



## **2025** Schedule M1MT, Alternative Minimum Tax

| Your First Name and Initial   |   | Last           | Name                   |  | Social Security Number |
|---|---|----------------|------------------------|--|------------------------|
| Before you complete this schedule, read the instructions on the next page.  Round amounts to the nearest whole do |   |                |                        |  |                        |
| 1   | Federal adjusted gross income (from line 1 of Form M1)  |                |                        |  | 1                      |
| 2   | 2 Other adjustments and preferences from federal Form 6251 (see instructions)   |                |                        |  |                        |
| 3   | Federal nonconformity adjustments to Minnesota Alternative Minimum Tax  |                |                        |  |                        |
| 4   | Other additions from Schedule M1MB (see instructions)   |                |                        |  |                        |
| 5   | State and municipal bond interest from outside Minnesota (determine from worksheet in instructions)                   |                |                        |  |                        |
| 6   | Intangible drilling costs (determine from instructions)   |                |                        |  |                        |
| 7   | Depletion (determine from instructions)   |                |                        |  | 7                      |
| 8   | Add lines 1 through 7   |                |                        |  | 8                      |
| 9   | Medical and dental expense deduction (from line 4 of Schedule M1SA)   |                |                        |  |                        |
| 10  | Investment interest expense (from line 13 of Schedule M1SA)   |                |                        |  |                        |
| 11  |   |                |                        |  |                        |
| 12  | Casualty and theft losses (from line 19 of Schedule M1SA)   |                |                        |  |                        |
| 13  | Impairment-related work expenses of a person with a disability (included on line 24 of Schedule M1SA)                 |                |                        |  |                        |
| 14  | Unreimbursed employee business expenses (from line 23 of Schedule M1SA) 14  |                |                        |  |                        |
| 15  | State income tax refund (from line 1 of federal Schedule 1)   |                |                        |  |                        |
| 16<br>17  | ,   |                |                        |  |                        |
| 18  | (from line 14 of Schedule M1M)  |                |                        |  |                        |
| 19  | Add lines 9 through 18  |                |                        |  | 19                     |
|   | Subtract line 19 from line 8  | enter          | \$95,300<br>\$47,660   |  | 20                     |
| 22  | If Single or Head of Household:   | enter          |                        |  | 21                     |
| 22  | If Married Filing Jointly or Qualifying Surviving Spouse: If Married Filing Separately:                               | enter<br>enter | \$150,000<br>\$ 75,000 |  |                        |
|   | If Single or Head of Household:   | enter          | \$112,500              |  | 22                     |
| 23  | Subtract line 22 from line 20 (if zero or less, enter 0)  |                |                        |  |                        |
| 24  | Multiply line 23 by 25% (.25)   |                |                        |  |                        |
| 25  | Subtract line 24 from line 21 (if zero or less, enter 0)  |                |                        |  |                        |
| 26  | Subtract line 25 from line 20   |                |                        |  | 26                     |
| 27  | Multiply line 26 by 6.75% (.0675)   |                |                        |  | 27                     |
| 28  | Tax from the table (from line 10 of Form M1)  |                |                        |  |                        |
| 29  | If line 27 is more than line 28, you must pay Minnesota alter the result here and on line 11 of Form M1. (If line 28) |                |                        |  |                        |

Include this schedule and a copy of federal Form 6251 when you file your Form M1.