



2021 Form M2, Income Tax Return for Estates and Trusts

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

Name of Estate or Trust _____	Check if name has changed: <input type="checkbox"/>	Federal ID Number _____	Minnesota ID Number _____	Number of Schedules KF _____
Name and title of fiduciary _____	Check if address has changed: <input type="checkbox"/>	Decedent's Social Security Number _____	Date of Death ____/____/____	Number of Beneficiaries _____
Current address of fiduciary _____		Fiduciary City _____	Fiduciary State _____	Fiduciary ZIP Code _____
Decedent's last address or grantor's address when trust became irrevocable _____		Decedent or Grantor City _____	Decedent or Grantor State _____	Decedent or Grantor ZIP _____

Check all that apply:

<input type="checkbox"/> Initial Return	<input type="checkbox"/> Final Return	<input type="checkbox"/> Installment sale of pass-through assets or interests
<input type="checkbox"/> Grantor Trust	<input type="checkbox"/> Statutory Resident	<input type="checkbox"/> Section 645 Election
<input type="checkbox"/> Irrevocable Trust — Date trust became irrevocable _____	<input type="checkbox"/> Statutory Nonresident	<input type="checkbox"/> ESBT
<input type="checkbox"/> Decedent's Estate — Gross value of estate _____	<input type="checkbox"/> Due Process Nonresident (<i>see Schedule M2RT</i>)	<input type="checkbox"/> QSST
<input type="checkbox"/> Form M706 Filed	<input type="checkbox"/> Composite Income Tax	<input type="checkbox"/> Trust/Estate Owns or Operates a Business — FEIN _____
<input type="checkbox"/> Bankruptcy Estate — Debtor Social Security Number (SSN) _____ If filing jointly, second debtor SSN _____		

1 Federal taxable income (<i>from line 23 of federal Form 1041</i>)	1 ■	_____
2 Fiduciary's deductions and losses not allowed by Minnesota (<i>see instructions, pages 4 and 5</i>)	2 ■	_____
3 Capital gain amount of lump-sum distribution (<i>enclose federal Form 4972</i>)	3 ■	_____
4 Additions (<i>from line 71, column E, on page 5 of this form</i>)	4 ■	_____
5 Add lines 1 through 4	5	_____
6 Subtractions (<i>from line 71, column E, on page 5 of this form</i>)	6 ■	_____
7 Fiduciary's income from non-Minnesota sources (<i>see instructions, page 5</i>)	7 ■	_____
8 Add lines 6 and 7	8	_____
9 Minnesota taxable net income. Subtract line 8 from line 5	9 ■	_____
10 Tax from table in Form M2 instructions.	10 ■	_____
11 Tax from S portion of an Electing Small Business Trust (<i>enclose Schedule M2SB</i>)	11 ■	_____
12 Total of tax from (<i>enclose appropriate schedules</i>): <input type="checkbox"/> a. Schedule M1LS <input type="checkbox"/> b. Schedule M2MT	12 ■	_____
13 Composite income tax for nonresident beneficiaries (<i>enclose Schedules KF</i>)	13 ■	_____
14 Total 2021 income tax. Add lines 10 through 13	14 ■	_____





- 15 Credit for taxes paid to another state 15 ■ _____
- 16 Film Production Tax Credit 16 ■ _____
Enter the credit certificate number: TAXC - _____
- 17 Tax Credit for Owners of Agricultural Assets 17 ■ _____
Enter certificate number from the Rural Finance Authority:
AO ____ - _____
- 18 Unused credit for owners of agricultural assets from a prior year 18 ■ _____
AO ____ - _____
- 19 Credit for increasing research activities (*enclose Schedule KPI, KS, or KF*) 19 ■ _____
- 20 Other nonrefundable credits (*see instructions*) 20 ■ _____
- 21 Total nonrefundable credits. Add lines 15 through 20. 21 ■ _____
- 22 Subtract line 21 from line 14 (*if result is zero or less, leave blank*) 22 ■ _____
- 23 Pass-Through Entity Tax Credit (*enclose Schedule KPI, KS, or KF*) 23 ■ _____
- 24 **Minnesota income tax withheld** (*enclose documentation*) 24 ■ _____
- 25 Total estimated tax payments and extension payments 25 ■ _____
- 26 Historic Structure Rehabilitation Tax Credit 26 ■ _____
Enter National Park Service (NPS) project number: _____
- 27 Other refundable credits (*see instructions*). 27 ■ _____
- 28 Add lines 23 through 27 28 ■ _____
- 29 **Tax due.** If line 22 is more than line 28, subtract line 28 from line 22 29 ■ _____
- 30 Penalty (*see instructions, page 8*) 30 ■ _____
- 31 Interest (*see instructions, page 8*) 31 ■ _____
- 32 *Trusts only:* Additional charge for underpaying estimated tax (*enclose Schedule EST*) 32 ■ _____
- 33 **AMOUNT DUE.** If you entered an amount on line 29, add lines 29 through 32.
Check payment method: check electronic (*see instructions, page 3*) 33 ■ _____
- 34 Overpayment. If line 28 is more than the sum of lines 22 and 30 through 32, subtract lines 22
and 30 through 32 from line 28. 34 ■ _____
- 35 If you are paying estimated tax for 2022, enter the amount from line 34 you want applied to it, if any 35 ■ _____

(continued)





36 REFUND. Subtract line 35 from line 34 36 ■ _____

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

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

Signature of Fiduciary or Officer Representing Fiduciary Minnesota Tax ID or Social Security Number Date (MM/DD/YYYY) Daytime Phone

Print Name of Contact E-mail Address for Correspondence, if Desired Fiduciary E-mail Paid Preparer E-mail

Paid Preparer's Signature Preparer's PTIN Date (MM/DD/YYYY) Daytime Phone

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

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

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

38	State and municipal bond interest from outside Minnesota	38	■	_____
39	State taxes deducted in arriving at net income	39	■	_____
40	Expenses deducted on your federal return that are attributable to income not taxed by Minnesota (<i>other than interest or mutual fund dividends from U.S. bonds</i>)	40	■	_____
41	80 percent of the suspended loss from 2001–2005 or 2008–2020 on your federal return that was generated by bonus depreciation (<i>see instructions, page 10</i>)	41	■	_____
42	80 percent of federal bonus depreciation	42	■	_____
43	Section 199A qualified business income	43	■	_____
44	Addition due to federal changes not adopted by Minnesota (<i>M2NC, line 32</i>)	44	■	_____
45	Net operating loss (NOL) carryover adjustment	45	■	_____
46	Foreign-derived intangible income (FDII) deduction	46	■	_____
47	Special deduction under section 965	47	■	_____
48	This line intentionally left blank	48	■	_____
49	This line intentionally left blank	49	■	_____
50	This line intentionally left blank	50	■	_____
51	This line intentionally left blank	51	■	_____
52	This line intentionally left blank	52	■	_____
53	Add lines 38 through 52. Enter the result here and on line 72, column E, under Additions	53	■	_____

Subtractions from Income

54	Interest on U.S. government bond obligations, minus any expenses deducted on your federal return that are attributable to this income	54	■	_____
55	State income tax refund included on federal return	55	■	_____
56	Federal bonus depreciation subtraction (<i>see instructions, page 11</i>)	56	■	_____
57	Subtraction due to federal changes not adopted by Minnesota (<i>M2NC, line 32 as a positive number</i>) ..	57	■	_____
58	Subtraction for prior addback of reacquisition of business indebtedness income	58	■	_____
59	Subtraction for railroad maintenance expenses	59	■	_____
60	Net operating loss carryover adjustment	60	■	_____
61	Deferred foreign income (Section 965)	61	■	_____

(continued)





- 62 Global intangible low-taxed income (GILTI) **62** ■ _____
- 63 Disallowed section 280E expenses of medical cannabis **63** ■ _____
- 64 This line intentionally left blank **64** ■ _____
- 65 This line intentionally left blank **65** ■ _____
- 66 This line intentionally left blank **66** ■ _____
- 67 This line intentionally left blank **67** ■ _____
- 68 This line intentionally left blank **68** ■ _____
- 69 Add lines 54 through 68. Enter the result here and on line 72, column E, under Subtractions **69** ■ _____

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

	A	B	C	D	E	
	Name of each beneficiary	Beneficiary's Social Security number	Share of federal distributable net income	Percent of total on line 72, column C	Shares assignable to beneficiary and to fiduciary Additions	Subtractions
70				%		
				%		
				%		
				%		
				%		
				%		
				%		
71	Fiduciary			%		
72	Total			100%		

Enclose separate sheet, if needed.