FINAL DRAFT — 10/15/25



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2025 Schedule M1PSC, Credit for Parents of Stillborn Children

Complete this schedule if all of these are true:	

- You experienced the birth of a stillborn child in 2025
- You received a Certificate of Birth Resulting in Stillbirth from Minnesota
 The child would have been your dependent in 2025 if the child would have been your dependent in 2025 if the child would have been your dependent in 2025 if the child would have been your dependent in 2025 if the child would have been your dependent in 2025.

The child would have been your dependent in 2025 if they had not been stillborn		12
		13
FIRST NAME, INITXXXXXXXXXXXXX YOUR LAST NAMEXXX	XXXXXX 999999999	14
Your First Name and Initial Last Name	Social Security Number	er 15
		16
A Did you are size of the binth of a trill are abild in 20252		Λο X 18
A Did you experience the birth of a stillborn child in 2025?	Yes Ł	
(If you answered no, STOP HERE. You do not qualify for this credit.)	nt of Health? Yes	Λο X 20
B Do you have a Certificate of Birth Resulting in Stillbirth from the Minnesota Departmen (If you answered no, but experienced the birth of a stillborn child in Minnesota in 2025)		
		21
C Would you have claimed the child as your dependent in 2025 had the child not been st	illborn? Yes Ł	No X 22
(If you answered no, STOP HERE . You do not qualify for this credit.)		23
For lines 1 through 6, enter the following information found on the Certificate of Birth R Resulting in Stillbirth for more than one child in 2025, complete a separate schedule for		
Resulting in Stillbirth for more than one tillia in 2025, complete a separate scriedule for	each child and include with your F	
1 Name of Parant 1 on the Cortificate	1 ■ NA	$_{ m AME}$ PARENT1 $_{ m 28}$
1 Name of Parent 1 on the Certificate		29
2 Name of Devict 2 as the Conflict (CF): 4. (1)	NIZ	AME PARENT2 30
2 Name of Parent 2 on the Certificate (if listed)	2 = NF	31
3 Name of Stillborn Child on the Certificate (if listed)	3 ■ NAME OF	F STILLBORN 32
J. Hame of Juliborn Child on the Certificate (IJ IISted)		32
4 Date of delivery	4	11223333
		35
5 State file number (see instructions)	5 1 0000	0000000000
		37
6 Document control number (see instructions)	6	0000000000
		39
7 Credit allowed per child	7	2,000 40
Full-year residents: Include this amount on line 5 of Schedule M1REF and stop here.		41
8 Part-year residents and nonresidents: Multiply the amount on line 7 by line 30		42
of Schedule M1NR. Enter the result here on line 8 and 2014 to 5 of Schedule M1REF.		43
If your Minnesota gross income is less than \$14,950, see instructions;		44
enter the result from step 5 of the worksheet here:		45
Enter the result from step 6 here and on line 5 of Schedule M1REF	8 ■	12345678 46
		47
You must include this schedule with your Form M1.		48
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8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52	54 56 58 60 62 64 66 68 70	72 74 76 78 80 82