M1PR MINNESOTA · REVENUE 2009 Property Tax Refund

200921

Please print and leave unused boxes blank. **DO NOT USE STAPLES** on anything you submit.

		Your first name and initial Last name	Your Social Security number
print			
	Mark X if a		Spouse's Social Security number
Please	forei, addr	O	Your date of birth (mm/dd/yyyy)
Ple		City. State 7in and	Spange's data of high
	Ċ	City State Zip code	Spouse's date of birth
<u>s</u>	М	ark an X in Repter Homeowner Nursing home or adult Assist	ed Mobile home
Status	th	at apply:	owner
Fund	20	the Elections Campaign Fund. If you did not designate on your Political party and code number: Democratic/Farmer-Labor . 11 Green	Your code: Spouse's code:
F		ces pay campaign expenses, you may each enter the code num- for the party of your choice. This will not reduce your refund. Independence	5
			If a negative number, mark an X in oval box.
		Federal adjusted gross income (from line 37 of federal Form 1040, line 21 of Form 1040A, or line 4 of Form 1040EZ)	, 00
		Nontaxable Social Security and/or Railroad Retirement Board benefits received and not listed in line 1 above (determine from instructions, page 8)	• 00
		Deduction for payments made to an IRA, Keogh, Simplified Employee Pension (SEP) or	
me		SIMPLE plan (add lines 28 and 32 of federal Form 1040 or from line 17 of Form 1040A) 3 Total welfare received, including MFIP (Minnesota Family Investment Program), MSA (Minnesota Supplemental	
l inco		Aid), SSI (Supplemental Security Income), GA (General Assistance) and GRH (Group Residential Housing) 4 Additional nontaxable income—such as unemployment compensation, 401(k) or deferred comp-	00
Household income		ensation plan contributions—you must include (instructions, page 8). Enter income type(s) below: 5	00
House	6	Add lines 1 through 5. If your income is less than the rent you paid, enclose an explanation 6	• 00
	7	Subtraction amount (determine from instructions, page 9): From the worksheet in the instructions, enter. Mark an X if 65 or older:	
		From the worksheet in the instructions, enter number of dependents from step D: you or your spouse are: disabled:	\cap
		Enter the name and Social Security number of each dependent below:	
	_	7■	• 00
		Total household income. Subtract line 7 from line 6 (if result is zero or less, leave blank). See instructions, page 9, for income limits	• 00
ers		Renters: Line 3 of your 2009 Certificate(s) of Rent Paid (CRP). Continue with line 10; this amount is not your refund (enclose your CRPs)	,00
Rent		Renters: Using the amounts on line 8 and line 9, find the amount to enter here from the renters refund table on pages 13–17 of the instructions	
-		(if result is zero, see "What's new for renters" on page 2 of the instructions)	
		UIRED: Property ID number (use numbers only):	
		HOMEOWNERS: County in which the property is located:	-
wners		Property tax from line 1 of Statement of Property Taxes Payable in 2010 11 Mobile home owners: See instructions, page 7	
omeow	12	If claiming the special refund, enter amount from line 30, Schedule 1 (see inst., page 11) 12 ■	
I		Subtract line 12 from line 11 (if result is zero or less, leave blank)	
		Regular refund: Using the amounts on line 8 and line 13, find the amount to enter here from the homeowners refund table on pages 18–26 of the instructions	• 00
ants	15	Add lines 10, 12 and 14	,00
applicants	16	Nongame Wildlife Fund contribution. Your refund will be reduced by this amount	, 00
	17	YOUR PROPERTY TAX REFUND. Subtract line 16 from line 15	, 00

		nedule 1—Special refund. To qualify on January 2, 2009, and on January			200922
	18	Line 1 of the Statement of Property Taxe new improvements or expired exclusions	, 00		
	19	If the Statement lists an amount for new Worksheet 3 on page 12 and enter the			\\
	20	Multiply line 18 by the percentage on I	ine 19	20	, 00
	21	If you did not have new improvements If you had new improvements or expire			, 00
ule 1	22	From your Statement of Property Taxes line 2 (2009 column). If there is no am			, 00
sched	23	Special refund (not your regular refund If this amount was changed by the dep		, 00	
0,	24	Subtract line 23 from line 22 (if result stop here; you are not eligible for the sp		24	.00
	25	Subtract line 24 from <u>line 21</u> (if result stop here; you are not eligible for the sp	is less than \$100,		, 00
	26	Amount from line 24	X 12% (.12)	26	, 00
	27	Amount from line 26 or \$100, whichev	er is greater	27	• 00
	28	Subtract line 27 from line 25 (if result stop here; you are not eligible for the sp		28	• 00
	29	Multiply line 28 by 60% (.60)		• 00	
	30	Special refund. Amount from line 29 or Enter the amount here and on line 12		30	• 00
		nedule 2—Residents of nursing holilities or group homes	mes, adult foster care homes	, intermediate care	
		Amount from line 6 of this Form M1PR			, 00
Schedule 2	32	Amount you received from Supplement Aid (MSA) or Group Residential Housin	• 00		
	33	Subtract line 32 from line 31	33	• 00	
		Total medical assistance (or Medicaid) directly to your landlord (from line A of	.00		
	35	Add line 31 and line 34	.00		
			•		
		Divide line 33 by line 35, and enter the Using the amounts on line 8 and line 9			
		enter here from the renters refund table	e on pages 13–17 of the instruct	ions	
	38	Multiply line 37 by line 36. Enter the result here and on line 10 of this Form M1PR			• 00
Direct	deposit 8	For direct deposit of your refund on line Account type: Checking Savings	e 17 of this Form M1PR, enter: Routing number	Account number	
Sign here	10	eclare that this return is correct and complete to the	ne best of my knowledge and belief.	Paid preparer: You must sign below.	
	Yo	ur signature	Date	Paid preparer's signature	Date
	Sı	ouse's signature (if filing jointly)	Daytime phone	Daytime phone number Fe	d tax ID, SSN, PTIN or VITA/TCE #
S		Renters — Include your 2009 CR		I authorize the Minneso to discuss this return w	ta Department of Revenue

0 — Stock No. 1009800