



2017 Form M2, Income Tax Return for Estates and Trusts

Tax year beginning _____, 2017, ending _____
 Name of estate or trust _____ Check if name has changed: Federal ID number _____ Minnesota ID number _____ Number of Schedules KF _____

Name and title of fiduciary _____ Decedent's Social Security number _____ Date of death _____ Number of beneficiaries _____

Current address of fiduciary _____ Check if address has changed: City _____ State _____ ZIP code _____

Decedent's last address or grantor's address when trust became irrevocable _____ City _____ State _____ ZIP code _____

Check all that apply:

- Initial Return
- Final Return
- Irrevocable Trust: Date trust became irrevocable _____
- Grantor Trust
- QSST
- Composite Income tax
- ESBT
- Section 645 Election
- Nonresident
- Bankruptcy Estate: Debtor Social Security number _____
If filing jointly, second debtor SSN _____
- Decedent's Estate: Gross value of estate _____
- Form M706 Filed
- Trust/Estate Owns or Operates a Business: FEIN _____
- Installment sale of pass-through assets or interests

- 1 Federal taxable income (from line 22 of federal Form 1041) 1 ■ _____
- 2 Fiduciary's deductions and losses not allowed by Minnesota (see instructions, page 4) 2 ■ _____
- 3 Capital gain amount of lump-sum distribution (enclose federal Form 4972) 3 ■ _____
- 4 Additions (from line 44, column E, on page 3 of this form) 4 ■ _____
- 5 Add lines 1 through 4 5 ■ _____
- 6 Subtractions (from line 44, column E, on page 3 of this form) 6 ■ _____
- 7 Fiduciary's income from non-Minnesota sources (see instructions, page 4) 7 ■ _____
- 8 Add lines 6 and 7 8 ■ _____
- 9 Minnesota taxable net income. Subtract line 8 from line 5 9 ■ _____
- 10 Tax from table on pages 10 through 13 using the income amount shown on line 9 10 ■ _____
- 11 Tax from S portion of an Electing Small Business Trust (enclose Schedule M2SB) 11 ■ _____
- 12 Total of tax from (enclose appropriate schedules): Schedule M1LS Schedule M2MT 12 ■ _____
- 13 Composite income tax for nonresident beneficiaries (enclose Schedules KF) 13 ■ _____
- 14 Total 2017 income tax. Add lines 10 through 13 14 ■ _____

(continued)





- 15 a. Total estimated tax payments and any extension payment **15a** ■ _____
- b. 2017 Minnesota tax withheld (enclose documentation) **15b** ■ _____
- c. Other refundable credits **15c** ■ _____
- d. Other nonrefundable credits **15d** ■ _____
- Total payments, tax withheld and credits (add lines 15a through 15d) **15** ■ _____
- 16 If line 14 is more than line 15, subtract line 15 from line 14 **16** ■ _____
- 17 Penalty (see instructions, page 5) **17** ■ _____
- 18 Interest (see instructions, page 6) **18** ■ _____
- 19 Trusts only: Additional charge for underpaying estimated tax (enclose Schedule EST) **19** ■ _____
- 20 **AMOUNT DUE.** If you entered an amount on line 16, add lines 16 through 19.
Check payment method: check or electronic (see instructions, page 2) **20** ■ _____
- 21 Overpayment. If line 15 is more than the sum of lines 14
and 19, subtract lines 14 and 19 from line 15 **21** ■ _____
- 22 If you are paying estimated tax for 2018, enter the
amount from line 21 you want applied to it, if any **22** ■ _____
- 23 **REFUND.** Subtract line 22 from line 21 **23** ■ _____

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

| | | |
|--|---|--|
| Account type: | Routing number | Account number (use an account not associated with any foreign banks) |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

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

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

| | | | |
|--|---|------|---|
| Signature of fiduciary or officer representing fiduciary | MN ID or Soc. Sec. number | Date | Daytime phone |
| Print name of contact | E-mail address for correspondence, if desired | | This e-mail address belongs to |
| Paid preparer's signature | MN ID number, SSN or PTIN | Date | Daytime phone |
| | | | <input type="checkbox"/> Fiduciary <input type="checkbox"/> Paid preparer |

Enclose a copy of federal Form 1041, Schedules K-1, and other federal schedules.
 Mail to: Minnesota Fiduciary Income Tax, Mail Station 1310, St. Paul, MN 55145-1310



Adjustments to Income

- 25 State and municipal bond interest from outside Minnesota 25 ■ _____
- 26 State income tax deducted on federal return 26 ■ _____
- 27 Expenses deducted on your federal return that are attributable to income not taxed
by Minnesota (*other than interest or mutual fund dividends from U.S. bonds*) 27 ■ _____
- 28 80 percent of the suspended loss from 2001–2005 or 2008–2016 on your
federal return that was generated by bonus depreciation (*see instructions, page 7*) 28 ■ _____
- 29 80 percent of federal bonus depreciation addition 29 ■ _____
- 30 Fines, fees and penalties deducted federally as a trade or business expense 30 ■ _____
- 31a This line intentionally left blank 31a ■ _____
- 31b Addition due to federal changes
not adopted by Minnesota 31b ■ _____
- 32 Net operating loss (NOL) carryover adjustment 32 ■ _____
- 33 Domestic production activities deduction 33 ■ _____
- 34 Add lines 25 through 33. Enter the result here and on line 45, column E, under Additions 34 ■ _____
- 35 Interest on U.S. government bond obligations, minus any expenses
deducted on your federal return that are attributable to this income 35 ■ _____
- 36 State income tax refund included on federal return 36 ■ _____
- 37 Federal bonus depreciation subtraction (*see instructions, page 8*) 37 ■ _____
- 38a Section 965 Deferred Foreign Income (*see instructions*) 38a ■ _____
- 38b Subtraction due to federal changes
not adopted by Minnesota 38b ■ _____
- 39 Subtraction for prior addback of reacquisition of business indebtedness income 39 ■ _____
- 40 Subtraction for railroad maintenance expenses 40 ■ _____
- 41 Net operating loss carryover adjustment 41 ■ _____
- 42 Add lines 35 through 41. Enter the result here and on line 45, column E, under Subtractions 42 ■ _____

Allocation of Adjustments Between Fiduciary and Beneficiaries (*see instructions, page 9*)

| | A | B | C | D | E | |
|----|--------------------------|--------------------------------------|---|---------------------------------------|---|---------------------------|
| | Name of each beneficiary | Beneficiary's Social Security number | Share of federal distributable net income | Percent of total on line 45, column C | Shares assignable to beneficiary and to fiduciary | Additions Subtractions |
| 43 | | | | % | | |
| | | | | % | | |
| | | | | % | | |
| 44 | Fiduciary | | | % | | |
| 45 | Total | | | 100% | | |

Enclose separate sheet, if needed.