



2024 Form M1, Individual Income Tax

Do not use staples on anything you submit.

YOUR FIRST NAME, IN
Your First Name and Initial

YOUR LAST NAMEXXXXX
Last Name

123456789
Your Social Security Number

123456789
Your Date of Birth (MM/DD/YYYY)

SPOUSE FIRST NAME, IN
If a Joint Return, Spouse's First Name and Initial

SPOUSE LAST NAMEXXX
Spouse's Last Name

123456789
Spouse's Social Security Number

123456789
Spouse's Date of Birth

CURRENT HOME ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Current Home Address

Check if Address is: New Foreign

CITYXXXXXXXXXXXXXXXXXXXX
City

MN 123456789
State ZIP Code

COUNTYXXXXXXXXXXXXXXXXXXXX
County

2024 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 Surviving Spouse

Spouse Name SPOUSE'S NAMEXXXX

Spouse SSN 123456789

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.

99 99
Your Code Spouse's Code
Political Party Code Numbers: Republican 11 Grassroots/Legalize Cannabis 14 Legal Marijuana Now 17
Democratic/Farmer-Labor . . . 12 Libertarian 16 General Campaign Fund 99

From Your Federal Return (see instructions)

1234567891 1234567891 12345678 1234567891
A. Wages, salaries, tips, etc. B. IRA, pensions, and annuities C. Unemployment D. Federal taxable income

1	Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR)	1 ■	12345678
2	Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions)	2 ■	12345678
3	Add lines 1 and 2	3	12345678
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4 ■	12345678
5	Exemptions (from Schedule M1DQC)	5 ■	12345678
6	State income tax refund from line 1 of federal Schedule 1	6 ■	12345678
7	Subtractions from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions)	7 ■	12345678
8	Total subtractions. Add lines 4 through 7	8	12345678
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9	12345678
10	Tax from the table or schedules in the Form M1 instructions	10	12345678
11	Alternative minimum tax (enclose Schedule M1MT)	11 ■	12345678
12	Add lines 10 and 11	12	12345678
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 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR)	13	12345678

13a ■ 12345678 13b ■ 12345678

9995



14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)

(a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS (d) Schedule NIIT **14** ■ 12345678

15 Tax before credits. Add lines 13 and 14 **15** 12345678

16 Amount from line 19 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C) **16** ■ 12345678

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) **17** 12345678

18 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe **18** ■ 12345678

19 Add lines 17 and 18 **19** 12345678

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF **20** ■ 12345678

21 Minnesota estimated tax and extension payments made for 2024 **21** ■ 12345678

22 Amount from line 13 of Schedule M1REF, *Refundable Credits* (see instructions; enclose Schedule M1REF) **22** ■ 12345678

23 Total payments. Add lines 20 through 22 **23** 12345678

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).
For direct deposit, complete line 25 **24** ■ 12345678

25 Direct deposit of your refund (you must use an account not associated with a foreign bank):
 Checking Savings 123456789 12345678901234567
Routing Number Account Number

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) **26** ■ 12345678

27 Penalty amount from Schedule M15 (see instructions). Also subtract
this amount from line 24 or add it to line 26 (enclose Schedule M15) **27** ■ 12345678

28 Penalty and interest (see instructions) **28** ■ 12345678

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 29 and 30.

29 Amount from line 24 you want sent to you **29** ■ 12345678

30 Amount from line 24 you want applied to your 2025 estimated tax **30** ■ 12345678

Taxpayer(s): I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature _____
6515555555
Daytime Phone

Paid Preparer's Signature _____
6515555555
Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly) _____
Date (MM/DD/YYYY) 04/15/2024

YOUR EMAIL ADDRESS XXXXXXXXXXXX
Email Address

04/15/2024 123456789
Date (MM/DD/YYYY) PTIN or VITA/TCE # (required)

PREP EMAIL ADDRESS XXXXXXXXXXXX
Preparer's Email Address

I do not want my paid preparer to file my return electronically. I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer or the third-party designee indicated on my federal return.

I am filing this return for Net Investment Income Tax requirements (see instructions). I authorize the Minnesota Department of Revenue to share necessary return information with MNsure for the purpose of contacting me with information about my estimated eligibility for free or reduced-cost health insurance (see instructions).

Include a copy of your 2024 federal return and schedules.
Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010