## DEPARTMENT OF REVENUE

## **2023 Form M1, Individual Income Tax** Do not use staples on anything you submit.



GSSIFORTYNINEK S Your First Name and Initial	PLUSHUNDREDK Last Name	490549999 Your Social Security Num	nber 01011953 Your Date of Birth (MM/DD/YYYY)
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Check If Address Is:	Number Spouse's Date of Birth
Current Home Address			
City		State	ZIP Code
2023 Federal Filing Status (pla	ace an X in one box):		
X (1) Single (2) Married Filing Jointly	(3) Married Filing Separately Spouse Name Spouse SSN		(5) Qualifying Surviving Spouse
State Elections Campaign Fur	nd		
To grant \$5 to this fund, enter the code for the party of	your choice. It will help candidates for state offices pay	campaign expenses. This will not increa	se your tax or reduce your refund.
Political P	arty Code Numbers: Republican	11 Grassroots/Legalize Cannal	bis 14 Legal Marijuana Now 17

Democratic/Farmer-Labor . . 12 Libertarian . . . . . . 16 General Campaign Fund . . 99

Your Code Spouse's Code

## From Your Federal Return (see instructions)

A. Wage	10000       s,salaries, tips, etc.       B. IRA, pensions, and annuities       C. Unemployment       D. F	12595 Federal taxable inco	0
1	Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR)	· 1■	141650
2	Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions)	. 2∎	
3	Add lines 1 and 2	. 3	141650
4	Itemize ddeductions (from Schedule M1SA) or your standard deduction (see instructions)	. 4 ∎	15675
5	Exemptions (from Schedule M1DQC)	. 5∎	
6	State income tax refund from line 1 of federal Schedule 1	. 6 ■	
7	Subtractions from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions)	. 7 🔳	
8	Total subtractions. Add lines 4 through 7	. 8	15675
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank	. 9	125975
10	Tax from the table or schedules in the Form M1 instructions	10	8416
11	Alternative minimum tax (enclose Schedule M1MT)	11 ■	
12	Add lines 10 and 11	12	8416
13	Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b.         Part-year residents and nonresidents.       From Schedule M1NR, enter the amount from line 32 on         line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR).	13	8416

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14	Other taxes, such as reca	pture amounts and the	tax on lump-sum	distributions	(check appropriate boxes)

	(a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS	14	■
15	Tax before credits. Add lines 13 and 14	15	8416
16	Amount from line 21 of Schedule M1C, Nonrefundable Credits (enclose Schedule M1C)	16	■
17 18	Subtract line 16 from line 15 (if result is zero or less, leave blank)		
19	Add lines 17 and 18		0.41.6
20	Minnesota income tax withheld.       Complete and enclose Schedule M1W to report         Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF       • • • • • •	20	■
21	Minnesota estimated tax and extension payments made for 2023	21	■
22	Amount from line 11 of Schedule M1REF, Refundable Credits (see instructions; enclose Schedule M1F	REF) 22	
23 24	Total payments. Add lines 20 through 22 <b>REFUND.</b> If line 23 is more than line 19, subtract line 19 from line 23 (see instructions)         For direct deposit, complete line 25		
25	Direct deposit of your refund <i>(you must use an account not associated with a foreign bank):</i> Checking Savings Routing Number Account Number		
26 27	AMOUNT YOU OWE.If line 19 is more than line 23, subtract line 23 from line 19 (see instructions).Penalty amount from Schedule M15 (see instructions).Also subtractthis amount from line 24 or add it to line 26 (enclose Schedule M15)		
28 IF Y 29	Penalty and interest (see instructions)         YOU PAY ESTIMATED TAX       and want part of your refund credited to estimated tax, complete lines 29 a         Amount from line 24 you want sent to you	nd 30.	■
30	Amount from line 24 you want applied to your 2024 estimated tax		
Тахр	payer(s): I declare that this return is correct and complete to the best of my knowledge and belief.		
You	r Signature Spouse's Signature (If Filing Jointly)		Date (MM/DD/YYYY)
Dayt	time Phone Email Address		
Paid	Preparer's Signature Date (MM/DD/YYYY)		PTIN or VITA/TCE # (required)
Prep	parer's Daytime Phone Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	t of Revenue to a	discuss this tax return

Include a copy of your 2023 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010

with the preparer or the third-party designee indicated on my federal return.