



2020 Schedule M1PSC, Credit for Parents of Stillborn Children

Complete this schedule if all of the following are true:

- You experienced the birth of a stillborn child in 2020
You received a Certificate of Birth Resulting in Stillbirth from Minnesota
The child would have been your dependent in 2020 if they had been born alive

FIRST NAME, INITXXXXXXXXXXXXX YOUR LAST NAMEXXXXXXXXXX 999999999
Your First Name and Initial Last Name Social Security Number

- A Did you experience the birth of a stillborn child in 2020? Yes No
B Do you have a Certificate of Birth Resulting in Stillbirth from the Minnesota Department of Health? Yes No
C Would you have claimed the child as your dependent in 2020 had the child been born alive? Yes No

Enter the following information. If you have a Certificate of Birth Resulting in Stillbirth for more than one child in 2020, complete a separate schedule and include with your Form M1.

1 Name of Parent 1 on Certificate of Birth Resulting in Stillbirth NAME PARENT1
2 Name of Parent 2 on Certificate of Birth Resulting in Stillbirth (if listed) NAME PARENT2
3 Date of delivery on the Certificate of Birth Resulting in Stillbirth 11223333
4 State file number on the Certificate of Birth Resulting in Stillbirth 00000000000000
5 Document control number on the Certificate of Birth Resulting in Stillbirth 00000000000000
6 Credit allowed per child 2,000
7 Part-year residents and nonresidents: Multiply the amount on line 6 by line 30 of Schedule M1NR. Include the result here and on line 4 of Schedule M1REF. However, if your Minnesota gross income is less than \$12,400, see instructions; enter the result from step 5 of the worksheet here: 12345
Enter the result from step 6 on line 7 and on line 4 of Schedule M1REF. 7 12345678

You must include this schedule with your Form M1.