



# 2021 Form M1, Individual Income Tax

Do not use staples on anything you submit.

Your First Name and Initial _____		Last Name _____		Your Social Security Number _____		Your Date of Birth (MM/DD/YYYY) _____	
If a Joint Return, Spouse's First Name and Initial _____		Spouse's Last Name _____		Spouse's Social Security Number _____		Spouse's Date of Birth _____	
Current Home Address _____				Check if Address is:		<input type="checkbox"/> New <input type="checkbox"/> Foreign	
City _____				State _____		ZIP Code _____	

## 2021 Federal Filing Status (place an X in one box):

(1) Single   
  (2) Married Filing Jointly   
  (3) Married Filing Separately   
  (4) Head of Household   
  (5) Qualifying Widow(er)

Spouse Name \_\_\_\_\_

Spouse SSN \_\_\_\_\_

## Dependents (see instructions):

Dependent 1 First Name _____	Dependent 1 Last Name _____	Dependent 1 SSN _____	Dependent 1 Relationship to You _____
Dependent 2 First Name _____	Dependent 2 Last Name _____	Dependent 2 SSN _____	Dependent 2 Relationship to You _____
Dependent 3 First Name _____	Dependent 3 Last Name _____	Dependent 3 SSN _____	Dependent 3 Relationship to You _____

## State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

**Political Party Code Numbers:**

Democratic/Farmer-Labor . . . 12	Grassroots/Legalize Cannabis 14	Legal Marijuana Now . . . . . 17
Republican . . . . . 11	Independence . . . . . 13	Libertarian . . . . . 16
		General Campaign Fund . . . . . 99

Your Code \_\_\_\_\_ Spouse's Code \_\_\_\_\_

## From Your Federal Return (see instructions)

A. Wages, salaries, tips, etc. _____	B. IRA, pensions, and annuities _____	C. Unemployment _____	D. Federal taxable income _____
<b>1 Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR) . . . . . 1 ■ _____</b>			
<b>2 Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions) . . . . . 2 ■ _____</b>			
<b>3 Add lines 1 and 2. . . . . 3 _____</b>			
<b>4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) . . . . . 4 ■ _____</b>			
<b>5 Exemptions (determine from instructions) . . . . . 5 ■ _____</b>			
<b>6 State income tax refund from line 1 of federal Schedule 1 . . . . . 6 ■ _____</b>			
<b>7 Subtractions from line 32 of Schedule M1M and line 22 of Schedule M1MB (see instructions) . . . . . 7 ■ _____</b>			
<b>8 Total subtractions. Add lines 4 through 7 . . . . . 8 _____</b>			
<b>9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank. . . . . 9 _____</b>			
<b>10 Tax from the table in the Form M1 instructions . . . . . 10 _____</b>			



