NEAR FINAL DRAFT — 8/12/25

34 36 38 40 42 44 46 48 50 52 54 56 58



2026 Form M99, Credit for Military Service in a Combat Zone

	TAXPAYER'S 1ST NAME, IN TAXPAYE	R'S LAS	T NAMEXXX	XXXXXXXXX	99999999	1
Ϊ	Your First Name and Initial Last Name				Your Social Security Number	
	CURRENT HOME ADDRESSXXXXXXXXXXXXX	X Check if:	New Address	X Foreign Address	99999999	1
	Current Home Address				Your Date of Birth (MM/DD/YY)	YY)
ı	CITYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X XX	11223		77	1
,	City	State	ZIP Code		Check if Amended Form	M99 ₁
5						1
						1
3	Enter the number of months served in a combat zone during 2	2026. Count p	artial months as	full months. Your dom	nicile must have been Minne	1
	sota during the months served to qualify for the credit.					1
)						1 0
ŀ	1 Number of months served in 2026				1 🔳	<u>12</u> ₂
-					2 12	3 /1
-	2 Multiply line 1 by \$120. This is the AMOUNT OF YOUR C	REDIT			2 ■ ⊥∠	34 2
-	For Direct Deposit of the full credit, enter the following inform	ation Other	vica vav vill rasa	sivo a abaak		2
5	(You must use an account not associated with a foreign bank.)	iation. Otherv	vise, you will rece	eive a crieck.		2
	Account Type					2
+	Checking Savings 99999999999999999999999999999999999	99999	9999999	999999999		
	Routing Number		Account Number			2
	Sign here: I declare that this return is correct and complete to	the best of m	v knowledae and	belief.		3
						3
	1122333	33	111	2223333		3
	Your signature Date		Phone			3
L	1122333	33		2223333	123456789	3
	Paid preparer's signature Date		Phone		PTIN or VITA/TCE # (required)	3
5	X I authorize the Minnesota Department of Revenue to discuss this	is tax return wit	h the preparer.			3
,						3
3	Explanation of Amended Form — If you need to make char					
)	check the amended box on the form, and explain your changes	s below. If ne	eded, enclose and	other sheet; include re	equired documentation and r	mail 3
)	to the address on the form.					4
╀	EXPLAIN AMENDED XXXXXXXXXXXXXXX	VVVVVV	VVVVVVVVV	·vvvvvvvvvvv	·vvvvvvvvvvvvv	V V
+	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
-	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
,						4
	You must enclose the following with this return	rn·				4
	Active-duty members:					4
)	Attach a copy of your Leave and Earnings Statement for each	h month in au	ualifying status.			5
L			78			5
	National Guard, Reservists, and retired or discharged a	ctive-duty n	nembers:			5
L	Attach Form DD-214 for each period of qualifying service.					5
L	+++++++++++++++++++++++++++++++++++++++					5
5	We will accept completed forms and documentation st	arting Janua	ary 1, 2026.			5
5	Mail to:					5
-	Minnesota Department of Revenue					5
3	Mail Station 0043					5
)	600 N. Robert St.					5
)	St. Paul, MN 55146-0043					6
t	1 					6
+	<u> </u>	99	95			
41			J J			