DEPARTMENT OF REVENUE

2026 M4R, Minnesota Business Activity Report

Corporations are required to file Form M4R if they obtain any business from within Minnesota during the tax year. If you are registered with the Minnesota Secretary of State's Office to do business in this state, you are not required to file Form M4R.

For Calendar Year

Or fiscal year (enter beginning/ending dates)
Begins *Ends*

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

Mailing Address | *Are you a member of a unitary business?* ☐ Yes ☐ No | *Do you make retail sales in Minnesota?* ☐ Yes ☐ No

City *State* *ZIP Code*

Principal Office in Minnesota | *Principal Type of Business*

Street Address | *Principal Product or Service*

City *State* *ZIP Code* | *Amount of Minnesota Sales (wholesale or retail) or Receipts*
$

Offices and other places of business in Minnesota. ***(Attach additional sheets if you need more room.)***

Location	*Nature of Activity*

Officers, employees, agents and representatives with activity in Minnesota.
(Attach a brief job description for each officer and class of employee.)

Title	*Number of Persons*

On a separate sheet, explain all "yes" answers below in detail. During the period covered by the report, did the corporation:

		Yes	No
1	*Own or lease tangible or intangible personal property or real property in Minnesota?*	☐	☐
2	*Employ or own any other assets in Minnesota?*	☐	☐
3	*Own or consign any merchandise located in Minnesota?*	☐	☐
4	*Own assets located in Minnesota that are leased to others?*	☐	☐
5	*Perform or contract any training, installation or repair work in Minnesota?*	☐	☐
6	*Perform or contract any warranty work in Minnesota?*	☐	☐
7	*Derive any revenues from services performed by employees or entities for persons or businesses located in Minnesota?*	☐	☐
8	*Derive income from any source within Minnesota, including income from activities conducted by subsidiaries, affiliated entities or partnerships?*	☐	☐

I certify that this report, including any accompanying material, is true, correct and complete to the best of my knowledge and belief.

Signature *Title* *Date* *Direct Phone*

Signature of Preparer *PTIN* *Date* *Direct Phone*

Mail to: Minnesota Department of Revenue, Mail Station 5130, 600 N. Robert St., St. Paul, MN 55146-5130