M1PR MINNESOTA · REVENUE 2011 Property Tax Refund

201121

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

		Your First Name and Initial	Last Name			Your Social Sec	urity Number			
Print										
	Mark	If a Joint Return, Spouse's First Name and Initial Last Name					Spouse's Social Security Number			
	an X foreig	gn								
Please	addre	Place an X if a					rth (mm/dd/yyyy)			
<u>_</u>	V	City		State	new address: Zip Code	Spouse's Date	of Birth			
Sn		Mark an X in Homeowner Nursing Home or A				t Mobi	le Home			
Status		he oval boxes hat apply: Renter Homeowner Foster Care Resident					Owner			
Б		ate Elections Campaign Fund. If you did not designate on your 11 Form M1, and you want \$5 to go to help candidates for state	Political party Democratic/Fa		mber: 11 Green	Your code:	Spouse's code:			
Fund		ices pay campaign expenses, you may each enter the code numl the party of your choice. This will not reduce your refund.			12 Grassroots					
						If a negative n	umber, mark an X in oval			
		Federal adjusted gross income (from line 37 of for			1■					
		line 21 of Form 1040A, or line 4 of Form 1040EZ; Nontaxable Social Security and/or Railroad Retir		• • •						
		and not included in line 1 above (determine from	L	00						
		Deduction for payments made to an IRA, Keogh, S								
Ф		SIMPLE plan (add lines 28 and 32 of federal Forn		• 00						
mo:		Total welfare received, including MFIP (Minnesota Family II Aid), SSI (Supplemental Security Income), GA (General Assist	ı	• 00						
luc		Additional nontaxable income—such as 401(k) or deferred compensation plan contributions—you must include (instructions, page 8). Enter income type(s) below:								
pol		you must include (instructions, page 8). Enter incom	e type(s) below:		5 ■		• 00			
Household Income	6	Add lines 1 through 5. If your income is less than t	he rent vou paid, end	lose an exp	olanation 6		00			
H		Subtraction amount (determine from instructions, page 9):								
		From the worksheet in instructions, enter num-		Mark an X						
		ber of dependents from step C.		spouse a						
		Enter the name and Social Security number of each	ch dependent below	:						
					7 ■		• 00			
		Total household income. Subtract line 7 from line or less, leave blank). See income limits on page 9		00						
_		Renters: Line 3 of your 2011 Certificate(s) of Ren								
ters		Continue with line 10; this amount is not your refu	L							
Rente		Renters: Using the amounts on line 8 and line 9, renters refund table on pages 13-17 of the instru		.00						
_		renters refund table on pages 13-17 of the instructions. Continue with line 15 10 ■					• •			
		HOMEOWNERS: REQUIRED — Property ID numb	er (use numbers on	y):						
S		nty in which the property is located Property tax from line 1 of Statement of Property	Tayos Payahlo in 201	12	11 =		00			
mer		(Mobile home owners: See instructions, page 7)	Taxes Fayable III 201	<u></u>			• • • •			
meowners	12	If claiming the special refund, enter amount fron	l	00						
	12	Subtract line 12 from line 11 (if regult is zero or less leave blank)					00			
Τ		Subtract line 12 from line 11 (if result is zero or less, leave blank)					• •			
		from the homeowners refund table on pages 18–26 of the instructions					00			
Applicants	45	Add lines 10, 10 and 14			45	Г	00			
	тэ	Add lines 10, 12 and 14								
	16	Nongame Wildlife Fund contribution. Your refund	will be reduced by th	is amount	16		• 00			
= A	4-	VOLID DOODEDTY TAY DETINE A SECOND OF	6 1							
4	17	YOUR PROPERTY TAX REFUND. Subtract line 16	from line 15		17		• 00			

Ja	nuary 2, 2011, and on January 2, 2012	ou must have owned and lived i . If you qualify, see the instruction		201122	
18	Line 1 of the Statement of Property Taxes new improvements or expired exclusions		00		
19	If the Statement lists an amount for new improvements or expired exclusions, complete Worksheet 3 on page 12 and enter the percentage from step 3 here (enclose Worksheet 3) 19				
20	Multiply line 18 by the percentage on li		00		
	If you did not have new improvements of If you had new improvements or expired		00		
22	From your Statement of Property Taxes line 2 (2011 column). If there is no amount		• 00		
23	Special refund (not your regular refund If this amount was changed by the dep		• 00		
24	Subtract line 23 from line 22 (if result is stop here; you are not eligible for the sp		.00		
25	Subtract line 24 from <u>line 21</u> (if result a stop here; you are not eligible for the s		• 00		
26	Amount from line 24	X 12% (.12)	26		• 00
27	Amount from line 26 or \$100, whichever	er is greater	27		• 00
28	Subtract line 27 from line 25 (if result is stop here; you are not eligible for the sp		• 00		
29	Multiply line 28 by 60% (.60)		00		
	Special refund. Amount from line 29 or Enter the amount here and on line 12 or	\$1,000, whichever is less.			.00
	hedule 2—Residents of nursing home	s, adult foster care homes, inter	mediate care		
	ilities or group homes Amount from line 6 of this Form M1PR		00		
	Amount you received from Supplement Aid (MSA) or Group Residential Housing		00		
. 33	Subtract line 32 from line 31		00		
•	Total medical assistance (or Medicaid) directly to your landlord (from line A of		.00		
35	Add line 31 and line 34		.00		
36	Divide line 33 by line 35, and enter the	•			
	Using the amounts on line 8 and line 9	of this Form M1PR, find the amo	unt to		
	enter here from the renters refund tabl	e on pages 13–17 of the instruct	ions 37		00
38	Multiply line 37 by line 36. Enter the re	sult here and on line 10 of this Fo	orm M1PR 38		00
, :=	For direct deposit of your refund on line Account Type	e 17 of this Form M1PR, enter: Routing Number	Account Number		
Depos	Checking Savings				
<u> </u>	declare that this return is correct and complete to the	ne best of my knowledge and belief.	Paid preparer: You must sign below.		
۱	our signature	Date	Paid preparer's signature	Date PTIN or VITA/TCE #	
מ פ	pouse's signature (if filing jointly) Daytime phone () Daytime phone number ()				

Mail to: Minnesota Property Tax Refund St. Paul, MN 55145-0020