 4% (.04) . . . . . **28** \_\_\_\_\_
- 29 **Current credit** (add lines 27 and 28) . . . . . **29** ■ \_\_\_\_\_
- 30 Your share of any credit from a partnership (see instructions) . . . . . **30** ■ \_\_\_\_\_
- 31 Tentative credit (add lines 29 and 30; see instructions) . . . . . **31** ■ \_\_\_\_\_
- 32 Limitation (see instructions) . . . . . **32** ■ \_\_\_\_\_
- 33 Credit for increasing research activities (enter line 31 or line 32, whichever is less) . . . . . **33** ■ \_\_\_\_\_
- 34 Total credit allocated to other members of the combined return (see instructions) . . . . . **34** ■ \_\_\_\_\_
- 35 Add lines 33 and 34 . . . . . **35** ■ \_\_\_\_\_
- 36 Subtract line 35 from line 31 . . . . . **36** ■ \_\_\_\_\_
- 37 Refundable credit amount (Multiply Line 36 by 19.2% [.192]). Include here and on M4, line 7.. . . . **37** ■ \_\_\_\_\_  
If you are electing a refundable portion of this credit, check this box. ☐
- 38 Subtract line 37 from line 36 . . . . . **38** ■ \_\_\_\_\_
- 39 Current year credit from other members of the combined return (see instructions) . . . . . **39** ■ \_\_\_\_\_
- 40 Add lines 38 and 39 . . . . . **40** ■ \_\_\_\_\_
- 41 Your credit carryover from 2024 (see instructions) . . . . . **41** ■ \_\_\_\_\_
- 42 Add lines 40 and 41 . . . . . **42** ■ \_\_\_\_\_
- 43 Total carryover credit received from other members of the combined return (see instructions) . . . . . **43** ■ \_\_\_\_\_
- 44 Total carryover credit allocated to other members of the combined return (see instructions) . . . . . **44** ■ \_\_\_\_\_
- 45 This line intentionally left blank. . . . . **45** ■ \_\_\_\_\_
- 46 **2025 Nonrefundable Credit Amount** (enter line 33 or the sum of lines 42 and 43, whichever is less)  
**Enter on Form M4T line 14** . . . . . **46** ■ \_\_\_\_\_
- 47 **Credit carryover to 2026** (see instructions) . . . . . **47** ■ \_\_\_\_\_
- Attach this schedule and a copy of federal Form 6765 to your Minnesota return.



Name of Corporation

FEIN

Minnesota Tax ID

**Additional Information. Please check the appropriate box.**

**1. Did a CPA, attorney, consultant or other:**

Yes No

a. Assist in the calculation or preparation of the tax credit? ..... **1a** ☐ ☐

b. Conduct a R&D tax credit study? ..... **1b** ☐ ☐

*If "Yes" is checked on lines 1a or 1b, provide the following information for each individual who assisted in the calculation or preparation of the tax credit or conducted a tax credit study. (If more than one individual, attach a schedule for each with the following information):*

Individual's Name	Individual's Title
Individual's Company	Individual's Phone Number

c. If "Yes" is checked on lines 1a or 1b, may the Minnesota Department of Revenue discuss the tax credit with the individual(s) who assisted in the calculation or preparation of the tax credit or conducted a tax credit study? ..... **1c** ☐ ☐

**2. How were the following calculated: check appropriate box.**

		Review of contemporaneous records	Estimation	Combination of review of contemporaneous records and estimation
a. Wages.....	<b>2a</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Supplies .....	<b>2b</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Contracted Research .....	<b>2c</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Were the following performed/conducted within the state of Minnesota:**

a. Wages..... **3a** ☐ ☐

b. Contracted Research..... **3b** ☐ ☐

**If "No" is checked on lines 3a or 3b, the taxpayer cannot claim those expenses in calculating the tax credit.**

**4. Was the claimed research performed at the request of another individual or entity? ..... **4** ☐ ☐**

**5. Was the claimed research performed as part of a joint venture with another individual or entity? ..... **5** ☐ ☐**

**6. Did you receive an Innovation Grant from the Minnesota Department of Employment and Economic Development (DEED)? ..... **6** ☐ ☐**

**If "Yes" is checked, see instructions for lines 1-6 Qualified Expenses.**