



2018 Form M1, Individual Income Tax

Leave unused boxes blank. Do not use staples on anything you submit.

Your First Name and Initial _____ Last Name _____ Your Social Security Number _____ 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 _____ Check if: New Address Foreign Address
 City _____ State _____ ZIP Code _____

2018 Federal Filing Status (place an X in one box):
 (1) Single (2) Married filing jointly (3) Married filing separately: Enter spouse name and Social Security number _____
 (4) Head of household (5) Qualifying widow(er) _____

State Elections Campaign Fund
 If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.
Political party and code number:
 Republican 11 Grassroots—Legalize Cannabis . 14 Legal Marijuana Now 17
 Democratic/Farmer-Labor . 12 Green 15 General Campaign
 Independence 13 Libertarian 16 Fund 99
 Your code _____
 Spouse code _____

From Your Federal Return (see instructions) _____
 A Wages, salaries, tips, etc. _____
 B IRA, pensions, and annuities _____
 C Unemployment _____
 D Federal taxable income _____
 ▲ Place an X in box if a negative number

- 1 **Federal adjusted gross income** (from line 7 of federal Form 1040) (if a negative number, place an X in the box) . 1
- 2 Other additions to income, including non-Minnesota bond interest, and an adjustment from Schedule M1NC (see instructions; enclose Schedule M1M) 2
- 3 Add lines 1 and 2 (if a negative number, place an X in the box) 3
- 4 **Itemized deductions** (from Schedule M1SA) or your **standard deduction** (see instructions) 4
- 5 Exemptions (determine from instructions) 5
- 6 State income tax refund from line 10 of federal Schedule 1 6
- 7 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds, Title 10 military retirement pay, or K-12 education expenses (see instructions; enclose Schedule M1M) 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 M1 instructions 10 _____
- 11 **Alternative minimum tax** (enclose Schedule M1MT) 11
- 12 Add lines 10 and 11 12 _____
- 13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 28 on line 13, from line 24 on line 13a, and from line 25 on line 13b (enclose Schedule M1NR) 13 _____
- a _____ b _____ (Place an X in box if a negative number)
- 14 **Other taxes** such as the tax on lump sum distributions and recapture amounts from (check appropriate box):
 Schedule M1HOME Schedule M1529 Schedule M1LS 14



- 15 Tax before credits. Add lines 13 and 14 15 _____
 - 16 Marriage Credit for joint return when both spouses have taxable earned income
or taxable retirement income (enclose Schedule M1MA) 16 ■ _____
 - 17 Credit for long-term care insurance premiums paid (enclose Schedule M1LTI) 17 ■ _____
 - 18 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR) 18 ■ _____
 - 19 Other nonrefundable credits (enclose Schedule M1C) 19 ■ _____
 - 20 Total nonrefundable credits. Add lines 16 through 19 20 _____
 - 21 Subtract line 20 from line 15 (if result is zero or less, leave blank) 21 _____
 - 22 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe  22 ■ _____
 - 23 Add lines 21 and 22 23 _____
 - 24 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) 24 ■ _____
 - 25 Minnesota estimated tax and extension payments made for 2018 25 ■ _____
 - 26 Refundable credits (enclose Schedule M1REF): Child and Dependent Care Credit, Working Family Credit,
K-12 Education Credit, Credit for Parents of Stillborn Children, Credit for Tax Paid to Wisconsin,
Credit for historic structure rehabilitation, and Enterprise Zone Credit..... 26 ■ _____
 - 27 Total payments. Add lines 24 through 26 27 _____
 - 28 **REFUND.** If line 27 is more than line 23, subtract line 23 from line 27 (see instructions).
For direct deposit, complete line 29 28 ■ _____
 - 29 Direct deposit of your refund (you must use an account not associated with a foreign bank):
Account Type **Routing Number** **Account Number**
 Checking Savings _____
 - 30 **AMOUNT YOU OWE.** If line 23 is more than line 27, subtract
line 27 from line 23 (see instructions) 30 ■ _____
 - 31 **This line**
intentionally left blank 31 ■ _____
- IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 32 and 33.
- 32 Amount from line 28 you want sent to you 32 ■ _____
 - 33 Amount from line 28 you want applied to your 2019 estimated tax 33 ■ _____

I declare that this return is correct and complete to the best of my knowledge and belief.		Paid preparer: You must sign below.	
_____ Your Signature	_____ Date	_____ Paid Preparer's Signature	_____ Date
Spouse's Signature (if filing jointly)		Taxpayer's Daytime Phone	Preparer's Daytime Phone
			PTIN or VITA/TCE # (required)
Your Email address		Preparer's email address	

Include a copy of your 2018 federal return and schedules.

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

To check on the status of your refund, visit www.revenue.state.mn.us

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.

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