



Final Draft 10/1/26



2026 Form M1PRX, Amended Homestead Credit Refund

You will need the 2026 Form M1PR instructions, including refund tables, to complete this form. Do not use staples on anything you submit.

YOUR FIRST NAME, INIT Your First Name and Initial	YOUR LAST NAMEXXXX Last Name	111223333 Your Social Security Number	11/22/3333 Your Date of Birth (MM/DD/YYYY)
SPOUSE FIRST NAME, IN If a Joint Return, Spouse's First Name and Initial	SPOUSE LAST NAMEXX Spouse's Last Name	111223333 Spouse's Social Security Number	11/22/3333 Spouse's Date of Birth
CURRENT HOME ADDRESSXXXXXXXXXXXXXXXXXXXXX Current Home Address		Check if Address is: ☒ New ☒ Foreign	
CITYXXXXXXXXXXXXXXXXXXXXX City	MN State	11223 ZIP Code	Check if Mobile Home Owner ☒
PROPERTY ID NUMBER XXXXXXXXXXXXXXXXXXXXXXXX Property ID Number		COUNTYXXXXXXXXXXXXX County where property is located	Department use only: Effective interest date:

☒ Check this box if your income changed because of a federal adjustment. Enclose a complete copy of the federal adjustment.

1	Federal adjusted gross income (from line 1 of Form M1, see instructions if you did not file Form M1)	1	12345678
2	Nontaxable Social Security and/or Railroad Retirement Board benefits (see instructions)	2	12345678
3	Deduction for contributions to a qualified retirement plan (see instructions)	3	12345678
4	Total government assistance payments (see instructions)	4	12345678
5	Co-occupant Income (from line 13 of Worksheet 5 - Co-occupant Income. If negative, enter as a negative).	5	12345678
6	Additional Nontaxable Income. Add the amounts on column B below (see instructions)	6	12345678
A — Type of Income		B — Income Amount	
a1	TYPE OF INCOME XXXXXXXX	b1	XXXXXXXXXXXXXXXXXX
a2	TYPE OF INCOME XXXXXXXX	b2	XXXXXXXXXXXXXXXXXX
a3	TYPE OF INCOME XXXXXXXX	b3	XXXXXXXXXXXXXXXXXX
7	Add lines 1 through 6	7	12345678
8	Subtraction for 65 or older (born before January 2, 1962) or disabled: If you (or your spouse if filing a joint return) are age 65 or older or are disabled, enter \$5,300:	8	12345678
Check the box if you or your spouse are: ☒ (A) 65 or Older ☒ (B) Disabled			
9	Dependent Subtraction: Enter your subtraction for dependents (use worksheet in instructions) Number of dependents: 12 Names and Social Security numbers: CHILD'S NAME SSNXXX CHILD'S NAME SSN XX	9	12345678
10	Retirement Account Subtraction (see instructions)	10	12345678
11	Total other subtractions (see instructions) Subtraction type SUBTRACTION TYPE XXXXXXXXXXXXXXXXXXXXXXXX	11	12345678
12	Add lines 8 through 11	12	12345678
13	Subtract line 12 from line 7	13	12345678

☒ Checking	☒ Savings	123456789123456789	1234567890123456789
		Routing Number	Account Number

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

Explanation of change: In the box below, provide an explanation of your changes. Include supporting forms and schedules, such as corrected property tax statements, or CRPs for mobile homeowner lot rent. If you do not enclose the required information or provide an explanation, processing of your Form M1PRX will be delayed.

Mail to:
Minnesota Property Tax Refund
600 N. Robert St.
St. Paul, MN 55146-0020

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