NEAR FINAL DRAFT — 8/12/25



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## 2025 Schedule M1PSC, Credit for Parents of Stillborn Children

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

- You experienced the birth of a stillborn child in 2025
- You received a Certificate of Birth Resulting in Stillbirth from Minnesota
  The child would have been your dependent in 2025 if they had not been

12	•	The child would have been your dependent in 2025 if they had not been stillborn		12
13	Ш			13
14	Ш			14
15	FI	RST NAME, INITXXXXXXXXXXXXX YOUR LAST NAMEXXXXXXXXX	999999999	15
16	You	r First Name and Initial Last Name	Social Security Numb	er 16
17				
18	1	Did you experience the birth of a stillborn child in 2025?	Yes	X No X
19	П	(If you answered no, STOP HERE. You do not qualify for this credit.)		19
20	F	B Do you have a Certificate of Birth Resulting in Stillbirth from the Minnesota Department of Health?	Yes	
21	П	(If you answered no, but experienced the birth of a stillborn child in Minnesota in 2025, see instructi	ions.)	21
22	(	Would you have claimed the child as your dependent in 2025 had the child not been stillborn?	Yes	
23	П	(If you answered no, STOP HERE. You do not qualify for this credit.)		23
24	П	The you allowered no, 3101 Hene. Too do not qualify for this credit.		24
25		or lines 1 through 8, enter the following information found on the Certificate of Birth Resulting in Sti	illhirth If you have a	
26		Resulting in Stillbirth for more than one child in 2025, complete a separate schedule for each child an		
27	П		ia iliciade trici your	27
28	1	Name of Parent 1 on the Certificate	<b>-</b> N	AME PARENT1 28
29	\\	Name of Parchit I on the Certificate		29
30	1	P. Name of Parent 2 on the Certificate (if listed)	<b>_</b>	AME PARENT2 30
31	1	. Name of Parent 2 on the Certificate (IJ IISTED)		31
32	1 2	Name of Stillborn Child on the Certificate (if listed)	■ NAME O	F STILLBORN 32
33	13	Name of Stillboth Child of the Certificate (1) Ilsted)		22
34		Date of delivery		11223333 34
35	Ħ,			25
36	c	State file number (see instructions)	- 000	0000000000
37		State the number [see instructions].		
38	c	Document control number (see instructions)	- 000	00000000000
39		Document control number (see instructions)		39
40	17	Credit allowed per child		2,000 40
41	<b>'</b>	Full-year residents: Include this amount on line 5 of Schedule M1REF and stop here.		41
42	S	Part-year residents and nonresidents: Multiply the amount on line 7 by line 30		42
43		of Schedule M1NR. Enter the result here on line 8 ala 2 and 4 ise 5 of Schedule M1REF.		43
44	$^{\dagger}$	If your Minnesota gross income is less than \$14,950, see instructions;		44
45	$^{\dagger}$	enter the result from step 5 of the worksheet here:		45
46	$^{\dagger\dagger}$	Enter the result from step 6 here and on line 5 of Schedule M1REF		12345678 46
47	$\dagger$	enter the result from step of here and on fine 9 of soffeddie William 1		47
48	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ou must include this schedule with your Form M1.		48
49	Ħ.			
50	$\dagger \dagger$			50
51	$\dagger$			50
52	$\dagger$			51
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62	Ħ	<b>_</b> 9995		62
4		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 7	0 72 74 76 78 80 82
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