



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

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

NAME OF ESTATE OR TRUST	123456789	123456789	12
Name of Estate or Trust	Federal ID Number	Minnesota Tax ID Number	Number of Schedules KF
BENEFICIARY NAMEXXXXXXXXXXXX	111223333	123456789	12
Name and Title of Fiduciary	Decedent's Social Security Number	Date of Death	Number of Beneficiaries
FIDUCIARY ADDRESSXXXXXXXXXXXX	CITYXXXXXXXXXXXX	MN	12345
Current Address of Fiduciary	Fiduciary City	Fiduciary State	Fiduciary ZIP Code
DECEDENT ADDRESSXXXXXXXXXXXX	CITYXXXXXXXXXXXX	MN	12345
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)
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Check reason you are amending:

☒ Amended Federal Return	☒ IRS Adjustment	☒ Changes Affect Schedules KF	☒ Court Case
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☒ Net Operating Loss Carried Back From Tax Year Ending (MM/DD/YYYY) MM/DD/YYYY ☒ Other — OTHER NOTE

	A—As previously reported	B—Net change	C—Corrected amount
1 Federal taxable income (from federal Form 1041)	1 ■ 12345678	■ 12345678	12345678
2 Deductions and losses not allowed (enclose Schedule M2NM)	2 ■ 12345678	■ 12345678	12345678
3 Capital gain amount of lump-sum distribution	3 ■ 12345678	■ 12345678	12345678
4 Additions (from line 78, column E of this form)	4 ■ 12345678	■ 12345678	12345678
5 Add lines 1 through 4	5 ■ 12345678	■ 12345678	12345678
6 Subtractions (from line 78, column E of this form)	6 ■ 12345678	■ 12345678	12345678
7 Fiduciary's income from non-Minnesota sources (enclose Schedule M2NM) 7 ■	12345678	■ 12345678	12345678
8 Add lines 6 and 7	8 ■ 12345678	■ 12345678	12345678
9 Minnesota taxable net income (subtract line 8 from line 5)	9 ■ 12345678	■ 12345678	■ 12345678
10 Tax from table in Form M2 instructions	10 ■ 12345678	■ 12345678	■ 12345678
11 Tax from S portion of ESBT (from Schedule M2SB)	11 ■ 12345678	■ 12345678	12345678
12 Minnesota Net Investment Income Tax (enclose Schedule NIIT)	12 ■ 12345678	■ 12345678	12345678
13 Total of tax from (enclose appropriate schedules): ☒ Schedule M1LS ☒ Schedule M2MT	13 ■ 12345678	■ 12345678	12345678
14 Composite income tax for nonresidents (enclose Schedules KF)	14 ■ 12345678	■ 12345678	12345678
15 Total income tax (add lines 10 through 14)	15 ■ 12345678	■ 12345678	12345678
16 Credit for taxes paid to another state	16 ■ 12345678	■ 12345678	12345678
17 Film Production Tax Credit	17 ■ 12345678	■ 12345678	12345678
Credit certificate number: TAXC - 12345678			



18	Tax Credit for Owners of Agricultural Assets	18	12345678	12345678	12345678
Certificate number from Rural Finance Authority: AO 12- 345678					
19	State Housing Tax Credit	19	12345678	12345678	12345678
Enter certificate number from Minnesota Housing: SHTC 1234- 345678					
20	Short Line Railroad Infrastructure Modernization Credit	20	12345678	12345678	12345678
Enter certificate number from the certificate you received from the Minnesota Department of Transportation: MN-SLR- 1234- 345678					
21	Credit for Sales of Manufactured Home Parks to Cooperatives	21	12345678	12345678	12345678
22	d. Nonrefundable Credit for Increasing Research Activities	22d	12345678	12345678	12345678
(see instructions; enclose Schedule KPI, KS, or KF)					
e. Unused current-year nonrefundable credit					
22e	12345678				
f. Current-year credit carryover					
22f	12345678				
23	Other nonrefundable credits (see instructions)	23	12345678	12345678	12345678
24	Carryover credits from prior years (see instructions)	24	12345678	12345678	12345678
D — Name of Credit E — Certificate Number F — Unused Credit					
d1	12345678910	e1	12345678910	f1	12345678910
d2	12345678910	e2	12345678910	f2	12345678910
d3	12345678910	e3	12345678910	f3	12345678910
25	Total nonrefundable credits. Add lines 16 through 21, 22d, 23, and 24	25	12345678	12345678	12345678
26	Subtract line 25 from line 15 (if result is zero or less, leave blank)	26	12345678	12345678	12345678
27	Pass-through Entity Tax Credit (enclose Schedule KPI, KS, or KF)	27	12345678	12345678	12345678
28	Minnesota income tax withheld (enclose documentation)	28	12345678	12345678	12345678
29	Total estimated tax payments and any extension payments	29	12345678	12345678	12345678
30	Credit for Historic Structure Rehabilitation (enclose certificate)	30	12345678	12345678	12345678
Enter National Park Service (NPS) project number: 123456					
31	Credit for sustainable aviation fuel	31	12345678	12345678	12345678
Enter certificate number from the Department of Agriculture 123456789					
32	Refundable Credit for Increasing Research Activities	32	12345678	12345678	12345678
If you are electing a refundable portion of this credit, check this box ☒					
33	Other refundable credits (see instructions)	33	12345678	12345678	12345678
34	Amount due from original Form M2, line 35 (see instructions)	34	12345678		
35	Total refundable credits and tax paid (add lines 27c through 33c and line 34)	35	12345678		



36 Refund amount from original Form M2, line 40 (see instructions) 36 12345678

37 Subtract line 36 from line 35 (if result is less than zero, enter the amount as a negative) 37 12345678

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 12345678

39 If you failed to timely report federal changes or the IRS assessed a penalty (see instructions) 39 12345678

40 Add lines 38 and 39. 40 12345678

41 Interest (see instructions) 41 12345678

42 AMOUNT DUE. (add lines 40 and 41). Payment method: [X] Electronic [X] Check (attach voucher) 42 12345678

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 12345678

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

[X] Checking [X] Savings 123456789123456789 1234567890123456789012345678901
Routing number Account number (use an account not associated with any foreign banks)

Signature of Fiduciary or Officer Representing Fiduciary	111223333 Minnesota Tax ID or Social Security Number	MM/DD/YYYY Date (MM/DD/YYYY)	1112233333 Direct Phone
PRINT NAME Print Name of Contact	EMAIL ADDRESS E-mail Address for Correspondence, if Desired	[X] Fiduciary E-mail	[X] Paid Preparer E-mail
Paid Preparer's Signature	111223333 Preparer's PTIN	MM/DD/YYYY Date (MM/DD/YYYY)	1112223333 Direct Phone

[X] 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.

EXPLANATION OF CHANGE XX
XX
XX

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