



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

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

Name of Estate or Trust	Check if name has changed: <input type="checkbox"/>	Federal ID Number	Minnesota Tax ID Number	Number of Schedules KF
Name and Title of Fiduciary		Decedent's Social Security Number	Date of Death	Number of Beneficiaries
Current Address of Fiduciary		Fiduciary City	Fiduciary State	Fiduciary ZIP Code
Decedent's Last Address or Grantor's Address When Trust Became Irrevocable		Decedent or Grantor City	Decedent or Grantor State	Decedent or Grantor ZIP

**Check all that apply:**

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

**Check reason you are amending:**

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

☐ Net Operating Loss Carried Back From Tax Year Ending (MM/DD/YYYY) \_\_\_\_\_      ☐ Other — \_\_\_\_\_

A—As previously reported      B—Net change      C—Corrected amount

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

Credit certificate number: TAXC - \_\_\_\_\_



<b>18</b>	Tax Credit for Owners of Agricultural Assets . . . . .	<b>18</b>	■		■	
	Certificate number from Rural Finance Authority: AO ____ - ____					
<b>19</b>	State Housing Tax Credit . . . . .	<b>19</b>	■		■	
	Enter certificate number from Minnesota Housing: SHTC ____ - ____					
<b>20</b>	Short Line Railroad Infrastructure Modernization Credit . . . . .	<b>20</b>	■		■	
	Enter certificate number from the certificate you received from the Minnesota Department of Transportation: MN-SLR- ____ - ____					
<b>21</b>	Credit for Sales of Manufactured Home Parks to Cooperatives . . . . .	<b>21</b>	■		■	
<b>22</b>	d. Nonrefundable Credit for Increasing Research Activities . . . . .	<b>22d</b>	■		■	
	(see instructions; enclose Schedule KPI, KS, or KF)					
	e. Unused current-year nonrefundable credit . . . . .	<b>22e</b>	■			
	f. Current-year credit carryover . . . . .	<b>22f</b>	■			
<b>23</b>	Other nonrefundable credits (see instructions) . . . . .	<b>23</b>	■		■	
<b>24</b>	Carryover credits from prior years (see instructions) . . . . .	<b>24</b>	■		■	
	<b>D — Name of Credit</b> <b>E — Certificate Number</b> <b>F — Unused Credit</b>					
	d1 _____ e1 _____ f1 _____					
	d2 _____ e2 _____ f2 _____					
	d3 _____ e3 _____ f3 _____					
<b>25</b>	Total nonrefundable credits. Add lines 16 through 21, 22d, 23, and 24 .	<b>25</b>	■		■	
<b>26</b>	Subtract line 25 from line 15 (if result is zero or less, leave blank) . . . . .	<b>26</b>	■		■	
<b>27</b>	Pass-through Entity Tax Credit (enclose Schedule KPI, KS, or KF) . . . . .	<b>27</b>	■		■	
<b>28</b>	Minnesota income tax withheld (enclose documentation) . . . . .	<b>28</b>	■		■	
<b>29</b>	Total estimated tax payments and any extension payments . . . . .	<b>29</b>	■		■	
<b>30</b>	Credit for Historic Structure Rehabilitation (enclose certificate) . . . . .	<b>30</b>	■		■	
	Enter National Park Service (NPS) project number: _____					
<b>31</b>	Credit for sustainable aviation fuel . . . . .	<b>31</b>	■		■	
	Enter certificate number from the Department of Agriculture _____					
<b>32</b>	Refundable Credit for Increasing Research Activities . . . . .	<b>32</b>	■		■	
	If you are electing a refundable portion of this credit, check this box <input type="checkbox"/>					
<b>33</b>	Other refundable credits (see instructions) . . . . .	<b>33</b>	■		■	
<b>34</b>	Amount due from original Form M2, line 35 (see instructions) . . . . .	<b>34</b>	■			
<b>35</b>	Total refundable credits and tax paid (add lines 27c through 33c and line 34) . . . . .	<b>35</b>	■			



- 36** Refund amount from original Form M2, line 40 (*see instructions*) ..... **36** ■ \_\_\_\_\_
- 37** Subtract line 36 from line 35 (if result is less than zero, enter the amount as a negative) ..... **37** ■ \_\_\_\_\_
- 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** ■ \_\_\_\_\_
- 39** If you failed to timely report federal changes or the IRS assessed a penalty (*see instructions*) ..... **39** ■ \_\_\_\_\_
- 40** Add lines 38 and 39. .... **40** ■ \_\_\_\_\_
- 41** Interest (*see instructions*) ..... **41** ■ \_\_\_\_\_
- 42** **AMOUNT DUE** (*add lines 40 and 41*). Payment method: ☐ Electronic ☐ Check (*attach voucher*) ..... **42** ■ \_\_\_\_\_
- 43** **REFUND DUE** (*if line 37 is more than lines 26c, 39, and 41, subtract lines 26c, 39, and 41 from line 37*) ..... **43** ■ \_\_\_\_\_
- 44** To have your refund direct deposited, enter the following. Otherwise, you will receive a check.

☐ Checking ☐ Savings \_\_\_\_\_  
Routing number \_\_\_\_\_ Account number (use an account not associated with any foreign banks) \_\_\_\_\_

Signature of Fiduciary or Officer Representing Fiduciary _____	Minnesota Tax ID or Social Security Number _____	Date (MM/DD/YYYY) _____	Direct Phone _____
Print Name of Contact _____	E-mail Address for Correspondence, if Desired _____	<input type="checkbox"/> Fiduciary E-mail	<input type="checkbox"/> Paid Preparer E-mail
Paid Preparer's Signature _____	Preparer's PTIN _____	Date (MM/DD/YYYY) _____	Direct Phone _____

☐ 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.

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



A—As previously reported

B—Net change

C—Corrected amount

**Additions to Income**

45	State and municipal bond interest from outside Minnesota . . . . .	45	■	_____	■	_____	_____
46	State taxes deducted in arriving at net income . . . . .	46	■	_____	■	_____	_____
47	Expenses deducted on your federal return that are attributable to income not taxed by Minnesota ( <i>other than U.S. bond interest</i> ) . . . . .	47	■	_____	■	_____	_____
48	80 percent of suspended loss from 2001-2005 or 2008-2024 on federal return generated by bonus depreciation . . . . .	48	■	_____	■	_____	_____
49	80 percent of federal bonus depreciation . . . . .	49	■	_____	■	_____	_____
50	Section 199A qualified business income . . . . .	50	■	_____	■	_____	_____
51	Addition due to federal changes not adopted by Minnesota ( <i>Schedule M2NC, line 31</i> ). . . . .	51	■	_____	■	_____	_____
52	Net operating loss carryover adjustment. . . . .	52	■	_____	■	_____	_____
53	Foreign derived intangible income (FDII) deduction . . . . .	53	■	_____	■	_____	_____
54	Other additions ( <i>see instructions</i> ). . . . .	54	■	_____	■	_____	_____
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	■	_____	■	_____	_____

**Subtractions from Income**

60	Interest on U.S. government bond obligations, minus expenses deducted on federal return that are attributable to this income . . . . .	60	■	_____	■	_____	_____
61	State income tax refund included on federal return . . . . .	61	■	_____	■	_____	_____
62	Federal bonus depreciation subtraction . . . . .	62	■	_____	■	_____	_____
63	Subtraction due to federal changes not adopted by Minnesota ( <i>Schedule M2NC, line 31, as a positive number</i> ) . . . . .	63	■	_____	■	_____	_____
64	Subtraction for railroad maintenance expenses . . . . .	64	■	_____	■	_____	_____
65	Net operating loss carryover adjustment. . . . .	65	■	_____	■	_____	_____
66	Deferred foreign income (section 965). . . . .	66	■	_____	■	_____	_____
67	Disallowed section 280E expenses of a licensed cannabis or hemp business . . . . .	67	■	_____	■	_____	_____
68	Delayed business interest . . . . .	68	■	_____	■	_____	_____



69

Delayed net operating loss deduction . . . . .

69

70

Employee Retention Credit subtraction . . . . .

70

71

Other subtractions (see instructions) . . . . .

71

72

This line intentionally left blank . . . . .

72

73

This line intentionally left blank . . . . .

73

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

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

