



2020 Form M1, Individual Income Tax

_____ Your First Name and Initial	_____ Your Last Name	_____ Your Social Security Number (SSN)	_____ Your Date of Birth
_____ 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	_____ City	_____ State	_____ ZIP Code
			Check if Address is: <input type="checkbox"/> New <input type="checkbox"/> Foreign

2020 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:

_____ Your Code	_____ Spouse's Code	Republican—11	Independence—13	Green—15	Legal Marijuana Now—17
		Democratic/Farmer-Labor—12	Grassroots/Legalize Cannabis—14	Libertarian—16	General Campaign Fund—99

From Your Federal Return *(see instructions)*

_____ A. Wages, salaries, tips, etc.	_____ B. IRA, pensions, and annuities	_____ C. Unemployment	_____ D. Federal taxable income
1 Federal adjusted gross income <i>(from line 11 of federal Form 1040 and 1040-SR)</i> 1 ■ _____			
2 Additions to Minnesota income from line 17 of Schedule M1M <i>(see instructions; enclose Schedule M1M)</i> 2 ■ _____			
3 Add lines 1 and 2. 3 _____			
4 Itemized deductions <i>(from Schedule M1SA)</i> or your standard deduction <i>(see instructions)</i> 4 ■ _____			
5 Exemptions <i>(determine from instructions)</i> 5 ■ _____			
6 State income tax refund from line 1 of federal Schedule 1. 6 ■ _____			
7 Other subtractions from Minnesota income from line 47 of Schedule M1M <i>(see instructions; enclose Schedule M1M)</i> 7 ■ _____			
8 Total subtractions. Add lines 4 through 7. 8 _____			
9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank. 9 _____			
10 Tax from the table in the Form M1 instructions 10 _____			
11 Alternative minimum tax <i>(enclose Schedule M1MT)</i> 11 ■ _____			

