NEAR FINAL DRAFT 8/3/26

DEPARTMENT OF REVENUE

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2026 M4NP, Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. Refer to *2026 Unrelated Business Income Tax Return Instructions* on our website at www.revenue.state.mn.us.

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

NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXXX
Name of Organization

1234567890
FEIN

1234567890
Minnesota Tax ID (Required)

MAILING ADDRESSXXXXXXXXXXXXX
Mailing Address

[X] Check if New Address

CITYXXXXXXXXXXX
City

COUNTYXX
County

MN
State

55555
ZIP Code

This Organization Files Federal Form (Check one)

[X] 990-T [X] 1120-C [X] 1120-H [X] 1120-POL

Exempt Under IRS Section (Check one)

[X] 501(c)(XXX) [X] 528 [X] Other: XXXXXX

Check All That Apply: [X] Amended Return [X] Filing Under an Extension [X] Final Return (refer to inst., pg. 4) Enter Close Date: XXXXX

Enter your NAICS Codes (Refer to inst., pg. 4)

123456789000000 / 000000000000000

Are you filing a combined income return? [X] Yes [X] No

Was any business conducted outside of Minnesota?

[X] Yes (Complete and attach schedule M4NPA) [X] No

Check if reporting Tax Position Disclosure (Enclose Form TPD) [X]

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**	1234567890
2	Total additions to federal taxable income *(from Form M4NPI, line 1)*	**2**	1234567890
3	Federal taxable income after additions *(add lines 1 and 2)*	**3**	1234567890
4	Total subtractions from federal taxable income *(from Form M4NPI, line 2)*	**4**	1234567890
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**	1234567890
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**	1234567890
7	Minnesota net operating loss deduction *(from Form M4NP NOL)*	**7**	1234567890
8	Subtract line 7 from line 6 *(if zero or less, enter zero)*	**8**	1234567890
9	Total deductions from taxable net income *(from Form M4NPI, line 3)*	**9**	1234567890
10	Taxable income *(subtract line 9 from line 8; if zero or less, enter zero)*	**10**	1234567890
11	Regular tax *(multiply line 10 by 9.8% [0.098]; if zero or less, enter zero)*	**11**	1234567890
12	Proxy tax *(refer to instructions, pg. 4)*	**12**	1234567890
13	Tax before credits *(add lines 11 and 12)*	**13**	1234567890
14	Total credits against tax *(from Form M4NPI, line 4)*	**14**	1234567890
15	Minnesota tax liability *(subtract line 14 from line 13; if zero or less, enter zero)*	**15**	1234567890

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2026 M4NP, UBIT Return Page 2 *(continued)*

NAME OF ORGANIZATION HERE XXXXXXXXXXXXXXXX | 1234567890 | 1234567890

Name of Organization | **FEIN** | **Minnesota Tax ID**

16	Minnesota Nongame Wildlife Fund donation *(refer to instructions, pg. 4)*		**16**	1234567890
17	Add lines 15 and 16		**17**	1234567890
18	Total refundable credits *(from Form M4NPI, line 5)*	**18** 1234567890		
19	Amount credited from your 2025 Form M4NP, line 32	**19** 1234567890		
20	2026 estimated tax payments	**20** 1234567890		
21	2026 extension payment	**21** 1234567890		
22	Total refundable credits and payments *(add lines 18, 19, 20, and 21)*		**22**	1234567890
23	Subtract line 22 from line 17		**23**	1234567890
24	Penalty *(determine from worksheet in the instructions, pg. 5)*		**24**	1234567890
25	Interest *(determine from worksheet in the instructions, pg. 5)*		**25**	1234567890
26	Additional charge for underpayment of estimated tax *(from Form M15NP, line 17)*		**26**	1234567890
27	Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax *(add lines 17, 24, 25, and 26)*		**27**	1234567890
28	Amount from line 27		**28**	1234567890
29	Amount from line 22		**29**	1234567890
30	**AMOUNT DUE.** If line 28 is more than or equal to line 29, subtract line 29 from 28		**30**	1234567890

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

31	**OVERPAYMENT.** If line 29 is more than line 28, subtract line 28 from line 29	**31** 1234567890	
32	Amount of line 31 to be credited to your 2027 estimated tax	**32** 1234567890	
33	Refund *(subtract line 32 from line 31)*	**33** 1234567890	

To have your refund direct deposited, enter your banking information below.

Account Type:

[X] **Checking** [X] **Savings** 123456789012345 6 | 123456789012345 6789

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 **Title**	MM/DD/YYYY **Date (MM/DD/YYYY)**	6515555555 **Daytime Phone**
Signature of Preparer	12345678900000 0 **PTIN**	MM/DD/YYYY **Date (MM/DD/YYYY)**	6515555555 **Prepayer's Daytime Phone**

EMAIL ADDRESS FOR CORRESPONDENCE XXXXXXXXXX

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

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

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NEAR FINAL DRAFT 8/3/26

DEPARTMENT OF REVENUE

266651

2026 M4NPI, Income Adjustments, Deductions and Credits

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. Refer to *2026 Unrelated Business Income Tax Return Instructions* on our website at www.revenue.state.mn.us.

NAME OF ORGANIZATION HERE XXXXXXXXXXXXXXXX	1234567890	1234567890
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 M4NP, line 2 *(you must provide a brief explanation below)*
BRIEF EXPLANATION HERE XXXXXXXXXX **1** 1234567890

2 Subtractions from federal taxable income

a Advertising revenues from a newspaper published by a section 501(c)(4) organization **2a** 1234567890

b Lawful gambling expenditures under Minnesota Statutes, Chapter 349, not deducted on federal return *(refer to insturctions, pg. 7)* **2b** 1234567890

c Charitable contributions *(refer to instructions, pg. 7)* **2c** 1234567890

d Subtractions due to federal changes not adopted by Minnesota *(you must provide a brief explanation below)* **2d** 1234567890
BRIEF EXPLANATION HERE XXXXXXXXXXXXX

e Other subtractions from income *(you must provide a brief explanation below)*
BRIEF EXPLANATION HERE XXXXXXXXXXXXX .. **2e** 1234567890

Total subtractions *(add lines 2a through 2e)* **Enter on Form M4NP, line 4.** **2** 1234567890

3 Deductions from taxable net income

a Federal specific or special deductions **3a** 1234567890

b Other deductions *(you must provide a brief explanation below)*
BRIEF EXPLANATION HERE XXXXXXXXXXXXX .. **3b** 1234567890

Total deductions from taxable net income *(add lines 3a and 3b)* **3** 1234567890
Enter on Form M4NP, line 9.

4 Credits against tax

a Employer Transit Pass Credit *(from Form ETP, line 4)* **4a** 1234567890

b SEED Capital Investment Credit *(refer to instructions, pg. 7)* **4b** 1234567890

c Tax Credit for Owners of Agricultural Assets **4c** 1234567890

d Manufactured Home Park Credit *(from Form MHP, part 2, line 2)*. **4d** 1234567890

e Other credits against tax *(you must provide a brief explanation below)*
BRIEF EXPLANATION HERE XXXXXXXXXXXXX .. **4e** 1234567890

Total credits against tax *(add lines 4a through 4e)* **4** 1234567890
Enter on Form M4NP, line 14.

5 Refundable credits

a Historic Structure Rehabilitation Credit *(attach credit certificate)* and **enter NPS project number** 1234567890 ..... **5a** 1234567890

b Other refundable credits *(you must provide a brief explanation below)*
BRIEF EXPLANATION HERE XXXXXXXXXXXXX .. **5b** 1234567890

Total refundable credits *(add lines 5a and 5b)* **5** 1234567890
Enter on Form M4NP, line 18.

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266651

2026 M4NPA, Apportionment Calculation

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. Refer to *2026 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 HERE XXXXXXXXXXXXXXXX — Name of Organization

1234567890 — FEIN

1234567890 — Minnesota Tax ID

You must round amounts to nearest whole dollar.

			A Minnesota	B Total
1	Federal taxable income (loss) *(from Form M4NP, line 5)*	**1**	1234567890	
2	Total nonapportionable income	**2**	1234567890	
3	Total apportionable income *(subtract line 2 from line 1)*	**3**	1234567890	
4	Sales or receipts	**4**	123456789	123456789
5	Sales of non-filing entities *(refer to inst., pg. 10)*	**5**	123456789	123456789
6	Total sales or receipts *(add lines 4 and 5) (Financial institutions: refer to inst., pg. 11)*	**6**	123456789	123456789
7	Minnesota apportionment factor *(divide line 6A amount by line 6B; carry to six decimal places)*	**7**	1234567890	
8	Net income apportioned to Minnesota *(multiply line 3 by line 7)*	**8**	1234567890	
9	Minnesota nonapportionable income	**9**	1234567890	
10	Minnesota taxable income *(add lines 8 and 9)* **Enter on Form M4NP, line 6**	**10**	1234567890	

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