NEAR FINAL DRAFT 10/13/26

DEPARTMENT OF REVENUE

* 2 2 4 0 1 1 *

2022 M4, Corporation Franchise Tax Return

Do not use staples on anything you submit.

Tax year beginning (MM/DD/YYYY) MM / DD / YYYY and ending (MM/DD/YYYY) MM / DD / YYYY

Name of Corporation/Designated Filer	FEIN	Minnesota Tax ID Number
NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXX	0123456789	0123456789

Mailing Address	Check if new address	Business Activity Code (from federal)
MAILING ADDRESSXXXXXXXXXXXXX	X	0123456789

City	State	ZIP Code
CITYXXXXXXXXXXXXXX	MN	55418

Former Name (if changed since 2021 return)	Federal Consolidated Common Parent Name (if different)	FEIN
FORMER NAME XXXXXXXXXXXXXXXXXXXXXX	PARENT NAME IF DIFFEREN	0123456789

☐ Check if filing a combined income return X ☐ Check if reporting Tax Position Disclosure (Enclose Form TPD)

Is this your final C corporation return? If yes, indicate if:

X Withdrawn X Dissolved X Merged X S corp election

Check if a member of the group (place an X in the boxes that apply):

X is claiming Public Law 86-272 X is a Co-op X is in Bankruptcy X owns a captive insurance company

Has a federal examination been finalized? (list years) 1999 1999 1999

Is a federal examination now in progress? (list years) 1999 1999 1999

Tax years and expiration date(s) of federal waivers: 1999 1999 1999

Report changes to federal income tax within 180 days of final determination. If there is a change in tax, you must report it on Form M4X.

You must round amounts to nearest whole dollar

1	Minnesota tax liability *(from M4T, line 25)*	**1**	123456789
2	Minnesota Nongame Wildlife Fund donation *(see instructions, pg. 6)*	**2**	123456789
3	Add lines 1 and 2	**3**	123456789
4	Enterprise Zone Credit *(attach Schedule EPC)*	**4**	123456789
5	Historic Structure Rehabilitation Credit *(attach credit certificate)*	**5**	123456789
	Enter National Park Service (NPS) project number: 123456789		
6	Minnesota backup withholding	**6**	123456789
7	Amount credited from your 2021 return	**7**	123456789
8	Total corporate estimated tax payments made for 2022	**8**	123456789
9	2022 extension payment	**9**	123456789
10	Add lines 4 through 9	**10**	123456789
11	Tax due. If line 3 is more than line 10, subtract line 10 from line 3	**11**	123456789
12	Penalty *(see instructions, pg. 6 and 7)*	**12**	123456789
13	Interest *(see instructions, pg. 7)*	**13**	123456789
14	Additional charge for underpayment of estimated tax *(attach Schedule M15C)*	**14**	123456789

Continued next page

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NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXXXXXXXX | 0123456789 | 0123456789

Name of Corporation/Designated Filer | FEIN | Minnesota Tax ID

15 AMOUNT DUE. If you entered an amount on line 11, add lines 11 through 14

Payment Method: [X] Electronic *(see inst., pg. 3)*, or [X] Check *(see inst., pg. 3)* ..... **15** ■ 123456789

16 Overpayment. If line 10 is more than the sum of lines 3 and 12 through 14, subtract line 3 and 12 through line 14 from line 10. If line 10 is less than the sum of lines 3 and 12 through 14, see instructions, pg. 7 ..... **16** ■ 123456789

17 Amount of line 16 to be credited to your 2023 estimated tax ..... **17** ■ 123456789

18 REFUND. Subtract line 17 from line 16 ..... **18** ■ 123456789

If you have a refund, you must enter your banking information below.

Account Type:

[X] **Checking** [X] **Savings** | 123456789 **Routing Number** | 123456789 **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 **Title**	MM /DD /YYYY **Date (MM/DD/YYYY)**	6515555555 **Direct Phone**
Signature of Preparer	PTIN **PTIN**	MM /DD /YYYY **Date (MM/DD/YYYY)**	6515555555 **Preparer's Direct Phone**
NAME OF PERSON TO CONTACTXXXXXXXX **Print name of person to contact within corporation to discuss this return**	TITLE **Title**		6515555555 **Direct Phone**

Include a complete copy of your federal return including schedules as filed with the IRS.
If you're paying by check, see instructions, page 3.

Mail to: Minnesota Department of Revenue
Mail Station 1250
600 N. Robert St.
St. Paul, MN 55145-1250

[X] I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.

[X] I do not want my paid preparer to file my return electronically.

DEPARTMENT OF REVENUE

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2022 M4I, Income Calculation

See instructions beginning on page 8.

NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXXXXXXXXX	0123456789	0123456789
Name of Corporation/Designated Filer	**FEIN**	**Minnesota Tax ID**

You must round amounts to nearest whole dollar

1	a. Federal taxable income before net operating loss deduction and special deductions *(from federal Form 1120, line 28, or see inst., pg. 8)*	**1a** ■	123456789
	b. Interest expense limitation for combined reports	**1b** ■	123456789
2	**Additions to income**		
	a. Federal deduction taken for taxes based on net income and minimum fee	**2a** ■	123456789
	b. Federal deduction for capital losses *(IRC sections 1211 and 1212)*	**2b** ■	123456789
	c. Interest income exempt from federal income tax	**2c** ■	123456789
	d. Exempt interest dividends *(IRC section 852[b][5])*	**2d** ■	123456789
	e. Losses from mining operations subject to occupation tax	**2e** ■	123456789
	f. Federal deduction for percentage depletion *(IRC sections 611-614 and 291)*	**2f** ■	123456789
	g. Federal bonus depreciation and suspended loss *(IRC section 168[k])*	**2g** ■	123456789
	h. Addition due to federal changes not adopted by Minnesota *(M4NC, line 33)*	**2h** ■	123456789
	i. Addition for Domestic Research and Experimental Expenditures	**2i** ■	123456789
	j. This line intentionally left blank	**2j** ■	
	k. This line intentionally left blank	**2k** ■	
	Total additions *(add lines 2a through 2k)*	**2** ■	123456789
3	Total *(add lines 1a, 1b, and 2)*	**3**	123456789

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See instructions beginning on page 9.

* 2 2 4 1 2 1 *

NAME OF CORPORATIONXXXXXXXXXXXXXXXXXXXXXXXXX | 0123456789 | 0123456789

Name of Corporation/Designated Filer | FEIN | Minnesota Tax ID

4 Subtractions from income

a. Refund of taxes based on net income included in federal taxable income	4a	123456789
b. Minnesota deduction for capital losses	4b	123456789
c. Certain federal credit expenses *(see instructions, pg. 10; attach schedule)*	4c	123456789
d. Gross-up for foreign taxes deemed paid under IRC section 78	4d	123456789
e. Expenses relating to income taxable by Minnesota, but federally exempt	4e	123456789
f. Dividends paid by a bank to the U.S. government on preferred stock	4f	123456789
g. Income/gains from mining operations subject to the occupation tax	4g	123456789
h. Deduction for cost depletion	4h	123456789
i. Subtraction for prior bonus depreciation addback	4i	123456789
j. Subtraction for prior IRC section 179 addback	4j	123456789
k. This line intentionally left blank	4k	
l. Deferred foreign income (Section 965)	4l	123456789
m. Global intangible low-taxed income (GILTI)	4m	123456789
n. Disallowed section 280E expenses of medical cannabis manufacturers	4n	123456789
o. Subtraction due to federal changes not adopted by Minnesota *(M4NC, line 33, as a positive number)*	4o	123456789
p. Subtraction for Domestic Research and Experimental Expenditures	4p	123456789
q. This line intentionally left blank	4q	
r. This line intentionally left blank	4r	
s. This line intentionally left blank	4s	
Total subtractions *(add lines 4a through 4s)*	4	123456789
5 Intercompany eliminations *(attach schedule)*	5	123456789
6 Add lines 4 and 5	6	123456789
7 Minnesota net income *(subtract line 6 from line 3)*	7	123456789
8 Total nonapportionable income *(see instructions, pg. 11; attach schedule)*	8	123456789
9 Minnesota apportionable income *(subtract line 8 from line 7).* **Enter on Form M4T, line 1**	9	123456789

DEPARTMENT OF REVENUE

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2022 M4A, Apportionment/Fee Calculation

		B_1	B_2	B_3
		Single/Designated Filer		
	Corporation Name	NAMEXXXXXX	NAMEXXXXXX	NAMEXXXXXX
	FEIN	1234567890	1234567890	1234567890
	Minnesota Tax ID	1234567890	1234567890	1234567890
	A Total in and outside Minnesota	In Minnesota	In Minnesota	In Minnesota
1	Average inventory ..... a1 ■	1234567890 b1	1234567890 c1	1234567890
2	Average tangible property and land owned/used *(at original cost)* ..... a2 ■	1234567890 b2	1234567890 c2	1234567890
3	Capitalized rents *(gross rents x 8)* ..... a3 ■	1234567890 b3	1234567890 c3	1234567890
4	Total property *(add lines 1, 2 and 3)* ..... a4 ■	1234567890 b4	1234567890 c4	1234567890
5	Payroll/officer's compensation ..... a5 ■	1234567890 b5	1234567890 c5	1234567890
6	MN sales or receipts ..... a6 ■	1234567890 b6	1234567890 c6	1234567890
7	MN sales of non-filing entities *(see instructions pg. 12)* ..... a7 ■	1234567890 b7	1234567890 c7	1234567890
8	Sales or receipts *(add lines 6 and 7)* *(Financial institutions: see inst., pg. 14)* . **8** ■ 123456789 a8 ■	1234567890 b8	1234567890 c8	1234567890
9	Minnesota apportionment factor *(divide each line 8B amount by line 8A; carry to six decimal places)* ..... a9 ■	1234567890 b9	1234567890 c9	1234567890
	Enter amounts on Form M4T, line 2.			
	MINIMUM FEE CALCULATION *(see inst., pg. 13)*			
10	Adjustments *(see inst., pg. 13 and 14; attach schedule)* .... a10 ■	1234567890 b10	1234567890 c10	1234567890
11	Add lines 4, 5, 8 and 10 ..... a11 ■	1234567890 b11	1234567890 c11	1234567890
12	Minimum fee *(see table below)* ..... a12 ■	1234567890 b12	1234567890 c12	1234567890
	Enter amounts on Form M4T, line 17.			

Minimum Fee Table

If the amount on line 11 is:	**Enter this amount on line 12:**
less than $1,080,000	$0
$1,080,000 to $2,159,999	$220
$2,160,000 to $10,809,999	$650
$10,810,000 to $21,609,999	$2,160
$21,610,000 to $43,219,999	$4,330
$43,220,000 or more	$10,810

DEPARTMENT OF REVENUE

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2022 M4T, Tax Calculation

		B1 Single/designated filer		B2		B3	
	Corporation Name	NAMEXXXXXX		NAMEXXXXXX		NAMEXXXXXX	
	FEIN	1234567890		1234567890		1234567890	
	Minnesota Tax ID	1234567890		1234567890		1234567890	
1	Minnesota apportionable income *(enter amount from M4I, line 9, in each column)* a**1**	1234567890	b1	1234567890	c1	1234567890	
2	Apportionment factor *(from M4A, line 9)* a**2**	1234567890	b2	1234567890	c2	1234567890	
3	Net income apportioned to Minnesota *(multiply line 1 by line 2)* a**3**	1234567890	b3	1234567890	c3	1234567890	
4a	Minnesota nonapportionable income *(see inst., pg. 15; attach schedule)* a**4a**	1234567890	b4a	1234567890	c4a	1234567890	
4b	Minnesota nonunitary partnership income *(see inst., pg. 15; attach schedule)* a**4b**	1234567890	b4b	1234567890	c4b	1234567890	
5	Taxable net income *(add lines 3, 4a, and 4b)* a**5**	1234567890	b5	1234567890	c5	1234567890	
6	Net operating loss deduction *(from NOL)* a**6**	1234567890	b6	1234567890	c6	1234567890	
7	Subtract line 6 from line 5 . . . . . a**7**	1234567890	b7	1234567890	c7	1234567890	
8	Deduction for dividends received *(see inst., pg. 15)* a**8**	1234567890	b8	1234567890	c8	1234567890	
9	Taxable income *(subtract line 8 from line 7)* a**9**	1234567890	b9	1234567890	c9	1234567890	
10	Regular tax *(multiply line 9 by 0.098; if result is zero or less, leave blank)* a**10**	1234567890	b10	1234567890	c10	1234567890	
11	Alternative minimum tax (AMT) *(from AMTT, line 10)* a**11**	1234567890	b11	1234567890	c11	1234567890	
12	Add lines 10 and 11 . . . . . a**12**	1234567890	b12	1234567890	c12	1234567890	
13	AMT credit *(from AMTT, line 13)* a**13**	1234567890	b13	1234567890	c13	1234567890	
14	Subtract line 13 from line 12 . . . . . a**14**	1234567890	b14	1234567890	c14	1234567890	
15	Minnesota credit for increasing research activities *(from RD, line 45)* a**15**	1234567890	b15	1234567890	c15	1234567890	
16	Subtract line 15 from line 14 . . . . . a**16**	1234567890	b16	1234567890	c16	1234567890	
17	Minimum fee *(from M4A, line 12)* a**17**	1234567890	b17	1234567890	c17	1234567890	
18	Tax liability by corporation *(add lines 16 and 17)* a**18**	1234567890	b18	1234567890	c18	1234567890	
19	Film Production Tax Credit a**19**	1234567890	b19	1234567890	c19	1234567890	
	Enter the credit certificate number: TAXC - 1234567890						
20	Tax Credit for Owners of Agricultural Assets *(see inst.)* a**20**	1234567890	b20	1234567890	c20	1234567890	
21	Employer Transit Pass Credit *(from ETP, line 4)* a**21**	1234567890	b21	1234567890	c21	1234567890	

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	B1 Single/designated filer	B2	B3
Corporation Name	NAMEXXXXXX	NAMEXXXXXX	NAMEXXXXXX
FEIN	1234567890	1234567890	1234567890
Minnesota Tax ID	1234567890	1234567890	1234567890

22	LIFO Recapture Tax Deferral	a**22** ■	1234567890	b22 1234567890	c22	1234567890
23	Add lines 19, 20, 21, and 22	a**23** ■	1234567890	b23 1234567890	c23	1234567890
24	Subtract line 23 from line 18	a**24** ■	1234567890	b24 1234567890	c24	1234567890
25	Add all amounts on line 24. This is your **MINNESOTA TAX LIABILITY** **Enter on Form M4, line 1.**	**25** ■	1234567890			