M1 MINNESOTA · REVENUE 2014 Individual Income Tax

201411

Leave unused boxes blank. Do not use staples on anything you submit. Your First Name and Initial **Your Social Security Number Last Name** Please Print If a Joint Return, Spouse's First Name and Initial Place Spouse's Last Name **Spouse's Social Security Number** an X If a Foreign Address **Current Home Address (Street, Apartment Number, Route)** Your Date of Birth Place an X if a **New Address:** City State **Zip Code** Spouse's Date of Birth 2014 Federal **Filing Status** (1) Single (2) Married filing joint (3) Married filing separate: (place an X in (4) Head of Enter spouse's name and one oval box): household (5) Qualifying widow(er) Social Security number here State Elections Campaign Fund **Political Party and Code Number:** If you want \$5 to go to help candidates for state of-fices pay campaign expenses, you may each enter Republican 11 Grassroots 14 Your code: Spouse's code: fices pay campaign expenses, you may each enter Democratic Farmer-Labor 12 Libertarian 16 the code number for the party of your choice. This will not increase your tax or reduce your refund. From Your Federal Return (for line references see instructions), enter the amount of: A Wages, salaries, tips, etc.: **B** IRA, Pensions and annuities: **C** Unemployment: **D** Federal adjusted gross income: If a negative number, place an X in oval box ▼ If a negative number, place an X in oval box. Do not send W-2s. Enclose Schedule M1W to claim Minnesota withholding. 1 Federal taxable income (from line 43 of federal Form 1040, State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet in the instructions 2 ■ Other additions to income, including disallowed itemized deductions, personal exemptions, non-Minnesota bond interest and domestic production ▼ If a negative number, place an X in oval box. 6 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds or K-12 education expenses (see instructions; enclose Schedule M1M) 6 ■ Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank. 8 ax Before Credits 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 tax from line 27 on line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR) 12 ▼ If a negative number, place an X in oval box. a. M1NR, b. M1NR, ine 23: line 24:

	1 5	Tax before credits. Amount from line 14			00
Nonrefundable Credits		Marriage credit for joint return when both or taxable retirement income (enclose Sc	-		. 00
	17	Other nonrefundable credits (enclose Sch	nedule M1C)	17 🔳	00
ž 	18	Total nonrefundable credits. Add lines 16	and 17	18	. 00
		 9 Subtract line 18 from line 15 (if result is zero or less, leave blank)			.00
Тах		This will reduce your refund or increase a	mount owed	20 ■	00
		Add lines 19 and 20			. 00
Total Payments	22	Minnesota income tax withheld. Complete		·	00
		Minnesota withholding from W-2, 1099 and W-2G forms (do not send)			
		Minnesota estimated tax and extension p Child and Dependent Care Credit (enclose	•	23 ■	.00
		M1CD). Enter number of qualifying person		24 ■	. 00
	25	Minnesota Working Family Credit (enclose M1WFC). Enter number of qualifying child		25 ■	00
	26	K-12 Education Credit (enclose Schedule			
	07	Enter number of qualifying children here:		26 ■	. 00
	27	Reading Credit (enclose Schedule M1REA Enter number of qualifying children here:	AD)	27 ■	00
	28	Business and investment credits (enclose	e Schedule M1B)	28 ■	.00
	2 9	29 Total payments. Add lines 22 through 28			. 00
Refund or Amount Due	30	30 REFUND . If line 29 is more than line 21, subtract line 21 from line 29 (see <i>instructions</i>). For direct deposit, complete line 31			00
	31	1 Direct deposit of your refund (you must use an account not associated with a foreign bank): Account Type Routing Number Account Number			• 00
		Checking Savings			
	32	32 AMOUNT YOU OWE. If line 21 is more than line 29, subtract			
	22	line 29 from line 21 (see <i>instructions</i>) Penalty amount from Schedule M15 (see	. 00		
	33	this amount from line 30 or add it to line	00		
		DU PAY ESTIMATED TAX and want part of your refund			
	34	34 Amount from line 30 you want sent to you			• 00
	35	35 Amount from line 30 you want applied to your 2015 estimated tax			00
	I dec	eclare that this return is correct and complete to the best of my knowledge and belief. Paid preparer: You must sign below.			
Sign Here		signature	Date	Paid preparer's signature	Date
	Spou	se's signature (if filing jointly)	Taxpayer's daytime phone	Preparer's daytime phone	PTIN or VITA/TCE # (required)
	Inc	lude a conv of your 2014 federal return	and schedules		
		Include a copy of your 2014 federal return and schedules. Mail to: Minnesota Individual Income Tax I authorize the Minnesota Department of			
	То	St. Paul, MN 55145-0010 Revenue to discuss this return with my I do not want my paid preparer paid preparer or the third-party designee to file my return electronically.			
				cated on my federal return.	