



## 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: <input type="checkbox"/> | 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  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2  | Deductions and losses not allowed (enclose Schedule M2NM) . . . . .                                                                           | 2  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3  | Capital gain amount of lump-sum distribution. . . . .                                                                                         | 3  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4  | Additions (from line 78, column E of this form) . . . . .                                                                                     | 4  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5  | Add lines 1 through 4 . . . . .                                                                                                               | 5  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6  | Subtractions (from line 78, column E of this form) . . . . .                                                                                  | 6  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7  | Fiduciary's income from non-Minnesota sources (enclose Schedule M2NM) . . . . .                                                               | 7  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8  | Add lines 6 and 7 . . . . .                                                                                                                   | 8  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9  | Minnesota taxable net income (subtract line 8 from line 5) . . . . .                                                                          | 9  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Tax from table in Form M2 instructions . . . . .                                                                                              | 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Tax from S portion of ESBT (from Schedule M2SB). . . . .                                                                                      | 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Minnesota Net Investment Income Tax (enclose Schedule NIIT) . . . . .                                                                         | 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Total of tax from (enclose appropriate schedules):<br><input type="checkbox"/> Schedule M1LS <input type="checkbox"/> Schedule M2MT . . . . . | 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Composite income tax for nonresidents (enclose Schedules KF) . . . . .                                                                        | 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | Total income tax (add lines 10 through 14) . . . . .                                                                                          | 15 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | Credit for taxes paid to another state . . . . .                                                                                              | 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Film Production Tax Credit . . . . .                                                                                                          | 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Credit certificate number: TAXC - \_\_\_\_\_



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



- 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) <sup>/</sup> <sup>/</sup> _____                                       | Direct Phone _____ |
| Print Name of Contact _____                                    | E-mail Address for Correspondence, if Desired _____ | <input type="checkbox"/> Fiduciary E-mail <input type="checkbox"/> Paid Preparer E-mail |                    |
| Paid Preparer's Signature _____                                | Preparer's PTIN _____                               | Date (MM/DD/YYYY) <sup>/</sup> <sup>/</sup> _____                                       | 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



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 ( <i>other than U.S. bond interest</i> ) . . . . . | 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 ( <i>see instructions</i> ) . . . . .                                                                                              | 54 | ■ | _____ | ■ | _____ | _____ |
| 55 | Interest received on loans secured by rural and agricultural real property . . . . .                                                               | 55 | ■ | _____ | ■ | _____ | _____ |
| 56 | Certain business meals and entertainment ( <i>see instructions</i> ) . . . . .                                                                     | 56 | ■ | _____ | ■ | _____ | _____ |
| 57 | Certain subpart F income ( <i>see instructions</i> ) . . . . .                                                                                     | 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                        | B                                    | C                                         | D                                     | E                                                           |              |
|----|--------------------------|--------------------------------------|-------------------------------------------|---------------------------------------|-------------------------------------------------------------|--------------|
|    | Name of each beneficiary | Beneficiary's Social Security number | Share of federal distributable net income | Percent of total on line 79, column C | Shares assignable to beneficiary and to fiduciary Additions | Subtractions |
| 77 |                          |                                      |                                           | %                                     |                                                             |              |
|    |                          |                                      |                                           | %                                     |                                                             |              |
|    |                          |                                      |                                           | %                                     |                                                             |              |
|    |                          |                                      |                                           | %                                     |                                                             |              |
|    |                          |                                      |                                           | %                                     |                                                             |              |
| 78 | Fiduciary                |                                      |                                           | %                                     |                                                             |              |
| 79 | Total                    |                                      |                                           | 100%                                  |                                                             |              |

# Instructions for 2026 Form M2X

For additional information, see the 2026 Form M2 instructions

## Who Should File M2X?

This form should be filed by fiduciaries to correct—or amend—an original 2026 Form M2.

**Federal return adjustments.** If the Internal Revenue Service (IRS) changes or audits your federal return or you amend your federal return and it affects your Minnesota return or distributions to beneficiaries, you must file an amended Minnesota return within 180 days. If you are filing Form M2X based on an IRS adjustment, check the box at the top of the form and attach a copy of your amended federal return or correction notice you received from the IRS to Form M2X.

If the changes do not affect your Minnesota return or Schedules K-1, you have 180 days to send a letter of explanation and a copy of your amended federal return or the correction notice to: Minnesota Fiduciary Tax, Mail Station 5140, 600 N. Robert St., St. Paul, MN 55146-5140. If you fail to report as required, a 10% penalty will be assessed on any additional tax. See line 38 instructions.

**Claim for refund.** Use Form M2X to make a claim for refund and report changes to your Minnesota liability. If you make a claim for a refund and we do not act on it within six months of the date filed, you may bring an action in the district court or the tax court. See more details on limitations for claiming a refund below.

## When to File

File Form M2X only after you have filed your original return. You may file Form M2X claiming a refund within 3 1/2 years from the due date for filing the return, plus any extension of time granted for filing the return but only if filed within the extended time, or two years from the date the tax, penalties, or interest was paid, whichever period expires later. (M.S. 289A.40, subd. 1(a)) The amount of the claim for refund is limited depending on the amount of tax, penalties, and interest paid and when the claim is filed. (M.S. 289A.40, subd. 1(b))

## Filing Reminders

- **The amended return must be signed** by the fiduciary or authorized officer of the organization receiving, controlling or managing the income of the estate or trust. The person must also include his or her ID number.
- **If someone other than the fiduciary prepared the return**, the preparer must also sign.
- **Round amounts to the nearest dollar.** Drop amounts less than 50 cents and increase amounts 50 cents or more to the next higher dollar.
- **Forms and information** are available on our website at [www.revenue.state.mn.us](http://www.revenue.state.mn.us).

If you need help completing your amended return, call 651-556-3075. We'll provide information in other formats upon request.

## Explanation

On page 3 of Form M2X, include a detailed explanation of why the original return was incorrect. Providing this information will help us verify the amended amounts.

## Use of Information

All information provided on this form is private, except for your Minnesota tax ID number, which is public. Private information cannot be given to others except as provided by state law.

The identity and income information of the beneficiaries are required under state law so the department can determine the beneficiaries' correct Minnesota taxable income and verify if the beneficiaries have filed returns and paid the tax. The Social Security numbers of the beneficiaries are required to be reported on Schedule KF under M.S. 289A.12, subd. 13.

## Line Instructions

### Columns A, B, C

- **Column A:** Enter the amounts shown on your original return or as later adjusted by an amended return or audit report.
- **Column B:** Enter the dollar amount of each change as an increase or decrease for each line you are changing. Show all decreases in parentheses. Explain the changes in detail within the Explanation of Change on page 3 of Form M2X. If the changes involve items requiring supporting information, attach to Form M2X the appropriate schedule, statement or form to verify the corrected amount.
- **Column C:** Enter the corrected amounts after the increases or decreases. If there are no changes, enter the amount from column A.

### Line 2

Use Schedule M2NM, *Non-Minnesota Source Income and Related Expenses*, to determine the amount to include on line 2.

### Line 7

Use Schedule M2NM to determine the amount to include on line 7.

### Line 34

Enter the total of the following tax amounts, whether or not paid.

1. For the original 2026 M2 return, the amount from line 35.
2. Any additional tax due from a previously filed M2X.
3. Additional tax due as the result of an audit or notice of change.

**Do not** include any amounts that were paid for penalty, interest or underpayment of estimated tax.

### Line 36

Enter the total of the following refund amounts, whether or not the refund has been received.

1. For the original 2026 M2 return, the amount from line 40.
2. Any refund from a previously filed M2X.
3. Refund or reduction in tax from a protest or other type of audit adjustment.

Include any amount that was credited to estimated tax or applied to pay past due taxes. Do not include any interest that may have been included in the refunds you received.

*Continued*

## 2026 Form M2X instructions (continued)

If the refund amount on your original return was reduced by an additional charge for underpaying estimated tax reported on line 38 of the M2, then when figuring the amount to enter on the 2026 M2X line 36, add the amount from this line to the amount reported on line 40 of the 2026 M2.

### Lines 38 and 43

Lines 38 and 43 should reflect the changes to your tax and/or credits as reported on lines 1 through 33 of Form M2X. If you have unpaid taxes on your original Form M2, this amended return is not intended to show your corrected balance due.

### Line 38

If line 37 is a negative amount, treat it as a positive amount and add it to line 26C. Enter the result on line 38. This is the amount you owe, and is due when you file your amended return. You *cannot* use your estimated tax account to pay this amount.

### Line 39

If only one of the penalties below applies, you must multiply line 38 by 10% (.10). If both penalties apply, multiply line 38 by 20% (.20). Enter the result on line 39.

- The IRS assessed a penalty for negligence or disregard of rules or regulations.
- You failed to report federal changes to the department within 180 days as required.

### Line 41

Interest is calculated as simple interest and accrues on unpaid tax and penalties from the regular due date until it is paid in full. Use the formula below with the appropriate interest rate: Interest = line 40 x number of days past the due date x interest rate ÷ 365

If the days fall in more than one calendar year, you must determine the number of days separately for each year.

The interest rate for 2027 is X%.

Penalty will be assessed if the additional tax and interest are not paid with the amended return.

### Line 42

**Pay Electronically.** Visit our website at [www.revenue.state.mn.us](http://www.revenue.state.mn.us) and log in to e-Services. When paying electronically, you must use an account not associated with any foreign banks.

**Pay by Check.** Visit our website at [www.revenue.state.mn.us](http://www.revenue.state.mn.us) and click on **Make a Payment** and then **Check or Money Order** to create a voucher. Print and mail the voucher with a check made payable to Minnesota Department of Revenue. When you pay by check, you authorize us to make a one-time electronic fund transfer from your account. You may not receive your cancelled check.

### Line 43

Taxpayers can claim a refund within either of the following:

- 3 ½ years of the return's due date or extended due date
- 2 years of paying tax, penalties, or interest

A refund is limited to the sum of payments for tax, penalties, or interest made in the 2 years immediately preceding the date you filed your claim for refund if it is filed after the 3 1/2 years from the return's due date or extended due date.

If you want your refund to be directly deposited into your bank account, complete line 44. Your bank statement will indicate when your refund was deposited to your account. Otherwise, skip line 44 and your refund will be sent to you in the mail.

This refund cannot be applied to your estimated tax account.

### Line 44

If you want your refund to be directly deposited into your checking or savings account, enter the routing and account numbers. The **routing number** must have nine digits. The **account number** may contain up to 17 digits (both numbers and letters). If your account number contains less than 17 digits, enter the number and leave out any hyphens, spaces and symbols. If the routing or account number is incorrect or is not accepted by your financial institution, your refund will be sent to you in the form of a paper check.

You can find your bank's routing number and account number on the bottom of your check.

⑆09 1000000 ⑆000000000000⑈  
└── Bank's routing number ─┘ └── Account number ─┘

### Lines 45 through 75

If you enter a corrected amount in Column C of lines 45 through 59, or 61 through 75, you may be required to notify beneficiaries of any adjustments to their income. Report the corrected information on a new Schedule KF, and check the "Amended KF" box toward the top of the schedule.

## Signature

The return must be signed by the fiduciary or authorized officer of the organization receiving, controlling or managing the income of the estate or trust. The person must also include his or her ID number.

If someone other than the fiduciary prepared the return, the preparer must also sign and include their ID and phone number.

Check the box to authorize the department to discuss this return with the preparer. This authority allows us to discuss with your preparer these items from this return: line item details; tax due on original and adjustments made during processing; penalty or interest due; documents received or sent like a tax order or bill; and dates and amounts of payments, credits, or refunds. The authority also allows your preparer to cancel direct deposit or debit payments and submit an abatement request.

The authority granted by a marked return checkbox is valid for one year after the due date for current original returns, or one year from the date the form was submitted for amended and noncurrent original returns.

Checking the box does not give your preparer the authority to sign any tax documents on your behalf, represent you at any audit or appeals conference, or discuss abatement progress. For these types of authorities, file Form REV184b, *Business Power of Attorney*, with the department.