

MINNESOTA • REVENUE

2011 Schedule M1ED, K-12 Education Credit

Sequence #6

You must have receipts as proof of your education expenses; keep with your tax records.

Your First Name and Initial	Last Name	Social Security Number	Total Number of Qualifying Children in Grades K-12 (also enter in the boxes to the left of line 27 of Form M1):
-----------------------------	-----------	------------------------	-----------------------------------------------------------------------------------------------------------------

Household Income

- 1 Federal adjusted gross income (from line 37 of federal Form 1040 or line 21 of Form 1040A) . . . . . 1 \_\_\_\_\_
- 2 Nontaxable Social Security and/or Railroad Retirement Board benefits received and not included in line 1 above (include amounts deducted for Medicare premiums) . . . . . 2 \_\_\_\_\_
- 3 Deduction for payments made to an IRA, Keogh, Simplified Employee Pension (SEP) or SIMPLE plan (add lines 28 and 32 of federal Form 1040 or from line 17 of Form 1040A) . . . . . 3 \_\_\_\_\_
- 4 Total welfare received, including MFIP (Minnesota Family Investment Program), MSA (Minnesota Supplemental Aid), SSI (Supplemental Security Income), GA (General Assistance) and GRH (Group Residential Housing). . . . 4 \_\_\_\_\_
- 5 Additional nontaxable income—such as contributions to a 401(k) or deferred compensation plan (see instructions). Enter total and type(s) of income below . . . . . 5 \_\_\_\_\_
- 6 Household income. Add lines 1 through 5 (if result is zero or less, enter 0) . . . . . 6 \_\_\_\_\_

If you have one or two qualifying children and line 6 is \$37,500 or more, STOP HERE; you do not qualify.  
 If you have more than two qualifying children, see the instructions for line 6.

Qualifying Education Expenses—See page 13 of the M1 instructions.

A—1st Child      B—2nd Child      C—3rd Child

In columns A-C, list the expenses paid in 2011 for each qualifying child separately. If you have expenses for more than three children, include a separate sheet that shows lines 7-12 for each additional child.

Qualifying Child's Name  
 Child's Social Security Number  
 K-12 Grade(s) in Which Expenses Incurred  
 Date of Birth  
 Type of School Attended:  
 Public, Private or Home School

	A—1st Child	B—2nd Child	C—3rd Child
7 Fees for enrichment or academic classes taken outside the regular school day or school year, including all-day kindergarten. Do not include private school tuition. List organization and type of class: . . . 7			
8 Fees for individual instruction by a qualified instructor taught outside the regular school day or year, such as tutoring or music lessons. Enter the name of each instructor or organization and the type of class: . . . 8			
9 Purchases of required school materials: textbooks, paper, pencils, notebooks, etc. You must have itemized cash register receipts . . . . 9			
10 Purchases or rentals of musical instruments used during the regular school day. Enter type and cost of each: . . . 10			
11 Transportation costs paid to others for the regular school day. Enter transportation provider: . . . 11			
12 Add lines 7 through 11 for each column . . . . . 12			

Education Expenses

- 13 Add line 12 for all columns . . . . . 13 \_\_\_\_\_
- 14 Personal computer hardware and educational software expenses, not to exceed \$200. (Do not include monthly service fees for Internet access) . . . . . 14 \_\_\_\_\_
- 15 Add line 13 and line 14 . . . . . 15 \_\_\_\_\_

Credit Amount

- 16 Multiply line 15 by 75% (.75) . . . . . 16 \_\_\_\_\_
- 17 If your household income on line 6 is:
  - \$33,500 or less, multiply the number of qualifying children in grades K-12 by \$1,000
  - more than \$33,500, complete the worksheet on back . . . . . 17 \_\_\_\_\_
- 18 Amount from line 16 or line 17, whichever is less.  
**Full-year residents:** Also enter this amount on line 27 of Form M1 . . . . . 18 \_\_\_\_\_
- 19 **Part-year residents and nonresidents:** Multiply line 18 by line 25 of Schedule M1NR. Enter the result here and on line 27 of Form M1. However, if your Minnesota gross income is less than \$9,500, see instructions; enter result from step 5 of worksheet here: \_\_\_\_\_ and enter step 6 on line 19 . . . . . 19 \_\_\_\_\_

You must enter the number of your qualifying children in the box provided on line 27 of Form M1 and include this schedule with your return. Save your original receipts with your tax records.

# 2011 Schedule M1ED Instructions

## Who is Eligible?

You may be able to receive a credit if you paid certain types of education-related expenses in 2011 for qualifying children in grades kindergarten through 12 (K–12). Read the eligibility requirements on page 16 of the Form M1 instructions to determine if you qualify.

If you are eligible, complete Schedule M1ED. You may claim a credit equal to 75 percent of your actual expenses—up to the maximum amount—for which you have documentation, such as itemized cash register receipts and canceled checks.

Expenses that cannot be used for the credit may be used for the subtraction. However, you cannot use the same expenses for both.

## Penalty for Fraudulently Claiming a Refund

If you file a return that fraudulently claims a refund, you will be assessed a penalty. The penalty is 50 percent of the fraudulently claimed refund.

## You Must Have Proof

Save records (such as itemized cash register receipts and canceled checks) of all your education expenses. You may be asked to show such records if there is any question concerning your education credit.

## Line Instructions

Round amounts to the nearest whole dollar.

### Line 1

If your federal adjusted gross income is a net loss (a negative amount), enter the negative number. Put parentheses around the number.

If you did not file a 2011 federal return, obtain a federal return and instructions to determine what your federal adjusted gross income would have been.

### Line 5

Enter the total nontaxable income you received in 2011 that is not included on lines 1 through 4. Enter the type(s) of income below line 5.

Common examples include:

- workers' compensation benefits
- your contributions to an employee elective deferral plan, such as a 401(k), 403(b), 457 deferred compensation or SIMPLE/SEP plan
- contributions made to a dependent care account (as shown on your W-2 form) and/or medical expense account
- nontaxable employee transit and parking expenses
- veterans' benefits
- nontaxable scholarships, fellowships, grants for education, including those from foreign sources, and tuition waivers or reductions
- federal subsidies paid to employers for providing prescription drug coverage for their retirees
- nontaxable pension and annuity payments, including disability payments (However, do

not include distributions received from a Roth IRA or any pension or annuity that you funded exclusively, for which your contributions could not be taken as a federal tax deduction.)

- lump-sum distribution reported on line 1 of Schedule M1LS
- federally nontaxed interest and mutual fund dividends
- income excluded by a tax treaty
- rent reduction received for being a caretaker
- military or clergy housing allowance
- nontaxable military earned income, such as combat pay
- strike benefits
- employer paid education or adoption expenses
- the gain on the sale of your home excluded from federal income

Also include on line 5 the following losses and deductions to the extent they reduced federal adjusted gross income:

- health savings account, educator expenses, Archer MSA and domestic production activities deductions
- capital loss carryforward
- net operating loss carryforward/carryback
- the amount of a passive activity loss that is not disallowed as a result of Internal Revenue Code section 469, paragraph (i) or (m) and the amount of passive activity loss carryover allowed under IRC section 469(b)
- prior year passive activity loss carryforward claimed in 2011 for federal purposes

### Do not include on line 5:

- Minnesota property tax refunds
- tuition and fees
- child support payments
- a dependent's income, including Social Security
- any state income tax refunds not included on line 1
- the dollar value of food, clothing, food stamps and medical supplies received from

government agencies

- payments from life insurance policies
- payments by someone else for your care by a nurse, nursing home or hospital
- fuel assistance payments
- IRA rollovers
- gifts and inheritances
- nontaxable Holocaust settlement payments

## Line 6

The household income limit is based on the number of qualifying children you have in grades K–12.

If your total number of qualifying children in K-12 is:	your household income must be less than:
1 or 2 . . . . .	\$37,500
3 . . . . .	\$39,500
4 . . . . .	\$41,500
5 . . . . .	\$43,500
6 or more . . . . .	*

\* More than 5 children: \$43,500 plus \$2,000 for each additional qualifying child.

If your household income is more than the limits shown, you do not qualify for the credit. However, you may qualify for a subtraction.

## Line 17

The maximum credit you may claim is based on household income and the number of qualifying children you have in grades K–12. If line 6 is more than \$33,500, complete the Worksheet for Line 17 below.

## Line 19

If your Minnesota gross income is below the filing requirement and you're filing Form M1 to claim this credit, you should have entered zero on line 23 of Schedule M1NR. However, to correctly determine this credit, you must first fully complete Schedule M1NR to determine what the amounts would have been, and then follow the Worksheet for Line 19 below.

### Worksheet for Line 17 (If Line 6 is More Than \$33,500)

1	Multiply the number of qualifying children in grades K–12 by \$1,000 . . . . .	_____
2	Line 6 of Schedule M1ED . . . . .	_____
3	Income limit . . . . .	\$33,500
4	Subtract step 3 from step 2 . . . . .	_____
5	Multiply step 4 by .25 if you have only one qualifying child, or .50 if two or more qualifying children . . . . .	_____
6	Subtract step 5 from step 1 (if zero or less, stop here; you don't qualify) . . . . .	_____

Enter the step 6 result on line 17.

### Worksheet for Line 19

1	Line 11, column B, of Schedule M1NR . . . . .	_____
2	Line 22, column B, of Schedule M1NR . . . . .	_____
3	Subtract step 2 from step 1 (if zero or less, stop here; you don't qualify) . . . . .	_____
4	Line 24 of Schedule M1NR . . . . .	_____
5	Divide step 3 by step 4 (carry to five decimal places). If step 3 is more than step 4, enter 1.0. Enter result on the space provided on line 19 of Schedule M1ED . . . . .	_____
6	Multiply step 5 by line 18 of Schedule M1ED . . . . .	_____

Enter the result from step 6 on line 19 of Schedule M1ED and on line 27 of Form M1.