



2023 Form M2X, Amended Income Tax Return for Estates and Trusts

Tax year beginning (MM/DD/YYYY) MM/DD/YYYY, ending (MM/DD/YYYY) MM/DD/YYYY

NAME OF ESTATE OR TRUST, BENEFICIARY NAME, FIDUCIARY ADDRESS, DECEDENT ADDRESS, Federal ID Number, Minnesota Tax ID Number, Decedent's Social Security Number, Date of Death, Decedent or Grantor State, Number of Schedules KF, Number of Beneficiaries, Fiduciary ZIP Code, Decedent or Grantor ZIP

Check all that apply: Composite Income Tax, Installment Sale of Pass-through Assets or Interests, Tax Position Disclosure, Check reason you are amending: Amended Federal Return, IRS Adjustment, Changes Affect Schedules KF, Court Case, Net Operating Loss Carried Back From Tax Year Ending, Other - OTHER NOTE

Table with 4 columns: Line number, Description, A - As previously reported, B - Net change, C - Corrected amount. Rows include Federal taxable income, Deductions and losses not allowed, Capital gain amount, Additions, Subtractions, Fiduciary's income, Minnesota taxable net income, Tax from table in Form M2 instructions, Tax from S portion of ESBT, Total of tax from, Composite income tax for nonresidents, Total income tax, Credit for taxes paid to another state, Film Production Tax Credit, Tax Credit for Owners of Agricultural Assets, Unused credit for owners of agricultural assets.



19	Housing Tax Credit	19	12345678	12345678	12345678
	Enter certificate number from Minnesota Housing: SHTC <u>1234</u> <u>345678</u>				
20	Short Line Railroad Infrastructure Modernization Credit	20	12345678	12345678	12345678
21	Credit for Sales of Manufactured Home Parks to Cooperatives	21	12345678	12345678	12345678
22	Credit for increasing research activities (enclose Schedule KPI, KS, or KF)	22	12345678	12345678	12345678
23	Other nonrefundable credits (see instructions)	23	12345678	12345678	12345678
24	Total nonrefundable credits. Add lines 15 through 23	24	12345678	12345678	12345678
25	Subtract line 24 from line 14 (if result is zero or less, leave blank)	25	12345678	12345678	12345678
26	Pass-through Entity Tax Credit (enclose Schedule KPI, KS, or KF)	26	12345678	12345678	12345678
27	Minnesota income tax withheld (enclose documentation)	27	12345678	12345678	12345678
28	Total estimated tax payments and any extension payments	28	12345678	12345678	12345678
29	Historic Structure Rehabilitation Tax Credit (enclose certificate)	29	12345678	12345678	12345678
	Enter National Park Service (NPS) project number: <u>XXXXXX</u>				
30	Other refundable credits (see instructions)	30	12345678	12345678	12345678
31	Amount due from original Form M2, line 32 (see instructions)	31	12345678		
32	Total refundable credits and tax paid (add lines 26c through 30c and line 31)	32	12345678		
33	Refund amount from original Form M2, line 37 (see instructions)	33	12345678		
34	Subtract line 33 from line 32 (if result is less than zero, enter the amount as a negative)	34	12345678		
35	Tax you owe. If line 25c is more than line 34, subtract line 34 from line 25c. (if line 34 is a negative amount, see instructions)	35	12345678		
36	If you failed to timely report federal changes or the IRS assessed a penalty (see instructions)	36	12345678		
37	Add lines 35 and 36	37	12345678		
38	Interest (see instructions)	38	12345678		
39	AMOUNT DUE (add lines 37 and 38). Payment method: <input checked="" type="checkbox"/> Electronic <input checked="" type="checkbox"/> Check (attach voucher)	39	12345678		
40	REFUND DUE (if line 34 is more than lines 25c, 36, and 38, subtract lines 25c, 36, and 38 from line 34)	40	12345678		
41	To have your refund direct deposited, enter the following. Otherwise, you will receive a check.				

Checking Savings 123456789123456789 1234567890123456789012345678901
 Routing number Account number (use an account not associated with any foreign banks)

Signature of Fiduciary or Officer Representing Fiduciary	<u>111223333</u>	Minnesota Tax ID or Social Security Number	<u>MM/DD/YYYY</u>	Date (MM/DD/YYYY)	<u>111223333</u>	Direct Phone
PRINT NAME	EMAIL ADDRESS	<input checked="" type="checkbox"/> Fiduciary E-mail	<input checked="" type="checkbox"/> Paid Preparer E-mail			
Print Name of Contact	E-mail Address for Correspondence, if Desired					
Paid Preparer's Signature	<u>111223333</u>	Preparer's PTIN	<u>MM/DD/YYYY</u>	Date (MM/DD/YYYY)	<u>1112223333</u>	Direct Phone

I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer. 9995 Mail to: Minnesota Amended Fiduciary Tax, Mail Station 1310, 600 N. Robert St., St. Paul, MN 55146-1310



A—As previously reported B—Net change C—Corrected amount

Additions to Income

Table with 3 columns: Description, A (As previously reported), B (Net change), and C (Corrected amount). Rows include items 42 through 57 such as 'State and municipal bond interest from outside Minnesota', 'State taxes deducted in arriving at net income', etc.

Subtractions from Income

Table with 3 columns: Description, A (As previously reported), B (Net change), and C (Corrected amount). Rows include items 58 through 67 such as 'Interest on U.S. government bond obligations, minus expenses deducted on federal return that are attributable to this income', 'State income tax refund included on federal return', etc.



68 Other subtractions (see instructions) 68 ■ 12345678 ■ 12345678 12345678

69 This line intentionally left blank 69 ■ 12345678 ■ 12345678 12345678

70 This line intentionally left blank 70 ■ 12345678 ■ 12345678 12345678

71 This line intentionally left blank 71 ■ 12345678 ■ 12345678 12345678

72 This line intentionally left blank 72 ■ 12345678 ■ 12345678 12345678

73 Add lines 58 through 72. Also enter the amount from line 73C on line 76, column E, under Subtractions 73 ■ 12345678 ■ 12345678 12345678

	A Name of each beneficiary	B Beneficiary's Social Security number	C Share of federal distributable net income	D Percent of total on line 76, column C	E Shares assignable to beneficiary and to fiduciary	
					Additions	Subtractions
74	BENEFICIARYNAME	111223333	12345678	123 %	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123 %	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123 %	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123 %	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123 %	12345678	12345678
75	Fiduciary		12345678	123 %	12345678	12345678
76	Total		12345678	100 %	12345678	12345678

EXPLANATION OF CHANGE— Explain each change in detail in the space provided below. Use a separate sheet, if needed. If the changes involve items requiring supporting information, be sure to attach the appropriate schedule, statement or form to Form M2X to verify the correct amount.

Instructions for 2023 Form M2X

For additional information, see the 2023 Form M2 instructions

Who Should File M2X?

This form should be filed by fiduciaries to correct—or amend—an original 2023 Form M2.

Federal return adjustments. If the Internal Revenue Service (IRS) changes or audits your federal return or you amend your federal return and it affects your Minnesota return or distributions to beneficiaries, you must file an amended Minnesota return within 180 days. If you are filing Form M2X based on an IRS adjustment, check the box at the top of the form and attach a copy of your amended federal return or correction notice you received from the IRS to Form M2X.

If the changes do not affect your Minnesota return or Schedules K-1, you have 180 days to send a letter of explanation and a copy of your amended federal return or the correction notice to: Minnesota Fiduciary Tax, Mail Station 5140, 600 N. Robert St., St. Paul, MN 55146-5140. If you fail to report as required, a 10% penalty will be assessed on any additional tax. See line 36 instructions.

Claim for refund. Use Form M2X to make a claim for refund and report changes to your Minnesota liability. If you make a claim for a refund and we do not act on it within six months of the date filed, you may bring an action in the district court or the tax court.

When to File

File Form M2X only after you have filed your original return. You may file Form M2X within 3½ years after the return was due or within one year from the date of an order assessing tax, whichever is later. If you filed your original return under an extension by the extended due date, you have up to 3½ years from the extended due date to file the amended return.

Filing Reminders

- **The amended return must be signed** by the fiduciary or authorized officer of the organization receiving, controlling or managing the income of the estate or trust. The person must also include his or her ID number.
- **If someone other than the fiduciary prepared the return**, the preparer must also sign.
- **Round amounts to the nearest dollar.** Drop amounts less than 50 cents and increase amounts 50 cents or more to the next higher dollar.
- **Forms and information** are available on our website at www.revenue.state.mn.us.

If you need help completing your amended return, call 651-556-3075. We'll provide information in other formats upon request.

Explanation

On page 4 of Form M2X, include a detailed explanation of why the original return was incorrect. Providing this information will help us verify the amended amounts.

Use of Information

All information provided on this form is private, except for your Minnesota tax ID number, which is public. Private information cannot be given to others except as provided by state law.

The identity and income information of the beneficiaries are required under state law so the department can determine the beneficiaries' correct Minnesota taxable income and verify if the beneficiaries have filed returns and paid the tax. The Social Security numbers of the beneficiaries are required to be reported on Schedule KF under M.S. 289A.12, subd. 13.

Line Instructions

Columns A, B, C

- **Column A:** Enter the amounts shown on your original return or as later adjusted by an amended return or audit report.
- **Column B:** Enter the dollar amount of each change as an increase or decrease for each line you are changing. Show all decreases in parentheses. Explain the changes in detail within the Explanation of Change on page 4 of Form M2X. If the changes involve items requiring supporting information, attach to Form M2X the appropriate schedule, statement or form to verify the corrected amount.
- **Column C:** Enter the corrected amounts after the increases or decreases. If there are no changes, enter the amount from column A.

Line 2

Use Schedule M2NM, *Non-Minnesota Source Income and Related Expenses*, to determine the amount to include on line 2.

Line 7

Use Schedule M2NM to determine the amount to include on line 7.

Line 31

Enter the total of the following tax amounts, whether or not paid.

1. For the original 2023 M2 return, the amount from line 32.
2. For all previously filed 2023 M2X Returns, the amount from line 31.
3. Additional tax due as the result of an audit or notice of change.

Do not include any amounts that were paid for penalty, interest or underpayment of estimated tax.

Line 33

Enter the total of the following refund amounts, whether or not the refund has been received.

1. For the original 2023 M2 return, the amount from line 37.
2. For all previously filed 2023 M2X Returns, the amount from line 33.
3. Refund or reduction in tax from a protest or other type of audit adjustment.

Continued

