



## **2021 Form M1, Individual Income Tax** Do not use staples on anything you submit.

| Your Fir   | st Name and Initial   | Last Name   | Your Social Security Number                         | Your Date of Birth (MM/DD/YYY          |  |  |
|------------|---|---|---|--|--|--|
| If a Joint | t Return, Spouse's First Name and Initia                      | Spouse's Last Name                                | Spouse's Social Security Numb  Check if Address is: | er Spouse's Date of Birth  New Foreign |  |  |
| Current    | Home Address  |   |   | newnoreign                             |  |  |
| City       | Fodoral Filing Status (s                                      | place an V in one hov):                           | State   | ZIP Code                               |  |  |
| 2021       | Federal Filing Status (ہے۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔ |   |   |  |  |  |
| []         | L) Single (2) Married Filing Joi                              |   | (4) Head of Househo                                 | old(5) Qualifying Widow(e              |  |  |
|            |   | Spouse Name<br>Spouse SSN                         |   |  |  |  |
| Depe       | endents (see instruction                                      | ns):  |   |  |  |  |
| Depend     | dent 1 First Name   | Dependent 1 Last Name                             | Dependent 1 SSN                                     | Dependent 1 Relationship to You        |  |  |
| Depend     | dent 2 First Name   | Dependent 2 Last Name                             | Dependent 2 SSN                                     | Dependent 2 Relationship to You        |  |  |
| Depend     | dent 3 First Name   | Dependent 3 Last Name                             | Dependent 3 SSN                                     | Dependent 3 Relationship to You        |  |  |
|            | Your Federal Return (so                                       | ee instructions)  B. IRA, pensions, and annuities | C. Unemployment D. I                                | ederal taxable income                  |  |  |
| 1          | Federal adjusted gross incom                                  | ne (from line 11 of federal Form 1040 o           | nd 1040-SR)   | . 1                                    |  |  |
| 2          |   |   | nedule M1MB (see instructions)                      |  |  |  |
| 3          |   |   |   | 3                                      |  |  |
|            | Add lines 1 and 2   |   |   |  |  |  |
|            | •   |   |   | 5                                      |  |  |
| 5          |   |   |   |  |  |  |
| 6          |   |   |   | 6 ■                                    |  |  |
| 7          | Subtractions from line 32 of S                                | chedule M1M and line 22 of Schedule               | M1MB (see instructions)                             | 7 🔳                                    |  |  |
| 8          | Total subtractions. Add lines 4                               | through 7   |   | 8                                      |  |  |
| 9          | Minnesota taxable income. S                                   | ubtract line 8 from line 3. If zero or les        | ss, leave blank                                     | 9                                      |  |  |
| 10         | Tax from the table in the Form                                | n M1 instructions                                 |   | 10                                     |  |  |

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| 11       | Alternative minimum tax (enclose Schedule M1MT)  |  | 11       | •                             |
|----------|--|--|----------|-------------------------------|
|          |  |  |          |                               |
| 12<br>13 | Add lines 10 and 11  | Skip lines 13a and 13b.<br>nter the amount from line 32 on |          |                               |
| 14       | 13a  13b   Other taxes, such as recapture amounts and the tax on lump-se   | -  |          |                               |
|          | (a) Schedule M1HOME (b) Schedule M1529   | (c) Schedule M1LS  | 14 I     | <b>.</b>                      |
| 15       | Tax before credits. Add lines 13 and 14  |  | 15       |                               |
| 16       | Amount from line 18 of Schedule M1C, Nonrefundable Credits   | 16   | ·        |                               |
| 17<br>18 | Subtract line 16 from line 15 (if result is zero or less, leave blan Nongame Wildlife Fund contribution (see instructions)   | k)   | 17       |                               |
|          | This will reduce your refund or increase the amount you owe .  |  | 18       |                               |
| 19<br>20 | Add lines 17 and 18  |  |          |                               |
| 21       | Minnesota estimated tax and extension payments made for 20   |  |          |                               |
| 22       | Amount from line 11 of Schedule M1REF, Refundable Credits (s   | see instructions; enclose Schedule M1REF)                  | 22 I     | ·                             |
| 23<br>24 | Total payments. Add lines 20 through 22  | 23   |          |                               |
| 25       | For direct deposit, complete line 25   | 24 I   |          |                               |
|          | Checking Savings   |  |          |                               |
|          | Routing Number   | Account Number   |          |                               |
|          | <b>AMOUNT YOU OWE</b> . If line 19 is more than line 23, subtract line Penalty amount from Schedule M15 (see instructions). Also subtract line 19 is more than line 23, subtract line 19 is more than line 24, subtract lin |  | 26       |                               |
|          | this amount from line 24 or add it to line 26 (enclose Schedule  |  | 27 I     | <b>.</b>                      |
|          | OU PAY ESTIMATED TAX and want part of your refund credited to Amount from line 24 you want sent to you   |  | 28       | <b>.</b>                      |
| 29       | Amount from line 24 you want applied to your 2022 estimated  | l tax  | 29       |                               |
| ахр      | ayer: I declare that this return is correct and complete to the bes  | st of my knowledge and belief.                             |          |                               |
| our/     | Signature  | Spouse's Signature (If Filing Jointly)                     | 1        | Date (MM/DD/YYYY)             |
| Dayt     | ime Phone  | Email Address  |          |                               |
| aid      | Preparer's Signature   | Date (MM/DD/YYYY)  |          | PTIN or VITA/TCE # (required) |
| rep      | arer's Daytime Phone   | Preparer's Email Address                                   |          |                               |
|          | I do not want my paid preparer to file my return electronically.   | I authorize the Minnesota Department of Revenue            | to discu | uss this tax return           |
|          | Include a copy of your 2021 federal return and schedules.  | with the preparer or the third-party designee indica       |          |                               |