



2020 Form M1, Individual Income Tax

Your First Name and Initial	Your Last Name	Yo	Your Social Security Number (SSN) Spouse's Social Security Number		Your Date of Birth
f a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Sp			Spouse's Date of Birth Check if Address is:
Current Home Address	City	Sta	ate ZIP Code		New Foreign
2020 Federal Filing Status (pla	ce an X in one box):				
(1) Single (2) Married Filing Jointly	(3) Married Filing Separate Spouse Name		(4) Head of Ho	usehold	(5) Qualifying Widow(er
Dependents (see instructions)	Spouse SSN				
Dependent 1 First Name	Dependent 1 Last Name	De	ependent 1 SSN	Depende	ent 1 Relationship to You
Dependent 2 First Name	Dependent 2 Last Name		Dependent 2 SSN Dependent 2 Relationship		ent 2 Relationship to You
Dependent 3 First Name	Dependent 3 Last Name	De	ependent 3 SSN	Dependent 3 Relationship to You	
From Your Federal Return (see in A. Wages, salaries, tips, etc. B. IRA	nstructions) A, pensions, and annuities	C. Unemployment		D. Federal tax	rable income
A. Wages, salaries, tips, etc. B. IR.	A, pensions, and annuities	C. Unemployment		D. Federal tax	rable income
1 Federal adjusted gross income (from line 11 of federal Form 10	040 and 1040-SR)		1■	
2 Additions to Minnesota income	from line 17 of Schedule M1M	(see instructions; enclos	se Schedule M1M).	2■	
3 Add lines 1 and 2				3	
4 Itemized deductions (from Sche	dule M1SA) or your standard o	leduction (see instruction	ns)	4■	
5 Exemptions (determine from ins	tructions)			5■	
6 State income tax refund from lin7 Other subtractions from Minnes (see instructions; enclose Schedu	ota income from line 47 of Sch	edule M1M			
8 Total subtractions. Add lines 4 th	nrough 7			8	
9 Minnesota taxable income. Sub	tract line 8 from line 3. If zero or	less, leave blank		9	
10 Tax from the table in the Form N	Л1 instructions			10	
11 Alternative minimum tax (enclos	se Schedule M1MT)			11■	

2020 M1, page 2



12	Add lines 10 and 11			12
13	Part-year residents and nonre		13. Skip lines 13a and 13b. R, enter the amount from line 32 on Bb (enclose Schedule M1NR)	13
	13a ■	13b I		
14	Other taxes, such as recaptur	e amounts and the tax on lum	p-sum distributions (check appropriate boxes)	
	(a) Schedule M1HOME	(b) Schedule M1529	(c) Schedule M1LS	14 🔳
15	Tax before credits. Add lines 1	13 and 14		15
16	Amount from line 17 of Scheo	dule M1C, Nonrefundable Crea	dits (enclose Schedule M1C)	16 🔳
17 18	Subtract line 16 from line 15 Nongame Wildlife Fund contr			
	_		ve	18 🔳
19	Add lines 17 and 18 Minnesota income tax withhou	19		
20		20 🔳		
21	Minnesota estimated tax and	21 🔳		
22	Amount from line 9 of Schedu	22 🔳		
23 24 25	Total payments. Add lines 20 REFUND . If line 23 is more the For direct deposit, complete I Direct deposit of your refund			
	Checking Savings	Routing Number	Account Number	
26 27	AMOUNT YOU OWE. If line 19			
IE V	this amount from line 24 or a DU PAY ESTIMATED TAX and v	27 🔳		
	Amount from line 24 you war	28 🔳		
29	Amount from line 24 you war	29 🔳		
ахра	ayer: I declare that this return	is correct and complete to the	best of my knowledge and belief.	
our!	Signature		Spouse's Signature (If Filing Jointly)	Date (MM/DD/YYYY)
Dayti	me Phone		Email Address	
Paid Preparer's Signature			Date (MM/DD/YYYY)	PTIN or VITA/TCE # (required)
repa	rer's Daytime Phone		Preparer's Email Address	
	I do not want my paid preparer to file	e my return electronically.	I authorize the Minnesota Department of Revenue with my paid preparer or the third-party designee	

Include a copy of your 2020 federal return and schedules.

Mail to: Minnesota Individual Income Tax, St. Paul, MN 55145-0010