



**2020 Form M1, Individual Income Tax**

_____ Your First Name and Initial	_____ Your Last Name	_____ Your Social Security Number (SSN)	_____ Your Date of Birth
_____ 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	_____ City	_____ State    _____ ZIP Code	Check if Address is: <input type="checkbox"/> New <input type="checkbox"/> Foreign

**2020 Federal Filing Status (place an X in one box):**

(1) Single   
 (2) Married Filing Jointly   
 (3) Married Filing Separately   
 (4) Head of Household   
 (5) Qualifying Widow(er)

Spouse Name \_\_\_\_\_  
Spouse SSN \_\_\_\_\_

**Dependents (see instructions):**

_____ Dependent 1 First Name	_____ Dependent 1 Last Name	_____ Dependent 1 SSN	_____ Dependent 1 Relationship to You
_____ Dependent 2 First Name	_____ Dependent 2 Last Name	_____ Dependent 2 SSN	_____ Dependent 2 Relationship to You
_____ Dependent 3 First Name	_____ Dependent 3 Last Name	_____ Dependent 3 SSN	_____ Dependent 3 Relationship to You

**State Elections Campaign Fund**

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

**Political Party Code Numbers:**

_____ Your Code	_____ Spouse's Code	Republican—11	Independence—13	Green—15	Legal Marijuana Now—17
		Democratic/Farmer-Labor—12	Grassroots/Legalize Cannabis—14	Libertarian—16	General Campaign Fund—99


**From Your Federal Return** *(see instructions)*

_____ A. Wages, salaries, tips, etc.	_____ B. IRA, pensions, and annuities	_____ C. Unemployment	_____ D. Federal taxable income
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<b>1</b>	<b>Federal adjusted gross income</b> <i>(from line 11 of federal Form 1040 and 1040-SR)</i> . . . . .	<b>1</b> ■	_____
<b>2</b>	<b>Additions to Minnesota income</b> from line 17 of Schedule M1M <i>(see instructions; enclose Schedule M1M)</i> . . . . .	<b>2</b> ■	_____
<b>3</b>	<b>Add lines 1 and 2.</b> . . . . .	<b>3</b>	_____
<b>4</b>	<b>Itemized deductions</b> <i>(from Schedule M1SA)</i> or your <b>standard deduction</b> <i>(see instructions)</i> . . . . .	<b>4</b> ■	_____
<b>5</b>	<b>Exemptions</b> <i>(determine from instructions)</i> . . . . .	<b>5</b> ■	_____
<b>6</b>	<b>State income tax refund</b> from line 1 of federal Schedule 1. . . . .	<b>6</b> ■	_____
<b>7</b>	<b>Other subtractions</b> from Minnesota income from line 47 of Schedule M1M <i>(see instructions; enclose Schedule M1M)</i> . . . . .	<b>7</b> ■	_____
<b>8</b>	<b>Total subtractions.</b> Add lines 4 through 7. . . . .	<b>8</b>	_____
<b>9</b>	<b>Minnesota taxable income.</b> Subtract line 8 from line 3. If zero or less, leave blank. . . . .	<b>9</b>	_____
<b>10</b>	<b>Tax</b> from the table in the Form M1 instructions . . . . .	<b>10</b>	_____
<b>11</b>	<b>Alternative minimum tax</b> <i>(enclose Schedule M1MT)</i> . . . . .	<b>11</b> ■	_____



- 12 Add lines 10 and 11 ..... 12 \_\_\_\_\_
- 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 29 on line 13b (*enclose Schedule M1NR*) ..... 13 \_\_\_\_\_
- 13a ■ \_\_\_\_\_ 13b ■ \_\_\_\_\_
- 14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (*check appropriate boxes*)  
 (a) Schedule M1HOME  (b) Schedule M1529  (c) Schedule M1LS ..... 14 ■ \_\_\_\_\_
- 15 Tax before credits. Add lines 13 and 14 ..... 15 \_\_\_\_\_
- 16 Amount from line 17 of Schedule M1C, *Nonrefundable Credits* (*enclose Schedule M1C*) ..... 16 ■ \_\_\_\_\_
- 17 Subtract line 16 from line 15 (*if result is zero or less, leave blank*) ..... 17 \_\_\_\_\_
- 18 Nongame Wildlife Fund contribution (*see instructions*)  
This will reduce your refund or increase the amount you owe .....  18 ■ \_\_\_\_\_
- 19 Add lines 17 and 18 ..... 19 \_\_\_\_\_
- 20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report  
Minnesota withholding from Forms W-2, 1099, and W-2G (*do not send*) ..... 20 ■ \_\_\_\_\_
- 21 Minnesota estimated tax and extension payments made for 2020 ..... 21 ■ \_\_\_\_\_
- 22 Amount from line 9 of Schedule M1REF, *Refundable Credits* (*see instructions; enclose Schedule M1REF*) ..... 22 ■ \_\_\_\_\_
- 23 Total payments. Add lines 20 through 22 ..... 23 \_\_\_\_\_
- 24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (*see instructions*).  
For direct deposit, complete line 25 ..... 24 ■ \_\_\_\_\_
- 25 Direct deposit of your refund (*you must use an account not associated with a foreign bank*):  
 Checking  Savings \_\_\_\_\_  
Routing Number Account Number
- 26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (*see instructions*) ..... 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*) ..... 27 ■ \_\_\_\_\_
- IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 28 and 29.
- 28 Amount from line 24 you want sent to you ..... 28 ■ \_\_\_\_\_
- 29 Amount from line 24 you want applied to your 2021 estimated tax ..... 29 ■ \_\_\_\_\_

Taxpayer: 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)

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Paid Preparer's Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
PTIN or VITA/TCE # (required)

\_\_\_\_\_  
Preparer'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 to discuss this return  
with my paid preparer or the third-party designee indicated on my federal return.