

Form M2X, Amended Income Tax Return for Estates and Trusts 2016

Tax year beginning (mm/dd/yyyy) _____ and ending (mm/dd/yyyy) _____

Print or Type

| | | | | |
|---|---|-----------------------------------|-------------------------|----------|
| Name of estate or trust | Check if name has changed: <input type="checkbox"/> | Federal ID number | Minnesota tax ID number | |
| Name and title of fiduciary | | Decedent's Social Security number | Date of Death | |
| Current address of fiduciary | | City | State | Zip code |
| Decedent's last address or grantor's address when trust became irrev. | | City | State | Zip code |

Check all that apply

Check box(es) indicating reason(s) you are amending:

Amended federal return IRS adjustment Changes affect Schedules KF

Net operating loss carried back from tax year ending _____ Other

| | |
|------------------------|-------------------------|
| Number of Schedules KF | Number of beneficiaries |
|------------------------|-------------------------|

Calculate Your New Tax

| | A—As previously reported | B—Net change | C—Corrected amount |
|---|--------------------------|--------------|--------------------|
| 1 Federal taxable income (from federal Form 1041) | 1 _____ | _____ | _____ |
| 2 Deductions and losses not allowed (from Form M2, line 2) | 2 _____ | _____ | _____ |
| 3 Capital gain amount of lump-sum distribution | 3 _____ | _____ | _____ |
| 4 Additions (from line 49, on page 3 of this form) | 4 _____ | _____ | _____ |
| 5 Add lines 1 through 4 | 5 _____ | _____ | _____ |
| 6 Subtractions (from line 49, on page 3 of this form) | 6 _____ | _____ | _____ |
| 7 Fiduciary's income from non-Minnesota sources | 7 _____ | _____ | _____ |
| 8 Add lines 6 and 7 | 8 _____ | _____ | _____ |
| 9 Minnesota taxable net income (subtract line 8 from line 5) | 9 _____ | _____ | _____ |
| 10 Tax from table on pages 10–13 of the M2 instructions | 10 _____ | _____ | _____ |
| 11 Tax from S portion of ESBT (from Schedule M2SB) | 11 _____ | _____ | _____ |
| 12 Total of tax from (enclose appropriate schedules): <input type="checkbox"/> Schedule M1LS <input type="checkbox"/> Schedule M2MT | 12 _____ | _____ | _____ |
| 13 Composite income tax for nonresidents (enclose Schedules KF) | 13 _____ | _____ | _____ |
| 14 Total income tax (add lines 10 through 13) | 14 _____ | _____ | _____ |
| 15 Estimated tax and/or extension payments | 15 _____ | _____ | _____ |
| 16 Minnesota tax withheld (enclose documentation) | 16 _____ | _____ | _____ |
| 17 Other refundable credits | 17 _____ | _____ | _____ |
| 18 Other nonrefundable credits | 18 _____ | _____ | _____ |



Calculate Your New Tax, Cont.

- 19 Amount due from original Form M2 (see instructions) 19 █ _____
- 20 Total credits and tax paid (add lines 15C through 18C and line 19) 20 █ _____
- 21 Refund amount from original Form M2, line 21 (see instructions) 21 █ _____
- 22 Subtract line 21 from line 20 (if result is less than zero, enter the negative amount) 22 █ _____
- 23 Tax you owe (if line 14C is more than line 22, subtract line 22
from line 14C. If line 22 is a negative amount, see instructions) 23 █ _____
- 24 If you failed to timely report federal changes or the IRS assessed a penalty (see instructions) 24 █ _____
- 25 Add lines 23 and 24 25 █ _____
- 26 Interest (see instructions) 26 █ _____
- 27 **AMOUNT DUE** (add lines 25 and 26). Payment method: Electronic Check (attach voucher) ... 27 █ _____
- 28 **REFUND DUE** (if line 22 is more than line 14C, subtract line 14C from line 22) 28 █ _____
- 29 To have your refund direct deposited, enter the following. Otherwise, you will receive a check.

Account type: Routing number Account number (use an account not associated with any foreign banks)

Checking Savings

Sign Here

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

| | | | | | |
|--|---------------------------|---------------------------|---------------|--|---------------|
| Signature of fiduciary or officer representing fiduciary | Print name of contact | MN ID or Soc. Sec. number | | Date | Daytime Phone |
| Paid preparer's signature | MN ID number, SSN or PTIN | Date | Daytime phone | <input type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer. | |
| | | | | | |

Explain net changes on next page. Mail to: Minnesota Amended Fiduciary Tax, Mail Station 1310, St. Paul, MN 55145-1310.





Adjustments to Income

A—As previously reported B—Net change C—Corrected amount

Additions

| | | | | | |
|-----------|--|-------------|----------------------|----------------------|----------------------|
| 30 | State and municipal bond interest from outside Minnesota . . . | 30 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 31 | State income tax deducted on federal return | 31 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 32 | Expenses deducted on your federal return that are attributable to income not taxed by Minnesota (<i>other than U.S. bond interest</i>) . . | 32 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 33 | 80 percent of suspended loss from 2001-2005 or 2008-2015 on federal return generated by bonus depreciation | 33 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 34 | 80 percent of federal bonus depreciation | 34 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 35 | Fines, fees and penalties deducted federally as trade or business expense | 35 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 36 | This line intentionally left blank. <input type="text"/> | 36 a | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | 36 b | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 37 | Net operating loss carryover adjustment | 37 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 38 | Domestic production activities deduction | 38 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 39 | Add lines 30 through 38. Also enter the amount from line 39C on line 50, column E, under Additions | 39 | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Subtractions

| | | | | | |
|-----------|--|-------------|----------------------|----------------------|----------------------|
| 40 | Interest on U.S. government bond obligations, minus expenses deducted on federal return that are attributable to this income . . | 40 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 41 | State income tax refund included on federal return | 41 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 42 | Federal bonus depreciation subtraction | 42 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 43 | This line intentionally left blank. <input type="text"/> | 43 a | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | 43 b | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 44 | Subtraction for prior addback of reacquisition of business indebtedness income | 44 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 45 | Subtraction for railroad maintenance expenses. | 45 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 46 | Net operating loss carryover adjustment | 46 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 47 | Add lines 40 through 46. Also enter the amount from line 47C on line 50, column E, under Subtractions | 47 | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Adjustments Assigned to Fiduciary and Beneficiaries

| | 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 50, column C | Shares assignable to beneficiary and to fiduciary | Additions | Subtractions | | | |
| 48 | | | | % | | | | | | |
| | | | | % | | | | | | |
| | | | | % | | | | | | |
| 49 | Fiduciary | | | % | | | | | | |
| 50 | Total | | | 100% | | | | | | |

Explain each change in detail on the back of this sheet.



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.