NEAR FINAL DRAFT 8/3/26

DEPARTMENT OF REVENUE

267061

2026 TPD, Tax Position Disclosure

Read instructions before completing this form.
Complete form to disclose a tax position relating to a Minnesota tax item.

Taxpayer

Taxpayer Name | FEIN | Social Security Number or ITIN

Street Address or PO Box | Apt. or Suite

City | State | ZIP Code

Email Address | Phone

Part I: General Information (see instructions)

A MN Law, Statute, Rule, Revenue Notice, etc.	B Item or Group of Items	C Detailed Description of Items	D Form or Schedule	E Line Number	F Amount
1					
2					
3					
4					
5					
6					

Part II: Detailed Explanation (see instructions)

1

2

3

4

5

6

I declare that the information in this request is correct and complete to the best of my knowledge and belief.

Authorized Signature | Title | Date | Direct Phone