



# 2024 M4, Corporation Franchise Tax Return

Do not use staples on anything you submit.

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

Name of Corporation/Designated Filer _____		FEIN _____	Minnesota Tax ID Number _____
Mailing Address _____	<input type="checkbox"/> Check if new address	Business Activity Code (from federal) _____	
City _____	State _____	ZIP Code _____	
Former Name (if changed since 2023 return) _____	Federal Consolidated Common Parent Name (if different) FEIN _____		
<input type="checkbox"/> Check if filing a combined income return	<input type="checkbox"/> Check if reporting Tax Position Disclosure (Enclose Form TPD)		

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

Withdrawn     Dissolved     Merged     S corp election

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

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

Has a federal examination been finalized? (list years) \_\_\_\_\_

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

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

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 28) ..... 1 ■ \_\_\_\_\_
- 2 Minnesota Nongame Wildlife Fund donation (see instructions, pg. 6) ..... 2 ■ \_\_\_\_\_
- 3 Add lines 1 and 2 ..... 3 \_\_\_\_\_
- 4 Enterprise Zone Credit (attach Enterprise Zone Credit Form) ..... 4 ■ \_\_\_\_\_
- 5 Credit for Historic Structure Rehabilitation (attach credit certificate) ..... 5 ■ \_\_\_\_\_
- Enter National Park Service (NPS) project number: \_\_\_\_\_
- 6 Credit for Sustainable Aviation Fuel ..... 6 ■ \_\_\_\_\_
- Enter certificate number from the Department of Agriculture: \_\_\_\_\_
- 7 Minnesota backup withholding ..... 7 ■ \_\_\_\_\_
- 8 Amount credited from your 2023 return ..... 8 ■ \_\_\_\_\_
- 9 Total corporate estimated tax payments made for 2024 ..... 9 ■ \_\_\_\_\_
- 10 2024 extension payment ..... 10 ■ \_\_\_\_\_
- 11 Add lines 4 through 10. .... 11 \_\_\_\_\_
- 12 Tax due. If line 3 is more than line 11, subtract line 11 from line 3 ..... 12 ■ \_\_\_\_\_
- 13 Penalty (see instructions, pg. 6 and 7) ..... 13 ■ \_\_\_\_\_



Name of Corporation/Designated Filer \_\_\_\_\_ FEIN \_\_\_\_\_ Minnesota Tax ID \_\_\_\_\_

14 Interest (see instructions, pg. 7) ..... 14 ■ \_\_\_\_\_

15 Additional charge for underpayment of estimated tax (attach Schedule M15C) ..... 15 ■ \_\_\_\_\_

16 AMOUNT DUE. If you entered an amount on line 12, add lines 12 through 15

Payment Method:  Electronic (see inst., pg. 3), or  Check (see inst., pg. 3) ..... 16 ■ \_\_\_\_\_

17 Overpayment. If line 11 is more than the sum of lines 3 and 13 through 15, subtract line 3 and 13 through line 15 from line 11. If line 11 is less than the sum of lines 3 and 13 through 15, see instructions, pg. 7 ..... 17 ■ \_\_\_\_\_

18 Amount of line 17 to be credited to your 2025 estimated tax ..... 18 ■ \_\_\_\_\_

19 REFUND. Subtract line 18 from line 17 ..... 19 ■ \_\_\_\_\_  
If you have a refund, you must 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) \_\_\_\_\_ Direct Phone \_\_\_\_\_

Signature of Preparer \_\_\_\_\_ PTIN \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_ Preparer's Direct Phone \_\_\_\_\_

Print name of person to contact within corporation to discuss this return \_\_\_\_\_ Title \_\_\_\_\_ 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 55146-1250

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

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





# 2024 M4I, Income Calculation

See instructions beginning on page 8.

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** ■ \_\_\_\_\_

b. Interest expense limitation for combined reports ..... **1b** ■ \_\_\_\_\_

**2 Additions to income**

a. Federal deduction taken for taxes based on net income and minimum fee. . . . **2a** ■ \_\_\_\_\_

b. Federal deduction for capital losses (IRC sections 1211 and 1212). . . . . **2b** ■ \_\_\_\_\_

c. Interest income exempt from federal income tax. . . . . **2c** ■ \_\_\_\_\_

d. Exempt interest dividends (IRC section 852[b][5]) . . . . . **2d** ■ \_\_\_\_\_

e. Losses from mining operations subject to occupation tax. . . . . **2e** ■ \_\_\_\_\_

f. Federal deduction for percentage depletion (IRC sections 611-614 and 291) . . **2f** ■ \_\_\_\_\_

g. Federal bonus depreciation and suspended loss (IRC section 168[k]). . . . . **2g** ■ \_\_\_\_\_

h. This line intentionally left blank . . . . . **2h** ■ \_\_\_\_\_

i. This line intentionally left blank . . . . . **2i** ■ \_\_\_\_\_

j. This line intentionally left blank . . . . . **2j** ■ \_\_\_\_\_

k. This line intentionally left blank . . . . . **2k** ■ \_\_\_\_\_

**Total additions (add lines 2a through 2k)** . . . . . **2** ■ \_\_\_\_\_

**3 Total (add lines 1a, 1b, and 2)** . . . . . **3** \_\_\_\_\_



# 2024 M4I, Page 2

See instructions beginning on page 9.



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** ■ \_\_\_\_\_
- b. Minnesota deduction for capital losses ..... **4b** ■ \_\_\_\_\_
- c. Certain federal credit expenses (see instructions, pg. 10; attach schedule) . . . **4c** ■ \_\_\_\_\_
- d. Gross-up for foreign taxes deemed paid under IRC section 78 . . . . . **4d** ■ \_\_\_\_\_
- e. Expenses relating to income taxable by Minnesota, but federally exempt . . . . **4e** ■ \_\_\_\_\_
- f. Dividends paid by a bank to the U.S. government on preferred stock . . . . . **4f** ■ \_\_\_\_\_
- g. Income/gains from mining operations subject to the occupation tax . . . . . **4g** ■ \_\_\_\_\_
- h. Deduction for cost depletion . . . . . **4h** ■ \_\_\_\_\_
- i. Subtraction for prior bonus depreciation addback . . . . . **4i** ■ \_\_\_\_\_
- j. Subtraction for prior IRC section 179 addback . . . . . **4j** ■ \_\_\_\_\_
- k. Delayed business interest . . . . . **4k** ■ \_\_\_\_\_
- l. Deferred foreign income (Section 965) . . . . . **4l** ■ \_\_\_\_\_
- m. Disallowed section 280E expenses of a licensed cannabis or hemp business . . **4m** ■ \_\_\_\_\_
- n. This line intentionally left blank . . . . . **4n** ■ \_\_\_\_\_
- o. This line intentionally left blank . . . . . **4o** ■ \_\_\_\_\_
- p. This line intentionally left blank . . . . . **4p** ■ \_\_\_\_\_
- q. This line intentionally left blank . . . . . **4q** ■ \_\_\_\_\_
- r. This line intentionally left blank . . . . . **4r** ■ \_\_\_\_\_

**Total subtractions (add lines 4a through 4r) . . . . . 4** ■ \_\_\_\_\_

**5** Intercompany eliminations (attach schedule) . . . . . **5** ■ \_\_\_\_\_

**6** Add lines 4 and 5 . . . . . **6** ■ \_\_\_\_\_

**7** Minnesota net income (subtract line 6 from line 3) . . . . . **7** ■ \_\_\_\_\_

**8** Total nonapportionable income (see instructions, pg. 11; attach schedule) . . . . . **8** ■ \_\_\_\_\_

**9** Minnesota apportionable income (subtract line 8 from line 7). Enter on Form M4T, line 1 . . . . . **9** ■ \_\_\_\_\_



# 2024 M4A, Apportionment/Fee Calculation

B<sub>1</sub>

B<sub>2</sub>

B<sub>3</sub>

Single/Designated Filer

Corporation Name \_\_\_\_\_

FEIN \_\_\_\_\_

Minnesota Tax ID \_\_\_\_\_

**A**

Total in and

outside Minnesota

In Minnesota

In Minnesota

In Minnesota

1 Average inventory .....a1 ■ \_\_\_\_\_ b1 \_\_\_\_\_ c1 \_\_\_\_\_

2 Average tangible property and land owned/used (at original cost) .....a2 ■ \_\_\_\_\_ b2 \_\_\_\_\_ c2 \_\_\_\_\_

3 Capitalized rents (gross rents x 8) .....a3 ■ \_\_\_\_\_ b3 \_\_\_\_\_ c3 \_\_\_\_\_

4 Total property (add lines 1, 2 and 3) .....a4 ■ \_\_\_\_\_ b4 \_\_\_\_\_ c4 \_\_\_\_\_

5 Payroll/officer's compensation .....a5 ■ \_\_\_\_\_ b5 \_\_\_\_\_ c5 \_\_\_\_\_

6 MN sales or receipts .....a6 ■ \_\_\_\_\_ b6 \_\_\_\_\_ c6 \_\_\_\_\_

7 MN sales of non-filing entities (see instructions pg. 12) .....a7 ■ \_\_\_\_\_ b7 \_\_\_\_\_ c7 \_\_\_\_\_

8 Sales or receipts (add lines 6 and 7) (Financial institutions: see inst., pg. 14) . 8 ■ \_\_\_\_\_ a8 ■ \_\_\_\_\_ b8 \_\_\_\_\_ c8 \_\_\_\_\_

9 Minnesota apportionment factor (divide each line 8B amount by line 8A; carry to six decimal places) .....a9 ■ \_\_\_\_\_ b9 \_\_\_\_\_ c9 \_\_\_\_\_  
**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 ■ \_\_\_\_\_ b10 \_\_\_\_\_ c10 \_\_\_\_\_

11 Add lines 4, 5, 8 and 10 .....a11 ■ \_\_\_\_\_ b11 \_\_\_\_\_ c11 \_\_\_\_\_

12 Minimum fee (see table below) .....a12 ■ \_\_\_\_\_ b12 \_\_\_\_\_ c12 \_\_\_\_\_  
**Enter amounts on Form M4T, line 16.**

**Minimum Fee Table**

If the amount on line 11 is:	Enter this amount on line 12:
less than \$1,220,000 .....	\$0
1,220,000 to \$2,439,999 .....	\$250
\$2,440,000 to \$12,199,999 .....	\$730
\$12,200,000 to \$24,389,999 .....	\$2,440
\$24,390,000 to \$48,779,999 .....	\$4,890
\$48,780,000 or more .....	\$12,220





# 2024 M4T, Tax Calculation

**B<sub>1</sub>**  
Single/designated filer

**B<sub>2</sub>**

**B<sub>3</sub>**

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





B<sub>1</sub>  
Single/designated filer

B<sub>2</sub>

B<sub>3</sub>

Corporation Name \_\_\_\_\_

FEIN \_\_\_\_\_

Minnesota Tax ID \_\_\_\_\_

21 State Housing Tax Credit . . . . . a21 ■ \_\_\_\_\_ b21 \_\_\_\_\_ c21 \_\_\_\_\_

Enter the credit certificate number from Minnesota Housing: SHTC - \_\_\_\_\_ - \_\_\_\_\_

22 Short Line Railroad Infrastructure Modernization Credit . . . a22 ■ \_\_\_\_\_ b22 \_\_\_\_\_ c22 \_\_\_\_\_

23 Credit for Sales of Manufactured Home Parks to  
Cooperatives . . . . . a23 ■ \_\_\_\_\_ b23 \_\_\_\_\_ c23 \_\_\_\_\_

24 Carryover credits from prior years (see instructions) . . . . . a24 ■ \_\_\_\_\_ b24 \_\_\_\_\_ c24 \_\_\_\_\_

D — Name of Credit	E — Certificate Number	F — Unused Credit	G — MNID
d1 _____	e1 _____	f1 _____	g1 _____
d2 _____	e2 _____	f2 _____	g2 _____
d3 _____	e3 _____	f3 _____	g3 _____

25 LIFO Recapture Tax Deferral . . . . . a25 ■ \_\_\_\_\_ b25 \_\_\_\_\_ c25 \_\_\_\_\_

26 Add lines 18 through 25. . . . . a26 ■ \_\_\_\_\_ b26 \_\_\_\_\_ c26 \_\_\_\_\_

27 Subtract line 26 from line 17. . . . . a27 ■ \_\_\_\_\_ b27 \_\_\_\_\_ c27 \_\_\_\_\_

28 Add all amounts on line 27. This is your **MINNESOTA TAX LIABILITY** 28 ■ \_\_\_\_\_  
Enter on Form M4, line 1.

