## DEPARTMENT OF REVENUE

## **2024 Form M1, Individual Income Tax** Do not use staples on anything you submit.



A	A	490549999	01011954	
Your First Name and Initial	Last Name	Your Social Security Number	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 Number	Spouse's Date of Birth	
Current Home Address		Check if Address is:	└──┘ New └──┘ Foreign	
City	State ZIP Code	County		
2024 Federal Filing Status (place a	an X in one box):			
X (1) Single (2) Married Filing Jointly	(3) Married Filing Separately Spouse Name Spouse SSN	(4) Head of Household	(5) Qualifying Surviving Spouse	
State Elections Campaign Fund				
To grant \$5 to this fund, enter the code for the party of your ch	oice. It will help candidates for state offices pay	campaign expenses. This will not increase your tax	or reduce your refund.	

		Political Party Code Numbers:	Republican 11	Grassroots/Legalize Cannabis	14	Legal Marijuana Now		17
Your Code	Spouse's Code		Democratic/Farmer-Labor 12	Libertarian	16	General Campaign Fund	• •	99

## From Your Federal Return (see instructions)

A. Wage	es,salaries, tips, etc.	25000 B. IRA, pensions,and annuities	C. Unemployment		26550 xable income
1	Federal adjusted gross inco	ome (from line 11 of federal Form	1040 and 1040-SR) • • • • • •	1	43100
2	Additions to income from line	e 10 of Schedule M1M and line 9 of	Schedule M1MB (see instructions)	2	L
3	Add lines 1 and 2			3	43100
4	Itemized deductions (from	Schedule M1SA) or your standard	deduction (see instructions)		16525
5	Exemptions (from Schedule	M1DQC)		5	<b></b>
6	State income tax refund from	n line 1 of federal Schedule 1		6	L
7	Subtractions from line 35 of S	Schedule M1M and line 21 of Sche	dule M1MB (see instructions)		18100
8	Total subtractions. Add lines	4 through 7 • • • • • • • • • • • •		8	34625
9	Minnesota taxable income.	Subtract line 8 from line 3. If zero	or less, leave blank	9	8475
10	Tax from the table or schedu	lles in the Form M1 instructions .		10	452
11	Alternative minimum tax (end	close Schedule M1MT)		11 🔳	L
12	Add lines 10 and 11			12	452
13	Part-year residents and nor		Skip lines 13a and 13b. R, enter the amount from line 32 or nclose Schedule M1NR)•••••		452
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14 Ot	her taxes, such as recapture amounts and the tax on lump-sum distributions	(check appropriate boxes)
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	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS (d) Schedule NIIT	14 🔳	
15	Tax before credits. Add lines 13 and 14			
16	Amount from line 19 of Schedule M1C, Nonrefundable Credits	(enclose Schedule M1C)	16	
17 18	Subtract line 16 from line 15 <i>(if result is zero or less, leave blar.</i> Nongame Wildlife Fund contribution <i>(see instructions)</i>			
	This will reduce your refund or increase the amount you owe		18 🔳	
19	Add lines 17 and 18		<b>19</b> <u>452</u>	
20	<b>Minnesota income tax withheld.</b> Complete and enclose Sch Minnesota withholding from Forms W-2, 1099, and W-2G and S	•	20 🔳	
21	Minnesota estimated tax and extension payments made for 20	24	21 🔳	
22	Amount from line 13 of Schedule M1REF, Refundable Credits	(see instructions; enclose Schedule M1REF)	22 🔳	
23 24	Total payments. Add lines 20 through 22			
25	Direct deposit of your refund (you must use an account not ass Checking Savings Routing Number		27 <b>•</b>	
26 27	<b>AMOUNT YOU OWE.</b> If line 19 is more than line 23, subtract Penalty amount from Schedule M15 (see instructions). Also su this amount from line 24 or add it to line 26 (enclose Schedule	btract		
28	Penalty and interest (see instructions)		28 🔳	
IF Y 29	DU PAY ESTIMATED TAX         and want part of your refund cred           Amount from line 24 you want sent to you	ited to estimated tax, complete lines 29 and 30.	29	
30	Amount from line 24 you want applied to your 2025 estimated t	30 🔳		
Тахр	ayer(s): I declare that this return is correct and complete to the	best of my knowledge and belief.		
Your	Signature	Spouse's Signature (If Filing Jointly)	Date (MM/DD/YYYY)	
Dayt	me Phone	Email Address		
Paid	Preparer's Signature	Date (MM/DD/YYYY)	PTIN or VITA/TCE # (required)	
Prep	arer's Daytime Phone	Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue with the preparer or the third-party designee indic		
	I am filing this return for Net Investment Income Tax requirements (see instructions).	<ul> <li>with the preparer or the third-party designee indicated on my federal return.</li> <li>I authorize the Minnesota Department of Revenue to share necessary return information with MNsure for the purpose of contacting me with information about my estimated</li> </ul>		
1	Include a copy of your 2024 federal return and schedules. Mail to: Minnesota Individual Income Tax, Mail Station 0010,	eligibility for free or reduced-cost health insurance 600 N. Robert St., St. Paul, MN 55146-0010	e (see instructions).	