DEPARTMENT OF REVENUE

NEAR FINAL DRAFT — 8/3/26

* 2 6 2 9 1 1 *

2026 Form M2X, Amended Income Tax Return for Estates and Trusts

Tax year beginning (MM/DD/YYYY) _____ , ending (MM/DD/YYYY) _____

Name of Estate or Trust	Check if name has changed: ☐	Federal ID Number	Minnesota Tax ID Number	Number of Schedules KF
Name and Title of Fiduciary		Decedent's Social Security Number	Date of Death	Number of Beneficiaries
Current Address of Fiduciary		Fiduciary City	Fiduciary State	Fiduciary ZIP Code
Decedent's Last Address or Grantor's Address When Trust Became Irrevocable		Decedent or Grantor City	Decedent or Grantor State	Decedent or Grantor ZIP

Check all that apply:

☐ Composite Income Tax ☐ Installment Sale of Pass-through Assets or Interests ☐ Tax Position Disclosure (enclose Form TPD)

Check reason you are amending:

☐ Amended Federal Return ☐ IRS Adjustment ☐ Changes Affect Schedules KF ☐ Court Case

☐ Net Operating Loss Carried Back From Tax Year Ending (MM/DD/YYYY)_____ ☐ Other — _____

			A—As previously reported	**B**—Net change	**C**—Corrected amount
1	Federal taxable income *(from federal Form 1041)*	**1**			
2	Deductions and losses not allowed *(enclose Schedule M2NM)*	**2**			
3	Capital gain amount of lump-sum distribution	**3**			
4	Additions *(from line 78, column E of this form)*	**4**			
5	Add lines 1 through 4	**5**			
6	Subtractions *(from line 78, column E of this form)*	**6**			
7	Fiduciary's income from non-Minnesota sources (*enclose Schedule M2NM)*	**7**			
8	Add lines 6 and 7	**8**			
9	Minnesota taxable net income *(subtract line 8 from line 5)*	**9**			
10	Tax from table in Form M2 instructions	**10**			
11	Tax from S portion of ESBT (from Schedule M2SB)	**11**			
12	Minnesota Net Investment Income Tax *(enclose Schedule NIIT)*	**12**			
13	Total of tax from *(enclose appropriate schedules)*: ☐ Schedule M1LS ☐ Schedule M2MT	**13**			
14	Composite income tax for nonresidents *(enclose Schedules KF)*	**14**			
15	Total income tax *(add lines 10 through 14)*	**15**			
16	Credit for taxes paid to another state	**16**			
17	Film Production Tax Credit	**17**			

Credit certificate number: TAXC - _____

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18 Tax Credit for Owners of Agricultural Assets **18**
Certificate number from Rural Finance Authority: AO ____ - _____

19 State Housing Tax Credit **19**
Enter certificate number from Minnesota Housing: SHTC_____ - _____

20 Short Line Railroad Infrastructure Modernization Credit **20**
Enter certificate number from the certificate you received from the
Minnesota Department of Transportation: MN-SLR- _____ - _____

21 Credit for Sales of Manufactured Home Parks to Cooperatives **21**

22 **d.** Nonrefundable Credit for Increasing Research Activities **22d**
(see instructions; enclose Schedule KPI, KS, or KF)

e. Unused current-year
nonrefundable credit . . . . . **22e** _____

f. Current-year credit carryover . . . . . **22f** _____

23 Other nonrefundable credits (see instructions) **23**

24 Carryover credits from prior years *(see instructions)* **24**

D — Name of Credit	E — Certificate Number	F — Unused Credit
d1 _____	e1 _____	f1 _____
d2 _____	e2 _____	f2 _____
d3 _____	e3 _____	f3 _____

25 Total nonrefundable credits. Add lines 16 through 21, 22d, 23, and 24 . **25**

26 Subtract line 25 from line 15 *(if result is zero or less, leave blank)* **26**

27 Pass-through Entity Tax Credit *(enclose Schedule KPI, KS, or KF)* **27**

28 **Minnesota income tax withheld** *(enclose documentation)* **28**

29 Total estimated tax payments and any extension payments **29**

30 Credit for Historic Structure Rehabilitation *(enclose certificate)* **30**
Enter National Park Service (NPS) project number: _____

31 Credit for sustainable aviation fuel **31**
Enter certificate number
from the Department of Agriculture _____

32 Refundable Credit for Increasing Research Activities **32**

If you are electing a refundable portion of this credit, check this box ☐

33 Other refundable credits *(see instructions)* **33**

34 Amount due from original Form M2, line 35 *(see instructions)* **34**

35 Total refundable credits and tax paid *(add lines 27c through 33c and line 34)* **35**

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36 Refund amount from original Form M2, line 40 *(see instructions)* **36**

37 Subtract line 36 from line 35 (if result is less than zero, enter the amount as a negative) **37**

38 Tax you owe. If line 26c is more than line 37, subtract line 37 from line 26c.
(if line 37 is a negative amount, see instructions) **38**

39 If you failed to timely report federal changes or the IRS assessed a penalty *(see instructions)* **39**

40 Add lines 38 and 39. . . . . **40**

41 Interest *(see instructions)* **41**

42 **AMOUNT DUE.** *(add lines 40 and 41)*. Payment method: ☐ Electronic ☐ Check *(attach voucher)* **42**

43 **REFUND DUE.** If line 37 is more than lines 26c, 39, and 41, subtract lines 26c, 39, and 41 from line 37.
(see instructions for limitation that may apply) **43**

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

☐ Checking ☐ Savings

Routing number

Account number (use an account not associated with any foreign banks)

Signature of Fiduciary or Officer Representing Fiduciary

Minnesota Tax ID or Social Security Number

Date (MM/DD/YYYY)

Direct Phone

Print Name of Contact

E-mail Address for Correspondence, if Desired ☐ Fiduciary E-mail ☐ Paid Preparer E-mail

Paid Preparer's Signature

Preparer's PTIN

Date (MM/DD/YYYY)

Direct Phone

☐ I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.

EXPLANATION OF CHANGE—Explain each change in detail in the space provided below. Use a separate sheet, if needed. If the changes involve items requiring supporting information, be sure to attach the appropriate schedule, statement or form to Form M2X to verify the correct amount.

Mail to: Minnesota Amended Fiduciary Tax,
Mail Station 1310, 600 N. Robert St., St. Paul, MN 55146-1310

262941

	A—As previously reported	B—Net change	C—Corrected amount

Additions to Income

45	State and municipal bond interest from outside Minnesota	45		
46	State taxes deducted in arriving at net income	46		
47	Expenses deducted on your federal return that are attributable to income not taxed by Minnesota *(other than U.S. bond interest)*	47		
48	80 percent of suspended loss from 2001-2005 or 2008-2025 on federal return generated by bonus depreciation	48		
49	80 percent of federal bonus depreciation	49		
50	Section 199A qualified business income	50		
51	This line intentionally left blank	51		
52	Net operating loss carryover adjustment	52		
53	Foreign derived intangible income (FDII) deduction	53		
54	Other additions *(see instructions)*	54		
55	Interest received on loans secured by rural and agricultural real property	55		
56	Certain business meals and entertainment *(see instructions)*	56		
57	Certain subpart F income *(see instructions)*	57		
58	This line intentionally left blank	58		
59	This line intentionally left blank	59		
60	Add lines 45 through 59. Also enter the amount from line 60C on line 79, column E, under Additions	60		

Subtractions from Income

61	Interest on U.S. government bond obligations, minus expenses deducted on federal return that are attributable to this income	61		
62	State income tax refund included on federal return	62		
63	Federal bonus depreciation subtraction	63		
64	This line intentionally left blank	64		
65	Subtraction for railroad maintenance expenses	65		
66	Net operating loss carryover adjustment	66		
67	Deferred foreign income (section 965)	67		
68	Disallowed section 280E expenses of a licensed cannabis or hemp business	68		

69	Delayed business interest	**69**		
70	Delayed net operating loss deduction	**70**		
71	Employee Retention Credit subtraction	**71**		
72	Other subtractions *(see instructions)*	**72**		
73	QBAI deduction against net CFC tested income *(see instructions)*	**73**		
74	This line intentionally left blank	**74**		
75	This line intentionally left blank	**75**		
76	Add lines 61 through 75. Also enter the amount from line 76C on line 79, column E, under Subtractions	**76**		

Allocation of Adjustments Between Fiduciary and Beneficiaries

(Amounts must be allocated in accordance with the instructions for Form M2, Lines 76-78)

	A Name of each beneficiary	B Beneficiary's Social Security number	C Share of federal distributable net income	D Percent of total on line 79, column C	E Shares assignable to beneficiary and to fiduciary Additions	 Subtractions
77				%		
				%		
				%		
				%		
				%		
78	Fiduciary			%		
79	**Total**			**100%**		