DEPARTMENT OF REVENUE

Final Draft 10/1/26

271991

2027 Form M99, Credit for Military Service in a Combat Zone

TAXPAYER'S 1ST NAME,IN Your First Name and Initial	TAXPAYER'S LAST NAMEXXXXXXXXXXXXX Last Name	999999999 Your Social Security Number
CURRENT HOME ADDRESSXXXXXXXXXXXX Current Home Address	Check if: [X] New Address [X] Foreign Address	999999999 Your Date of Birth (MM/DD/YYYY)
CITYXXXXXXXXXXXXXXXXXXXXXXXXXXX City	XX State 11223 ZIP Code	[X] Check if Amended Form M99

Enter the number of months served in a combat zone during 2027. **Count partial months as full months.** Your domicile must have been Minnesota during the months served to qualify for the credit.

1 Enter the date range you served in a combat zone or hazardous duty area in 2027 . . . . . . **1** ■ MM/DD/YYYY (MM/YYYY) to MM/DD/YYYY (MM/YYYY)

2 If you had a second deployment in 2027 to a combat zone or hazardous duty area, enter the date range . . . . **2** ■ MM/DD/YYYY (MM/YYYY) to MM/DD/YYYY (MM/YYYY)

3 Add the number of months from line 1 and line 2 that you served in 2027, do not include months outside of 2027 . . . . **3** ■ 12

4 Multiply line 3 by $120. This is the **AMOUNT OF YOUR CREDIT** . . . . **4** ■ 1234

For **Direct Deposit** of the full credit, enter the following information. Otherwise, you will receive a check.
(You must use an account not associated with a foreign bank.)

Account Type

[X] Checking [X] Savings

999999999999999 **Routing Number**

99999999999999999999 **Account Number**

Sign here: *I declare that this return is correct and complete to the best of my knowledge and belief.*

Your signature	11223333 Date	1112223333 Phone	
Paid preparer's signature	11223333 Date	1112223333 Phone	123456789 PTIN or VITA/TCE # **(required)**

[X] I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.

Explanation of Amended Form — If you need to make changes to a Form M99 that you have already submitted, you must mail a new Form M99, check the amended box on the form, and explain your changes below. If needed, enclose another sheet; include required documentation and mail to the address on the form.

EXPLAIN AMENDED XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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You must enclose the following with this return:

Active-duty members:

- Attach a copy of your Leave and Earnings Statement for each month in qualifying status.

National Guard, Reservists, and retired or discharged active-duty members:

- Attach Form DD-214 for each period of qualifying service.

We will accept completed forms and documentation starting January 1, 2027.

Mail to:
Minnesota Department of Revenue
Mail Station 0043
600 N. Robert St.
St. Paul, MN 55146-0043