



2019 Form M1, Individual Income Tax

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

Your First Name and Initial _____ Last Name _____ Your Social Security Number (SSN) _____ Your Date of Birth _____

If a Joint Return, Spouse's First Name and Initial _____ Spouse's Last Name _____ Spouse's Social Security Number _____ Spouse's Date of Birth _____

Current Home Address _____ Check if: New Address Foreign Address
 City _____ State _____ ZIP Code _____

2019 Federal Filing Status (place an X in one box):

(1) Single (2) Married filing jointly (3) Married filing separately (4) Head of household (5) Qualifying widow(er)
 Spouse name and SSN _____

State Elections Campaign Fund

If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

Your Code _____ Spouse's Code _____ **Political Party Code Numbers:**
 Republican—11 Independence—13 Green—15 Legal Marijuana Now—17
 Democratic/Farmer-Labor—12 Grassroots/Legalize Cannabis—14 Libertarian—16 General Campaign Fund—99

From Your Federal Return (see instructions)

A. Wages, salaries, tips, etc. _____ B. IRA, pensions, and annuities _____ C. Unemployment _____ D. Federal taxable income _____

▲ Place an X in box if a negative number

- 1 **Federal adjusted gross income** (from line 8b of federal Form 1040 and 1040-SR) (if a negative number, place an X in the box) 1 _____
- 2 Additions to Minnesota income from line 17 of Schedule M1M (see instructions; enclose Schedule M1M) 2 _____
- 3 Add lines 1 and 2 (if a negative number, place an X in the box) 3 _____
- 4 **Itemized deductions** (from Schedule M1SA) or your **standard deduction** (see instructions) 4 _____
- 5 Exemptions (determine from instructions) 5 _____
- 6 State income tax refund from line 1 of federal Schedule 1 6 _____
- 7 Other subtractions from Minnesota income from line 46 of Schedule M1M (see instructions; enclose Schedule M1M) 7 _____
- 8 Total subtractions. Add lines 4 through 7 8 _____
- 9 **Minnesota taxable income.** Subtract line 8 from line 3. If zero or less, leave blank. 9 _____
- 10 **Tax** from the table in the M1 instructions 10 _____
- 11 **Alternative minimum tax** (enclose Schedule M1MT) 11 _____
- 12 Add lines 10 and 11 12 _____
- 13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 26 on line 13, from line 22 on line 13a, and from line 23 on line 13b (enclose Schedule M1NR) 13 _____
 a _____ b _____ (Place an X in box if a negative number)
- 14 **Other taxes** such as the tax on lump sum distributions and recapture amounts from (check appropriate box):
 Schedule M1HOME Schedule M1529 Schedule M1LS 14 _____



- 15 Tax before credits. Add lines 13 and 14 15 _____
 - 16 Marriage Credit for joint return when both spouses have taxable earned income
or taxable retirement income (enclose Schedule M1MA) 16 ■ _____
 - 17 Credit for long-term care insurance premiums paid (enclose Schedule M1LTI) 17 ■ _____
 - 18 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR) 18 ■ _____
 - 19 Other nonrefundable credits (enclose Schedule M1C) 19 ■ _____
 - 20 Total nonrefundable credits. Add lines 16 through 19 20 _____
 - 21 Subtract line 20 from line 15 (if result is zero or less, leave blank) 21 _____
 - 22 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe 22 ■ _____
 - 23 Add lines 21 and 22 23 _____
 - 24 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) 24 ■ _____
 - 25 Minnesota estimated tax and extension payments made for 2019 25 ■ _____
 - 26 Refundable credits from line 9 of Schedule M1REF (see instructions; enclose Schedule M1REF) 26 ■ _____
 - 27 Total payments. Add lines 24 through 26 27 _____
 - 28 **REFUND.** If line 27 is more than line 23, subtract line 23 from line 27 (see instructions).
For direct deposit, complete line 29 28 ■ _____
 - 29 Direct deposit of your refund (you must use an account not associated with a foreign bank):
Account Type **Routing Number** **Account Number**
 Checking Savings _____
 - 30 **AMOUNT YOU OWE.** If line 23 is more than line 27, subtract line 27 from line 23 (see instructions) 30 ■ _____
 - 31 Penalty amount from Schedule M15 (see instructions). Also subtract
this amount from line 28 or add it to line 30 (enclose Schedule M15) 31 ■ _____
- IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 32 and 33.
- 32 Amount from line 28 you want sent to you 32 ■ _____
 - 33 Amount from line 28 you want applied to your 2020 estimated tax 33 ■ _____

I declare that this return is correct and complete to the best of my knowledge and belief. Paid preparer: You must sign below.

Your Signature	Date	Paid Preparer's Signature	Date
Spouse's Signature (If Filing Jointly)	Taxpayer's Daytime Phone	Preparer's Daytime Phone	PTIN or VITA/TCE # (required)
Your Email Address	Preparer's Email Address		

Include a copy of your 2019 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.