

# M8 MINNESOTA REVENUE

## 2015 S Corporation Return

FINAL 10/1/15

15801



Tax year beginning \_\_\_\_\_, 2015, ending \_\_\_\_\_

Print or Type

|                     |       |   |  |                         |
|---------------------|-------|---|--|-------------------------|
| Name of Corporation |       |   | Federal ID Number                          | Minnesota Tax ID        |
| Mailing Address     |       | <input type="checkbox"/> Check if New Address | Former name, if changed since 2014 return: |                         |
| City                | State | Zip Code                                      | Number of Schedule KS:                     | Number of Shareholders: |

☐ Initial Return   ☐ Composite Income Tax   ☐ Financial Institution   ☐ Qualified Subchapter S Subsidiary   ☐ Qualified Business Participating in a JOBZ Zone   ☐ Out of Business (see instructions, pg. 4)

Round amounts to nearest whole dollar

Tax and Credits

**1** S corporation taxes (place an X in all that apply):

☐ Federal Schedule D taxes   ☐ Passive income

☐ LIFO recapture ..... **1** ■ (enclose computation)

**2** Minimum fee from M8A, line 9 (see M8A instructions, pg. 8) ..... **2** ■ (enclose M8A)


**3** Composite income tax for nonresident shareholders ..... **3** ■ (enclose Schedules KS)

**4** Minnesota income tax withheld for nonresident shareholders.  
If you received Form AWC from a shareholder, check box: ☐ **4** ■ (enclose Forms AWC)

**5** Add lines 1 through 4 ..... **5** ■

**6** Employer Transit Pass Credit not passed through to shareholders,  
limited to the sum of lines 1 and 2 above (enclose Schedule ETP) ..... **6** ■

**7** Subtract line 6 from line 5 ..... **7** ■

**8** Minnesota Nongame Wildlife Fund donation (see instructions, pg. 4).  
This will reduce your refund or increase your tax .....  **8** ■

**9** Add lines 7 and 8 ..... **9** ■

**10** Enterprise Zone Credit not passed through  
to shareholders (enclose Schedule EPC) ..... **10** ■

**11** Job Opportunity Building Zone Jobs Credit not passed  
through to shareholders (enclose Schedule JOBZ) ..... **11** ■

**12** Estimated tax and/or extension payments made for 2015 ..... **12** ■

**13** Add lines 10 through 12 ..... **13** ■

**14** Tax due. If line 9 is more than line 13, subtract line 13 from line 9 ..... **14** ■

**15** Penalty (see instructions, pg. 5) ..... **15** ■

**16** Interest (see instructions, pg. 5) ..... **16** ■

**17** Additional charge for underpayment of estimated tax (attach Schedule EST) ..... **17** ■

**18** **AMOUNT DUE.** If you entered an amount on line 14, add lines 14 through 17. .... **18** ■

Payment method: ☐ Electronic (see inst., pg. 2), or ☐ Check (see inst., pg. 2)

Continued next page



## 2015 S Corporation Return

|                     |                   |                  |
|---------------------|-------------------|------------------|
| Name of Corporation | Federal ID Number | Minnesota Tax ID |
|---------------------|-------------------|------------------|

Round amounts to nearest whole dollar

Refund or Amount Due

**19** Overpayment. If line 13 is more than the sum of lines 9 and 17, subtract line 9 and line 17 from line 13. . . . . **19** ■

**20** Amount of line 19 to be credited to your 2016 estimated tax . . . . **20** ■

**21 REFUND.** Subtract line 20 from line 19 . . . . . **21** ■

**22** To have your refund direct deposited, enter the following. Otherwise, you will receive a check.

Account type: Routing number Account number (use an account not associated with any foreign banks)

☐ Checking ☐ Savings

Signatures

|                           |  |                                   |  |
|---------------------------|--|-----------------------------------|--|
| Signature of Officer      | Date   | Daytime Phone                     | <input type="checkbox"/> I authorize the MN Dept. of Revenue to discuss this tax return with the person below. |
| Print Name of Officer     | Email address for correspondence, if desired | This email address belongs to:    |  |
|                           |  | <input type="checkbox"/> Employee | <input type="checkbox"/> Paid Preparer <input type="checkbox"/> Other  |
| Paid Preparer's Signature | Date   | Daytime Phone                     | Preparer's PTIN  |

**Include a complete copy of federal Form 1120S, Schedules K and K-1, and other federal schedules**

Mail to: Minnesota S Corporation Income Tax, Mail Station 1770, St. Paul, MN 55145-1770

# 2015 Apportionment and Minimum Fee

All S corporations must complete M8A to determine its Minnesota source income and minimum fee. See M8A instructions beginning on page 7. Enclose a copy of your balance sheet.

|                                 | A<br>In Minn.   | B<br>Total<br>(carry to 5 decimal places) | C<br>Factors (A ÷ B) |
|---------------------------------|---|---|----------------------|
| <b>Property and Payroll</b>     | <b>Property</b><br><b>1 a</b> Average value of inventory ..... <b>1 a</b> <input type="text"/><br><b>b</b> Average value of buildings, machinery<br>and other tangible property owned ..... <b>1 b</b> <input type="text"/><br><br><b>c</b> Average value of land owned ..... <b>1 c</b> <input type="text"/><br><b>d</b> Financial institutions only:<br>Average intangible property owned ..... <b>1 d</b> <input type="text"/><br>Total average value of tangible property<br>owned at original cost (add lines 1a-1d) ..... <b>1</b> <input type="text"/><br><b>2</b> Capitalized rents paid by S corporation<br>(gross rents paid x 8) ..... <b>2</b> <input type="text"/><br><br><b>3</b> Add lines 1 and 2 ..... <b>3</b> <input type="text"/><br><b>Payroll</b><br><b>4</b> Total payroll, including officers' compensation ..... <b>4</b> <input type="text"/> |   |                      |
| <b>Sales/<br/>Apportionment</b> | <b>Sales</b><br><b>5</b> Sales (including rents received) ..... <b>5</b> <input type="text"/><br>(If line 5, column B is zero, see instructions, page 7.)   |   |                      |
| <b>Minimum Fee</b>              | <b>Minimum Fee Calculation</b><br><b>6</b> Total of lines 3, 4 and 5 in column A ..... <b>6</b> <input type="text"/><br><br><b>7</b> Adjustments (see instructions, page 8) ..... <b>7</b> <input type="text"/> (Identify pass-through entity and enclose schedule.)<br><br><b>8</b> Combine lines 6 and 7 ..... <b>8</b> <input type="text"/><br><br><b>9</b> Minimum fee (determine using the amount on line 8 and the table below) ..... <b>9</b> <input type="text"/> Enter this amount on line 2 of your Form M8.  |   |                      |

## Minimum Fee Table

| If line 8 of M8A is:               | your minimum fee* is: |
|------------------------------------|-----------------------|
| Less than \$960,000 .....          | \$0                   |
| \$960,000 to \$1,929,999 .....     | \$200                 |
| \$1,930,000 to \$9,649,999 .....   | \$580                 |
| \$9,650,000 to \$19,299,999 .....  | \$1,930               |
| \$19,300,000 to \$38,589,999 ..... | \$3,860               |
| \$38,590,000 or More .....         | \$9,650               |

### \*The following S Corporations do not have to pay a minimum fee:

- Qualified businesses participating in a JOBZ zone in Minnesota that have all of their property and payroll within the zone.

If you are exempt from the minimum fee, enter zero on line 9 above and on line 1 of Form M8.