NEAR FINAL DRAFT 8/3/26

DEPARTMENT OF REVENUE

* 2 6 6 6 5 1 *

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) ____/____/____ , and ending (MM/DD/YYYY) ____/____/____ (required)

Name of Organization

FEIN

Minnesota Tax ID (Required)

Mailing Address ☐ Check if New Address

City County State ZIP Code

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

Are you filing a combined income return? ☐ Yes ☐ No

Check if reporting Tax Position Disclosure (Enclose Form TPD) ☐

This Organization Files Federal Form (Check one)

☐ 990-T ☐ 1120-C ☐ 1120-H ☐ 1120-POL

Exempt Under IRS Section (Check one)

☐ 501(c)(_____) ☐ 528 ☐ Other: _____

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

_____ / _____

Was any business conducted outside of Minnesota?

☐ Yes (Complete and attach schedule M4NPA) ☐ No

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

Continued next page

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

Name of Organization | FEIN | Minnesota Tax ID

16 Minnesota Nongame Wildlife Fund donation *(refer to instructions, pg. 4)*  **16**

17 Add lines 15 and 16 . . . . . **17**

18 Total refundable credits *(from Form M4NPI, line 5)* **18**

19 Amount credited from your 2025 Form M4NP, line 32 . . . . . **19**

20 2026 estimated tax payments **20**

21 2026 extension payment **21**

22 Total refundable credits and payments *(add lines 18, 19, 20, and 21)* **22**

23 Subtract line 22 from line 17 . . . . . **23**

24 Penalty *(determine from worksheet in the instructions, pg. 5)* **24**

25 Interest *(determine from worksheet in the instructions, pg. 5)* **25**

26 Additional charge for underpayment of estimated tax *(from Form M15NP, line 17)* **26**

27 Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax *(add lines 17, 24, 25, and 26)* **27**

28 Amount from line 27 . . . . . **28**

29 Amount from line 22 . . . . . **29**

30 **AMOUNT DUE.** If line 28 is more than or equal to line 29, subtract line 29 from 28 . . . . . **30**

Payment method: ☐ **Electronic** ☐ **Check** ☐ **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**

32 Amount of line 31 to be credited to your 2027 estimated tax **32**

33 Refund *(subtract line 32 from line 31)* **33**

To have your refund direct deposited, 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)** | **Daytime Phone**

Signature of Preparer | **PTIN** | **Date (MM/DD/YYYY)** | **Prepayer's Daytime Phone**

Email Address for Correspondence, if Desired

This email address belongs to (check one) ☐ **Employee** ☐ **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

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

NEAR FINAL DRAFT 8/3/26

DEPARTMENT OF REVENUE

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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 _____ 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)*
_____ . . . . . **1** _____

2 Subtractions from federal taxable income

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

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

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

d Subtractions due to federal changes not adopted by Minnesota *(you must provide a brief explanation below)* . . . . . **2d** _____
_____

e Other subtractions from income *(you must provide a brief explanation below)*
_____ . . **2e** _____

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

3 Deductions from taxable net income

a Federal specific or special deductions . . . . . **3a** _____

b Other deductions *(you must provide a brief explanation below)*
_____ . . **3b** _____

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

4 Credits against tax

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

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

c Tax Credit for Owners of Agricultural Assets . . . . . **4c** _____

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

e Other credits against tax *(you must provide a brief explanation below)*
_____ . . **4e** _____

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

5 Refundable credits

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

b Other refundable credits *(you must provide a brief explanation below)*
_____ . . **5b** _____

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

DEPARTMENT OF REVENUE

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