DEPARTMENT OF REVENUE

NEAR FINAL DRAFT — 8/3/26

262101

2026 Schedule M2NM, Non-Minnesota Source Income and Related Expenses

ESTATE TRUST NAMEXXXXXXXXXXXXXXXXXXXXXXXX | 123456789 | 123456789

Name of Estate or Trust | **Federal ID Number** | **Minnesota ID Number**

			A Total Amount		B Minnesota Portion		C Non-Minnesota Portion
			(round amounts to the nearest whole dollar)				
1	Interest income	a1	12345678	b1	12345678	c1 ■	12345678
2	Dividend income	a2	12345678	b2	12345678	c2 ■	12345678
3	Business income or loss	a3	12345678	b3	12345678	c3 ■	12345678
4	Capital gain or loss *(see instructions)*	a4	12345678	b4	12345678	c4 ■	12345678
5	Income from rents, royalties, partnerships, other estates and trusts, etc.	a5	12345678	b5	12345678	c5 ■	12345678
6	Farm income or loss	a6	12345678	b6	12345678	c6 ■	12345678
7	Ordinary gain or loss *(see instructions)*	a7	12345678	b7	12345678	c7 ■	12345678
8	Other income	a8	12345678	b8	12345678	c8 ■	12345678
9	Total of lines 1 through 8	a9	12345678	b9	12345678	c9	12345678
10	State taxes deducted addition	a10	12345678	b10	12345678	c10 ■	12345678
11	Bonus depreciation addition	a11	12345678	b11	12345678	c11 ■	12345678
12	Section 199A qualified business income addition	a12	12345678	b12	12345678	c12 ■	12345678
13	This line intentionally left blank	a13	12345678	b13	12345678	c13 ■	12345678
14	Net operating loss (NOL) carryover adjustment addition	a14	12345678	b14	12345678	c14 ■	12345678
15	Other required additions *(see instructions)*	a15	12345678	b15	12345678	c15 ■	12345678
16	This line intentionally left blank	a16	12345678	b16	12345678	c16 ■	12345678
17	Add lines 9 through 16 for each column	a17	12345678	b17	12345678	c17	12345678
18	Interest deduction	a18	12345678	b18	12345678	c18 ■	12345678
19	Taxes deduction	a19	12345678	b19	12345678	c19 ■	12345678
20	Fiduciary fees deduction	a20	12345678	b20	12345678	c20 ■	12345678
21	Charitable deduction	a21	12345678	b21	12345678	c21 ■	12345678
22	Attorney, accountant, and return preparer fees deduction	a22	12345678	b22	12345678	c22 ■	12345678

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ESTATE TRUST NAMEXXXXXXXXXXXXXXXXXXXXXXX | 123456789 | 123456789

Name of Estate or Trust | **Federal ID Number** | **Minnesota ID Number**

23	Other deductions	**a23**	12345678	**b23**	12345678	**c23** ■	12345678
24	Estate tax deduction	**a24**	12345678	**b24**	12345678	**c24** ■	12345678
25	Qualified business income deduction	**a25**	12345678	**b25**	12345678	**c25** ■	12345678
26	Exemption	**a26**	12345678	**b26**	12345678	**c26** ■	12345678
27	State income tax refund subtraction	**a27**	12345678	**b27**	12345678	**c27** ■	12345678
28	Bonus depreciation subtraction	**a28**	12345678	**b28**	12345678	**c28** ■	12345678
29	This line intentionally left blank	**a29**	12345678	**b29**	12345678	**c29** ■	12345678
30	Delayed business interest subtraction	**a30**	12345678	**b30**	12345678	**c30** ■	12345678
31	Delayed net operating loss deduction subtraction	**a31**	12345678	**b31**	12345678	**c31** ■	12345678
32	Employee Retention Credit subtraction	**a32**	12345678	**b32**	12345678	**c32** ■	12345678
33	Other required subtractions *(see instructions)*	**a33**	12345678	**b33**	12345678	**c33** ■	12345678
34	This line intentionally left blank	**a34**	12345678	**b34**	12345678	**c34** ■	12345678
35	Add lines 18 through 34 for each column	**a35**	12345678	**b35**	12345678	**c35**	12345678

36 Subtract line c35 from line c17, and enter on line 36 ..... **36** 12345678

If the result is a positive, enter it on Form M2, line 7.

If the result is a negative, enter it as a positive number on Form M2, line 2.

You must include this schedule when you file your Form M2.