



2024 Form M2, Income Tax Return for Estates and Trusts

Do not use staples on anything you submit.

Tax year beginning (MM/DD/YYYY) MM/DD/YYYY, ending (MM/DD/YYYY) MM/DD/YYYY

NAME OF ESTATE OR TRUSTXXXXXXXXX
Name of Estate or Trust
Check if name has changed: [X]
BENEFICIARY NAMEXXXXXXXXXXXXXXXXX
Name and title of fiduciary
Check if address has changed: [X]
FIDUCIARY ADDRESSXXXXXXXXXXXXXXXXX
Current address of fiduciary
DECEDENT ADDRESSXXXXXXXXXXXXXXXXX
Decedent's last address or grantor's address when trust became irrevocable

123456789
Federal ID Number
111223333
Decedent's Social Security Number
CITYXXXXXXXXXXXX
Fiduciary City
CITYXXXXXXXXXXXX
Decedent or Grantor City

123456789
Minnesota ID Number
1234
Number of Schedules KF
MM / DD / YYYY
1234
Date of Death
Number of Beneficiaries
MN
123451234
Fiduciary State
Fiduciary ZIP Code
MN
123451234
Decedent or Grantor State
Decedent or Grantor ZIP

Check all that apply:

- [X] Initial Return [X] Final Return [X] Section 645 Election
[X] Grantor Trust [X] Statutory Resident [X] ESBT
[X] Irrevocable Trust — Date trust became irrevocable 11223333 [X] Statutory Nonresident [X] QSST
[X] Decedent's Estate — Gross value of estate 11122333 [X] Due Process Nonresident (see Schedule M2RT) [X] Trust/Estate Owns or Operates a Business — FEIN 123456789
[X] Form M706 Filed [X] Composite Income Tax
[X] Bankruptcy Estate — Debtor Social Security Number (SSN) 111223333 If filing jointly, second debtor SSN 111223333 [X] Installment sale of pass-through assets or interests [X] Tax Position Disclosure (enclose Form TPD)

Table with 2 columns: Line number and Amount. Rows 1-14 showing tax calculations. Line 1: Federal taxable income 12345678. Line 2: Fiduciary's deductions 12345678. Line 3: Capital gain amount 12345678. Line 4: Additions 12345678. Line 5: Add lines 1 through 4 12345678. Line 6: Subtractions 12345678. Line 7: Fiduciary's income from non-Minnesota sources 12345678. Line 8: Add lines 6 and 7 12345678. Line 9: Minnesota taxable net income 12345678. Line 10: Tax from table in Form M2 instructions 12345678. Line 11: Tax from S portion of an Electing Small Business Trust 12345678. Line 12: Minnesota Net Investment Income Tax 12345678. Line 13: Total of tax from (enclose appropriate schedules): [X] a. Schedule M1LS [X] b. Schedule M2MT 12345678. Line 14: Composite income tax for nonresident beneficiaries 12345678.



- 15 Total 2024 income tax. Add lines 10 through 14 15 ■ 12345678
- 16 Credit for taxes paid to another state 16 ■ 12345678
- 17 Film Production Tax Credit 17 ■ 12345678
Enter the credit certificate number: TAXC - 12345678
- 18 Tax Credit for Owners of Agricultural Assets 18 ■ 12345678
Enter certificate number from the Rural Finance Authority:
AO 12-345678
- 19 State Housing Tax Credit 19 ■ 12345678
Enter certificate number from Minnesota Housing: SHTC 1234-345678
- 20 Short Line Railroad Infrastructure Modernization Credit 20 ■ 12345678
- 21 Credit for Sales of Manufactured Home Parks to Cooperatives 21 ■ 12345678
- 22 Credit for increasing research activities (enclose Schedule KPI, KS, or KF) 22 ■ 12345678
- 23 Other nonrefundable credits (see instructions) 23 ■ 12345678
- 24 Carryover credits from prior years (see instructions) 24 ■ 12345678

D — Name of Credit	E — Certificate Number	F — Unused Credit
d1 12345678	e1 1234567891234	f1 12345678
d2 12345678	e2 1234567891234	f2 12345678
d3 12345678	e3 1234567891234	f3 12345678

- 25 Total nonrefundable credits. Add lines 16 through 24 25 ■ 12345678
- 26 Subtract line 25 from line 15 (if result is zero or less, leave blank) 26 ■ 12345678
- 27 Pass-Through Entity Tax Credit (enclose Schedule KPI, KS, or KF) 27 ■ 12345678
- 28 Minnesota income tax withheld (enclose documentation) 28 ■ 12345678
- 29 Total estimated tax payments and extension payments 29 ■ 12345678
- 30 Credit for Historic Structure Rehabilitation 30 ■ 12345678
Enter National Park Service (NPS) project number: 123456
- 31 Credit for sustainable aviation fuel 31 ■ 12345678
Enter certificate number from the Department of Agriculture 12345678
- 32 Other refundable credits (see instructions) 32 ■ 12345678
- 33 Add lines 27 through 32 33 ■ 12345678
- 34 Tax due. If line 26 is more than line 33, subtract line 33 from line 26 34 ■ 12345678

(continued)



35 Penalty (see instructions) 35 ■ 12345678

36 Interest (see instructions) 36 ■ 12345678

37 Trusts only: Additional charge for underpaying estimated tax (enclose Schedule EST) 37 ■ 12345678

38 AMOUNT DUE. If you entered an amount on line 34, add lines 34 through 37.

Check payment method: check electronic (see instructions) 38 ■ 12345678

39 Overpayment. If line 33 is more than the sum of lines 26 and 35 through 37, subtract lines 26 and 35 through 37 from line 33 39 ■ 12345678

40 If you are paying estimated tax for 2025, enter the amount from line 39 you want applied to it, if any 40 ■ 12345678

41 REFUND. Subtract line 40 from line 39 41 ■ 12345678

42 To have your refund direct deposited, enter the following. Otherwise, you will receive a check.

Checking Savings 123456789 12345678901234567
Routing number Account number (use an account not associated with any foreign banks)

Signature of Fiduciary or Officer Representing Fiduciary	111223333	MM/DD/YYYY	1112233333
PRINT NAME OF CONTACT	Minnesota Tax ID or Social Security Number	Date (MM/DD/YYYY)	Direct Phone
Print Name of Contact	EMAIL ADDRESS FOR	<input checked="" type="checkbox"/> Fiduciary E-mail	<input checked="" type="checkbox"/> Paid Preparer E-mail
Paid Preparer's Signature	E-mail Address for Correspondence, if Desired		
	111223333	MM/DD/YYYY	1112223333
	Preparer's PTIN	Date (MM/DD/YYYY)	Direct Phone

I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.

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

Enclose a copy of federal Form 1041, Schedules K-1, and other federal schedules.

Mail to:
Minnesota Fiduciary Income Tax
Mail Station 1310
600 N. Robert St.
St. Paul, MN 55146-1310



Additions to Income

Table with 3 columns: Line number, Description, and Amount. Rows 43-57 include items like State and municipal bond interest, State taxes, and Net operating loss (NOL) carryover adjustment.

Subtractions from Income

Table with 3 columns: Line number, Description, and Amount. Rows 58-67 include items like Interest on U.S. government bond obligations, State income tax refund, and Federal bonus depreciation.



- 68 Other subtractions (see instructions)..... 68 ■ 12345678
- 69 This line intentionally left blank 69 ■ _____
- 70 This line intentionally left blank 70 ■ _____
- 71 This line intentionally left blank 71 ■ _____
- 72 This line intentionally left blank 72 ■ _____
- 73 Add lines 58 through 72. Enter the result here and on line 76, column E, under Subtractions 73 ■ 12345678

Allocation of Adjustments Between Fiduciary and Beneficiaries (see instructions)

	A Name of each beneficiary	B Beneficiary's Social Security number	C Share of federal distributable net income	D Percent of total on line 76, column C	E Shares assignable to beneficiary and to fiduciary	
					Additions	Subtractions
74	BENEFICIARYNAME	111223333	12345678	123%	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123%	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123%	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123%	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123%	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123%	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123%	12345678	12345678
75	Fiduciary		12345678	123%	12345678	12345678
76	Total		12345678	100%	12345678	12345678

Enclose separate sheet, if needed.