DEPARTMENT OF REVENUE

* 2 5 5 2 1 1 *

2025 Form M1PR, Homestead Credit Refund

Your First Name and Initial	Last Name	Your Social Security Number	Your Date of Birth (MM/DD/YYYY)
YOUR FIRST NAME,INIT	YOUR LAST NAMEXXX	999999999	01/01/1111
If a Joint Return, Spouse's First Name and Initial	**Spouse's Last Name**	**Spouse's Social Security Number**	**Spouse's Date of Birth**
SPOUSE FIRST NAME,IN	SPOUSE LAST NAMEX	999999999	02/02/2222

Current Home Address: CURRENT HOME ADDRESSXXXXXXXXXXXXXXXXXXXX

Check if Address is: New X Foreign X

City	State	ZIP Code	
CITYXXXXXXXXXXXXXXXXXX	XX	12345	**Check if Mobile Home Owner** X

Property ID Number: 11111222222233333333

County where property is located: COUNTYXXXXXXXXXXXXXXXXXXXX

State Elections Campaign Fund: To grant $5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Your Code	Spouse's Code
99	99

Political Party Code Numbers:

Republican 11	Grassroots/Legalize Cannabis 14	Legal Marijuana Now 17	General Campaign Fund 99
Democratic/Farmer-Labor . . . 12	Libertarian 16	Independence-Alliance Party of Minnesota 18	

1	**Federal adjusted gross income** *(from Line 1 of Form M1, see instructions if you did not file Form M1)*	1 ■	12345678
2	**Nontaxable Social Security** and/or Railroad Retirement Board benefits *(see instructions)*	2 ■	12345678
3	Deduction for contributions to a qualified retirement plan on federal Schedule 1 *(see instructions)*	3 ■	12345678
4	Total government assistance payments *(see instructions)*	4 ■	12345678
5	Co-occupant Income *(from line 13 of Worksheet 5 - Co-occupant Income. If negative, enter as a negative)*	5 ■	12345678
6	**Additional Nontaxable Income.** Add the amounts on column B below *(see instructions)*	6	12345678

A — Type of Income	B — Income Amount
a1 INCOMETYPEXXXXXXXXXX	b1 12345678
a2 INCOMETYPEXXXXXXXXXX	b2 12345678
a3 INCOMETYPEXXXXXXXXXX	b3 12345678

7	Add lines 1 through 6	7	12345678
8	Subtraction for 65 or older *(born before January 2, 1961)* or disabled: If you (or your spouse if filing a joint return) are age 65 or older or are disabled, enter $5,200:	8 ■	12345678

Check the box if you or your spouse are: X A) 65 or Older X (B) Disabled

9	Dependent Subtraction: Enter your subtraction for dependents *(use worksheet in instructions)*	9 ■	12345678

Number of dependents: 12

Names and Social Security numbers: NAMESSNXXXXXXXXXXXXXXXXXXXXXXXXXXXX

10	Retirement Account Subtraction *(see instructions)*	10 ■	12345678
11	Total other subtractions *(see instructions)*	11 ■	12345678

Subtraction type SUBTRACTION TYPE XXXXXXXXXXXXXXXXXXXXXXXXXX

12	Add lines 8 through 11	12	12345678

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13	Subtract line 12 from line 7	**13**	12345678
14	Property tax from line 1 of Statement of Property Taxes Payable in **2026**	**14** ■	12345678
15	**If claiming the special refund**, enter amount from line 13 of Schedule M1PR-SR *(see instructions)*	**15** ■	12345678
16	Subtract line 15 from line 14 *(if result is zero or less, leave blank)*	**16**	12345678
17	**Homestead Credit Refund** *(see instructions)*	**17**	12345678
18	Add lines 15 and 17	**18** ■	12345678
19	Nongame Wildlife Fund contribution. Your refund will be reduced by this amount	**19** ■	12345678
20	**Your Refund.** Subtract line 19 from line 18. Continue to line 21	**20** ■	12345678

21 Direct deposit of your refund *(you must use an account not associated with a foreign bank):*

[X] **Checking** [X] **Savings**

123456789123456789 **Routing Number**

123456789012345678 9 **Account Number**

Taxpayer: I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature	**Spouse's Signature (If Filing Jointly)**	1/22/3333 **Date (MM/DD/YYYY)**	234567891 **Daytime Phone**
Paid Preparer's Signature	1/22/3333 **Date (MM/DD/YYYY)**	112223333 **PTIN or VITA/TCE # (required)**	234567891 **Preparer's Daytime Phone**

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

Mail to: Minnesota Property Tax Refund, Mail Station 0020, 600 Robert St. N., St. Paul, MN 55146-0020