DEPARTMENT OF REVENUE

NEAR FINAL DRAFT 7/31/19

* 1 9 8 0 1 1 *

2019 M8, S Corporation Return

Tax year beginning _____, **2019, ending** _____

Name of Corporation	**Federal ID Number**	**Minnesota Tax ID**
Mailing Address ☐ **Check if New Address**	**Former name, if changed since 2018 return:**	
City	**State** **ZIP Code** **Number of Schedule KS:**	**Number of Shareholders:**

☐ **Initial Return** ☐ **Composite Income Tax** ☐ **Financial Institution** ☐ **Qualified Subchapter S Subsidiary** ☐ **Out of Business** ***(see instructions, pg. 4)*** ☐ **Installment Sale of Pass-through Assets or Interests**

☐ **Public Law 86-272**

Round amounts to nearest whole dollar

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 Tax Credit for Owners of Agricultural Assets not passed through to shareholders, limited to the sum of lines 1 and 2 above . . . . . **7** _____
Enter the certificate number from the certificate you received from the Rural Finance Authority: AO ___- _____

8 Add lines 6 and 7 . . . . . **8** _____

9 Subtract line 8 from line 5 *(if result is zero or less, leave blank)* . . . . . **9** _____

10 Minnesota Nongame Wildlife Fund donation *(see instructions, pg. 4).*
This will reduce your refund or increase your tax . . . . . **10** _____

11 Add lines 9 and 10 . . . . . **11** _____

12 Enterprise Zone Credit not passed through to shareholders *(enclose Schedule EPC)* . . . . . **12** _____

13 Estimated tax and/or extension payments made for 2019 . . . . . **13** _____

14 Add lines 12 and 13 . . . . . **14** _____

15 Tax due. If line 11 is more than line 14, subtract line 14 from line 11 . . . . . **15** _____

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* 1 9 8 0 2 1 *

Name of Corporation | Federal ID Number | Minnesota Tax ID

Round amounts to nearest whole dollar

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

17 Interest *(see instructions, pg. 5)* . . . . . **17** ■

18 Additional charge for underpayment of estimated tax *(attach Schedule EST)* . . . . . **18** ■

19 **AMOUNT DUE.** If you entered an amount on line 15, add lines 15 through 18. . . . . **19** ■

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

20 Overpayment. If line 14 is more than the sum of lines 11 and 18, subtract line 11 and line 18 from line 14. . . . . **20** ■

21 Amount of line 20 to be credited to your 2020 estimated tax . . . . **21** ■

22 **REFUND.** Subtract line 21 from line 20 . . . . . **22** ■

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

Account type: ☐ **Checking** ☐ **Savings** | **Routing number** | **Account number** *(use an account not associated with any foreign banks)*

Signature of Officer | Date | Daytime Phone | ☐ I authorize the MN Dept. of Revenue to discuss this tax return with the person below. | ☐ I do not want my paid preparer to file my return electronically.

Print Name of Officer | Email address for correspondence, if desired | This email address belongs to: ☐ Employee ☐ Paid Preparer ☐ 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

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2019 M8A, 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 In Minn.	B Total *(carry to 5 decimal places)*	C Factors (A ÷ B)
Property			
1 a Average value of inventory . . . . . **1a** ■			
b Average value of buildings, machinery and other tangible property owned . . . **1b** ■			
c Average value of land owned . . . . . **1c** ■			
d Financial institutions only: Average intangible property owned. . . . **1d** ■			
Total average value of tangible property owned at original cost *(add lines 1a-1d)* **1**			
2 Capitalized rents paid by S corporation *(gross rents paid x 8)* . . . . . **2** ■			
3 Add lines 1 and 2 . . . . . **3** ■			
Payroll			
4 Total payroll, including officers' compensation . . . . . **4** ■			
Sales			
5 Sales *(including rents received)* . . . . . **5** ■			
(If line 5, column B is zero, see instructions, page 7.)			
Minimum Fee Calculation			
6 Total of lines 3, 4 and 5 in column A . . . . . **6** ■			
7 Adjustments *(see instructions, page 8)* . . . . . **7** ■			*(Identify pass-through entity and enclose schedule.)*
8 Combine lines 6 and 7 . . . . . **8** ■			
9 Minimum fee *(determine using the amount on line 8 and the table below)* . . . . . **9** ■			*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 $1,020,000	$0
$1,020,000 to $2,039,999	$210
$2,040,000 to $10,209,999	$610
$10,210,000 to $20,409,999	$2,040
$20,410,000 to $40,819,999	$4,090
$40,820,000 or More	$10,210