



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** _____

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Name of Organization _____	FEIN _____	Minnesota Tax ID _____
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- 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) _____

Preparer'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

9995

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



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 M4NPI, 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 instructions, 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 M4NPI, 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 M4NPI, 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 M4NPI, 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 M4NPI, line 18.



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**B**

Minnesota

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	_____	_____