



2020 Form M1, Individual Income Tax

Your First Name and Initial _____	Your Last Name _____	Your Social Security Number (SSN) _____	Your Date of Birth _____
If a Joint Return, Spouse's First Name and Initial _____	Spouse's Last Name _____	Spouse's Social Security Number _____	Spouse's Date of Birth _____
Current Home Address _____	City _____	State _____ ZIP Code _____	Check if Address is: <input type="checkbox"/> New <input type="checkbox"/> Foreign

2020 Federal Filing Status (place an X in one box):

(1) Single
 (2) Married Filing Jointly
 (3) Married Filing Separately
 (4) Head of Household
 (5) Qualifying Widow(er)

Spouse Name _____

Spouse SSN _____

Dependents (see instructions):

Dependent 1 First Name _____	Dependent 1 Last Name _____	Dependent 1 SSN _____	Dependent 1 Relationship to You _____
Dependent 2 First Name _____	Dependent 2 Last Name _____	Dependent 2 SSN _____	Dependent 2 Relationship to You _____
Dependent 3 First Name _____	Dependent 3 Last Name _____	Dependent 3 SSN _____	Dependent 3 Relationship to You _____

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers:

Your Code _____	Spouse's Code _____	Republican—11	Independence—13	Green—15	Legal Marijuana Now—17
		Democratic/Farmer-Labor—12	Grassroots/Legalize Cannabis—14	Libertarian—16	General Campaign Fund—99

From Your Federal Return *(see instructions)*

A. Wages, salaries, tips, etc. _____	B. IRA, pensions, and annuities _____	C. Unemployment _____	D. Federal taxable income _____
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1 Federal adjusted gross income <i>(from line 11 of federal Form 1040 and 1040-SR)</i>	1 ■	_____
2 Additions to Minnesota income from line 17 of Schedule M1M <i>(see instructions; enclose Schedule M1M)</i>	2 ■	_____
3 Add lines 1 and 2.	3	_____
4 Itemized deductions <i>(from Schedule M1SA)</i> or your standard deduction <i>(see instructions)</i>	4 ■	_____
5 Exemptions <i>(determine from instructions)</i>	5 ■	_____
6 State income tax refund from line 1 of federal Schedule 1.	6 ■	_____
7 Other subtractions from Minnesota income from line 47 of Schedule M1M <i>(see instructions; enclose Schedule M1M)</i>	7 ■	_____
8 Total subtractions. Add lines 4 through 7.	8	_____
9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9	_____
10 Tax from the table in the Form M1 instructions	10	_____
11 Alternative minimum tax <i>(enclose Schedule M1MT)</i>	11 ■	_____



