DEPARTMENT OF REVENUE

NEAR FINAL DRAFT 8/12/25

2025 Form M2X, Amended Income Tax Return for Estates and Trusts

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

Name of Estate or Trust (Check if name has changed: X)	Federal ID Number	Minnesota Tax ID Number	Number of Schedules KF
NAME OF ESTATE OR TRUST	123456789	123456789	12
Name and Title of Fiduciary	**Decedent's Social Security Number**	**Date of Death**	**Number of Beneficiaries**
BENEFICIARY NAMEXXXXXXXXXXXXXXX	111223333	123456789	12
Current Address of Fiduciary	**Fiduciary City**	**Fiduciary State**	**Fiduciary ZIP Code**
FIDUCIARY ADDRESSXXXXXXXXXXXXXX	CITYXXXXXXXXXXXX	MN	12345
Decedent's Last Address or Grantor's Address When Trust Became Irrevocable	**Decedent or Grantor City**	**Decedent or Grantor State**	**Decedent or Grantor ZIP**
DECEDENT ADDRESSXXXXXXXXXXXXXX	CITYXXXXXXXXXXXX	MN	12345

Check all that apply:

X Composite Income Tax X Installment Sale of Pass-through Assets or Interests X Tax Position Disclosure (enclose Form TPD)

Check reason you are amending:

X Amended Federal Return X IRS Adjustment X Changes Affect Schedules KF X Court Case

X Net Operating Loss Carried Back From Tax Year Ending (MM/DD/YYYY) MM/DD/YYYY X Other – OTHER NOTE

			A—As previously reported	B—Net change	C—Corrected amount
1	Federal taxable income *(from federal Form 1041)*	1	12345678	12345678	12345678
2	Deductions and losses not allowed *(enclose Schedule M2NM)*	2	12345678	12345678	12345678
3	Capital gain amount of lump-sum distribution	3	12345678	12345678	12345678
4	Additions *(from line 78, column E of this form)*	4	12345678	12345678	12345678
5	Add lines 1 through 4	5	12345678	12345678	12345678
6	Subtractions *(from line 78, column E of this form)*	6	12345678	12345678	12345678
7	Fiduciary's income from non-Minnesota sources (*enclose Schedule M2NM)*	7	12345678	12345678	12345678
8	Add lines 6 and 7	8	12345678	12345678	12345678
9	Minnesota taxable net income *(subtract line 8 from line 5)*	9	12345678	12345678	12345678
10	Tax from table in Form M2 instructions	10	12345678	12345678	12345678
11	Tax from S portion of ESBT (from Schedule M2SB)	11	12345678	12345678	12345678
12	Minnesota Net Investment Income Tax *(enclose Schedule NIIT)*	12	12345678	12345678	12345678
13	Total of tax from *(enclose appropriate schedules)*: X Schedule M1LS X Schedule M2MT	13	12345678	12345678	12345678
14	Composite income tax for nonresidents *(enclose Schedules KF)*	14	12345678	12345678	12345678
15	Total income tax *(add lines 10 through 14)*	15	12345678	12345678	12345678
16	Credit for taxes paid to another state	16	12345678	12345678	12345678
17	Film Production Tax Credit	17	12345678	12345678	12345678

Credit certificate number: TAXC - 12345678

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18 Tax Credit for Owners of Agricultural Assets ..... **18** 12345678 | 12345678 | 12345678

Certificate number from Rural Finance Authority: AO 12- 345678

19 State Housing Tax Credit ..... **19** 12345678 | 12345678 | 12345678

Enter certificate number from Minnesota Housing: SHTC 1234 - 345678

20 Short Line Railroad Infrastructure Modernization Credit ..... **20** 12345678 | 12345678 | 12345678

Enter certificate number from the certificate you received from the Minnesota Department of Transportation: MN-SLR- 1234- 345678

21 Credit for Sales of Manufactured Home Parks to Cooperatives ..... **21** 12345678 | 12345678 | 12345678

22 d. Nonrefundable Credit for Increasing Research Activities ..... **22d** 12345678 | 12345678 | 12345678

(see instructions; enclose Schedule KPI, KS, or KF)

e. Unused current-year nonrefundable credit **22e** 12345678

f. Current-year credit carryover **22f** 12345678

23 Other nonrefundable credits (see instructions) ..... **23** 12345678 | 12345678 | 12345678

24 Carryover credits from prior years *(see instructions)* ..... **24** 12345678 | 12345678 | 12345678

	D — Name of Credit	E — Certificate Number	F — Unused Credit
d1	12345678910	e1 12345678910	f1 12345678910
d2	12345678910	e2 12345678910	f2 12345678910
d3	12345678910	e3 12345678910	f3 12345678910

25 Total nonrefundable credits. Add lines 16 through 21, 22d, 23, and 24 . **25** 12345678 | 12345678 | 12345678

26 Subtract line 25 from line 15 *(if result is zero or less, leave blank)* ..... **26** 12345678 | 12345678 | 12345678

27 Pass-through Entity Tax Credit *(enclose Schedule KPI, KS, or KF)* ..... **27** 12345678 | 12345678 | 12345678

28 **Minnesota income tax withheld** *(enclose documentation)* ..... **28** 12345678 | 12345678 | 12345678

29 Total estimated tax payments and any extension payments ..... **29** 12345678 | 12345678 | 12345678

30 Credit for Historic Structure Rehabilitation *(enclose certificate)* ..... **30** 12345678 | 12345678 | 12345678

Enter National Park Service (NPS) project number: 123456

31 Credit for sustainable aviation fuel ..... **31** 12345678 | 12345678 | 12345678

Enter certificate number from the Department of Agriculture 123456789

32 Refundable Credit for Increasing Research Activities ..... **32** 12345678 | 12345678 | 12345678

If you are electing a refundable portion of this credit, check this box [X]

33 Other refundable credits *(see instructions)* ..... **33** 12345678 | 12345678 | 12345678

34 Amount due from original Form M2, line 35 *(see instructions)* **34** 12345678

35 Total refundable credits and tax paid *(add lines 27c through 33c and line 34)* **35** 12345678

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Line	Description		Amount
36	Refund amount from original Form M2, line 40 *(see instructions)*	36 ■	12345678
37	Subtract line 36 from line 35 (if result is less than zero, enter the amount as a negative)	37 ■	12345678
38	Tax you owe. If line 26c is more than line 37, subtract line 37 from line 26c. (if line 37 is a negative amount, see instructions)	38 ■	12345678
39	If you failed to timely report federal changes or the IRS assessed a penalty *(see instructions)*	39 ■	12345678
40	Add lines 38 and 39.	40 ■	12345678
41	Interest *(see instructions)*	41 ■	12345678
42	**AMOUNT DUE** *(add lines 40 and 41)*. Payment method: [X] Electronic [X] Check *(attach voucher)*	42 ■	12345678
43	**REFUND DUE** *(if line 37 is more than lines 26c, 39, and 41, subtract lines 26c, 39, and 41 from line 37)*	43 ■	12345678

44 To have your refund direct deposited, enter the following. Otherwise, you will receive a check.

[X] Checking [X] Savings

Routing number: 123456789123456789

Account number (use an account not associated with any foreign banks): 12345678901234567890123456789 01

Signature of Fiduciary or Officer Representing Fiduciary:	Minnesota Tax ID or Social Security Number: 111223333	Date (MM/DD/YYYY): MM/DD/YYYY	Direct Phone: 1112233333
Print Name of Contact: PRINT NAME	E-mail Address for Correspondence, if Desired: EMAIL ADDRESS	[X] Fiduciary E-mail	[X] Paid Preparer E-mail
Paid Preparer's Signature:	Preparer's PTIN: 111223333	Date (MM/DD/YYYY): MM/DD/YYYY	Direct Phone: 1112233333

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

EXPLANATION OF CHANGE—Explain each change in detail in the space provided below. Use a separate sheet, if needed. If the changes involve items requiring supporting information, be sure to attach the appropriate schedule, statement or form to Form M2X to verify the correct amount.

EXPLANATION OF CHANGE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXX XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX

Mail to: Minnesota Amended Fiduciary Tax,
Mail Station 1310, 600 N. Robert St., St. Paul, MN 55146-1310

252941

		A—As previously reported	B—Net change	C—Corrected amount
Additions to Income				
45 State and municipal bond interest from outside Minnesota	**45**	12345678	12345678	12345678
46 State taxes deducted in arriving at net income	**46**	12345678	12345678	12345678
47 Expenses deducted on your federal return that are attributable to income not taxed by Minnesota *(other than U.S. bond interest)*	**47**	12345678	12345678	12345678
48 80 percent of suspended loss from 2001-2005 or 2008-2024 on federal return generated by bonus depreciation	**48**	12345678	12345678	12345678
49 80 percent of federal bonus depreciation	**49**	12345678	12345678	12345678
50 Section 199A qualified business income	**50**	12345678	12345678	12345678
51 Addition due to federal changes not adopted by Minnesota *(Schedule M2NC, line 31)*	**51**	12345678	12345678	12345678
52 Net operating loss carryover adjustment	**52**	12345678	12345678	12345678
53 Foreign derived intangible income (FDII) deduction	**53**	12345678	12345678	12345678
54 Other additions *(see instructions)*	**54**	12345678	12345678	12345678
55 This line intentionally left blank	**55**			
56 This line intentionally left blank	**56**			
57 This line intentionally left blank	**57**			
58 This line intentionally left blank	**58**			
59 Add lines 45 through 58. Also enter the amount from line 59C on line 79, column E, under Additions	**59**	12345678	12345678	12345678
Subtractions from Income				
60 Interest on U.S. government bond obligations, minus expenses deducted on federal return that are attributable to this income	**60**	12345678	12345678	12345678
61 State income tax refund included on federal return	**61**	12345678	12345678	12345678
62 Federal bonus depreciation subtraction	**62**	12345678	12345678	12345678
63 Subtraction due to federal changes not adopted by Minnesota *(Schedule M2NC, line 31, as a positive number)*	**63**	12345678	12345678	12345678
64 Subtraction for railroad maintenance expenses	**64**	12345678	12345678	12345678
65 Net operating loss carryover adjustment	**65**	12345678	12345678	12345678
66 Deferred foreign income (section 965)	**66**	12345678	12345678	12345678
67 Disallowed section 280E expenses of a licensed cannabis or hemp business	**67**	12345678	12345678	12345678
68 Delayed business interest	**68**	12345678	12345678	12345678

69	Delayed net operating loss deduction	69	12345678	12345678	12345678
70	Employee Retention Credit subtraction	70	12345678	12345678	12345678
71	Other subtractions *(see instructions)*	71	12345678	12345678	12345678
72	This line intentionally left blank	72	12345678	12345678	12345678
73	This line intentionally left blank	73	12345678	12345678	12345678
74	This line intentionally left blank	74			
75	This line intentionally left blank	75			
76	Add lines 60 through 75. Also enter the amount from line 76C on line 79, column E, under Subtractions	76	12345678	12345678	12345678

	A Name of each beneficiary	B Beneficiary's Social Security number	C Share of federal distributable net income	D Percent of total on line 79, column C	E Shares assignable to beneficiary and to fiduciary Additions	E Subtractions
77	BENEFICIARYNAME	111223333	12345678	123 %	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123 %	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123 %	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123 %	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123 %	12345678	12345678
78	Fiduciary		12345678	123 %	12345678	12345678
79	**Total**		12345678	**100%**	12345678	12345678