## DEPARTMENT OF REVENUE **2021 Form M1, Individual Income Tax** Do not use staples on anything you submit



A		A	49054999		0101199	
Your Fir	st Name and Initial	Last Name	Your Social Security N	umber	Your Date of Birth	ו (MM/DD/YYYY)
BB		A	49054888		0101199	90
If a Join	t Return, Spouse's First Name and Init	tial Spouse's Last Name	Spouse's Social Secur	al Security Number Spouse's Date of Birth		e of Birth
Current	Home Address		Check if Address is:		New	Foreign
City			State		ZIP Code	
2021	Federal Filing Status (plac	e an X in one box):				
(1)	Single (2) Married Filing Jointly	(3) Married Filing Separate	lv (4) Head	of Household	d 🗌 (5) Qua	lifying Widow(er)
()		Spouse Name			()	,g
		Spouse SSN				
Deper	ndents (see instructions):					
				_	_	
C		A Dependent 1 Last Name	49054777 Dependent 1 SSN		ON	in a his to Marrie
Depende	ent 1 First Name				ependent 1 Relat	ionship to You
D	ent 2 First Name	A Dependent 2 Last Name	49054555 Dependent 2 SSN		ON ependent 2 Relat	in a his to Maria
	ent 2 First Name	_ '	•		_	ionship to You
E	ent 3 First Name	A Dependent 3 Last Name	49054444 Dependent 3 SSN		ON ependent 3 Relat	ionahin ta Vau
Depende		Dependent o Last Name	Dependent o CON	De		
	Politica Republi	al Party Code Numbers: Democrati	s for state offices pay campaign expenses. This ic/Farmer-Labor 12 Grassroots/Legalize dence 13 Libertarian	Cannabis14	Legal Marijua	duce your refund. ana Now 17 apaign Fund . 99
Your Co	Politica Republi de Spouse's Code Your Federal Return (see ins	al Party Code Numbers: Democrati lican 11 Indepen	ic/Farmer-Labor 12 Grassroots/Legalize	Cannabis14	Legal Marijua General Cam	ana Now 17
Your Coo	Politica Republi Your Federal Return (see ins 100000	al Party Code Numbers: Democrati lican 11 Indepen	ic/Farmer-Labor 12 Grassroots/Legalize	Cannabis14 16	Legal Marijua	ana Now 17 Ipaign Fund . 99
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11	Alternative minimum tax (enclose Schedule M1MT)		11	<b></b>
12	Add lines 10 and 11		12	2615
13	<b>Full-year residents:</b> Enter the amount from line 12 on line 13. Skip lines 13			
	Part-year residents and nonresidents: From Schedule M1NR, enter the a	mount from line 32 on		0.61.5
	line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Scher	Jule M1NR)	13	2615
	13a 🔳 13b 🔳			
14	Other taxes, such as recapture amounts and the tax on lump-sum distribution	ns (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1529	chedule M1LS	14	<b></b>
15	Tax before credits. Add lines 13 and 14		15	2615
16	Amount from line 18 of Schedule M1C, Nonrefundable Credits (enclose Sch	edule M1C) · · · · · · · · · · · · · · · · · · ·	16	∎
17	Subtract line 16 from line 15 (if result is zero or less, leave blank).		17	2615
18	Nongame Wildlife Fund contribution (see instructions)			
	This will reduce your refund or increase the amount you owe		18	
				2615
19 20	Add lines 17 and 18.		19	2015
20	<b>Minnesota income tax withheld.</b> Complete and enclose Schedule M1W to Minnesota withholding from Forms W-2, 1099, and W-2G ( <i>do not send</i> )	•	20	
21	Minnesota estimated tax and extension payments made for 2021		21	<b></b>
22	Amount from line 11 of Schedule M1REF, Refundable Credits (see instruction	ons; enclose Schedule M1REF)	22	<b>—</b>
23 24	Total payments. Add lines 20 through 22			
25	Direct deposit of your refund (you must use an account not associated with			
	Checking Savings Routing Number Accou	nt Number		
26	AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 from line	e 19 (see instructions)	26	2662
27	Penalty amount from Schedule M15 (see instructions). Also subtract		20 -	
	this amount from line 24 or add it to line 26 (enclose Schedule M15)		27	<b>■</b> 47
IF Y	OU PAY ESTIMATED TAX and want part of your refund credited to estimate	d tax, complete lines 28 and 29.		
28	Amount from line 24 you want sent to you		28	
~~			~ •	_
29 Taxn	Amount from line 24 you want applied to your 2022 estimated tax aver: I declare that this return is correct and complete to the best of my know		29	
талр		leuge and bellet.		
Vour	Dissecture Provide	Signature (If Filing Jointh)	_	
Yours	Signature Spouse's	Signature (If Filing Jointly)	I	Date (MM/DD/YYYY)
Daytir	me Phone Email Ad	iress		
Paid F	Preparer's Signature Date (MN	/DD/YYYY)	_	PTIN or VITA/TCE # (required
Prepa	rer's Daytime Phone Preparer's	s Email Address		
	I do not want my paid preparer to file my return electronically.	thorize the Minnesota Department of Revenue	to dia	scuss this tax return
	······································	the preparer or the third-party designee indication		
	Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Rol	pert St., St. Paul, MN 55145-0010		
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