NEAR FINAL DRAFT 8/12/25

DEPARTMENT OF REVENUE

257061

2025 TPD, Tax Position Disclosure

Read instructions before completing this form.
Complete form to disclose a tax position relating to a Minnesota tax item.

Taxpayer

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Taxpayer Name	0123456789 FEIN	XXXXXXXXXXXXXXX Social Security Number or ITIN
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Street Address or PO Box		XXXXXXXXXXXXXXX Apt. or Suite
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX City	XX State	012345678900 ZIP Code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Email Address	XXXXXXXXXXXXXX Phone	

Part I: General Information (see instructions)

A MN Law, Statute, Rule, Revenue Notice, etc.	B Item or Group of Items	C Detailed Description of Items	D Form or Schedule	E Line Number	F Amount
1 XXXXXXXXXXXXXX	XXXXX	DESCRIPTION HEREEEEEEEEEEEE	0123456789	0123	0123456789
2 XXXXXXXXXXXXXX	XXXXX	DESCRIPTION HEREEEEEEEEEEEE	0123456789	0123	0123456789
3 XXXXXXXXXXXXXX	XXXXX	DESCRIPTION HEREEEEEEEEEEEE	0123456789	0123	0123456789
4 XXXXXXXXXXXXXX	XXXXX	DESCRIPTION HEREEEEEEEEEEEE	0123456789	0123	0123456789
5 XXXXXXXXXXXXXX	XXXXX	DESCRIPTION HEREEEEEEEEEEEE	0123456789	0123	0123456789
6 XXXXXXXXXXXXXX	XXXXX	DESCRIPTION HEREEEEEEEEEEEE	0123456789	0123	0123456789

Part II: Detailed Explanation (see instructions)

1
EXPLANATION HERE

2
EXPLANATION HERE

3
EXPLANATION HERE

4
EXPLANATION HERE

5
EXPLANATION HERE

6
EXPLANATION HERE

I declare that the information in this request is correct and complete to the best of my knowledge and belief.

Authorized Signature	XXXXXXXXXXXXXXXX Title	XXXXXXX Date	0123456789 Direct Phone

9995