



2020 Form M1X, Amended Minnesota Income Tax

TAXPAYER'S 1ST NAME, INI; TAXPAYER'S LAST NAME; 999999999; MM/DD/YYYY; ADDRESSXXXXXXXXXXXXXXXXXX; CITYXXXXXXXXXXXXXXXXXX; MN; State; Zip Code

Filing status claimed. Note: You cannot change from joint to separate returns after the due date. On original return: [X] Single [X] Married filing jointly [X] Married filing separately [X] Head of household [X] Qualifying widow(er)

For department use only. Do not write in this space. Effective interest date:

Place an X in the appropriate box to indicate why you are filing this amended return: [X] Federal audit or adjustment. Enclose a complete copy of the IRS adjustment notice and see line 30 instruction

If you show a refund on line 27 or tax due on line 29, you must report an increase or decrease in column B for at least one of the income, tax, or credit lines (lines 1-22).

Table with 3 columns: A. Original or Previously Adjusted Amount, B. Increase or Decrease, C. Correct Amount. Rows include Federal adjusted gross income, Additions to income, Total subtractions, Minnesota taxable income, Tax from the table, Alternative minimum tax, Other taxes, Tax before credits, Nonrefundable Credits, Minnesota income tax withheld, Minnesota estimated tax payments.

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A. Original or Previously Adjusted Amount B. Increase or Decrease C. Correct Amount

Table with 3 columns: Description, A. Original or Previously Adjusted Amount, B. Increase or Decrease, C. Correct Amount. Rows include Child and Dependent Care Credit, Working Family Credit, K-12 Education Credit, etc.

Form for direct deposit: [X] Checking [X] Savings, Routing Number 123456780000, Account Number 123456789999

Dependents

Table for dependents with columns: Name, Last Name, SSN, Relationship to You. Rows for Dependent 1, 2, and 3.

Explanation of Change

Briefly explain changes below. If you checked the box for "Claim due to a pending court case" or "Other" on the front of this form, you must explain the changes to your original Minnesota income tax return. Enclose another sheet, if needed.

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

Signature lines for You, Spouse's Signature (If Filing Jointly), and Paid Preparer's Signature, including dates and phone numbers.

[X] 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.

You must enclose any corrected schedules and, if you filed an amended federal return, a complete copy of Form 1040X.

Mail to: Minnesota Amended Individual Income Tax, Mail Station 1060, St. Paul, MN 55145-1060 9995