DEPARTMENT OF REVENUE

NEAR FINAL DRAFT — 11/13/26

* 2 4 2 9 1 1 *

2024 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 (Check if name has changed: X)	Federal ID Number	Minnesota Tax ID Number	Number of Schedules KF
NAME OF ESTATE OR TRUST	123456789	123456789	12
Name and Title of Fiduciary	**Decedent's Social Security Number**	**Date of Death**	**Number of Beneficiaries**
BENEFICIARY NAMEXXXXXXXXXXXXXXX	111223333	123456789	12
Current Address of Fiduciary	**Fiduciary City**	**Fiduciary State**	**Fiduciary ZIP Code**
FIDUCIARY ADDRESSXXXXXXXXXXXXXX	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**
DECEDENT ADDRESSXXXXXXXXXXXXXX	CITYXXXXXXXXXXXX	MN	12345

Check all that apply:

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

Check reason you are amending:

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

X Net Operating Loss Carried Back From Tax Year Ending (MM/DD/YYYY) MM/DD/YYYY X 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 76, column E, on page 4 of this form)*	4	12345678	12345678	12345678
5	Add lines 1 through 4	5	12345678	12345678	12345678
6	Subtractions *(from line 76, column E, on page 4 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)*: X Schedule M1LS X 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

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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
21	Credit for Sales of Manufactured Home Parks to Cooperatives	21	12345678	12345678	12345678
22	Credit for increasing research activities *(enclose Schedule KPI, KS, or KF)*	22	12345678	12345678	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 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: XXXXXX				
31	Credit for sustainable aviation fuel	31	12345678	12345678	12345678
	Enter certificate number from the Department of Agriculture 123456789				
32	Other refundable credits *(see instructions)*	32	12345678	12345678	12345678
33	Amount due from original Form M2, line 34 *(see instructions)*	33	12345678		
34	Total refundable credits and tax paid *(add lines 27c through 32c and line 33)*	34	12345678		
35	Refund amount from original Form M2, line 39 *(see instructions)*	35	12345678		
36	Subtract line 35 from line 34 (if result is less than zero, enter the amount as a negative)	36	12345678		
37	Tax you owe. If line 26c is more than line 36, subtract line 36 from line 26c. (if line 36 is a negative amount, see instructions)	37	12345678		
38	If you failed to timely report federal changes or the IRS assessed a penalty *(see instructions)*	38	12345678		

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39 Add lines 37 and 38. . . . . **39** 12345678

40 Interest *(see instructions)* **40** 12345678

41 **AMOUNT DUE** *(add lines 39 and 40)*. Payment method: [X] Electronic [X] Check *(attach voucher)* **41** 12345678

42 **REFUND DUE** *(if line 36 is more than lines 26c, 38, and 40, subtract lines 26c, 38, and 40 from line 36)* **42** 12345678

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

[X] Checking [X] Savings

123456789123456789	123456789012345678901 2345678901
Routing number	Account number (use an account not associated with any foreign banks)

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

242941

		A—As previously reported	B—Net change	C—Corrected amount
Additions to Income				
44	State and municipal bond interest from outside Minnesota	12345678	12345678	12345678
45	State taxes deducted in arriving at net income	12345678	12345678	12345678
46	Expenses deducted on your federal return that are attributable to income not taxed by Minnesota *(other than U.S. bond interest)*	12345678	12345678	12345678
47	80 percent of suspended loss from 2001-2005 or 2008-2023 on federal return generated by bonus depreciation	12345678	12345678	12345678
48	80 percent of federal bonus depreciation	12345678	12345678	12345678
49	Section 199A qualified business income	12345678	12345678	12345678
50	Addition due to federal changes not adopted by Minnesota *(Schedule M2NC, line 17)*	12345678	12345678	12345678
51	Net operating loss carryover adjustment	12345678	12345678	12345678
52	Foreign derived intangible income (FDII) deduction	12345678	12345678	12345678
53	Other additions *(see instructions)*	12345678	12345678	12345678
54	This line intentionally left blank			
55	This line intentionally left blank			
56	This line intentionally left blank			
57	This line intentionally left blank			
58	Add lines 44 through 57. Also enter the amount from line 58C on line 77, column E, under Additions	12345678	12345678	12345678
Subtractions from Income				
59	Interest on U.S. government bond obligations, minus expenses deducted on federal return that are attributable to this income	12345678	12345678	12345678
60	State income tax refund included on federal return	12345678	12345678	12345678
61	Federal bonus depreciation subtraction	12345678	12345678	12345678
62	Subtraction due to federal changes not adopted by Minnesota *(Schedule M2NC, line 17, as a positive number)*	12345678	12345678	12345678
63	Subtraction for railroad maintenance expenses	12345678	12345678	12345678
64	Net operating loss carryover adjustment	12345678	12345678	12345678
65	Deferred foreign income/Employee Retention Credit	12345678	12345678	12345678
66	Disallowed section 280E expenses of a licensed cannabis or hemp business	12345678	12345678	12345678
67	Delayed business interest	12345678	12345678	12345678
68	Delayed net operating loss deduction	12345678	12345678	12345678

69	Other subtractions *(see instructions)*	69	12345678	12345678	12345678
70	This line intentionally left blank	70			
71	This line intentionally left blank	71			
72	This line intentionally left blank	72			
73	This line intentionally left blank	73			
74	Add lines 59 through 73. Also enter the amount from line 74C on line 77, column E, under Subtractions	74	12345678	12345678	12345678

	A Name of each beneficiary	B Beneficiary's Social Security number	C Share of federal distributable net income	D Percent of total on line 77, column C	E Shares assignable to beneficiary and to fiduciary Additions	 Subtractions
75	BENEFICIARYNAME	111223333	12345678	123 %	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123 %	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123 %	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123 %	12345678	12345678
	BENEFICIARYNAME	111223333	12345678	123 %	12345678	12345678
76	Fiduciary		12345678	123 %	12345678	12345678
77	**Total**		12345678	**100%**	12345678	12345678