



## 2025 M8, S Corporation Return

Do not use staples on anything you submit.

| lan  | me of Corporation  |              | Federal ID Number                                   | Minnes            | ota Tax ID                              |
|------|--|--------------|---|-------------------|---|
| /lai | Check if New Address   | <u> </u>     | Former name, if changed since previous year return: |                   |   |
| ity  | y State ZIP Co.  | le           | Numb  | er of Schedule KS | Number of Shareholder                   |
| ac   | ce an X in all that apply:   |              |   |                   |   |
|      | Initial   Composite   Financial   Qualified Subchapt   Income Tax   Subsidiary                                       | er           | Final Return  |                   | nt Sale of Pass-<br>Assets or Interests |
|      | Public Pass-through Tax Position Disclosure (Enclose Form TPD)  86-272   |              |   |                   |   |
| 1    | S corporation taxes (place an X in all that apply):  |              |   |                   |   |
|      | Federal Schedule D taxes Passive income Roun   | ıd amouı     | nts to nearest who                                  | e dollar          |   |
|      | LIFO recapture   | 1■ _         |   | (                 | enclose computation)                    |
| 2    | Minimum fee from M8A, line 9 (see M8A instructions, pg. 9)   | 2■ _         |   | (                 | enclose M8A)                            |
| 3    | Pass-through Entity Tax  | 3■ _         |   | (                 | enclose Schedule PTE)                   |
| 1    | Composite income tax for nonresident shareholders  | 4■ _         |   | (                 | enclose Schedules KS)                   |
| 5    | Minnesota income tax withheld for nonresident shareholders.  If you received Form AWC from a shareholder, check box: | 5 ■          |   | ,                 | enclose Forms AWC)                      |
|      | ii you received romi Avve nom a shareholder, check box.  | J <b>=</b> _ |   |                   | enciose i orins Avvej                   |
|      | Add lines 1 through 5  |              |   | 6                 |   |
| 7    | Employer Transit Pass Credit not passed through to shareholders  (enclose Schedule ETP)                              |              |   | 7■ .              |   |
| _    |  |              |   |                   |   |
| 3    | Film Production Tax Credit   | • • • • • •  |   | 8■ .              |   |
|      | Enter the credit certificate number: TAXC –  |              |   |                   |   |
| )    | Tax Credit for Owners of Agricultural Assets not passed through to sharehold   |              |   | 9 🔳               |   |
|      | Enter the certificate number from the certificate you received from the Rural Finance Authority:                     |              |   |                   |   |
|      | AO   |              |   |                   |   |
| כ    | State Housing Tax Credit   |              |   | 10 ■              |   |
|      | Enter the credit certificate number from Minnesota Housing: SHTC   |              | -   |                   |   |
| L    | Short Line Railroad Infrastructure Modernization Credit  |              |   | 11■ .             |   |
|      | Enter certificate number from the certificate you received   |              |   |                   |   |
|      | from the Minnesota Department of Transportation: MN-SLR  |              |   |                   |   |
|      |  |              |   |                   |   |

## 2025 M8, page 2



| Nan  | ne of Corporation  | Fede               | ral ID Number               | Minnesota Tax ID                 |          |  |
|--|--|--------------------|-----------------------------|----------------------------------|----------|--|
|  |  |                    |                             | Round amounts to nearest whole   | e dollar |  |
| 14   | Subtract line 13 from line 6 (if result is zero or less, leave blank)  |                    |                             | 14 ■                             |          |  |
| 15   | Minnesota Nongame Wildlife Fund donation (see instructions, pg. 6). This will reduce your refund or increase your tax        |                    |                             | 15 🗉                             |          |  |
|  | Add lines 14 and 15  |                    |                             |                                  |          |  |
| 18   | Estimated tax and/or extension payments made for 2025  | 18 ■               |                             |                                  |          |  |
| 19   | Add lines 17 and 18  |                    |                             | 19 ■                             |          |  |
| 20   | Tax due. If line 16 is more than line 19, subtract line 19 from line 16 .  |                    |                             | 20 ■                             |          |  |
| 21   | Penalty (see instructions, pg. 6)  |                    |                             | 21 ■                             |          |  |
| 22   | Interest (see instructions, pg. 7)   |                    |                             | 22 ■                             |          |  |
| 23   | Additional charge for underpayment of estimated tax (attach Schedule   | e EST)             |                             | 23 ■                             |          |  |
| 24   | AMOUNT DUE. If you entered an amount on line 20, add lines 20 thro  Payment method: Electronic (see inst., pg. 2), or Check  | ugh 23             |                             | 24 ■                             |          |  |
| 25   | Overpayment. If line 19 is more than the sum of lines 16 and 21 through 23, subtract lines 16 and 21 through 23 from line 19 | 25 ■               |                             |                                  |          |  |
| 26   | Amount of line 25 to be credited to your 2026 estimated tax  | 26 ■               |                             |                                  |          |  |
| 27   | <b>REFUND.</b> Subtract line 26 from line 25   | 27 ■               |                             |                                  |          |  |
| 28 To have your refund direct deposited, enter the following. Otherwise, you will receive a check. |  |                    |                             |                                  |          |  |
|  | Checking Savings Routing number Accou  | ınt number (use an | account not assoc           | ciated with any foreign banks)   |          |  |
| Signa  | ature of Officer   |                    | //<br>Date (MM/DD/YY        | YY) Officer's Direct Pho         | one      |  |
| Print  | Name of Officer Email Address for Correspondence, if D   | esired             | This Email Address Employee | belongs to: Paid Preparer Other: |          |  |
| Paid   | Preparer's Signature Preparer's PTIN   |                    | / /<br>Date (MM/DD/YY       | YY) Preparer's Direct P          | hone     |  |
|  |  |                    |                             |                                  |          |  |

Include a complete copy of federal Form 1120S, Schedules K and K-1, and other federal schedules

Mail to: Minnesota S Corporation Income Tax

Mail Station 1770 600 N. Robert St. St. Paul, MN 55146-1770

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss

this tax return with the preparer.





## 2025 M8A, Apportionment and Minimum Fee

All S corporations must complete M8A to determine its Minnesota source income and minimum fee. See M8A instructions beginning on page 9. Enclose a copy of your balance sheet.

|   | A<br>In Minn. | B Total (carry to 5 decimal places) | C<br>Factors (A ÷ B) |
|---|---------------|-------------------------------------|----------------------|
| Property  |               |                                     |                      |
| <b>1</b> a Average value of inventory <b>1</b> a ■                                |               |                                     |                      |
| b Average value of buildings, machinery<br>and other tangible property owned 1b ■ |               |                                     |                      |
| c Average value of land owned1c ■   |               |                                     |                      |
| Total average value of tangible property  |               |                                     |                      |
| owned at original cost (add lines 1a-1c) 1  |               |                                     |                      |
| 2 Capitalized rents paid by S corporation   |               |                                     |                      |
| (gross rents paid x 8)  |               |                                     |                      |
| <b>3</b> Add lines 1 and 2 <b>3</b> ■   |               |                                     |                      |
| Payroll   |               |                                     |                      |
| 4 Total payroll, including officers' compensation4 ■                              |               |                                     |                      |
| Sales   |               |                                     |                      |
| 5 Sales (including rents received) 5 ■  |               | . =                                 | ■                    |
| (If line 5, column B is zero, see instructions, page 9                            | 9.)           |                                     |                      |
| Minimum Fee Calculation   |               |                                     |                      |
| 6 Total of lines 3, 4 and 5 in column A 6 ■                                       |               |                                     |                      |
| <b>7</b> Adjustments (see instructions, page 10) <b>7</b> ■                       |               | . (Identify pass-through entity and | enclose schedule.)   |
| <b>8</b> Combine lines 6 and 7  |               |                                     |                      |
| 9 Minimum fee (determine using the amount   |               |                                     |                      |
| on line 8 and the table below) $9 \blacksquare$                                   |               | Enter this amount on line 2 of you  | ur Form M8.          |
|   |               |                                     |                      |

| Minimum Fee Table            |                      |
|------------------------------|----------------------|
| If line 8 of M8A is:         | Your minimum fee is: |
| less than \$1,250,000        | \$0                  |
| 1,250,000 to \$2,509,999     | \$260                |
| \$2,510,000 to \$12,539,999  | \$750                |
| \$12,540,000 to \$25,069,999 | \$2,510              |
| \$25,070,000 to \$50,139,999 | \$5,020              |
| \$50,140,000 or more         | \$12,540             |
|                              |                      |