

Franchise Tax for Nonprofit Organizations 2006

For organizations with unrelated business income

Tax year beginning _____, 2006, ending _____

Please print

Name of organization Minnesota Ground Water Association				Minnesota tax ID 3511766	FEIN 41-143403
Street 4779 126th St North				This organization files federal Form (check one)	
City County State Zip code White Bear Lake Washington MN 55110-5910				<input checked="" type="checkbox"/> 990-T <input type="checkbox"/> 1120-C <input type="checkbox"/> 1120-H <input type="checkbox"/> 1120-POL	
Check all that apply: <input type="checkbox"/> Amended return or claim for refund <input type="checkbox"/> Filing under an extension <input type="checkbox"/> Final return (attach an explanation, a copy of merger papers, dissolution date and distribution papers)					

Figure your income and tax

1	Federal taxable income (from the taxable income line of your federal form)	1	0
2	Federal net operating loss deduction, if any	2	0
3	Add lines 1 and 2	3	0
4	990-T filers only: Charitable contributions not deducted on federal return (see instructions)	4	0
5	Minnesota net income (or loss) (subtract line 4 from line 3)	5	0
If all activities are conducted in Minnesota, enter this amount on line 6. If activities are conducted partly outside Minnesota, or you have a net operating loss on your federal return, complete Schedule A on the back and check here <input type="checkbox"/>			
6	Taxable income (if zero or less, enter zero)	6	0
7	Regular tax (multiply line 6 by 9.8% [.098])	7	0
8	Additional charge for underpaying estimated tax (attach Schedule M15NP)	8	0
9	Add lines 7 and 8	9	0

Payments

10	Amount credited from your 2005 return (from line 16 of 2005 M4NP)	10	
11	2006 estimated tax payments	11	
12	2006 extension payment	12	
13	Add lines 10, 11 and 12	13	

Refund or amount due

14	AMOUNT DUE. If line 9 is more than or equal to line 13, subtract line 13 from line 9 Check method of payment: <input type="checkbox"/> Electronic payment <input type="checkbox"/> Check	14	0
15	OVERPAYMENT. If line 13 is more than line 9, subtract line 9 from line 13	15	
16	Amount of line 15 to be credited to your 2007 estimated tax	16	
17	Refund (subtract line 16 from line 15)	17	

Sign here

I declare that this return is correct and complete to the best of my knowledge and belief.

Authorized signature 	Title Treasurer	Date 06-01-2007	Daytime phone 651-737-0699	<input checked="" type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the person listed here.
Paid preparer's signature 	Minnesota tax ID, SSN or PTIN 41-1571648	Date 06-01-2007	Daytime phone 651-276-8208	
E-mail address for correspondence, if desired calcfe@comcast.net		This e-mail address belongs to (check one): <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Paid preparer		

Attach a copy of your complete federal return including schedules.
 Mail to: Minnesota Revenue, Mail Station 1257, St. Paul, MN 55146-1257