NEAR FINAL DRAFT 8/3/26

DEPARTMENT OF REVENUE

* 2 6 7 0 1 1 *

2026 Schedule RD, Credit for Increasing Research Activities

Unitary businesses: Complete a separate Schedule RD for each corporation that is claiming the credit.

NAME OF CORPORATION
Name of Corporation

123456789
FEIN

123456789
Minnesota Tax ID

Round amounts to nearest whole dollar.

1	Wages for qualified services *(do not include wages used in figuring the work opportunity credit)*	**1**	123456789
2	Cost of supplies	**2**	123456789
3	Amounts paid or incurred for the right to use computers to conduct research	**3**	123456789
4	Applicable percentage of contract expenses	**4**	123456789
5	Amount paid to qualified research organizations for basic research	**5**	123456789
6	Development contributions to a nonprofit organization	**6**	123456789
7	Total qualified research expenses in Minnesota for the tax year *(add lines 1 through 6)*	**7**	123456789

			A- Minnesota Sales and Receipts	B- Minnesota Qualified Research Expenses
8	Tax year 1988	**8**	123456789	123456789
9	Tax year 1987	**9**	123456789	123456789
10	Tax year 1986	**10**	123456789	123456789
11	Tax year 1985	**11**	123456789	123456789
12	Tax year 1984	**12**	123456789	123456789
13	Add lines 8 through 12	**13**	123456789	123456789

14	Fixed base percentage (divide line 13B by line 13A; do not fill in more than 16% [.16]). Start-up companies, see instructions	**14**	123456789
15	Tax year 2025	**15**	123456789
16	Tax year 2024	**16**	123456789
17	Tax year 2023	**17**	123456789
18	Tax year 2022	**18**	123456789
19	Add lines 15 through 18	**19**	123456789
20	Average annual gross receipts *(multiply line 19 by 25% [.25])*	**20**	123456789
21	Multiply line 20 by the percentage on line 14	**21**	123456789
22	Multiply line 7 by 50% (.50)	**22**	123456789
23	Base amount *(enter amount from line 21 or line 22, whichever is greater)*	**23**	123456789

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2026 Schedule RD, page 2

267021

NAME OF CORPORATION
Name of Corporation

123456789
FEIN

123456789
Minnesota Tax ID

Round amounts to nearest whole dollar.

24	Subtract line 23 from line 7 *(if result is zero or less, leave blank)*	**24**	123456789
25	Enter the amount from line 24 or $2,000,000, whichever is less	**25**	123456789
26	Subtract line 25 from line 24	**26**	123456789
27	Multiply line 25 by 10% (.10)	**27**	123456789
28	Multiply line 26 by 4% (.04)	**28**	123456789
29	**Current credit** *(add lines 27 and 28)*	**29**	123456789
30	Your share of any credit from a partnership *(see instructions)*	**30**	123456789
31	Tentative credit *(add lines 29 and 30; see instructions)*	**31**	123456789
32	Limitation *(see instructions)*	**32**	123456789
33	Credit for increasing research activities *(enter line 31 or line 32, whichever is less)*	**33**	123456789
34	Total credit allocated to other members of the combined return *(see instructions)*	**34**	123456789
35	Add lines 33 and 34	**35**	123456789
36	Subtract line 35 from line 31	**36**	123456789
37	Refundable credit amount (Multiply Line 36 by 25% [.25]). Include here and on M4, line 7. If you are electing a refundable portion of this credit, check this box. [X]	**37**	123456789
38	Subtract line 37 from line 36	**38**	123456789
39	Current year credit from other members of the combined return *(see instructions)*	**39**	123456789
40	Add lines 33 and 39	**40**	123456789
41	Your credit carryover from 2025 *(see instructions)*	**41**	123456789
42	Add lines 40 and 41	**42**	123456789
43	Total carryover credit received from other members of the combined return *(see instructions)*	**43**	123456789
44	Total carryover credit allocated to other members of the combined return *(see instructions)*	**44**	123456789
45	This line intentionally left blank	**45**	123456789
46	**2026 Nonrefundable Credit Amount** *(enter line 32 or the sum of lines 42 and 43, whichever is less)* **Enter on Form M4T line 14**	**46**	123456789
47	**Credit carryover to 2027***(see instructions)*	**47**	123456789

Attach this schedule and a copy of federal Form 6765 to your Minnesota return.

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NEAR FINAL DRAFT 8/3/26

2026 Schedule RD, page 3

* 2 6 7 0 5 1 *

NAME OF CORPORATION
Name of Corporation

123456789
FEIN

123456789
Minnesota Tax ID

Additional Information. Please check the appropriate box.

			Yes	No
1.	**Did a CPA, attorney, consultant or other:**			
a.	Assist in the calculation or preparation of the tax credit?	**1a** ■	X	X
b.	Conduct a R&D tax credit study?	**1b** ■	X	X

If "Yes" is checked on lines 1a or 1b, provide the following information for each individual who assisted in the calculation or preparation of the tax credit or conducted a tax credit study. (If more than one individual, attach a schedule for each with the following information):

Individual's Name	Individual's Title
INDIVIDUAL'S NAME	INDIVIDUAL'S TITLE
Individual's Company	**Individual's Phone Number**
INDIVIDUAL'S COMPANY	6515551234

				Yes	No
c.	If "Yes" is checked on lines 1a or 1b, may the Minnesota Department of Revenue discuss the tax credit with the individual(s) who assisted in the calculation or preparation of the tax credit or conducted a tax credit study?	**1c** ■		X	X

			Review of contemporaneous records	Estimation	Combination of review of contemporaneous records and estimation
2.	**How were the following calculated: check appropriate box.**				
a.	Wages	**2a** ■	X	X	X
b.	Supplies	**2b** ■	X	X	X
c.	Contracted Research	**2c** ■	X	X	X

			Yes	No
3.	Were the following performed/conducted within the state of Minnesota:			
a.	Wages	**3a** ■	X	X
b.	Contracted Research	**3b** ■	X	X

If "No" is checked on lines 3a or 3b, the taxpayer cannot claim those expenses in calculating the tax credit.

4.	Was the claimed research performed at the request of another individual or entity?	**4** ■	X	X
5.	Was the claimed research performed as part of a joint venture with another individual or entity?	**5** ■	X	X
6.	Did you receive an Innovation Grant from the Minnesota Department of Employment and Economic Development (DEED)?	**6** ■	X	X

If "Yes" is checked, see instructions for lines 1-6 Qualified Expenses.