



FINAL DRAFT — 10/15/25



2025 Form M1, Individual Income Tax

Do not use staples on anything you submit.

YOUR FIRST NAME, IN

Your First Name and Initial

YOUR LAST NAMEXXXXX

Last Name

123456789

Your Social Security Number

123456789

Your Date of Birth (MM/DD/YYYY)

SPOUSE FIRST NAME, IN

If a Joint Return, Spouse's First Name and Initial

SPOUSE LAST NAMEXXX

Spouse's Last Name

123456789

Spouse's Social Security Number

123456789

Spouse's Date of Birth

CURRENT HOME ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Current Home Address

Check if Address is:



New



Foreign

CITYXXXXXXXXXXXXXXXXXXXX

City

MN

State

123456789

ZIP Code

COUNTYXXXXXXXXXXXXXXXXXXXX

County

2025 Federal Filing Status (place an X in one box):

☒ (1) Single ☒ (2) Married Filing Jointly ☐ (3) Married Filing Separately ☒ (4) Head of Household ☐ (5) Qualifying Surviving Spouse

Spouse Name SPOUSE'S NAMEXXXX

Spouse SSN 123456789

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers:

Republican 11

Libertarian 16

General Campaign Fund 99

99 99
Your Code Spouse's Code

Democratic/Farmer-Labor . . . 12

Legal Marijuana Now 17

Grassroots/Legalize Cannabis 14

Independence-Alliance 18

From Your Federal Return (see instructions)

12345678912 123456789123 123456789 12345678912 12345678910 1234567891234
A. Wages, salaries, tips, etc. B. IRA, pensions, and annuities C. Unemployment D. Federal taxable income E. Social Security Benefits F. Taxable Social Security Benefits

1 Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR) 1 12345678
2 Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions) 2 12345678
3 Add lines 1 and 2 3 12345678
4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) 4 12345678
5 Exemptions (from Schedule M1DQC) 5 12345678
6 State income tax refund from line 1 of federal Schedule 1 6 12345678
7 Subtractions from line 40 of Schedule M1M and line 22 of Schedule M1MB (see instructions) 7 12345678
8 Total subtractions. Add lines 4 through 7 8 12345678
9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank. 9 12345678
10 Tax from the table or schedules in the Form M1 instructions 10 12345678
11 Alternative minimum tax (enclose Schedule M1MT) 11 12345678
12 Add lines 10 and 11 12 12345678
13 Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on
line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) 13 12345678

13a 12345678 13b 12345678

9995

**14a** Other taxes, such as recapture amounts and the tax on lump-sum distributions (*check appropriate boxes*)☒ (a) Schedule M1HOME ☒ (b) Schedule M1529 ☒ (c) Schedule M1LS ☒ (d) Schedule NIIT **14a** ■ 12345678**14b** Repayment of advance child tax credit **14b** ■ 12345678**15** Tax before credits. Add lines 13, 14a, and 14b **15** 12345678**16** Amount from line 19 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C) **16** ■ 12345678**17** Subtract line 16 from line 15 (*if result is zero or less, leave blank*) **17** 12345678**18** Nongame Wildlife Fund contribution (*see instructions*)This will reduce your refund or increase the amount you owe  **18** ■ 12345678**19** Add lines 17 and 18 **19** 12345678**20** **Minnesota income tax withheld.** Complete and enclose Schedule M1W to reportMinnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF **20** ■ 12345678**21** Minnesota estimated tax and extension payments made for 2025 **21** ■ 12345678**22** Amount from line 14 of Schedule M1REF, *Refundable Credits* (*see instructions; enclose Schedule M1REF*) **22** ■ 12345678**23** Total payments. Add lines 20 through 22 **23** 12345678**24** **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (*see instructions*).For direct deposit, complete line 25 **24** ■ 12345678**25** Direct deposit of your refund (*you must use an account not associated with a foreign bank*):☒ Checking ☒ Savings 123456789 12345678901234567
Routing Number Account Number**26** **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (*see instructions*) **26** ■ 12345678**27** Penalty amount from Schedule M15 (*see instructions*). Also subtractthis amount from line 24 or add it to line 26 (*enclose Schedule M15*) **27** ■ 12345678**28** Penalty and interest (*see instructions*) **28** ■ 12345678**IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 29 and 30.**29** Amount from line 24 you want sent to you **29** ■ 12345678**30** Amount from line 24 you want applied to your 2026 estimated tax **30** ■ 12345678**Taxpayer(s):** I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature

6515555555

Daytime Phone

6515555555

Paid Preparer's Signature

6515555555

Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly)

YOUR EMAIL ADDRESS XXXXXXXXXXXX

Email Address

04/15/2026

Date (MM/DD/YYYY)

PREP EMAIL ADDRESS XXXXXXXXXXXX

Preparer's Email Address

04/15/2026

Date (MM/DD/YYYY)

123456789

PTIN or VITA/TCE # (required)

☒ I do not want my paid preparer to file my return electronically.☒ I am filing this return for Net Investment Income Tax requirements
(*see instructions*).☒ I authorize the Minnesota Department of Revenue to discuss this tax return
with the preparer or the third-party designee indicated on my federal return.☒ I do not have health insurance and want to learn what choices I have. I give the Minnesota
Department of Revenue permission to share some of my tax information with MNSure.
MNSure can contact me about free or lower-cost health insurance.**Include a copy of your 2025 federal return and schedules.****Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010**