

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

Your First Name and Initial

Last Name

Your Social Security Number

Place an X if a Foreign Address:

If a Joint Return, Spouse's First Name and Initial

Spouse's Last Name

Spouse's Social Security Number

Current Home Address (Street, Apartment Number, Route)

Your Date of Birth

City

State

Zip Code

Spouse's Date of Birth

2014 Federal Filing Status

(place an X in one oval box):

(1) Single

(1) Single

(2) Married filing joint

(2) Married filing joint

(3) Married filing separate:

(3) Married filing separate: Enter spouse's name and

Social Security number here

(4) Head of household

(4) Head of household

(5) Qualifying widow(er)

(5) Qualifying widow(er)

State Elections Campaign Fund

If you want \$5 to go to help candidates for state offices pay campaign expenses, you may each 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 14

Democratic Farmer-Labor 12 Libertarian 16

Independent 13 General Campaign Fund 99

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:

Do not send W-2s. Enclose Schedule M1W to claim Minnesota withholding.

- 1 Federal taxable income (from line 43 of federal Form 1040, line 27 of Form 1040A or line 6 of Form 1040EZ) 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 oval 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 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 tax from line 27 on line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR) 12
13 Tax on lump-sum distribution (enclose Schedule M1LS) 13
14 Tax before credits. Add lines 12 and 13 14

- 15 Tax before credits. Amount from line 14 15
- 16 Marriage credit for joint return when both spouses have taxable earned income
or taxable retirement income (enclose Schedule M1MA) 16 ■
- 17 Other nonrefundable credits (enclose Schedule M1C) 17 ■
- 18 Total nonrefundable credits. Add lines 16 and 17 18
- 19 Subtract line 18 from line 15 (if result is zero or less, leave blank) 19
- 20 Nongame Wildlife Fund contribution (see instructions, page 15)
This will reduce your refund or increase amount owed  20 ■
- 21 Add lines 19 and 20 21
- 22 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from W-2, 1099 and W-2G forms (do not send) 22 ■
- 23 Minnesota estimated tax and extension payments made for 2014 23 ■
- 24 Child and Dependent Care Credit (enclose Schedule
M1CD). Enter number of qualifying persons here: 24 ■
- 25 Minnesota Working Family Credit (enclose Schedule
M1WFC). Enter number of qualifying children here: 25 ■
- 26 K-12 Education Credit (enclose Schedule M1ED).
Enter number of qualifying children here: 26 ■
- 27 Reading Credit (enclose Schedule M1READ)
Enter number of qualifying children here: 27 ■
- 28 Business and investment credits (enclose Schedule M1B) 28 ■
- 29 Total payments. Add lines 22 through 28 29
- 30 **REFUND.** If line 29 is more than line 21, subtract line 21 from line 29
(see instructions). For direct deposit, complete line 31 30 ■
- 31 Direct deposit of your refund (you must use an account not associated with a foreign bank):

Checking	Savings
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- 32 **AMOUNT YOU OWE.** If line 21 is more than line 29, subtract
line 29 from line 21 (see instructions) 32 ■
- 33 Penalty amount from Schedule M15 (see instructions). Also subtract
this amount from line 30 or add it to line 32 (enclose Schedule M15) 33 ■
- IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 34 and 35.
- 34 Amount from line 30 you want sent to you 34 ■
- 35 Amount from line 30 you want applied to your 2015 estimated tax 35 ■

I declare that this return is correct and complete to the best of my knowledge and belief.
Your signature

Paid preparer: You must sign below.
Paid preparer's signature

Date

Date

Spouse's signature (if filing jointly)

Taxpayer's daytime phone

Preparer's daytime phone

Include a copy of your 2014 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

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.