## **M8X** MINNESOTA REVENUE

### 16891

# Amended S Corporation Return Claim for Refund 2016

Explain each change on page 2 of Form M8X.

|                        | For tax year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)                                                                                                                                      |                                                                                                                |                         |  |  |  |  |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------|--|--|--|--|
| Print or Type          | Name of Corporation                                                                                                                                                                              | Federal ID Number                                                                                              | Minnesota Tax ID        |  |  |  |  |
|                        | Mailing Address                                                                                                                                                                                  | Check this box if the name or address has changed from your original return. Fill in former information below. |                         |  |  |  |  |
|                        |                                                                                                                                                                                                  | Former Name or Address, if Changed                                                                             |                         |  |  |  |  |
|                        | City State Zip Code                                                                                                                                                                              | Number of amended Schedule KS:                                                                                 | Number of shareholders: |  |  |  |  |
|                        | Place an X in all that apply: Composite Income Tax Financial Institution                                                                                                                         | gsss                                                                                                           |                         |  |  |  |  |
|                        | Place an X to indicate the Amended Change                                                                                                                                                        |                                                                                                                | Changes Affect          |  |  |  |  |
|                        | reason you are amending: Federal Return IRS Adjustment Schedul                                                                                                                                   | les KS Changes Affect M8A _                                                                                    | Nonresident Withholding |  |  |  |  |
| ах                     | 1 S corporation taxes (enclose computation): Original: Sch D taxes Passive income  LIFO recapture  Amended: Sch D taxes Passive income  LIFO recapture 1  2 Minimum fee (from line 2 of Form M8) | <b>A</b> –As previously reported <b>B</b> –Net chan                                                            |                         |  |  |  |  |
| New                    | 3 Composite income tax (enclose Schedules KS) 3 ■                                                                                                                                                |                                                                                                                |                         |  |  |  |  |
| Calculate Your New Tax | 4 Nonresident Minnesota withholding                                                                                                                                                              |                                                                                                                |                         |  |  |  |  |
|                        | <b>5</b> Add lines 1 through 4                                                                                                                                                                   |                                                                                                                |                         |  |  |  |  |
|                        | 6 Employer Transit Pass Credit not passed through to shareholders, limited to the sum of lines 1 and 2 (enclose Schedule ETP) . 6 ■                                                              |                                                                                                                |                         |  |  |  |  |
|                        | <b>7</b> Subtract line 6 from line 5                                                                                                                                                             |                                                                                                                |                         |  |  |  |  |
|                        | 8 Enterprise Zone Credit (enclose Schedule EPC)                                                                                                                                                  |                                                                                                                |                         |  |  |  |  |
|                        | 9 Estimated tax and/or extension payments                                                                                                                                                        |                                                                                                                |                         |  |  |  |  |

Continued next page

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## **Amended S Corporation Return/Claim for Refund 2016** (continued)

| Name of Corporation       |            |                                                                                       |                 | Federal ID Number        |                    | Minnesota Tax ID |                                                                                             |
|---------------------------|------------|---------------------------------------------------------------------------------------|-----------------|--------------------------|--------------------|------------------|---------------------------------------------------------------------------------------------|
|                           |            |                                                                                       |                 |                          |                    |                  | C-Corrected amounts                                                                         |
|                           | 10         | Amount due from original Form M8, line                                                | 13 (see inst    | tructions)               |                    |                  | . 10 ■                                                                                      |
|                           | 11         | Total credits and tax paid (add lines 8C                                              | through 9C a    | and line 10)             |                    |                  | . 11■                                                                                       |
|                           | 12         | Refund amount from original Form M8,                                                  | line 18 (see    | instructions)            |                    |                  | . 12■                                                                                       |
|                           |            | Subtract line 12 from line 11 (if result is Tax you owe. If line 7C is more than line |                 |                          | •                  |                  | 13.■                                                                                        |
|                           | 1-7        | (if line 13 is a negative amount, see inst                                            |                 |                          |                    |                  | 14 ■                                                                                        |
| rour<br>ax                | <b>1</b> 5 | If you failed to timely report federal char                                           | nges or the II  | RS assessed a pen        | alty (see instruc  | tions)           | . 15 🔳                                                                                      |
| Calculate Your<br>New Tax | 16         | Add line 14 and line 15                                                               |                 |                          |                    |                  | . 16 🗖                                                                                      |
| S<br>S                    | 17         | Interest (see instructions)                                                           |                 |                          |                    |                  | . 17 🔳                                                                                      |
|                           | 18         | B AMOUNT DUE (add lines 16 and 17). Skip lines 19–20                                  |                 |                          |                    | 18 ■             |                                                                                             |
|                           | 10         | <b>REFUND.</b> If line 13 is more than line 7C                                        |                 | , in the second second   | ·                  | ·                | . 19 ■                                                                                      |
|                           | 19         | REFUND. II lille 13 is filore trial lille 70                                          | , Subtract IIII | le 70 Holli lille 13     |                    |                  | . 43 =                                                                                      |
|                           |            | To have your refund direct deposited, en                                              |                 |                          |                    |                  |                                                                                             |
|                           | ACC        | ount type: Routing number                                                             |                 | Account                  | Turriber (use arra | account not as   | ssociated with any foreign banks)                                                           |
|                           |            | Checking Savings                                                                      |                 |                          |                    |                  |                                                                                             |
|                           |            |                                                                                       |                 |                          |                    |                  |                                                                                             |
| ē                         | Signa      | ature of Officer                                                                      |                 | Date                     | Daytime Phone      |                  | I authorize the MN Dept. of<br>Revenue to discuss this tax return<br>with the person below. |
| Sign Here                 | Print      | Name of Officer                                                                       | Email Address   | s for Correspondence, if | Desired            |                  | ress belongs to:                                                                            |
| Sign                      | Paid       | Preparer's Signature                                                                  |                 | Date                     | Daytime Phone      | Employe          | ee Paid Preparer Other Preparer's PTIN                                                      |
|                           |            |                                                                                       |                 |                          | Edyamo i none      | ·                | Toparor o Trint                                                                             |
|                           | Ex         | plain net changes below and show compu                                                | tations in de   | tail. Enclose the list   | of changes, ame    | ended schedu     | iles and amended federal Form                                                               |
|                           | 11         | .20S, if any. Mail to: Minnesota Amended S                                            | Corporation T   | ax, Mail Station 177     | 0, St. Paul, MN 5  | 55145-1770.      |                                                                                             |
| EVD                       | LAN        | ATION OF CHANCE Evoluin holow of                                                      | ach change      | in datail If the a       | aandaa invalya     | itomo rogu       | uiring aupporting informa                                                                   |
|                           |            | <b>ATION OF CHANGE</b> —Explain below easure to attach the appropriate schedu         |                 |                          |                    |                  |                                                                                             |
|                           |            |                                                                                       | , στατοι        |                          |                    | .,               |                                                                                             |
|                           |            |                                                                                       |                 |                          |                    |                  |                                                                                             |
|                           |            |                                                                                       |                 |                          |                    |                  |                                                                                             |
|                           |            |                                                                                       |                 |                          |                    |                  |                                                                                             |
|                           |            |                                                                                       |                 |                          |                    |                  |                                                                                             |
|                           |            |                                                                                       |                 |                          |                    |                  |                                                                                             |
|                           |            |                                                                                       |                 |                          |                    |                  |                                                                                             |
|                           |            |                                                                                       |                 |                          |                    |                  |                                                                                             |
|                           |            |                                                                                       |                 |                          |                    |                  |                                                                                             |

## Form M8X Instructions

Before you can complete Form M8X, you will need the M8 instructions for the year you are amending.

#### Who Should File M8X?

This form must be filed by S corporations to correct—or amend—an original Minnesota Form M8, *S Corporation Return*. You must also use Form M8X to amend prior year returns.

Federal Return Adjustments. If the Internal Revenue Service (IRS) changes or audits your federal return or you amend your federal return, you have 180 days to file an amended Minnesota return. If you are filing Form M8X based on an IRS adjustment, be sure to check the box in the heading and attach to your Form M8X a complete copy of your amended federal return or the correction notice you received from the IRS.

If you fail to report as required, a 10 percent penalty will be assessed on any additional tax. See line 15 instructions.

**Claim for Refund.** Use Form M8X to make a claim for refund and report changes to your Minnesota liability. If you make a claim for a refund and we do not act on it within six months of the date filed, you may bring an action in the district court or the tax court.

#### When to File

File Form M8X only after you have filed your original return. You may file Form M8X within 3½ years after the return was due or within one year from the date of an order assessing tax, whichever is later. If you filed your original return under an extension by the extended due date, you have up to 3½ years from the extended due date to file the amended return.

## **Filing Reminders**

The amended return must be signed by a principal officer of the corporation.

If you pay someone to prepare your return, the preparer must sign and enter his or her PTIN number and daytime phone.

#### Round amounts to the nearest dollar.

Decrease any amount less than 50 cents and increase any amount that is 50 cents or more to the next higher dollar.

## **Completing the Form**

Enter the tax year you are amending at the top of the form. On the back of Form M8X, include a detailed explanation of why the

original return was incorrect. Providing this information will help us verify the amended amounts.

Estimated payments and refunds credited to subsequent years cannot be amended or changed after the original return is filed.

Form AWC, *Alternative Withholding Certificate*, can only be filed with the original return. Any Forms AWC received after the filing of the original return will be denied.

Apportionment Factors. If the changes affect your sales, property and payroll within Minnesota, you must complete and attach M8A. Be sure to use the correct apportionment factors for the year you are amending. Below is a list of apportionment factors for each tax year:

|                | Sales  | Property | Payrol |
|----------------|--------|----------|--------|
| Tax year       | Factor | Factor   | Factor |
| 2014 & later . | . 100  | 0        | 0      |
| 2013           | 96     | 2        | 2      |
| 2012           | 93     | 3.5      | 3.5    |
| 2011           | 90     | 5        | 5      |
| 2010           | 87     | 6.5      | 6.5    |
| 2009           | 84     | 8        | 8      |
| 2008           | 81     | 9.5      | 9.5    |
| 2007           | 78     | 11       | 11     |
| 2006 & prior   | 75     | 12.5     | 12.5   |

#### **Use of Information**

All information provided on this form is private, except for your Minnesota tax ID number, which is public. Private information cannot be given to others except as provided by state law.

The identity and income information of the shareholders are required under state law so the department can determine the shareholder's correct Minnesota taxable income and verify if the shareholder has filed a return and paid the tax. The Social Security number of the shareholders are required to be reported on Schedule KS under M.S. 289A.12, subd. 13.

## Lines 1-9, Columns A, B and C

**Column A:** Enter the amounts shown on your original return or as later adjusted by an amended return or audit report.

**Column B:** Enter the dollar amount of each change as an increase or decrease for each line you are changing. Show all decreases in parentheses.

If the changes you are making affect the amounts on a schedule, you must complete and enclose a corrected schedule.

If you do not enter an amount when there is a change, the processing of your amended return will be delayed. You must also explain each change in detail in the space on the back of Form M8X and enclose any related schedules or forms.

If you are not making a change for a given line, leave column B blank.

**Column C:** Enter the corrected amounts after the increases or decreases. If there are no changes, enter the amount from column A.

#### Line 10

Enter the total of the following tax amounts, whether or not paid:

- amount from line 13 of your original M8;
- any additional tax due from a previously filed M8X, (either line 14, 15 or 16 depending on the year); and
- additional tax due as the result of an audit or notice of change.

Do not include any amounts that were paid for penalty, interest or underpayment of estimated tax.

#### Line 12

Enter the total of the following refund amounts:

- from line 18 of your original M8, even if you have not yet received it;
- any refund amount from a previously filed form M8X, (either line 19, 20 or 21 depending on the year); and
- refund or reduction in tax from a protest or other type of audit adjustment.

Include any amount that was credited to estimated tax, applied to pay past due taxes or donated to the Minnesota Nongame Wildlife Fund.

Do not include any interest that may have been included in the refunds you received.

#### **Lines 14 and 19**

Lines 14 and 19 should reflect the changes to your tax and/or credits as reported on lines 1 through 10 of Form M8X. If you have unpaid taxes on your original Form M8, Form M8X is not intended to show your corrected balance due.

Continued

## Form M8X Instructions (continued)

#### Line 14

If line 13 is a negative amount, treat it as a positive amount and add it to line 7C. Enter the result on line 14. This is the amount you owe, which is due when you file your amended return. You *cannot* use any funds in your estimated tax account to pay this amount. Continue with line 15.

#### Line 15

If only one of the penalties below applies, you must multiply line 14 by 10 percent (.10). If both penalties apply, multiply line 14 by 20 percent (.20). Enter the result on line 15.

- The IRS assessed a penalty for negligence or disregard of rules or regulations; and/or
- You failed to report federal changes to the department within 180 days as required.

#### **Line 17**

Interest is calculated as simple interest and accrues on unpaid tax and penalties from the regular due date until it is paid in full. Use the formula below with the appropriate interest rate:

Interest = line 16 x number of days past the due date x interest rate  $\div$  365

If the days fall in more than one calendar year, you must determine the number of days separately for each year.

The interest rates for recent years are:

| 2017    | 4% | 2006    | 6% | 2000 | 8% |
|---------|----|---------|----|------|----|
| 2014-16 | 3% | 2004-05 | 4% | 1999 | 8% |
| 2010-13 | 3% | 2003    | 5% | 1998 | 9% |
| 2009    | 5% | 2002    | 7% | 1997 | 8% |
| 2007-08 | 8% | 2001    | 9% | 1996 | 9% |
|         |    |         |    |      |    |

Penalty will be assessed if the additional tax and interest are not paid with the amended return.

#### **Line 18**

Pay Electronically. Visit our website at www.revenue.state.mn.us and log in to e-Services. If you don't have Internet access, call 1-800-570-3329 to pay by phone. When paying electronically, you must use an account not associated with any foreign banks.

Pay by Check. If you're not required to pay electronically and are paying by check, visit our website at www.revenue.state.mn.us and click on "Make a Payment" and then "By check" to create a voucher. Print and mail the voucher with a check made payable to Minnesota Revenue.

When you pay by check, your check authorizes us to make a one-time electronic fund transfer from your account. You may not receive your cancelled check.

#### **Line 19**

If you want your refund to be directly deposited into your bank account, complete line 20. Your bank statement will indicate when your refund was deposited to your account. Otherwise, skip line 20 and your refund will be sent to you in the mail.

This refund *cannot* be applied to your estimated tax account.

#### Line 20

If you want your refund to be directly deposited into your checking or savings account, enter the routing and account numbers. You must use an account not associated with any foreign banks.

The **routing number** must have nine digits.

The **account number** may contain up to 17 digits (both numbers and letters). Enter the number and leave out any hyphens, spaces and symbols.

You can find your bank's routing number and account number on the bottom of your check.

## "0000000": 00000000000"

Bank's routing number Account number -

If the routing or account number is incorrect or is not accepted by your financial institution, your refund will be sent to you in the form of a paper check.

By completing line 20, you are authorizing the department and your financial institution to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credits made in error.

## Signature

The return must be signed by the principal officer of the organization receiving, controlling or managing the income of the S corporation. The person must also include his or her ID number.

If someone other than the principal officer prepared the return, the preparer must also sign. The preparer's PTIN and phone number should also be included.

You may check the box in the signature area to give us your permission to discuss your return with the paid preparer. This authorization remains in effect until you notify the department in writing (either by mail or fax) that the authorization is revoked.

Checking the box does not give your preparer the authority to sign any tax documents on your behalf or to represent you at any audit or appeals conference. For these types of authorities, you must file a power of attorney, Form REV184.

#### **Email Address**

If the department has questions regarding your return and you want to receive correspondence electronically, indicate the email address below your signature. Check a box to indicate if the email address belongs to an employee of the S corporation, the paid preparer or other contact person.

By providing an email address, you are authorizing the department to correspond with you or the designated person over the Internet and you understand that the entity's nonpublic tax data may be transmitted over the Internet.

You also accept the risk that the data may be accessed by someone other than the intended recipient. The department is not liable for any damages that the entity may incur as a result of an interception.

#### Information and Assistance

Website: www.revenue.state.mn.us
Email: BusinessIncome.Tax@state.mn.us

Phone: 651-556-3075

This material is available in alternate for-