



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

A		A			490549999	01011	∟994		
Your First Name and Initial		La	st Name		Your Social Security Number	Your Date of Birth (MM/DD/YYYY)			
		A	A		490548888	01011994			
If a Joint Return, Spouse's First Name and Initial			Spouse's Last Name		Spouse's Social Security Number	Spouse's Da	ate of Birth		
					Check if Address is:	L New	Foreign		
Current H	Home Address						· ·		
									
City			ate ZIP Code		County				
2024	Federal Filing Status (p	place an X i	n one box):						
<u></u>) Single X (2) Married Filing Jointly			Г		7			
L(1)	Single [22](2) Married Filing Jointly		ed Filing Separately	L	(4) Head of Household	⊥ (5) Qualifyin	g Surviving Spouse		
		•	Name						
		Spouse	. 3311						
State	Elections Campaign F	und							
To grant \$	5 to this fund, enter the code for the party	y of your choice. It wil	I help candidates for stat	e offices pay campaign	expenses. This will not increase your ta	x or reduce you	r refund.		
	Politica	al Party Code Num	bers: Republican		Grassroots/Legalize Cannabis 14	Legal Marijuar	na Now 17		
Your Cod	Spouse's Code		Democratic/Fa	rmer-Labor · 12	Libertarian 16	General Camp	aign Fund 99		
	. Vous Fodorel Batu	(000 !	-4						
Fron	n Your Federal Retu	ım (see <i>m</i>	structions)						
	9999					-1920)1		
A. Wage		IRA, pensions,and an	nuities	C. Unemployme	nt D. Fed	deral taxable inc			
1	Federal adjusted gross income	e (from line 11	of federal Form 104	10 and 1040-SR)		1 🔳	9999		
	3	(_			
2	Additions to income from line 10	0 of Schedule M	1M and line 9 of Scl	hedule M1MB (see	e instructions) · · · · · · ·	2			
							0000		
3	Add lines 1 and 2					3	9999		
	4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) 4 ■ 29150								
4	4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)								
5	Exemptions (from Schedule M1	(DOC)				5 🔳	5050		
·	Exempliana (nom conculie wit	1540)				_			
6	6 State income tax refund from line 1 of federal Schedule 1								
7	Subtractions from line 35 of Sch	hedule M1M and	line 21 of Schedule	e M1MB (see instru	uctions)	7 💻			
							24200		
8	Total subtractions. Add lines 4 to	through 7 · · ·				8	34200		
•	Minnesote touchle income	D	iina 2 16	laaa laawa blamb		۵			
9	9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank								
10	0 Tax from the table or schedules in the Form M1 instructions								
	THE HOTH BID CASIO OF SURGERIES IN BID FORTH WITH BISERVEIONS								
11	Alternative minimum tax (enclose Schedule M1MT)								
	·		•						
12	2 Add lines 10 and 11								
13	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 2	9 on line 13b (enclo	se Schedule M1N	IR)	13			
	40-	401 -							
	13a ■	13b ■							

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			* 2 4 1 1 2 1 *			
14	Other taxes, such as recapture amounts and the tax on lump-sum of	distributions (check appropriate boxes)				
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS (d) Schedule NIIT	14 🔳			
15	Tax before credits. Add lines 13 and 14		15			
16	Amount from line 19 of Schedule M1C, Nonrefundable Credits (end	16 🔳				
17 18	Subtract line 16 from line 15 (if result is zero or less, leave blank). Nongame Wildlife Fund contribution (see instructions)					
	This will reduce your refund or increase the amount you owe		16			
19	Add lines 17 and 18	19				
20						
	Minnesota withholding from Forms W-2, 1099, and W-2G and Sche	dules KPI, KS, and KF	20 🔳			
21	Minnesota estimated tax and extension payments made for 2024	21 🔳				
22	Amount from line 13 of Schedule M1REF, Refundable Credits (see	22 ■2119				
23 24	Total payments. Add lines 20 through 22	2119				
24	REFUND. If line 23 is more than line 19, subtract line 19 from line 25 For direct deposit, complete line 25	,	24 ■2119			
25	Direct deposit of your refund (you must use an account not associate Checking Savings Routing Number					
26	AMOUNT YOU OWE. If line 19 is more than line 23, subtract line	Account Number	26 =			
26 27	Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 24 or add it to line 26 (enclose Schedule M15).					
	this amount from the 24 of add it to the 25 (choice outleade in to	,,				
28			28 🔳			
IF Y 29	OU PAY ESTIMATED TAX and want part of your refund credited and anount from line 24 you want sent to you	29 🔳				
30	Amount from line 24 you want applied to your 2025 estimated tax		30 🔳			
Гахр	ayer(s): I declare that this return is correct and complete to the best	of my knowledge and belief.				
Your	Signature	pouse's Signature (If Filing Jointly)	Date (MM/DD/YYYY)			
Dayt	me Phone En	mail Address				
Paid	Preparer's Signature Da	ate (MM/DD/YYYY)	PTIN or VITA/TCE # (required)			
Prep	arer's Daytime Phone P	reparer's Email Address				
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue	to discuss this tax return			
\neg		with the preparer or the third-party designee indica	•			
	I am filing this return for Net Investment Income Tax requirements (see instructions).	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 eligibility for free or reduced-cost health insurance (see instructions).				
	Include a copy of your 2024 fodoral return and schodules					

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