



2024 Schedule M1PSC, Credit for Parents of Stillborn Children

Complete this schedule if all of these are true:

- You experienced the birth of a stillborn child in 2024
You received a Certificate of Birth Resulting in Stillbirth from Minnesota
The child would have been your dependent in 2024 if they had not been stillborn

FIRST NAME, INITXXXXXXXXXXXXXXXXX YOUR LAST NAMEXXXXXXXXXX 999999999
Your First Name and Initial Last Name Social Security Number

- A Did you experience the birth of a stillborn child in 2024? Yes [X] No [X]
B Do you have a Certificate of Birth Resulting in Stillbirth from the Minnesota Department of Health? Yes [X] No [X]
C Would you have claimed the child as your dependent in 2024 had the child not been stillborn? Yes [X] No [X]

For lines 1 through 5, enter the following information found on the Certificate of Birth Resulting in Stillbirth. If you have a Certificate of Birth Resulting in Stillbirth for more than one child in 2024, complete a separate schedule for each child and include with your Form M1.

1 Name of Parent 1 on the Certificate 1 NAME PARENT1
2 Name of Parent 2 on the Certificate (if listed) 2 NAME PARENT2
3 Date of delivery 3 11223333
4 State file number (see instructions) 4 00000000000000
5 Document control number (see instructions) 5 00000000000000
6 Credit allowed per child 6 2,000
7 Part-year residents and nonresidents: Multiply the amount on line 6 by line 30 of Schedule M1NR. Enter the result here on line 7 and on line 5 of Schedule M1REF. If your Minnesota gross income is less than \$14,575, see instructions; enter the result from step 5 of the worksheet here: 12345 Enter the result from step 6 here and on line 5 of Schedule M1REF 7 12345678

You must include this schedule with your Form M1.