

# Application for Business Registration

You can register online at [www.revenue.state.mn.us](http://www.revenue.state.mn.us). If you choose to file this paper application, fully complete pages 1 and 2 and any pages needed to register for a specific tax type. Incomplete applications may be delayed. Read the instructions before completing.

All applicants—Business information

**1** Federal tax ID number (*nine digits*). See instructions, page 3  —

**2** Current or prior Minnesota tax ID number(s), if any (*seven digits*). . . . .

**3** Reason for applying:

new business

change of legal organization

purchased existing business (*see instructions, page 2, "Successor Liability"*):

prior Minnesota tax ID number: \_\_\_\_\_ Former owner's name: \_\_\_\_\_

for informational purposes, such as a vendor or business receiving grants or any type of payment from a state agency (*complete pages 1 and 2 only*)

Should this number be canceled?

No  Yes, cancel effective \_\_\_\_\_ (*mm/dd/yyyy*)

**4** Full legal name of the business (*sole proprietors: fill in last name, first name, middle initial*)

\_\_\_\_\_

<b>5</b> Business trade name ( <i>doing business as</i> ), if you have one	<b>5a</b> Is this a qualified business participating in a Job Opportunity Building Zone (JOBZ)?
_____	<input type="checkbox"/> No <input type="checkbox"/> Yes. Enter JOBZ ID number: _____
<b>6</b> Complete address of business location ( <b>Do not use P.O. box</b> )	<b>5b</b> Is this business located on a Minnesota Indian reservation?
County _____	<input type="checkbox"/> No
City _____ State _____ Zip code _____	<input type="checkbox"/> Yes. Specify: _____

**7** Mailing address (*if different from above*) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**8** Daytime phone \_\_\_\_\_ Other phone number \_\_\_\_\_ Fax number \_\_\_\_\_

**9** Email address \_\_\_\_\_ Website address \_\_\_\_\_

**10 Type of legal organization:**

<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Limited liability company (LLC):	<input type="checkbox"/> Nonprofit corporation
<input type="checkbox"/> Partnership:	<input type="checkbox"/> One member only ( <i>see inst., pg. 4</i> ), or	<input type="checkbox"/> Nonprofit organization
<input type="checkbox"/> General partnership, or	<input type="checkbox"/> Two or more members	<input type="checkbox"/> Qualified joint venture
<input type="checkbox"/> Limited liability partnership (LLP), or	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Government
<input type="checkbox"/> Limited partnership (LP)	<input type="checkbox"/> Estate or trust (fiduciary)	<input type="checkbox"/> Other ( <i>please specify</i> ): _____
<input type="checkbox"/> S corporation	<input type="checkbox"/> C corporation	

**11a Types of taxes** you expect or are required to pay and/or collect:

**Business taxes** — Check all that apply and complete the corresponding section on the page indicated:

Sales and use tax (*see pages 3 and 4*)  Insurance taxes (*see page 5*)  Other special taxes (*see page 6*)

Withholding tax (*see page 5*)  Petroleum taxes (*see page 6*)  MinnesotaCare taxes (*see page 8*)

**Income, franchise or unrelated business income taxes** — Check one box only and complete the registration section on page 7:

S corporation  Estate or trust (fiduciary)  Unrelated business income tax

Partnership  C corporation

**You must provide additional information for each tax type you checked on line 11a.**

Continue with line 11b on page 2.

**11b** If you want to receive an educational phone call from the department, indicate below the type(s) of tax you are interested in:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Sales and use tax | <input type="checkbox"/> Insurance taxes             | <input type="checkbox"/> Partnership                   | <input type="checkbox"/> C corporation       |
| <input type="checkbox"/> Withholding tax   | <input type="checkbox"/> Petroleum taxes             | <input type="checkbox"/> MinnesotaCare taxes           | <input type="checkbox"/> Other special taxes |
| <input type="checkbox"/> S corporation     | <input type="checkbox"/> Estate or trust (fiduciary) | <input type="checkbox"/> Unrelated business income tax |  |

Also, when is the best time of day we can reach you? \_\_\_\_\_

**Business activities**

**12** Enter the six-digit NAICS code(s) that best describe your business activities (*enter at least one*) . . . . .

If you do not know your NAICS code, go to <http://www.census.gov/eos/www/naics/index.html>. Enter a keyword to search the most recent NAICS list.

Describe your business activities below, including the type of industry – retail or wholesale trade, manufacturing, transportation, services, etc. Also describe your main business activity and other activities you will be doing.

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**13** Accounting period used by business:  Calendar year (*sole proprietors are automatically signed up for calendar year*)  
 Fiscal year. Fill in fiscal year-end month: \_\_\_\_\_

**14** List all **individual** owners, single-member LLCs, officers or trustees/personal representatives (**required, if applicable**). Attach a separate sheet, if needed.

Name (last name, first name, middle initial)	Social Security number ( <i>required</i> )	Date of birth
Home address (street, city, state, zip code)	Business phone	Home phone
Name (last name, first name, middle initial)	Social Security number ( <i>required</i> )	Date of birth
Home address (street, city, state, zip code)	Business phone	Home phone
Name (last name, first name, middle initial)	Social Security number ( <i>required</i> )	Date of birth
Home address (street, city, state, zip code)	Business phone	Home phone

**15** List all **business** owners that are corporations, S corporations, partnerships or LLCs filing as such (**required, if applicable**). Attach a separate sheet, if needed.

Name of business owner	Federal tax ID number ( <i>required</i> )	Minnesota tax ID number, if any
Address (street, city, state, zip code)	Business phone	Other phone
Name of business owner	Federal tax ID number ( <i>required</i> )	Minnesota tax ID number, if any
Address (street, city, state, zip code)	Business phone	Other phone

**If you choose not to register online, complete pages 1 and 2 and any required registration pages (see line 11a). To register:**

- call **651-282-5225** or **1-800-657-3605**
- fax your completed pages to **651-556-5155**  
(*Do not fax blank pages.*)
- mail your completed pages to:  
 Minnesota Department of Revenue  
 Mail Station 4410  
 St. Paul, MN 55146-4410

*Do not mail if you register online, by phone or by fax.*

**To avoid receiving unnecessary tax bills and/or delinquency notices, you must let us know if:**

- information changes at any time after you file this application,
- you go out of business,
- you quit making taxable sales, leases or services, or
- you no longer have employees.

To update your business information, go to [www.revenue.state.mn.us](http://www.revenue.state.mn.us) or call us at 651-282-5225 or 1-800-657-3605.

# Sales and Use Tax

If you intend to sell taxable items or provide taxable services in Minnesota, you must register to collect, report and remit Minnesota state and any applicable local taxes. If you make business purchases subject to use tax, you must register for use tax filing.

Sales and use tax returns are filed electronically, either over the Internet or by telephone.

State sales and use tax

**1 Date of first Minnesota taxable sale, lease, service or use tax obligation:**

month	day	year

**2 Accounting method (check one box; see instructions, page 5 for definitions):**

Cash basis     
  Accrual basis     
  Other: \_\_\_\_\_

**3 If your business is seasonal, check the months your business is active for sales and/or use tax:**

<input type="checkbox"/> January	<input type="checkbox"/> March	<input type="checkbox"/> May	<input type="checkbox"/> July	<input type="checkbox"/> September	<input type="checkbox"/> November
<input type="checkbox"/> February	<input type="checkbox"/> April	<input type="checkbox"/> June	<input type="checkbox"/> August	<input type="checkbox"/> October	<input type="checkbox"/> December

**4 Mailing address for sales and use tax information**      City      State      Zip code

Contact person within organization for sales and use tax      Title      Daytime phone

Email address      Fax number

**5 Filing frequency is based on your average estimated sales and use tax for one month. If you expect your sales and use tax to be (check one box):**

- \$500 or more per month**, you will be required to file monthly.
- less than \$500 per month**, you will be required to file quarterly.
- \$100 or less per month**, you will be required to file annually.
- for only one event or during one month and you do not plan to make future taxable sales in Minnesota**, you will be required to file one-time only.

Taxable sales of	State tax rate	Average
\$7,273 x	6.875%	≅ \$500 tax
\$1,455 x	6.875%	≅ \$100 tax

**6 Check the boxes below to indicate the types of goods and services you will be providing, if any (see instructions, page:**

<input type="checkbox"/> Car rentals	<input type="checkbox"/> Mobile homes and park trailers	<input type="checkbox"/> Waste collection services
<input type="checkbox"/> Interstate motor carriers	<input type="checkbox"/> On-sale/off-sale liquor	<input type="checkbox"/> Prepaid Wireless (E911/TAM Fees)
		<input type="checkbox"/> None apply to this business

**7 Will you be making taxable sales from more than one permanent location (see instructions, page 5)?** .....  No  Yes

**If yes, provide the following information for each location. Attach a separate sheet, if needed.**

Locations

**a.** Location's business name      Date of first taxable sale, lease, service or use tax obligation for any local tax:

Location address      City      State      Zip code

Enter the six-digit NAICS code(s) that best describe this location's business activities (enter at least one):

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Describe this location's business activities, including the types of goods and services provided:

**b.** Location's business name      Date of first taxable sale, lease, service or use tax obligation for any local tax:

Location address      City      State      Zip code

Enter the six-digit NAICS code(s) that best describe this location's business activities (enter at least one):

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Describe this location's business activities, including the types of goods and services provided:

# Sales and Use Tax (continued)

## Local taxes

The Department of Revenue also administers and collects local taxes on behalf of specific local governments. If you make retail sales or do business in a location that imposes a local tax, you must register for the local tax.

**Review the list of local taxes below and check all the boxes that apply.** The list is accurate through March 1, 2016. See Sales Tax Fact Sheets 164, 164M, and 164S, available on our website, for an up-to-date list of local taxes that may have been enacted since that date.

**8** Check all the boxes that apply, and fill in the effective date of your first taxable sale, lease, service or use tax obligation (see instructions, page 6):

Local taxes

Location and tax	Rate	Effective date (mm/dd/yyyy)	Location and tax	Rate	Effective date (mm/dd/yyyy)
<input type="checkbox"/> Albert Lea sales and use . . . . .	0.50%	_____	<input type="checkbox"/> Hubbard County transit sales & use (effective January 1, 2015) . . . . .	0.50%	_____
<input type="checkbox"/> Austin sales and use . . . . .	0.50%	_____	<input type="checkbox"/> Hutchinson sales and use (effective January 1, 2012) . . . . .	0.50%	_____
<input type="checkbox"/> Baxter sales and use . . . . .	0.50%	_____	<input type="checkbox"/> Lanesboro sales and use (effective January 1, 2012) . . . . .	0.50%	_____
<input type="checkbox"/> Becker County transit sales and use (effective July 1, 2014) . . . . .	0.50%	_____	<input type="checkbox"/> Lyon County transit sales and use . . . . .	0.50%	_____
<input type="checkbox"/> Beltrami County transit sales and use (effective April 1, 2014) . . . . .	0.50%	_____	<input type="checkbox"/> Mankato sales and use . . . . .	0.50%	_____
<input type="checkbox"/> Transit excise tax (per vehicle) (effective April 1, 2014) . . . . .	\$20.00	_____	<input type="checkbox"/> Food and beverage . . . . .	0.50%	_____
<input type="checkbox"/> Bemidji sales and use . . . . .	0.50%	_____	<input type="checkbox"/> Entertainment . . . . .	0.50%	_____
<input type="checkbox"/> Blue Earth County transit sales and use (effective April 1, 2016) . . . . .	0.50%	_____	<input type="checkbox"/> Marshall sales and use (effective April 1, 2013) . . . . .	0.50%	_____
<input type="checkbox"/> Brainerd sales and use . . . . .	0.50%	_____	<input type="checkbox"/> Food and beverage (effective July 1, 2013) . . . . .	1.50%	_____
<input type="checkbox"/> Brown County transit sales and use (effective April 1, 2016) . . . . .	0.50%	_____	<input type="checkbox"/> Medford sales and use (effective April 1, 2013) . . . . .	0.50%	_____
<input type="checkbox"/> Carlton County transit sales and use (effective April 1, 2015). . . . .	0.50%	_____	<input type="checkbox"/> Minneapolis sales and use . . . . .	0.50%	_____
<input type="checkbox"/> Carlton County transit excise tax (per vehicle) (effective April 1, 2015) . . . . .	\$20.00	_____	<input type="checkbox"/> Downtown liquor . . . . .	3.00%	_____
<input type="checkbox"/> Cass County transit sales and use (effective April 1, 2016) . . . . .	0.50%	_____	<input type="checkbox"/> Lodging . . . . .	2.625%	_____
<input type="checkbox"/> Chisago County transit sales and use (effective April 1, 2016) . . . . .	0.50%	_____	<input type="checkbox"/> Downtown restaurant . . . . .	3.00%	_____
<input type="checkbox"/> Clearwater sales and use . . . . .	0.50%	_____	<input type="checkbox"/> Entertainment . . . . .	3.00%	_____
<input type="checkbox"/> Cloquet sales and use (effective April 1, 2013) . . . . .	0.50%	_____	<input type="checkbox"/> New Ulm sales and use . . . . .	0.50%	_____
<input type="checkbox"/> Cook County sales and use . . . . .	1.00%	_____	<input type="checkbox"/> North Mankato sales and use . . . . .	0.50%	_____
<input type="checkbox"/> Crow Wing County transit sales and use (effective April 1, 2016) . . . . .	0.50%	_____	<input type="checkbox"/> Olmsted County transit sales and use (effective January 1, 2014) . . . . .	0.25%	_____
<input type="checkbox"/> Detroit Lakes Food and beverage . . . . .	1.00%	_____	<input type="checkbox"/> Otter Tail County transit sales and use (effective January 1, 2016) . . . . .	0.50%	_____
<input type="checkbox"/> Douglas County transit sales and use (effective October 1, 2014) . . . . .	0.50%	_____	<input type="checkbox"/> Excise tax (per vehicle) . . . . .	\$20.00	_____
<input type="checkbox"/> Duluth sales and use . . . . .	1.00%	_____	(effective January 1, 2016)		
<input type="checkbox"/> Fergus Falls sales and use (effective January 1, 2012) . . . . .	0.50%	_____	<input type="checkbox"/> Proctor food and beverage (effective April 1, 2015) . . . . .	1.00%	_____
<input type="checkbox"/> Fillmore County transit sales and use (effective January 1, 2015) . . . . .	0.50%	_____	<input type="checkbox"/> Proctor sales and use . . . . .	0.50%	_____
<input type="checkbox"/> Freeborn County transit sales and use . . . . .	0.50%	_____	<input type="checkbox"/> Rice County transit sales and use (effective January 1, 2014) . . . . .	0.50%	_____
<input type="checkbox"/> (effective January 1, 2016)			<input type="checkbox"/> Rochester sales and use tax . . . . .	0.75%	_____
Giants Ridge Recreation Area			(effect January 1, 2016)		
<input type="checkbox"/> Admissions and recreation . . . . .	2.00%	_____	<input type="checkbox"/> Lodging (effective January 1, 2014) . . . . .	7.00%	_____
<input type="checkbox"/> Food and beverage . . . . .	1.00%	_____	<input type="checkbox"/> Scott County transit sales and use . . . . .	0.50%	_____
<input type="checkbox"/> Lodging . . . . .	2.00%	_____	(effective date October 1, 2015)		
<input type="checkbox"/> Hennepin County sales and use . . . . .	0.15%	_____	<input type="checkbox"/> Excise tax (per vehicle) (effective October 1, 2015) . . . . .	\$20.00	_____
<input type="checkbox"/> Hermantown sales and use (effective April 1, 2014) . . . . .	1.00%	_____	<input type="checkbox"/> Steele County transit sales and use (effective April 1, 2015) . . . . .	0.50%	_____

# Sales and Use Tax (continued)

Location and tax	Rate	Effective date <small>(mm/dd/yyyy)</small>	Location and tax	Rate	Effective date <small>(mm/dd/yyyy)</small>
<input type="checkbox"/> St. Cloud Area sales and use <i>(includes the cities of Sartell, Sauk Rapids, St. Augusta, St. Cloud, St. Joseph and Waite Park)</i> . . . . .	0.50%	_____	<input type="checkbox"/> Todd County transit sales and use <i>(effective January 1, 2015)</i> . . . . .	0.50%	_____
<input type="checkbox"/> St. Cloud food . . . . .	1.00%	_____	<input type="checkbox"/> Transit improvement sales and use tax <i>(Anoka, Dakota, Hennepin, Ramsey and Washington counties)</i> . . . . .	0.25%	_____
<input type="checkbox"/> St. Cloud liquor . . . . .	1.00%	_____	<input type="checkbox"/> Transit improvement vehicle excise tax <i>(per vehicle)</i> . . . . .	\$20.00	_____
<input type="checkbox"/> St. Louis County transit sales and use <i>(effective April 1, 2015)</i> . . . . .	0.50%	_____	<input type="checkbox"/> Two Harbors sales and use . . . . .	0.50%	_____
<input type="checkbox"/> Transit excise tax <i>(per vehicle) (effective April 1, 2015)</i> . . . . .	\$20.00	_____	<input type="checkbox"/> Wabasha County transit sales and use <i>(effective April 1, 2016)</i> . . . . .	0.50%	_____
<input type="checkbox"/> St. Paul sales and use . . . . .	0.50%	_____	<input type="checkbox"/> Wadena County transit and use tax <i>(effective April 1, 2014)</i> . . . . .	0.50%	_____
<input type="checkbox"/> Lodging (50 or more rooms) . . . . .	6.00%	_____	<input type="checkbox"/> Worthington sales and use tax . . . . .	0.50%	_____
<input type="checkbox"/> Lodging (fewer than 50 rooms) . . . . .	3.00%	_____	<input type="checkbox"/> Other local taxing area(s) Specify: _____ .. _____		_____
					_____

Local taxes

# Withholding Tax

You must register to file Minnesota withholding tax, if you:

- Have employees and anticipate withholding tax from their wages in the next 30 days;
- Agree to withhold Minnesota taxes when you are not required to withhold;
- Pay nonresident employees to do work for you in Minnesota (see "Exceptions" in the Minnesota Income Tax Withholding Instruction Booklet)
- Make mining and exploration royalty payments on which you are required to withhold Minnesota taxes; or
- Are a corporation with corporate officers performing services in Minnesota who will have withholding from their wages.

Withholding tax returns must be filed electronically, either over the Internet or by telephone.

Withholding tax

**1** Indicate the year and quarter you expect the first Minnesota wages to be paid:

Year:  Quarter:  1st (January–March)  3rd (July–September)  
 2nd (April–June)  4th (October–December)

**2** Are you applying only because you employ Minnesota residents and you **do not** conduct business in Minnesota? .....  No  Yes

**3** Mailing address for withholding tax information City State Zip code

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Contact person within organization for withholding tax Title Daytime phone

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Email address Fax number

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# Insurance Taxes

If you are an insurance company or insurance surplus lines broker licensed by the Minnesota Department of Commerce, a health maintenance organization (HMO), or a nonprofit health plan corporation, you must be registered to file and pay insurance taxes. See instructions, pages 7 and 8, for details.

Insurance taxes

**1** NAIC number (*National Association of Insurance Commissioners*) ..... State/country of incorporation.....

**2** Type(s) of insurance tax or surcharge you are required to pay (*check all that apply and indicate the effective date for each box checked*):

Insurance taxes and surcharges	Effective date <small>(mm/dd/yyyy)</small>
<input type="checkbox"/> Insurance premium tax .....	_____
<input type="checkbox"/> Auto theft prevention surcharge .....	_____
<input type="checkbox"/> Fire safety surcharge .....	_____
<input type="checkbox"/> Firefighter's relief surcharge .....	_____
<input type="checkbox"/> HMO insurance premium tax .....	_____
<input type="checkbox"/> Surplus lines tax .....	_____
<input type="checkbox"/> sole proprietorship	

**3** Mailing address for tax returns and information City State Zip code

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Contact person within organization Title Daytime phone

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Email address Fax number

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# Petroleum Taxes

You must register to file and pay petroleum taxes and fees if you are a licensed distributor of gasoline, a seller of special fuels, or an owner of vehicles using compressed natural gas, propane or other alternative fuel. See instructions, page 8, for details.

<b>Petroleum taxes</b>	<b>1</b> Effective date of the petroleum tax:	<input type="text"/>	<input type="text"/>	<input type="text"/>
		month	day	year
	<b>2</b> Mailing address for tax returns and information	City		State      Zip code
	Contact person within organization	Title		Daytime phone
	Email address	Fax number		

# Other Special Taxes

Depending on your business or types of goods and services you provide, you may be required to register to file and pay other types of special taxes or fees. See instructions, page 9, for details.

<b>Other special taxes</b>	<b>1</b> Type(s) of special tax or fee you are required to pay ( <i>check all that apply and include effective date for each box checked</i> ):	
	<b>Special taxes and fees</b>	<b>Effective date</b> <i>(mm/dd/yyyy)</i>
	<input type="checkbox"/> Cigarette tax .....	_____
	<input type="checkbox"/> Tobacco products tax .....	_____
	<input type="checkbox"/> Alcohol common carrier tax .....	_____
	<input type="checkbox"/> Alcohol importer report .....	_____
	<input type="checkbox"/> Distilled spirits tax .....	_____
	<input type="checkbox"/> Malt beverage tax .....	_____
	<input type="checkbox"/> Wine tax .....	_____
	<input type="checkbox"/> Dry cleaner registration fee .....	_____
	<input type="checkbox"/> Dry cleaning solvents fee .....	_____
	<input type="checkbox"/> E-waste registration fee .....	_____
	<input type="checkbox"/> Lawful gambling licensed distributors report (enter license number: _____) .....	_____
	<input type="checkbox"/> Lawful gambling licensed manufacturers report (enter license number: _____) .....	_____
	<input type="checkbox"/> Lawful gambling taxes (enter license number: _____) ..	_____
	<input type="checkbox"/> Wireless .....	_____
	<input type="checkbox"/> Other, please describe: _____ ..	_____
	<b>2</b> Mailing address for tax returns and information	City      State      Zip code
Contact person within organization	Title      Daytime phone	
Email address	Fax number	

# Income, Franchise or Unrelated Business Income Tax

Depending on the type of your legal organization, you may be required to register to file an annual Minnesota tax return. Also, you will need a Minnesota tax ID number if you expect or will be required to pay estimated tax. See instructions, page 9, for details.

Income, franchise or unrelated business income tax

**1.** If your business is (check one box only):

an **S corporation or limited liability company considered to be an S corporation for federal tax purposes** and you have property, payroll or sales in Minnesota, you are required to file annual S corporation tax returns, Form M8. You are an S corporation if you elected to be taxed under Subchapter S of Internal Revenue Code (IRC) section 1362, **and the IRS approved your election.**

**a.** State of incorporation: \_\_\_\_\_ Date of incorporation: / /   
month day year

a **partnership, limited liability partnership, or limited liability company considered to be a partnership for federal tax purposes**, and you have property, payroll or sales in Minnesota, you are required to file annual partnership returns, Form M3.

If you checked this box, fill in the date the partnership was formed: / /   
month day year

an **estate or trust (fiduciary)** required to file a federal income tax return for estates and trusts and you have \$600 or more of gross income assignable to Minnesota or you have a nonresident alien as a beneficiary, you are required to file annual income tax returns for estates and trusts, Form M2.

**a.** Date of death or date trust established: / /   
month day year

**b.** Name of estate or trust \_\_\_\_\_ For the benefit of (FBO), if applicable

Trustee or personal representative \_\_\_\_\_ Federal ID/Social Security number \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

a **corporation, cooperative, or limited liability company** taxed as a corporation by the IRS and have income, payroll, certain sales activities or own/lease property in Minnesota, you are required to file annual corporate franchise tax returns, Form M4.

**a.** State of incorporation: \_\_\_\_\_ Date of incorporation: / /   
month day year

Start date of the tax year you became liable for tax in Minnesota: / /   
month day year

**b.** Relationship with another existing corporation:  Subsidiary  Division  
 Parent corporation \_\_\_\_\_ Federal ID number \_\_\_\_\_ Minnesota ID number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

a tax-exempt organization, cooperative, homeowner association or political organization doing business in Minnesota with **unrelated business income (UBI)**, you are required to file an annual UBI tax return, Form M4NP. Check all boxes that apply:

**nonprofit organization or corporation** with UBI or liable for proxy tax on lobbying and political expenditures filing federal Form 990-T,

**farmers' cooperative**, as defined in IRC section 521, filing federal Form 1120-C,

**homeowner association** filing federal Form 1120-H, or

**political organization** filing federal Form 1120-POL.

**a.** Tax-exempt status (check one):  501(c)(\_\_\_\_);  501 (\_\_\_\_);  528; or  Other: \_\_\_\_\_

**b.** State of incorporation: \_\_\_\_\_ Date of incorporation: / /   
month day year

**c.** Relationship with another existing corporation:  Subsidiary  Division  
 Parent corporation \_\_\_\_\_ Federal ID number \_\_\_\_\_ Minnesota ID number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**2.** Mailing address for tax returns and information \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Contact person within organization \_\_\_\_\_ Title \_\_\_\_\_ Daytime phone \_\_\_\_\_

Email address \_\_\_\_\_ Fax number \_\_\_\_\_

# MinnesotaCare Taxes

You must register to file and pay MinnesotaCare taxes if you are:

- a hospital or surgical center,
- a health-care provider who is regulated or required to be regulated by the state of Minnesota to provide health-care services, such as medical, surgical, optical, visual, dental, hearing, nursing, drugs, laboratory, diagnostic or therapeutic, directly to a patient or consumer,
- an employer of a licensed or registered health-care provider, including professional associations and staff model health-plan companies,
- eligible to receive reimbursement from the Medical Assistance (MA) program for the health-care services you provide,
- a seller of hearing aids and related equipment, a seller of prescription eyewear or an ambulance service required to be licensed,
- a business licensed to sell legend drugs at wholesale in Minnesota, or
- a pharmacy or person who purchases legend drugs from a wholesaler/manufacturer/pharmacy not subject to the MinnesotaCare tax.

See instructions, page 11, for details.

MinnesotaCare tax returns are filed electronically, either over the Internet or by telephone.

MinnesotaCare taxes

**1** Date of first receipts from services or sales:

month	day	year

**2** Minnesota hospital, surgical center or health-care provider professional license number (if applicable): \_\_\_\_\_

Type of license: \_\_\_\_\_

License start date: \_\_\_\_\_

(month, day and year)

**3** Type of taxpayer (check all that apply):

Hospital

Provider of health-care services. Also, check the boxes below that best describe your business:

- acupuncturist
- audiologist
- chemical dependency counselor
- chiropractor
- dental assistant
- dental hygienist
- dentist
- dietician
- emergency medical technician
- hearing aid dispenser
- licensed ambulance service (nonvolunteer)
- licensed graduate social worker

- licensed independent clinical social worker
- licensed independent social worker
- licensed or licensed associate marriage and family therapist
- licensed midwife
- naturopathic doctor
- nurse, registered nurse, licensed practical nurse, nursing assistant
- nutritionist
- occupational therapist
- optician/optical supplier
- optometrist

- osteopath
- paramedic
- physical therapist
- physician
- physician assistant
- podiatrist
- psychologist
- public health nurse
- respiratory care practitioner
- speech language pathologist
- staff model health plan
- other (specify): \_\_\_\_\_

Surgical center

Wholesaler of legend drugs and/or out-of-state pharmacy or mail order business selling legend drugs into Minnesota

Legend drug use tax

**4** Mailing address for MinnesotaCare tax forms

City

State

Zip code

Contact person within organization for MinnesotaCare tax

Title

Daytime phone

Email address

Fax number