DEPARTMENT OF REVENUE

FINAL DRAFT — 10/15/25

251131

2025 Form M1X, Amended Minnesota Income Tax

Do not use staples on anything you submit.

Your First Name and Initial	Last Name	Your Social Security Number	Your Date of Birth (MM/DD/YYYY)
TAXPAYER'S 1ST NAM	TAXPAYER'S LAST N	999999999	MM/DD/YYYY
If Joint Return, Spouse First Name and Initial	**Spouse Last Name**	**Spouse Social Security Number**	**Spouse Date of Birth**
TAXPAYER'S 1ST NAM	TAXPAYER'S LAST N	999999999	MM/DD/YYYY

Current Home Address	City	State	ZIP Code
ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CITYXXXXXXXXXXXXXXXXX	MN	XXXXXXXXXX

Filing status claimed. Note: You cannot change from joint to separate returns after the due date.

On original return: [X] Single [X] Married filing jointly [X] Married filing separately [X] Head of household [X] Qualifying surviving spouse

On this return: [X] Single [X] Married filing jointly [X] Married filing separately [X] Head of household [X] Qualifying surviving spouse

For department use only. Do not write in this space.
Effective interest date:

Place an X in the appropriate box to indicate why you are filing this amended return:

[X] Federal audit or adjustment. Enclose a **complete** copy of the IRS adjustment notice and see line 30 instructions

[X] Net operating loss carried back from tax year ending MM/DD/YYYY [X] Claim due to a pending court case (explain on back page)

[X] Claiming a different number of dependents from your original return [X] Other (explain on back page)

If you show a refund on line 27 or tax due on line 29, you must report an increase or decrease in column B for at least one of the income, tax, or credit lines (lines 1–22).

You will need instructions for this form and for 2025 Form M1.

		A. Original or Previously Adjusted Amount	**B.** Increase or Decrease	**C.** Correct Amount
1	Federal adjusted gross income *(see instructions)* **1**	12345678	12345678	12345678
2	Additions to income *(from line 2 of Form M1)* **2**	12345678	12345678	12345678
3	Add lines 1 and 2 . . . . . **3**	12345678	12345678	12345678
4	Total subtractions *(from line 8 of Form M1)* **4**	12345678	12345678	12345678
5	Minnesota taxable income. Subtract line 4 from line 3 . . . . **5**	12345678	12345678	12345678
6	Tax from the table in the Form M1 instructions **6**	12345678	12345678	12345678
7	Alternative minimum tax *(Schedule M1MT)* **7**	12345678	12345678	12345678
8	Add lines 6 and 7 . . . . . **8**	12345678	12345678	12345678
9	**Part-year residents and nonresidents** — From Schedule M1NR *(enclose Schedule M1NR):*			
	a Corrected amount from line 28 **9a**	12345678		
	b Corrected amount from line 29 **9b**	12345678		
10	**Full-year residents** — Enter amount from line 8. . . . . **10**	12345678	12345678	12345678
	Part-year residents and nonresidents — Enter amount from line 32 of Schedule M1NR			
11	Other taxes from Line 14 of Form M1 . . . . . **11**	12345678	12345678	12345678
	Check all that apply: [X] M1HOME [X] M1529 [X] M1LS			
	[X] NIIT [X] Repayment of Advance Child Tax Credit	12345678	12345678	12345678
12	**Tax before credits.** Add lines 10 and 11 . . . . . **12**	12345678	12345678	12345678
13	Nonrefundable Credits from line 16 of Form M1 . . . . . **13**			
	Check all that apply: [X] M1MA [X] M1CR [X] M1RCR [X] M1C [X] M1LTI	12345678	12345678	12345678
14	Subtract line 13 from line 12 *(if zero or less, enter 0)* **14**	12345678	12345678	12345678
15	Minnesota income tax withheld *(Schedule M1W)* **15**	12345678	12345678	12345678

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** 2 5 1 1 4 1 **

		A. Original or Previously Adjusted Amount	B. Increase or Decrease	C. Correct Amount
16	Minnesota estimated tax payments made for 2025 16	12345678	12345678	12345678
17	Child and Dependent Care Credit *(Schedule M1CD)* 17	12345678	12345678	12345678
18	Child and Working Family Credit *(Schedule M1CWFC)* ... 18	12345678	12345678	12345678
19	K-12 Education Credit *(Schedule M1ED)* 19	12345678	12345678	12345678
20	Pass-Through Entity Tax Credit *(Line 10 of M1REF)* 20	12345678	12345678	12345678
21	Renter's Credit *(Schedule M1RENT)* 21	12345678	12345678	12345678
22	Other credits from Schedule M1REF *(See instructions)* 22	12345678	12345678	12345678
23	Amount from line 26 of your original Form M1 *(see instructions)* 23			12345678
24	Total credits and tax paid. Add lines 15C through 22C and line 23 24			12345678
25	Amount from line 24 of your original Form M1 *(see instructions)* 25			12345678
26	Subtract line 25 from line 24 *(if result is less than zero, enter the negative amount; do not enter 0)* 26			12345678
27	**REFUND**. If line 26 is more than line 14C, subtract line 14C from line 26 27			12345678

28 To have your refund direct deposited, enter the following. Otherwise, you will receive a check.

[X] Checking [X] Savings 123456780000 (Routing Number) 123456789999 (Account Number)

29	Tax you owe. If line 14C is more than line 26, subtract line 26 from line 14C *(see instructions)* 29		12345678
30	If you failed to timely report federal changes or the Internal Revenue Service assessed you a penalty, see instructions 30		12345678
31	Add line 29 and line 30 31		12345678
32	Interest *(see instructions)* 32		12345678
33	**AMOUNT DUE**. Add line 31 and line 32 33		12345678

Explanation of Change — Briefly explain changes below. If you checked the box for "Claim due to a pending court case" or "Other" on the front of this form, you must explain the changes to your original Minnesota income tax return. Enclose another sheet, if needed.

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Taxpayer: *I declare that this return is correct and complete to the best of my knowledge and belief.*

Your Signature	Spouse's Signature (If Filing Jointly)	MM/DD/YYYY (Date (MM/DD/YYYY))	1234567891 (Daytime Phone)
Paid Preparer's Signature	1234567891 (PTIN or VITA/TCE # (required))	MM/DD/YYYY (Date (MM/DD/YYYY))	1234567891 (Daytime Phone)

[X] 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.

You must enclose any corrected schedules and, if you filed an amended federal return, a complete copy of Form 1040X.

Mail to: Minnesota Amended Individual Income Tax, Mail Station 1060, St. Paul, MN 55146-1060