



2025 Schedule M1NR, Nonresidents/Part-Year ResidentsBefore you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

Your First Name and Initial		Your Last Name		Your Social Security Number	
Spou	se's First Name and Initial	Spouse's Last Name		Spouse's S	Social Security Number
Resid	lency (Place an X in one box and ent	er other state of residency)			
You:	Full-year Nonresident	Part-Year Resident from(MM/DD/YYYY	toto State (MM/DD/YYYY)	of Residency:	
Your		Part-Year Resident from (MM/DD/YYYY		of Residency:	
				A. Total Amount	B. Minnesota Portion
1	Wages, salaries, tips, etc. (from	line 1z of federal Form 1040 or 1040-S	SR) 1		
2	Taxable interest and ordinary d	vidend income (lines 2b and 3b of For	m 1040 or 1040-SR) 2		
3	Business income or loss (from la	ne 3 of federal Schedule 1)	3		
4	Capital gain or loss (from line 7	of Form 1040 or 1040-SR)	4		
5 6	Net income from rents, royaltie	annuities (from lines 4b and 5b of Fors, partnerships, S corporations, of federal Schedule 1)			
7 8 9	Other income (add lines 6b of F lines 1, 2a, 4, 7, and 9 of federa Interest and dividends from no	6 of federal Schedule 1)orm 1040 or 1040-SR and I Schedule 1) n-Minnesota state or municipal bonds	8		
					_
10	Bonus depreciation addition fro	om line 1 of Schedule M1MB	10 =		
11	If you entered an amount on lir	e 10 of Schedule M1REF, see instruction	ons		.
12	Suspended loss from line 4 of S	chedule M1MB	12 🔳		-
13	Other required adjustments fro	m Schedules M1M, M1MB, and M1AR	(see instructions) 13		•
14	Other adjustments from Schedu	ale M1NC (see instructions)	14 🔳		.
15	Add lines 1 through 14 for each	column	15 🔳		.
If yo	ur Minnesota gross income is bo	elow \$14,950 see instructions.			
-	•	ness expenses, and Armed Forces mo	ving expenses		
		eral Schedule 1)			
17		qualified plans and IRA deduction			
	(add lines 16 and 20 of federal s	Schedule 1)			
18	Health savings account and Arc				
	(add lines 13 and 23 of federal s	Schedule 1)			
19	One-half of self-employment ta	x and self-employed health insurance			
	(add lines 15 and 17 of federal s	Schedule 1)	19		
20	Deductions for alimony paid an (see instructions for line 20, cold	d student loan interest umn B)	20		

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21	Penalty on early withdrawal of savings (from line 18 of federal Schedule 1) 21	-	
22	Other subtractions from Schedule M1MB (see instructions)		
23	This line intentionally left blank		
	Subtraction for federal bonus depreciation from line 10 of Schedule M1MB		
26	This line intentionally left blank	_	
	Add lines 16 through 26 for each column	_	
	M1. If your Minnesota gross income is below \$14,950 or the result is zero or less, enter 0	28	
30	Enter the result here and on line 13b of Form M1	-	
	places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0	30	
31	Amount from line 12 of Form M1	31	
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	32	

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.