



2020 Schedule M2RT, Resident Trust Questionnaire

ESTATE TRUST NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Name of Trust

123456789
Federal ID Number

123456789
Minnesota ID Number

Check all boxes that apply to the trust, and provide additional requested information.

1 One or more of the trustees were residents (full-year or part-year) of Minnesota at any time during the tax year 1

1a. Enter all names and addresses

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2 One or more of the trust's other fiduciaries (besides trustees) and non-fiduciary service providers were residents (full-year or part-year) of Minnesota at any time during the tax year (see instructions) 2

2a. Enter all names and addresses

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

3 One or more of the trust's tangible (real or personal) or intangible assets were located, in whole or in part, in Minnesota at any time during the tax year 3

3a. Describe the assets located in Minnesota and enter their fair market value on the applicable date(s)

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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

4 Administration of the trust took place in Minnesota at any time during the tax year 4

4a. Describe the trust administrative functions that took place in Minnesota

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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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5 The laws of Minnesota were specifically made applicable to the trust 5

5a. The trust documents contain a choice of law provision designating Minnesota for that purpose 5a

5b. The trust was formed under, or the operation is governed by, the laws of Minnesota 5b

6 One or more of the trust's beneficiaries were residents (full-year or part-year) of Minnesota at any time during the tax year 6

6a. Enter all names and addresses

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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

6b. The resident beneficiaries have some degree of possession, control or enjoyment of the trust property or a right to receive that property 6b

7 One or more of the trust's settlors or grantors were residents (full-year or part-year) of Minnesota at any time during the tax year 7

7a. Enter all names and addresses

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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7b. The resident settlors or grantors have some degree of possession or control of the trust property 7b

8 The trust was created by a will of a decedent who at death resided in Minnesota 8

8a. The trust was probated in Minnesota's courts 8a

8b. Minnesota's courts had a continuing supervisory or other existing relationship with the trust at any time during the tax year 8b

9 Lines 1 through 8 do not apply to the trust 9