



2017 Form M1, Individual Income Tax

Leave unused boxes blank. Do not use staples on anything you submit.

Your First Name and Initial _____ Last Name _____ Your Social Security Number _____

If a Joint Return, Spouse's First Name and Initial _____ Spouse's Last Name _____ Spouse's Social Security Number _____

Current Home Address _____ Check if: New Address Foreign Address _____ Your Date of Birth _____
 City _____ State _____ Zip Code _____ Spouse's Date of Birth _____


2017 Federal Filing Status (1) Single (2) Married filing jointly (3) Married filing separately: Enter spouse name and Social Security number _____
(place an X in one box): (4) Head of household (5) Qualifying widow(er) _____

State Elections Campaign Fund
 If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.
Political party and code number:
 Republican 11 Grassroots—Legalize Cannabis . 14 Legal Marijuana Now 17
 Democratic/Farmer-Labor . 12 Green 15 General Campaign
 Independence 13 Libertarian 16 Fund 99
 Your code _____
 Spouse code _____

From Your Federal Return (see instructions) _____
 A Wages, salaries, tips, etc. _____ B IRA, pensions, and annuities _____ C Unemployment _____ D Federal adjusted gross income _____
 ▲ Place an X in box if a negative number

- 1 **Federal taxable income** (from line 43 of federal Form 1040, line 27 of Form 1040A, or line 6 of Form 1040EZ) (if a negative number, place an X in the box) 1
- 2 **State income tax or sales tax addition.** If you itemized deductions on federal Form 1040, complete the worksheet in the instructions 2
- 3 Other additions to income, including disallowed itemized deductions, personal exemptions, non-Minnesota bond interest, and domestic production activities deduction (see instructions; enclose Schedule M1M) 3
- 4 Add lines 1 through 3 (if a negative number, place an X in the box). 4
- 5 State income tax refund from line 10 of federal Form 1040 5
- 6 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds, Title 10 military retirement pay, or K-12 education expenses (see instructions; enclose Schedule M1M) 6
- 7 Total subtractions. Add lines 5 and 6 7 _____
- 8 **Minnesota taxable income.** Subtract line 7 from line 4. If zero or less, leave blank. 8 _____
- 9 Tax from the table in the M1 instructions 9 _____
- 10 Alternative minimum tax (enclose Schedule M1MT) 10
- 11 Add lines 9 and 10 11 _____
- 12 **Full-year residents:** Enter the amount from line 11 on line 12. Skip lines 12a and 12b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 27 on line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR) 12 _____
- a b (Place an X in box if a negative number)
- 13 Tax on lump-sum distribution (enclose Schedule M1LS) 13



- 14 Tax on non-qualified first-time homebuyer withdrawals (*enclose Schedule M1HOME*) 14 _____
- 15 Tax before credits. Add lines 12, 13, and 14 15 _____
- 16 Marriage Credit for joint return when both spouses have taxable earned income
or taxable retirement income (*enclose Schedule M1MA*) 16 ■ _____
- 17 Credit for taxes paid to another state (*enclose Schedule(s) M1CR and M1RCR*) 17 ■ _____
- 18 Other nonrefundable credits (*enclose Schedule M1C*) 18 ■ _____
- 19 Total nonrefundable credits. Add lines 16, 17, and 18 19 _____
- 20 Subtract line 19 from line 15 (*if result is zero or less, leave blank*) 20 _____
- 21 Nongame Wildlife Fund contribution (*see instructions*)
This will reduce your refund or increase the amount you owe  21 ■ _____
- 22 Add lines 20 and 21 22 _____
- 23 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from W-2, 1099, and W-2G forms (*do not send*) 23 ■ _____
- 24 Minnesota estimated tax and extension payments made for 2017 24 ■ _____
- 25 Refundable credits (*enclose Schedule M1REF*): Child and Dependent Care Credit, Working Family Credit,
K-12 Education Credit, Credit for Parents of Stillborn Children, and Credit for Tax Paid to Wisconsin. 25 ■ _____
- 26 Business and investment credits (*enclose Schedule M1B*) 26 ■ _____
- 27 Total payments. Add lines 23 through 26 27 _____
- 28 **REFUND.** If line 27 is more than line 22, subtract line 22 from line 27 (*see instructions*).
For direct deposit, complete line 29 28 ■ _____
- 29 Direct deposit of your refund (*you must use an account not associated with a foreign bank*):
Account Type **Routing Number** **Account Number**
 Checking Savings _____
- 30 **AMOUNT YOU OWE.** If line 22 is more than line 27, subtract
line 27 from line 22 (*see instructions*) 30 ■ _____
- 31 Penalty amount from Schedule M15 (*see instructions*). Also subtract
this amount from line 28 or add it to line 30 (*enclose Schedule M15*) 31 ■ _____
- IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 32 and 33.
- 32 Amount from line 28 you want sent to you 32 ■ _____
- 33 Amount from line 28 you want applied to your 2018 estimated tax 33 ■ _____

I declare that this return is correct and complete to the best of my knowledge and belief. Paid preparer: You must sign below.

Your signature Date Paid preparer's signature Date

Spouse's signature (if filing jointly) Taxpayer's daytime phone Preparer's daytime phone PTIN or VITA/TCE # (required)

Your email address Preparer's email address

Include a copy of your 2017 federal return and schedules.

Mail to: Minnesota Individual Income Tax
St. Paul, MN 55145-0010

To check on the status of your refund, visit www.revenue.state.mn.us

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.

I do not want my paid preparer to file my return electronically.