



2020 Form M2, Income Tax Return for Estates and Trusts

Tax year beginning (MM/DD/YYYY) MM/DD/YYYY, ending (MM/DD/YYYY) MM/DD/YYYY

NAME OF ESTATE OR TRUSTXXXXXXXXX
Name of Estate or Trust
BENEFICIARY NAMEXXXXXXXXXXXXXXXXX
Name and title of fiduciary
FIDUCIARY ADDRESSXXXXXXXXXXXXXXXXX
Current address of fiduciary
DECEDENT ADDRESSXXXXXXXXXXXXXXXXX
Decedent's last address or grantor's address when trust became irrevocable

123456789
Federal ID Number
111223333
Decedent's Social Security Number
CITYXXXXXXXXXXXXX
Fiduciary City
CITYXXXXXXXXXXXXX
Decedent or Grantor City

123456789
Minnesota ID Number
1234
Number of Schedules KF
MM/DD/YYYY
1234
Date of Death
Number of Beneficiaries
MN
123451234
Fiduciary State
Fiduciary ZIP Code
MN
123451234
Decedent or Grantor State
Decedent or Grantor ZIP

Check all that apply:

- Initial Return
Final Return
Grantor Trust
Statutory Resident
Irrevocable Trust — Date trust became irrevocable 11223333
Statutory Nonresident
Decedent's Estate — Gross value of estate 11122333
Due Process Nonresident (see Schedule M2RT)
Form M706 Filed
Composite Income Tax
Bankruptcy Estate —
Trust/Estate Owns or Operates a Business —
Debtor Social Security Number (SSN) 111223333
FEIN 123456789
If filing jointly, second debtor SSN 111223333

Table with 2 columns: Line number and Amount. Rows 1-14 showing tax calculations: Federal taxable income, deductions, capital gain, additions, subtractions, non-Minnesota income, Minnesota net income, tax from tables, and total 2020 income tax.



15 Credit for taxes paid to another state **15** ■ 12345678

16 Tax Credit for Owners of Agricultural Assets **16** ■ 12345678
 Enter the certificate number from the certificate you received from the Rural Finance Authority:
 AO 12-345678

17 Unused credit for owners of agricultural assets from a prior year **17** ■ 12345678
 AO 12-345678

18 Other nonrefundable credits (see instructions) **18** ■ 12345678

19 Total nonrefundable credits. Add lines 15 through 18 **19** ■ 12345678

20 Subtract line 19 from line 14 (if result is zero or less, leave blank) **20** ■ 12345678

21 Minnesota income tax withheld (enclose documentation) **21** ■ 12345678

22 Total estimated tax payments and extension payments **22** ■ 12345678

23 Historic Structure Rehabilitation Tax Credit (enclose certificate) **23** ■ 12345678
 Enter National Park Service (NPS) project number: 123456

24 Other refundable credits (see instructions) **24** ■ 12345678

25 Add lines 21 through 24 **25** ■ 12345678

26 Tax due. If line 20 is less than line 25, subtract line 25 from line 20. **26** ■ 12345678

27 Penalty (see instructions, page 8) **27** ■ 12345678

28 Interest (see instructions, page 8) **28** ■ 12345678

29 Trusts only: Additional charge for underpaying estimated tax (enclose Schedule EST) **29** ■ 12345678

30 AMOUNT DUE. If you entered an amount on line 26, add lines 26 through 29.
 Check payment method: check electronic (see instructions, page 2) **30** ■ 12345678

31 Overpayment. If line 25 is more than the sum of lines 20 and 27 through 29,
 subtract lines 20 and 27 through 29 from line 25. **31** ■ 12345678

32 If you are paying estimated tax for 2021, enter the amount from line 31 you want applied to it, if any **32** ■ 12345678

33 REFUND. Subtract line 32 from line 31 **33** ■ 12345678

34 To have your refund direct deposited, enter the following. Otherwise, you will receive a check.

Checking Savings 123456789 12345678901234567
 Routing number Account number (use an account not associated with any foreign banks)

I authorize the Minnesota Department of Revenue to discuss this tax return with the person below.

I do not want my paid preparer to file my return electronically.

Signature of Fiduciary or Officer Representing Fiduciary	<u>111223333</u>	Minnesota Tax ID or Social Security Number	<u>MM/DD/YYYY</u>	Date (MM/DD/YYYY)	<u>1112233333</u>	Daytime Phone
PRINT NAME OF CONTACT	EMAIL ADDRESS FOR	<input checked="" type="checkbox"/> Fiduciary E-mail	<input checked="" type="checkbox"/> Paid Preparer E-mail			
Print Name of Contact	E-mail Address for Correspondence, if Desired					
Paid Preparer's Signature	<u>111223333</u>	Preparer's PTIN	<u>MM/DD/YYYY</u>	Date (MM/DD/YYYY)	<u>1112223333</u>	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, 600 N. Robert St., St. Paul, MN 55145-1310



Additions to Income

Table with 3 columns: Line number, Description, and Amount. Rows 35-47 list various additions such as state and municipal bond interest, state income tax deducted, and net operating loss carryover.

Subtractions from Income

Table with 3 columns: Line number, Description, and Amount. Rows 48-58 list various subtractions such as interest on U.S. government bond obligations, state income tax refund, and deferred foreign income.

(continued)



Allocation of Adjustments Between Fiduciary and Beneficiaries (see instructions, page 12)

	A Name of each beneficiary	B Beneficiary's Social Security number	C Share of federal distributable net income	D Percent of total on line 61, column C	E Shares assignable to beneficiary and to fiduciary	
					Additions	Subtractions
59	BENEFICIARYNAME	111223333	12345678	123%	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123%	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123%	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123%	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123%	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123%	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123%	12345678	12345678
60	Fiduciary		12345678	123%	12345678	12345678
61	Total		12345678	100%	12345678	12345678

Enclose separate sheet, if needed.