

Form M2, Income Tax Return for Estates and Trusts 2016

Tax year beginning _____, 2016, ending _____

Name of estate or trust		Check if name has changed: <input type="checkbox"/>	Federal ID number	Minnesota ID number	
Name and title of fiduciary			Decedent's Social Security number	Date of death	
Current address of fiduciary		Check if address has changed: <input type="checkbox"/>	City	State	Zip code
Decedent's last address or grantor's address when trust became irrevocable			City	State	Zip code

Print or Type

Check all that apply

<input type="checkbox"/> Initial Return	<input type="checkbox"/> Final Return	<input type="checkbox"/> Irrevocable Trust. Date trust became irrevocable: _____	<input type="checkbox"/> Grantor Trust	Number of Schedules KF	Number of beneficiaries
<input type="checkbox"/> QSST	<input type="checkbox"/> Composite Income tax	<input type="checkbox"/> ESBT	<input type="checkbox"/> Section 645 Election	<input type="checkbox"/> Nonresident	<input type="checkbox"/> Bankruptcy Estate
<input type="checkbox"/> Decedent's Estate. Gross value of estate: _____			<input type="checkbox"/> Form M706 Filed	<input type="checkbox"/> Trust/Estate Owns or Operates a Business	FEIN

Income

1 Federal taxable income (from line 22 of federal Form 1041) **1** _____

2 Fiduciary's deductions and losses not allowed by Minnesota (see instructions, page 4) **2** _____

3 Capital gain amount of lump-sum distribution (enclose federal Form 4972) **3** _____

4 Additions (from line 44, column E, on page 3 of this form) **4** _____

5 Add lines 1 through 4 **5** _____

6 Subtractions (from line 44, column E, on page 3 of this form) **6** _____

7 Fiduciary's income from non-Minnesota sources (see instructions, page 4) **7** _____

8 Add lines 6 and 7 **8** _____

9 Minnesota taxable net income. Subtract line 8 from line 5 **9** _____

Tax and Payments

10 Tax from table on pages 10 through 13 using the income amount shown on line 9 **10** _____

11 Tax from S portion of an Electing Small Business Trust (enclose Schedule M2SB) **11** _____

12 Total of tax from (enclose appropriate schedules): Schedule M1LS Schedule M2MT **12** _____

13 Composite income tax for nonresident beneficiaries (enclose Schedules KF) **13** _____

14 Total 2016 income tax. Add lines 10 through 13 **14** _____

15 a. Total estimated tax payments and any extension payment **15a** _____

b. 2016 Minnesota tax withheld (enclose documentation) **15b** _____

c. Other refundable credits **15c** _____

d. Other nonrefundable credits **15d** _____

Total payments, tax withheld and credits (add lines 15a through 15d) **15** _____

Refund or Tax Owed

- 16 If line 14 is more than line 15, subtract line 15 from line 14 16 █ _____
- 17 Penalty (see instructions, page 5) 17 █ _____
- 18 Interest (see instructions, page 6) 18 █ _____
- 19 Trusts only: Additional charge for underpaying estimated tax (enclose Schedule EST) 19 █ _____
- 20 **AMOUNT DUE.** If you entered an amount on line 16, add lines 16 through 19.
 Check payment method: check or electronic (see instructions, page 2) 20 █ _____
- 21 Overpayment. If line 15 is more than the sum of lines 14
 and 19, subtract lines 14 and 19 from line 15 21 █ _____
- 22 If you are paying estimated tax for 2017, enter the
 amount from line 21 you want applied to it, if any 22 █ _____
- 23 **REFUND.** Subtract line 22 from line 21 23 █ _____

24 To have your refund direct deposited, enter the following. Otherwise, you will receive a check.
 Account type: Checking Savings Routing number _____ Account number (use an account not associated with any foreign banks) _____

Signatures

Signature of fiduciary or officer representing fiduciary	MN ID or Soc. Sec. number	Date	Daytime phone	<input type="checkbox"/> I authorize the MN Department of Revenue to discuss this tax return with the person below.
Print name of contact	E-mail address for correspondence, if desired		This e-mail address belongs to:	
			<input type="checkbox"/> Fiduciary	<input type="checkbox"/> Paid preparer
Paid preparer's signature	MN ID number, SSN or PTIN	Date	Daytime phone	

Enclose a copy of federal Form 1041, Schedules K-1, and other federal schedules.
 Mail to: Minnesota Fiduciary Income Tax, Mail Station 1310, St. Paul, MN 55145-1310

Adjustments to Income

Additions

- 25 State and municipal bond interest from outside Minnesota 25
- 26 State income tax deducted on federal return 26
- 27 Expenses deducted on your federal return that are attributable to income not taxed
by Minnesota (*other than interest or mutual fund dividends from U.S. bonds*) 27
- 28 80 percent of the suspended loss from 2001–2005 or 2008–2015 on your
federal return that was generated by bonus depreciation (*see instructions, page 7*) 28
- 29 80 percent of federal bonus depreciation addition 29
- 30 Fines, fees and penalties deducted federally as a trade or business expense 30
- 31 This line intentionally left blank 31a
- 31b
- 32 Net operating loss (NOL) carryover adjustment 32
- 33 Domestic production activities deduction 33
- 34 Add lines 25 through 33. Enter the result here and on line 45, column E, under Additions 34
- 35 Interest on U.S. government bond obligations, minus any expenses
deducted on your federal return that are attributable to this income 35

Subtractions

- 36 State income tax refund included on federal return 36
- 37 Federal bonus depreciation subtraction (*see instructions, page 8*) 37
- 38 This line intentionally left blank 38a
- 38b
- 39 Subtraction for prior addback of reacquisition of business indebtedness income 39
- 40 Subtraction for railroad maintenance expenses 40
- 41 Net operating loss carryover adjustment 41
- 42 Add lines 35 through 41. Enter the result here and on line 45, column E, under Subtractions .. 42

Allocation of Adjustments Between Fiduciary and Beneficiaries (*see instructions, page 9*)

Adjustments Assigned to Fiduciary and Beneficiaries

	A Name of each beneficiary	B Beneficiary's Social Security number	C Share of federal distributable net income	D Percent of total on line 45, column C	E Shares assignable to beneficiary and to fiduciary	
					Additions	Subtractions
43				%		
				%		
				%		
44	Fiduciary			%		
45	Total			100%		

Enclose separate sheet, if needed.