

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

Please Print

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 (Street, Apartment Number, Route)

Place an X if a New Address:

Your Date of Birth

City

State

Zip Code

Spouse's Date of Birth

Filing Status

2015 Federal Filing Status

(place an X in one oval box):

(1) Single

(2) Married filing joint

(3) Married filing separate:

(4) Head of household

(5) Qualifying widow(er)

Enter spouse's name and Social Security number here

State Elections Campaign Fund

If you want \$5 to go to help candidates for state offices pay campaign expenses, you may each 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
Democratic/Farmer-Labor 12
Independence 13

Grassroots—Legalize Cannabis 14
Green 15
Libertarian 16

Legal Marijuana Now 17
General Campaign Fund 99

Your code:

Spouse's code:

Federal

From Your Federal Return (for line references see instructions), enter the amount of:

A Wages, salaries, tips, etc.:

B IRA, Pensions and annuities:

C Unemployment:

D Federal adjusted gross income:

If a negative number, place an X in oval box.

00

00

00

00

Do not send W-2s. Enclose Schedule M1W to claim Minnesota withholding.

1 Federal taxable income (from line 43 of federal Form 1040, line 27 of Form 1040A or line 6 of Form 1040EZ) 1

If a negative number, place an X in oval box.

00

2 State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet in the instructions 2

00

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

00

4 Add lines 1 through 3 (if a negative number, place an X in the oval box) 4

If a negative number, place an X in oval box.

00

5 State income tax refund from line 10 of federal Form 1040 5

00

6 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds or K-12 education expenses (see instructions; enclose Schedule M1M) 6

00

7 Total subtractions. Add lines 5 and 6 7

00

8 Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank. 8

00

9 Tax from the table in the M1 instructions 9

00

10 Alternative minimum tax (enclose Schedule M1MT) 10

00

11 Add lines 9 and 10 11

00

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 tax from line 27 on line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR) . . . 12

00

a. M1NR, line 23: b. M1NR, line 24: If a negative number, place an X in oval box.

13 Tax on lump-sum distribution (enclose Schedule M1LS) 13

00


14 Tax before credits. Add lines 12 and 13 14

00

Nonrefundable Credits

- 15 Tax before credits. Amount from line 14 15 .00
- 16 Marriage credit for joint return when both spouses have taxable earned income or taxable retirement income (enclose Schedule M1MA) 16 ■ .00
- 17 Credit for taxes paid to another state (enclose Schedule(s) M1CR) 17 ■ .00
- 18 Other nonrefundable credits (enclose Schedule M1C) 18 ■ .00
- 19 Total nonrefundable credits. Add lines 16 through 18 19 .00

Tax

- 20 Subtract line 19 from line 15 (if result is zero or less, leave blank) 20 .00
- 21 Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase amount owed  21 ■ .00
- 22 Add lines 20 and 21 22 .00

Total Payments and Credits

- 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 ■ .00
- 24 Minnesota estimated tax and extension payments made for 2015 24 ■ .00
- 25 Child and Dependent Care Credit (enclose Schedule M1CD). Enter number of qualifying persons here: 25 ■ .00
- 26 Minnesota Working Family Credit (enclose Schedule M1WFC). Enter number of qualifying children here: 26 ■ .00
- 27 K-12 Education Credit (enclose Schedule M1ED). Enter number of qualifying children here: 27 ■ .00
- 28 Business and investment credits (enclose Schedule M1B) 28 ■ .00
- 29 Total payments. Add lines 23 through 28 29 .00

Refund or Amount Due

- 30 REFUND. If line 29 is more than line 22, subtract line 22 from line 29 (see instructions). For direct deposit, complete line 31 30 ■ .00
- 31 Direct deposit of your refund (you must use an account not associated with a foreign bank):
 Account Type Routing Number Account Number
 Checking Savings
- 32 AMOUNT YOU OWE. If line 22 is more than line 29, subtract line 29 from line 22 (see instructions) 32 ■ .00
- 33 Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 30 or add it to line 32 (enclose Schedule M15) 33 ■ .00
- IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 34 and 35.
- 34 Amount from line 30 you want sent to you 34 ■ .00
- 35 Amount from line 30 you want applied to your 2016 estimated tax 35 ■ .00

Sign Here

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)

Include a copy of your 2015 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.