



**2017 Form M1, Individual Income Tax**

Leave unused boxes blank. Do not use staples on anything you submit.

Your First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Your Social Security Number \_\_\_\_\_

If a Joint Return, Spouse's First Name and Initial \_\_\_\_\_ Spouse's Last Name \_\_\_\_\_ Spouse's Social Security Number \_\_\_\_\_

Current Home Address \_\_\_\_\_ Check if:  New Address  Foreign Address \_\_\_\_\_ Your Date of Birth \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_

**2017 Federal Filing Status**  (1) Single  (2) Married filing jointly  (3) Married filing separately: Enter spouse name and Social Security number \_\_\_\_\_  
**(place an X in one box):**  (4) Head of household  (5) Qualifying widow(er) \_\_\_\_\_

**State Elections Campaign Fund**  
 If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.  
**Political party and code number:**  
 Republican . . . . . 11 Grassroots—Legalize Cannabis . 14 Legal Marijuana Now . . . . . 17  
 Democratic/Farmer-Labor . 12 Green . . . . . 15 General Campaign  
 Independence . . . . . 13 Libertarian . . . . . 16 Fund . . . . . 99  
**Your code** \_\_\_\_\_  
**Spouse code** \_\_\_\_\_

**From Your Federal Return** (see instructions) \_\_\_\_\_  
**A** Wages, salaries, tips, etc. \_\_\_\_\_  
**B** IRA, pensions, and annuities \_\_\_\_\_  
**C** Unemployment \_\_\_\_\_  
**D** Federal adjusted gross income  \_\_\_\_\_  
 ▲ Place an X in box if a negative number

- 1 Federal taxable income** (from line 43 of federal Form 1040, line 27 of Form 1040A, or line 6 of Form 1040EZ) (if a negative number, place an X in the box) . . . . . **1**  \_\_\_\_\_
- 2 State income tax or sales tax addition.** If you itemized deductions on federal Form 1040, complete the worksheet in the instructions . . . . . **2**  \_\_\_\_\_
- 3 Other additions to income, including disallowed itemized deductions, personal exemptions, non-Minnesota bond interest, and domestic production activities deduction** (see instructions; enclose Schedule M1M) . . . . . **3**  \_\_\_\_\_
- 4 Add lines 1 through 3** (if a negative number, place an X in the box). . . . . **4**  \_\_\_\_\_
- 5 State income tax refund from line 10 of federal Form 1040** . . . . . **5**  \_\_\_\_\_
- 6 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds, Title 10 military retirement pay, or K-12 education expenses** (see instructions; enclose Schedule M1M) . . . . . **6**  \_\_\_\_\_
- 7 Total subtractions. Add lines 5 and 6** . . . . . **7** \_\_\_\_\_
- 8 Minnesota taxable income.** Subtract line 7 from line 4. If zero or less, leave blank. . . . . **8** \_\_\_\_\_
- 9 Tax from the table in the M1 instructions** . . . . . **9** \_\_\_\_\_
- 10 Alternative minimum tax** (enclose Schedule M1MT) . . . . . **10**  \_\_\_\_\_
- 11 Add lines 9 and 10** . . . . . **11** \_\_\_\_\_
- 12 Full-year residents:** Enter the amount from line 11 on line 12. Skip lines 12a and 12b.  
**Part-year residents and nonresidents:** From Schedule M1NR, enter the amount from line 27 on line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR) . . . . . **12** \_\_\_\_\_
- a**  \_\_\_\_\_ **b**  \_\_\_\_\_ (Place an X in box if a negative number)
- 13 Tax on lump-sum distribution** (enclose Schedule M1LS) . . . . . **13**  \_\_\_\_\_



- 14 Tax on non-qualified first-time homebuyer withdrawals (enclose Schedule M1HOME) . . . . . 14 \_\_\_\_\_
- 15 Tax before credits. Add lines 12, 13, and 14 . . . . . 15 \_\_\_\_\_
- 16 Marriage Credit for joint return when both spouses have taxable earned income  
or taxable retirement income (enclose Schedule M1MA) . . . . . 16 ■ \_\_\_\_\_
- 17 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR) . . . . . 17 ■ \_\_\_\_\_
- 18 Other nonrefundable credits (enclose Schedule M1C) . . . . . 18 ■ \_\_\_\_\_
- 19 Total nonrefundable credits. Add lines 16, 17, and 18 . . . . . 19 \_\_\_\_\_
- 20 Subtract line 19 from line 15 (if result is zero or less, leave blank) . . . . . 20 \_\_\_\_\_
- 21 Nongame Wildlife Fund contribution (see instructions)  
This will reduce your refund or increase the amount you owe . . . . . 21 ■ \_\_\_\_\_
- 22 Add lines 20 and 21 . . . . . 22 \_\_\_\_\_
- 23 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report  
Minnesota withholding from W-2, 1099, and W-2G forms (do not send) . . . . . 23 ■ \_\_\_\_\_
- 24 Minnesota estimated tax and extension payments made for 2017 . . . . . 24 ■ \_\_\_\_\_
- 25 Refundable credits (enclose Schedule M1REF): Child and Dependent Care Credit, Working Family Credit,  
K-12 Education Credit, Credit for Parents of Stillborn Children, and Credit for Tax Paid to Wisconsin. . . . . 25 ■ \_\_\_\_\_
- 26 Business and investment credits (enclose Schedule M1B) . . . . . 26 ■ \_\_\_\_\_
- 27 Total payments. Add lines 23 through 26 . . . . . 27 \_\_\_\_\_
- 28 **REFUND.** If line 27 is more than line 22, subtract line 22 from line 27 (see instructions).  
For direct deposit, complete line 29 . . . . . 28 ■ \_\_\_\_\_
- 29 Direct deposit of your refund (you must use an account not associated with a foreign bank):  
**Account Type**                      **Routing Number**                      **Account Number**  
 Checking     Savings    \_\_\_\_\_
- 30 **AMOUNT YOU OWE.** If line 22 is more than line 27, subtract  
line 27 from line 22 (see instructions) . . . . . 30 ■ \_\_\_\_\_
- 31 Penalty amount from Schedule M15 (see instructions). Also subtract  
this amount from line 28 or add it to line 30 (enclose Schedule M15) . . . . . 31 ■ \_\_\_\_\_
- IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 32 and 33.
- 32 Amount from line 28 you want sent to you . . . . . 32 ■ \_\_\_\_\_
- 33 Amount from line 28 you want applied to your 2018 estimated tax . . . . . 33 ■ \_\_\_\_\_

I declare that this return is correct and complete to the best of my knowledge and belief.                      Paid preparer: You must sign below.

Your signature                      Date                      Paid preparer's signature                      Date

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Spouse's signature (if filing jointly)                      Taxpayer's daytime phone                      Preparer's daytime phone                      PTIN or VITA/TCE # (required)

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Your email address                      Preparer's email address

**Include a copy of your 2017 federal return and schedules.**

Mail to: Minnesota Individual Income Tax  
St. Paul, MN 55145-0010

To check on the status of your refund, visit [www.revenue.state.mn.us](http://www.revenue.state.mn.us)

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.

I do not want my paid preparer to file my return electronically.