



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

	Last Name	Check if: New Address	Your Social Security Number Foreign Address
Current Home Address			Your Date of Birth (MM/DD/YYYY)
City		State ZIP Code	Check if Amended Form M99
Enter the number of months served in sota during the months served to quali		2026. Count partial months as full n	nonths. Your domicile must have been Minne-
1 Number of months served in 2026	j		1
2 Multiply line 1 by \$120. This is the	AMOUNT OF YOUR C	REDIT	2■
For Direct Deposit of the full credit, en (You must use an account not associate Account Type	_		a check.
Checking Savings	Routing Number	Account Number	
Sign here: I declare that this return is a	Date	Phone	
	· 	Phone	PTIN or VITA/TCE # (required)
Your signature	Date	Phone	PTIN or VITA/TCE # (required)
Your signature Paid preparer's signature I authorize the Minnesota Departmen Explanation of Amended Form — I	Date Date of Revenue to discuss the fyou need to make cha	Phone is tax return with the preparer. Inges to a Form M99 that you have a	already submitted, you must mail a new Form M99
Your signature Paid preparer's signature I authorize the Minnesota Department Explanation of Amended Form — I check the amended box on the form, a	Date Date of Revenue to discuss the fyou need to make cha	Phone is tax return with the preparer. Inges to a Form M99 that you have a	
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• Attach a copy of your Leave and Earnings Statement for each month in qualifying status.

National Guard, Reservists, and retired or discharged active-duty members:

• Attach Form DD-214 for each period of qualifying service.

We will accept completed forms and documentation starting January 1, 2026.

Minnesota Department of Revenue Mail Station 0043 600 N. Robert St. St. Paul, MN 55146-0043