14 16 18 20 22 24 26 28 30

NEAR FINAL DRAFT 8/12/25

34 36 38 40 42 44 46 48 50 52 54 56 58



Amended KF: 🗵

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2025 Schedule KF, Beneficiary's Share of Minnesota Taxable Income

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

Fiduciary: Complete and provide Schedule KF to each estate, trust, or nonresident individual beneficiary with Minnesota source income and any Minnesota beneficiary who has adjustments to income or credits.

13	$\sqcup \sqcup$						13
14							14
15		.223333	123456789	- LID NII.		56789	15
16		iciary's Social Security Number	Estate's or Trust's Feder			a Tax ID Number	16
17		IEFICIARY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ESTATE TRUS Estate's or Trust's Name		<u> </u>		. 17
18		iciary's Name					18
19		EFICIARY ADDRESSXXXXXXXXXXXXXXXXX	FIDUCIARY A	DDRES	SXXXXXXXXX	XXXXXXXXX	19
20		ss of Beneficiary	Address of Fiduciary				20
21		TYXXXXXXXXXXXXX MN 12345	CITYXXXXXXX	XXXXXX		12345	21
22		iciary City State ZIP Code	Fiduciary City		State	ZIP Code	22
23		ılate lines 1–44 the same for all resident and nonresident bene					23
24	bene	ficiaries only. Calculate lines 50-51 for nonresident beneficiarie	es only. Round amount:	s to the ne	arest whole dolla		24
25	Addi	tions to income				Beneficiary: Include on:	25
26					10045670		26
27	1	State and municipal bond interest from outside Minnesota		. 1 🔳	12345678	Line 1, Schedule M1M	27
28	++						28
29	2	State taxes deducted in arriving at net income		2 🔳	12345678	Line 2, Schedule M1MB	29
30	3	Expenses deducted that are attributable to income not taxed by Mi			10045650		30
31	+++	sota (other than interest or mutual fund dividends from U.S. bon		3 🔳	12345678	Line 3, Schedule M1M	31
32	4	80 percent of the suspended loss from 2001–2005 or 2008–2024	4		1001555		32
33	+++	that was generated by bonus depreciation		4 🔳	12345678	Line 4 inst., Sched. M1MB	3 33
34	+++				10045650		34
35	5	80 percent of federal bonus depreciation		5 🔳	12345678	Line 1 inst., Sched. M1MB	3 35
36	6a	Beneficiary's pro rata gross profit from installment sale of pass-t	hrough entities		10045650		36
37	+++	(see instructions)		. 6a ■	12345678	Line 1, Schedule M1AR	37
38	+++				10045670		38
39	6b	Beneficiary's pro rata installment sale income from sales of pass-	-through entities	. 6b ■	12345678	Line 3, Schedule M1AR	39
40		(see instructions)			10045670		40
41	6c	Applicable S corporation's or partnership's apportionment perce	ntage of the year of sale	e 6c ■	12345678	Line 6, Schedule M1AR	41
42		(see instructions)			10045670		42
43	7	Addition due to federal changes not adopted by Minnesota (Scho	edule KFNC, line 31)	. 7 🔳	12345678		43
44					10215670		44
45	8	Net operating loss (NOL) carryover adjustment		8 🔳	12345678	Line 5, Schedule M1MB	45
46					12345678		46
47	9	Foreign derived intangible income (FDII) deduction		9 ■ _	12343070	Line 3, Schedule M1MB	47
48				40 =	12345679	See line 10 instructions	48
49	10	Other additions (see instructions)		10 ■	12343070	See line 10 instructions	49
50	11	Th: 1: :		11 =			50
51	11	This line intentionally left blank		11			51
52	12	This line intentionally left blank		12 ■			52
53	12	This line intentionally left blank		12 =			53
54	12	This lies intrusting ally left blank		13 ■			54
55	13	This line intentionally left blank	• • • • • • • • • • • • • • • • • • • •	15			55
56	14	This line intentionally left blank	 	14 ■			56
57	14	This the intentionally left plank	• • • • • • • • • • • • • • • • • • • •	14			57
58 59	15	This line intentionally left blank	 	15 ■			58
П	13	This the intentionally left plank	• • • • • • • • • • • • • • • • • • • •	15			59
60	+++						60
62						(continued)	61
02			0005			1	62

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12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70

2025 KF, page 2

BENEFICIARY NAMEXXXXXXXXXXXXXXXXXX



6	Beneficiary's Name		Beneficiary's Social Security Number			6
7			2,7,5,5,5,0,5,0,0,1,1,1,1,1,1,1,1,1,1,1,1,1		h al., da a.u.	7
8		tractions from income			nclude on:	- 8
9	16	Interest on U.S. government bond obligations, minus any expenses	16	12345678	Line 14, Schedule M1M	9
11		deducted on the federal return that are attributable to this income	16 ■ _	12313070	Line 14, Schedule MITIVI	10 11
12	47	Charles in Leave Annual front	17 🔳 🔛	12345678	lina C. Faura N41	12
13	17	State income tax refund	······ • • • • • • • • • • • • • • • •	12313070	Line 6, Form IVI1	13
14	18	Federal bonus depreciation subtraction	18 ■	12345678	Line 10, Schedule M1MB	
15	10	rederal bonus depreciation subtraction	18 =		Line 10, Schedule Willwid	15
16	19	Subtraction for railroad maintenance expenses	19 ■	12345678	Line 14, Schedule M1MB	
17		Subtraction due to federal changes not adopted by Minnesota	 1 5 =		Line 14, Schedule Willwid	17
18	20	(Schedule KFNC, line 31, as a positive number)	20 ■	12345678		18
19						19
20	21	Net operating loss (NOL) carryover adjustment	21 ■	12345678	Line 13, Schedule M1MB	
21					20, 301100010 11.11115	21
22	22	Deferred foreign income (section 965)	22	12345678	Line 17, Schedule M1MB	
23	T					23
24	23	Disallowed section 280E expenses of a licensed cannabis or hemp business	23 ■	12345678	Line 16, Schedule M1MB	24
25		Bisdilowed yeer of 2002 expenses of a feetised control of freing susiness			Line 10, Schedule Willwid	25
26	24	Delayed business interest	24 ■	12345678	Line 18, Schedule M1MB	26
27					Zine 10, Sorieddie Willia	27
28	25	Employee Retention Credit subtraction	25 ■	12345678	Line 21, Schedule M1MB	28
29						29
30	26	Other subtractions (see instructions)	26 ■	12345678	See line 25 instructions	30
31						31
32	27	This line intentionally left blank	27			32
33						33
34	28	This line intentionally left blank	28 ■			34
35						35
36	29	This line intentionally left blank	29 ■			36
37						37
38	30	This line intentionally left blank	30 ■			38
39		ustments to Net Investment Income				39
40		Beneficiary's pro rata share of a net gain relating to dispositions of Class 2a prop	oerty 31 🔳	12345678	Line 2, Schedule NIIT	_40
41	Ш					41
42	32	Beneficiary's pro rata share of deductions and modifications relating to line 30.	32 ■	12345678	Line 7, Schedule NIIT	42
43						43
44	Crec	lits (you must enclose this schedule with your Form M1 if claiming a credit)			Include on:	44
45	33	Any Minnesota income tax withholding credit received by the fiduciary	33 ■	12345678	Line 3, Schedule M1W	45
46				10045650		46
47	34	Credit for increasing research activities	34 ■	12345678 _L	ine 16 inst., Schedule M1	C 47
48	$+\!+\!+$			10045670		_48
49	35	Film Production Tax Credit	35 ■	12345678	Line 11, Schedule M1C	49
50		Enter the credit certificate number: TAXC - 12345678		12345678		50
51	36	Tax Credit for Owners of Agricultural Assets	36 ■	1476/0	Line 12, Schedule M1C	51
52	+	Enter the certificate number from the certificate				52
53	+++	you received from the Rural Finance Authority: AO $\frac{12}{-123456}$		10045670		53
54	37	State Housing Tax Credit	37 ■	12345678	Line 15, Schedule M1C	54
55	+++	Enter certificate number from Minnesota Housing: SHTC 1234 - 123456		10045070		55
56	38	Short Line Railroad Infrastructure Modernization Credit	38 ■	12345678	Line 14, Schedule M1C	
57	+++	Enter certificate number from the certificate you received	78			57
58	+++	from the Minnesota Department of Transportation: MN-SLR-1234-3456		12345678		58
59	39	Credit for Sales of Manufactured Home Parks to Cooperatives	39 ■	17747010	Line 13, Schedule M1C	59
60	+++			+++++++++++++++++++++++++++++++++++++++	(continued)	60
61	1			+++++++++++++++++++++++++++++++++++++++		61

6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 82 84

BENEFICIARY NAMEXXXXXXXXXXXXXXXXXXX

22 24 26 28 30

32 34 36

38 40

42 44 46

48 50

52 54 56



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7	Bene	Beneficiary's Name Beneficia		ciary's Social Security Number			
8					8	3	
9	40	Carryover credits from prior years (see instructions)	40 ■	12345678	Line 17, Schedule M1C)	
10		D — Name of Credit	Remaining Years			10 11	
12		b Name of Clear L Certificate Number 1 Office Crear	itemaning rear.			12	
13		d1 12345678 e1 1234567891 f1 12345678 g1	12345678	3		13	
14					1	14	
15	Ш	d2 12345678 e2 1234567891 f2 12345678 g2	12345678	3	1	15	
16	Ш				1	16	
17		d3 12345678 e3 1234567891 f3 12345678 g3 _	12345678	3	1	17	
18				10045670		18	
19	41	Credit for Sustainable Aviation Fuel	41 ■	12345678	Line 12, Schedule M1REF	19	
20		Enter ter timeate named from the Bepartment of Agriculture.		12345678		20	
21	42	Credit for historic structure rehabilitation	42 ■	12345678	Line 7, Schedule M1REF 2	21	
22		114.15.141.15.161.155.161.155.161.155.16		12345678	2	22	
23	43	Pass-Through Entity Tax Credit	43 ■	12343070	Line 10, Schedule M1REF 2	23	
25	44	Minnesota backup withholding	44 🔳	12345678	Line 3, Schedule M1W 2	24	
26	77	withinesota backup withinologing	11 11 1	12010070	Lille 3, Schedule MIV 2	26	
27	Esta	e, trust, and nonresident individual beneficiaries			Include on Schedule 2	27	
28		nesota portion of amounts from federal Schedule K-1 (1041)			A SA AND LANGE DOLLAR	28	
29	45	Capital gain or loss on Minnesota real property	45 🔳	12345678	Line 4 2		
30						30	
31	46	a Business income or loss			3	31	
32		b Income from Minnesota rents, royalties, part-			3	32	
33	Ш	nerships, S corporations, estates and trusts b ■ 12345678			3	33	
34	Ш				3	34	
35		c Farm income or loss c ■ 12345678			3	35	
36				10015550	3	36	
37		Total (add lines 46a, 46b, 46c)	46 ■	12345678	Line 6 3	37	
38	47	Interest and dividend income derived from a trade or business		10045670	3	38	
39		(S corporations and partnerships) that is assignable to Minnesota	47 ■	12345678	Line 2 3	39	
40				10045670		40	
41	48	Other income	48 ■	12345678	Line 8 4	41	
42	40	Minnesota source grass income from this fiducioni		12345678	4	12	
43	49	Minnesota source gross income from this fiduciary	49 ■	12313070	,0	43 44	
45	Non	resident beneficiaries				45	
46		posite income tax for electing nonresident beneficiaries				46	
47	50	Minnesota source distributive income from this fiduciary	50 ■	12345678		47	
48	51	Minnesota composite income tax paid by fiduciary.				48	
49		If the beneficiary elected composite income tax, check this box X	51 🔳 🔔	12345678		49	
50	Ш					50	
51	Ш				5	51	
52		ciary: Enclose this schedule and copies of all Schedules KF and federal Schedules K-1	l with your Form	M2.	5	52	
53	Bene	ficiary: See instructions. Include this schedule when you file your Form M1.			5	53	
54	+				5	54	
55	+				5	55	
56							

6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 82 84 8