2012 Specifications for Scannable Forms

Forms M1, M1PR and M99; Schedules M1B, M1C, M1CD, M1M, M1W and M1WFC

The Minnesota Department of Revenue uses electronic scanning equipment to handle paper-filed income tax and property tax refund returns and several supporting schedules. Information on scannable forms (forms designed with a drop-out color) are read by an electronic scanner — the IBML Image TracIII Scanner using Optical Character Reader (OCR) and imaging technology — and entered directly into our system.

We also use the scanning equipment to identify forms that are keyed from image (KFI), such as the Schedule M1CD. When the scanner identifies a KFI form by the form ID, it will prompt a data entry operator to key the information from the schedule into our system.

Scannable and KFI Forms

The department has eight forms that are scannable (Form M1, Schedule M1B, Schedule M1C, Schedule M1M, Schedule M1W, Schedule M1WFC, Form M99 and Form M1PR) and one form that is KFI (Schedule M1CD).

Form vendors and software developers who reproduce, develop or distribute the scannable forms must create the forms so that the variable data — specific fields containing taxpayer information — are printed in a fixed format, which can then be read by the scanning equipment. It is very important that the placement of the variable data is printed exactly as described in these specifications.

To ensure accurate processing, the KFI forms must be created so that the form ID and registration marks are printed exactly as shown in the attached examples. Because the scanner is only reading the registration marks and form ID on a KFI form, the placement of the other variable data does not need to be exact.

Substitute scannable and KFI forms must meet the department's requirements and be approved prior to release or distribution.

If you're using a product designed by a form vendor or software developer to generate or reproduce a scannable form, you don't need to get additional approval—as long as you don't make any alterations to the placement of data within the form. Before you use a substitute form, be sure to verify that the department has approved the company to reproduce the scannable form. A list of approved vendors will be available on the department's website at www.taxes.state.mn.us.

The remainder of this document is dedicated to the design and approval process for the 2011 Forms M1, M1PR and M99 and Schedules M1B, M1C, M1CD, M1M, M1W and M1WFC.

Continued

Handprint Official Forms

The scanning equipment is programmed to read the information that falls within "designated areas" on a given form. The original forms created by the department use pink "drop-out" boxes to indicate the designated areas and are designed to be used by taxpayers who handprint the requested information on the form and file their return on paper.

When the handprint forms are read by our scanning equipment, the colored boxes "drop out" of the image so that only the information that falls within the designated areas are read by the equipment.

Handprint versions of the scannable forms (forms that use a drop-out color) must be provided by the department and cannot be substituted.

Computer-Generated Forms

Substitute scannable forms will be accepted that are computer-generated—electronically completed and printed. However, the variable data fields on these forms require exact placement.

For the exact positioning of each field location on the paper form, see the specifications starting on page 5.

Substitute forms must be created according to department guidelines and be approved prior to release or distribution.

Approval Process

Department approval obtained prior to releasing or distributing substitute scannable forms as a paper copy is valid only for the specific tax year. Forms must be submitted for approval every year.

Substitutes for scannable forms may be submitted after November 1.

To obtain approval to generate official scannable forms, you must submit the following:

- a copy of the Substitute Form Developer Submission Summary/Approval Status form (available on our website), and
- five (5) sample copies of each scannable form (M1, M1M, M1W, M1B, M1C, M1WFC, M1PR and M99) containing variable data and showing different scenarios of variable data. All forms must contain multiple fields of data and be different. At least one sample must present all maximized fields (one alpha "X" or numeric "9" character per character space with no leading or trailing spaces). Every field should be used in at least one of the 5 samples.

Submit the forms in either PDF or paper format to:

- E-mail address: Efile.formapproval@state.mn.us
- USPS address:

Dawn Quirk Minnesota Revenue Mail Station 4100 600 Robert Street North St. Paul, MN 55146-4100

(use zip code 55101 when using a delivery service)

• FAX number (for faxing questions, not forms): 651-556-3130

Response Time

We will review the forms as quickly as possible and return your Substitute Form Developer Submission Summary/Approval Status form indicating our approval within ten (10) business days. If a scannable form is not approved, the status form will list the deficiencies. Resubmitted forms must be sent via paper format.

If approved, you will be assigned a four-digit vendor ID number, which must be printed in the places indicated on the specifications (e.g., the vendor ID is printed on the bottom of page 1 of Form M1 and on the bottom of page 2 of Form M1PR).

Scannable/KFI Tax Form Design Standards

Minnesota Forms M1, M1PR and M99 and Schedules M1B, M1C, M1CD, M1M, M1W and M1WFC

Paper and Ink

- Size: 51 picas (8½ inches) wide, 66 picas (11 inches) high
- Paper printing: portrait, single-sided
- Paper weight: 20-pound bond
- Paper color: white
- Ink color: black 100% for all information

Form Text Design

- Page orientation: portrait
- Lines per vertical inch (LPI): 6
- Characters per horizontal inch (6 picas): 10
- Margin: 3 picas (½ inch) margin on all sides
- Text fonts: sans serif font similar in size to the fonts used on the original form (ITC Franklin Gothic).
- Check boxes*: Do not print an actual box. Print only a single "X" in the designated area if the box is required to be checked. See information on printed variable data below.
- Lines*: Do not print lines underneath variable data.
- Registration marks and form identification: Registration marks and the form identification, which are printed on each page that is scanned, cannot deviate from the ones used in the design of the form. For more information, see page 4.
- Shading: The use of shading is not permitted.

Printed Variable Data

- Variable fonts must be Courier 12 point.
- Uppercase only.
- Do not use dashes or spaces in Social Security numbers. Use nine digits only.
- Dates of birth must be eight digits in length (e.g., print 01051950 for January 5, 1950). Do not use dashes or spaces to separate the month, day and year.
- X character: Courier 12 point (1/10-inch wide by 1/6-inch high), uppercase only.
- Do not use leading dollar signs or commas in dollar amounts.
- You must round all dollar amounts to the nearest whole dollar. The use of cents or double zeros is not allowed.
- Do not use decimal points, except where the field requires computation of a percentage or a ratio.
- Zero amounts should be left blank.

Legibility and Printing

All forms and variable data must have a high standard of legibility for printing. The department will reject all forms with poor legibility.

Photocopies of the scannable forms should not be submitted to the department for processing.

Any individual or business that is approved by the department to develop, distribute or use substitute scannable Minnesota tax forms must clearly instruct their clients, customers and users to submit quality printed forms only, based on the proper paper, ink and legibility requirements.

Continued

^{*} Does not apply to KFI forms (Schedule M1CD).

Registration Marks, Form ID and Logo

When forms are scanned, the angle of each piece of paper passing through the scanner varies slightly. The registration marks are used by the equipment to straighten and adjust the alignment so the form can be imaged and processed. The form ID identifies which form and page that is being scanned.

Registration Marks

The processing equipment looks for the two "L's" that are printed on each page of the scannable forms.

- Line thickness = 3 points
- Each leg must be 1/4 in. (.25") long
- Upper right corner = Print so that the outside of the vertical leg is 1/2" from the right edge of the paper and the outside of the horizontal leg is 1/2" from the top edge
- Lower left corner = Print so that the outside of the vertical leg is 1/2" from the left edge of the paper and the outside of the horizontal leg is 1/2" from the bottom edge
- The measurement from the outside edge of the top registration mark to the bottom edge of the lower registration mark will be 10" and the left to right edges will be 7.5"

The processing equipment also will look for the vertical thin black line that is printed on the left margin.

- Top of line = 1" from top edge of the paper
- Print 1/2" from left edge of the paper

Form ID

Each scannable page will have its own form ID, which is used by the system to identify which page is being scanned. Each form ID must be placed **EXACTLY** as shown on the original form. **Note**: The white space before and below the Form ID is required. See the specifications starting on page 5.

• Font: Courier 14 point

Minnesota Revenue Mark

Graphics of the Minnesota Revenue mark are available on our website at www.taxes.state.mn.us.

If you do not use the graphic:

• Font: Times 12 point (or size similar to that used on the original)

M1 MINNESOTA • REVENUE Individual Income Tax 2012 Leave unused boxes blank. Do not use staples on anything you submit.	201211
	7 00000000
TAXPAYER'S 1ST NAME, IN TAXPAYER'S LAST NAMEXXXXXX Place DECD 01/01/2012	99999999
anxifa Foreign SPOUSE'S 1ST NAME, INIT SPOUSE'S LAST NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999
CURRENT HOME ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	0202222
X CITYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	01011111
2012 Federal	SPOUSE'S NAMEXXX
Filing Status (1) Single (2) Married filing joint (3) Married filing separate: (3) Enter spouse's name and	
one oval box): X household X (5) Qualifying widow(er) Social Security number here	99999999
	15
for the party of your choice. This will not increase your tax or reduce your refund. Independent	16
From Your Federal Return (for line references see instructions, page 10), enter the amount of: A Wages, salaries, tips, etc.: B IRA, Pensions and annuities: C Unemployment: D Fe	deral adjusted gross income:
12345678 12345678 12345	12345678
12343070 12343	12343070
2 1 Federal taxable income (from line 43 of federal Form 1040,	
line 27 of Form 1040A or line 6 of Form 1040EZ)	12345678
2 State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet on page 10 of the instructions 2	12345678
1 Federal taxable income (from line 43 of federal Form 1040, line 27 of Form 1040A or line 6 of Form 1040EZ)	12343070
standard or itemized deductions and personal exemptions (see instructions, page 11; enclose Schedule M1M)	12345678
(see instructions, page 11; enclose Schedule M1M)	12343676
ع Add lines 1 through 3 (if a negative number, place an X in the oval box) 4	12345678
State income tax refund from line 10 of federal Form 1040	12345678
6 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds	
or K-12 education expenses (see instructions, page 11; enclose Schedule M1M) 6 ■	12345678
7 Total subtractions. Add lines 5 and 6	12345678
8 Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank 8	12345678
9 Tax from the table on pages 24-29 of the M1 instructions	12345678
10 Alternative minimum tax (enclose Schedule M1MT)	12345678
11 Add lines 9 and 10	12345678
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	12345678
a. b.	
13 Tax on lump-sum distribution (enclose Schedule M1LS)	123456
14 Tax before credits. Add lines 12 and 13	12345678
□	

. 4 6	8 10	12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 68	60 63 64 66 68 70 72 74	76 78 80 82 84 8
3		2012 M1, page 2	a 0 - 7 / 2 6 9 1 2 8 70 72 74 $G \in 1212$	3
5				4
6				6
7	15	Tax before credits. Amount from line 14 1	5 12345678	3 7
8	16	Marriage credit for joint return when both spouses have taxable earned income		8
9		or taxable retirement income (enclose Schedule M1MA) · · · · · · · · · · · · · · · · · · ·	6 ■ 12:	3 9
10			7 ■ 1234567	2
11	1/	Credit for taxes paid to another state (enclose Schedule M1CR)	7 ■ 12345678	
12	18	Other nonrefundable credits (enclose Schedule M1C)	8 ■ 1234567	B 12 12 13
14	10	Still Hollierandasic dicates (and assessment)	<u> </u>	14
15	19	Total nonrefundable credits. Add lines 16 through 18 1	9 1234567	
16				16
17	20	Subtract line 19 from line 15 (if result is zero or less, leave blank)	o 1234567	3 17
18	21	Nongame Wildlife Fund contribution (see instructions, page 15)	1 ■ 12345	18
19		This will reduce your refund or increase amount owed	1 12343	12
20	22	Add lines 20 and 21	1234567	B 20 21
22		Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minne-		22
23			3 ■ 1234567	
24				24
25	24	Minnesota estimated tax and extension (Form M13) payments made for 2012 2	4 ■ 12345678	3 25
26	25	Child and Dependent Care Credit (enclose Schedule M1CD) Enter number of qualifying persons here: 99 2	5 ■ 123	26
27		/// Enter Harmoor of qualifying persons note:	5 ■ 123	
28	26	Minnesota Working Family Credit (enclose Schedule M1WFC). Enter number of qualifying children here: 992	6 ■ 123	4 28 29
30	27	K-12 Education Credit (enclose Schedule M1ED).	<u> </u>	30
31			7 1 123	
32				32
33	28	Business and investment credits (enclose Schedule M1B)2	8 ■ 12345	5 33
34			9 1234567	34
35	29	Total payments. Add lines 23 through 28	9 1234307	
36 37	20	DEFIND If line 20 is mays then line 22 subtract line 22 from line 20		36
38	- 30	REFUND. If line 29 is more than line 22, subtract line 22 from line 29 (see <i>instructions</i> , page 19). For direct deposit, complete line 31	0 ■ 1234567	
39	31	Direct deposit of your refund (you must use an account not associated with a foreign bank):		39
40				40
41		V V	0001004567	41
42		X Checking X Savings 123456789 1234567	8901234567	42
43				43
44	32	AMOUNT YOU OWE. If line 22 is more than line 29, subtract Make check out to Minnesota Review 29 from line 22 (see instructions, page 19) enue and send with Form M60 3	2 ■ 1234567	8 45
46	33	Penalty amount from Schedule M15 (see <i>instructions</i> , page 19). Also subtract		46
47	J		3 ■ 123456'	
48	IF Y	DU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 34 and 35.	4004565	48
49	34	Amount from line 30 you want sent to you	4 ■ 12345678	8 49
50			1234567	S 50
51	35	Amount from line 30 you want applied to your 2013 estimated tax 3	5 ■ 12345678	
52		are that this return is correct and complete to the best of my knowledge and belief. Paid preparer: You mu	ust sign below.	52
54	Your	signature Date		54
55	Snor	se's signature (if filing jointly)	04/1	5/2013 55
56	Орос			56
57	++	65155555 6515555	55 123456	
58		ude a copy of your 2012 federal return and schedules. I to: Minnesota Individual Income Tax I authorize the Minnesota De	partment of	58
59	ividi	St Paul MN 55145-0010 Revenue to discuss this return	n with my	
60	Тос	paid preparer of the third-par neck on the status of your refund, visit www.revenue.state.mn.us	ty designee proparer to men	ny return 60 61
62				62
63	4			63
4 6	8 10	12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58	60 62 64 66 68 70 72 74	76 78 80 82 84 8
65	++++			65

M1 MINNESOTA · REVENUE Individual Income Tax 2012

Near final - 7/26/12
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Leave unused boxes blank. Do not use staples on anything you submit.

		TAXPAYER'S 1ST NAME, IN TAXPAYER'S LAST NAMEXX	VVVV	999999	0000
	Place	DECD 01/01/2012	ΛΛΛΛ	99999	9999
	an X If Foreigi Addres	n SPOUSE'S IST NAME, INIT SPOUSE'S LAST NAMEXXXX.	XXXX	999999	999
		CURRENT HOME ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Χ	020222	222
	Χ	CITYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	45	010111	.11
		12 Federal X (1) Single X (2) Married filing joint X (3) Married filing separa		SPOUSE'S N	JAMEXXXX
	(pla	ing Status (1) Single (2) Married filing joint (3) Married filing separate ace an X in (4) Head of bousehold (5) Qualifying widow(er) (5) Qualifying widow(er)	and	999999	
lf c: fc	you ampa or the	Elections Campaign Fund want \$5 to go to help candidates for state offices pay aign expenses, you may each enter the code number e party of your choice. This will not increase your tax luce your refund. Political Party and Code Number: Republican	15	99	99
		om Your Federal Return (for line references see instructions, page 10), enter the amount of Wages, salaries, tips, etc.: B IRA, Pensions and annuities: C Unemployment:	D Feder	al adjusted gross in	come:
		12345678 12345678 12345		12345678	}
				12010070	
/ to	1	Federal taxable income (from line 43 of federal Form 1040, line 27 of Form 1040A or line 6 of Form 1040EZ)			
M1W	2	State income tax or sales tax addition. If you itemized deductions	Χ	123456	578
edule olding	ı	on federal Form 1040, complete the worksheet on page 10 of the instructions \dots 2		123456	578
Do not send W-2s. Enclose Schedule M1W to claim Minnesota withholding.	3	Other additions to income, including non-Minnesota bond interest, disallowed standard or itemized deductions and personal exemptions (see instructions, page 11; enclose Schedule M1M)		123456	578
s. En	4	Add lines 1 through 3 (if a negative number, place an X in the oval box)	X	123456	678
M W-2	5	State income tax refund from line 10 of federal Form 1040		123456	578
ot sen cla	5			123130	, , ,
Do no	ь	Other subtractions, such as net interest or mutual fund dividends from U.S. bonds or K-12 education expenses (see <i>instructions</i> , <i>page 11</i> ; <i>enclose Schedule M1M</i>) 6 ■		123456	578
	7	Total subtractions. Add lines 5 and 6		123456	578
	8	Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank 8		123456	578
	9	Tax from the table on pages 24–29 of the M1 instructions		123456	578
	10	Alternative minimum tax (enclose Schedule M1MT)		123456	578
	11	Add lines 9 and 10		123456	578
		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 b.		123456	578
	a.	12345678 x 12345678			
	13	Tax on lump-sum distribution (enclose Schedule M1LS)		1234	156
	14	Tax before credits. Add lines 12 and 13		123456	578

15	Tax before credits. Amount from line 14			15		12345678
16	Marriage credit for joint return when both spouses have taxable or taxable retirement income (enclose Schedule M1MA) · · · · · ·	e earn	ed income	16 ■		123
17	Credit for taxes paid to another state (enclose Schedule M1CR))		17 ■		12345678
18	Other nonrefundable credits (enclose Schedule M1C)			18 ■		12345678
19	Total nonrefundable credits. Add lines 16 through 18			19		12345678
20	Subtract line 19 from line 15 (if result is zero or less, leave blar	ηk)		20		12345678
21	Nongame Wildlife Fund contribution (see <i>instructions</i> , page 15). This will reduce your refund or increase amount owed) 		21 ■		123456
22	Add lines 20 and 21			22		12345678
23	Minnesota income tax withheld. Complete and enclose Schedu sota withholding from W-2, 1099 and W-2G forms (do not send in		·	23 ■		12345678
24	Minnesota estimated tax and extension (Form M13) payments	made	for 2012	24 ■		12345678
25	Child and Dependent Care Credit (enclose Schedule M1CD). Enter number of qualifying persons here:	9	9	25 ■		1234
26	Minnesota Working Family Credit (enclose Schedule M1WFC). Enter number of qualifying children here:	9	9	26 ■		1234
27	K–12 Education Credit (enclose Schedule M1ED). Enter number of qualifying children here:	9	9	27 ■		1234
28	Business and investment credits (enclose Schedule M1B)			28 ■		123456
29	Total payments. Add lines 23 through 28			29		12345678
30	REFUND. If line 29 is more than line 22, subtract line 22 from (see <i>instructions</i> , <i>page 19</i>). For direct deposit, complete line 31			20 =		12345678
31	Direct deposit of your refund (you must use an account not ass					
	X Checking X Savings 123456789		123456	7890123	456	57
32	AMOUNT YOU OWE . If line 22 is more than line 29, subtract line 29 from line 22 (see <i>instructions</i> , page 19)		check out to Minnesota Rev- and send with Form M60	32 ■		12345678
33	Penalty amount from Schedule M15 (see instructions, page 19 this amount from line 30 or add it to line 32 (enclose Schedule	,		33 ■		1234567
	DU PAY ESTIMATED TAX and want part of your refund credited to estimate Amount from line 30 you want sent to you		•			12345678
35	Amount from line 30 you want applied to your 2013 estimated	tax		35 ■		12345678
	are that this return is correct and complete to the best of my knowledge and belie signature Date	f.	Paid preparer: You	must sign below.		
Cnar	co's signature (if filling iginthy)					04/15/2013
5pou	se's signature (if filing jointly)	55	651555	555		122456700
Incl	6515555 ude a copy of your 2012 federal return and schedules.	JJ	6515555			123456789
Mai	to: Minnesota Individual Income Tax St. Paul, MN 55145-0010 neck on the status of your refund, visit www.revenue.state.mn.us	Χ	I authorize the Minnesota Revenue to discuss this ret paid preparer or the third-p indicated on my federal ret	curn with my party designee	Χ	I do not want my paid preparer to file my return electronically.
						_

10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 82 84

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4 6			24 26 28 30 32		46 48 50 52 54 56 58 Near final 7 /	26/12	6 68 70 72 74 76 78 8	0 82 84
4					ed in this homestead both	on '	201222	4
5	Jan	uary 2, 2012, and on Jan	iuary 2, 2013. If you	quality, see the instruc	ctions, page 11.			5
6	18	Line 1 of the Statement of	Property Taxes Payab	le in 2013. If the Stater	nent does not list an amount	for		6
7	+++	new improvements or expi	ired exclusions, skip li	ines 19 and 20 and ent	er this amount on line 21	. 18 ■	123456	7
8	19	If the Statement lists an a					10	8
9	+++	Worksheet 3 on page 12	and enter the percen	tage from step 3 here ('enclose Worksheet 3)	. 19 ■	12	9
10	+++						100456	10
11	20	Multiply line 18 by the pe	ercentage on line 19			20	123456	11
12	21	If you did not have new ir					100450	12
13	+++	If you had new improvem				21	123456	13
14	22	From your Statement of F					123456	14
15		line 2 (2012 column). If t				22 ■	123430	15
16	23	Special refund (not your If this amount was chang				23 ■	1234	16
17	04					. 25	1201	17
18	24	Subtract line 23 from line stop here; you are not eli			egative number	24	123456	18
20	25	Subtract line 24 from line						20
21	23	stop here; you are not eli				25	12345	21
22								22
23	26	Amount from line 24	123456	X 12% (.12)		26	12345	23
24	Ш							24
25	27	Amount from line 26 or \$	100, whichever is gr	eater		27	12345	25
26	28	Subtract line 27 from line	e 25 (if result is zero	or less,				26
27	+++	stop here; you are not eli	gible for the special	refund)		28	12345	27
28	+++						10045	28
29		Multiply line 28 by 60% (29	12345	29
30	30	Special refund. Amount f					1234	30
31		Enter the amount here a	nd on line 12 of this	Form M1PR		30	1234	31
32	Scl	hedule 2—Residents of i	nursing homes, adul	t foster care homes, i	ntermediate care			32
33		ilities or group homes						33
35	31	Amount from line 6 of thi	s Form M1PR			. 31	12345	35
36		Amount you received from		urity Income (SSI) Min	nesota Sunnlemental	110		36
37		Aid (MSA) or Group Resid				32 ■	12345	37
38	Ш							38
39	33	Subtract line 32 from line	e 31			33	12345	39
40	34	Total medical assistance					10015	40
41	+++	directly to your landlord (from line A of your 2	012 CRP)		34 ■	12345	41
42							10245	42
43	35	Add line 31 and line 34.				35	12345	43
44	20	Divide line 22 by line 25		ing desired		36	12345	44
45		Divide line 33 by line 35, Using the amounts on lin				30	12313	45
46	31	enter here from the rente				37	1234	46 47
48								48
49	38	Multiply line 37 by line 36	6. Enter the result he	ere and on line 10 of th	is Form M1PR	38	1234	49
50								50
51	39	For direct deposit of your	retund on line 17 of	this form MITPR, ente	r;			51
52	+++							52
53	+++	X Checking X	Savings 1	123456789	123456	/890123	34567	53
54	+++							54
55	Id	leclare that this return is correct	and complete to the best o	of my knowledge and belief.	Paid preparer: You mus	st sign below.		55
56	Yo	ur signature	Date				04/15/201	56 3
57		and a grant term			 		01/10/201	
58	Sp	oouse's signature (if filing jointly)	Dayt	ime phone	651 55555	555	123456789	58
60	117	Renters — Include y	our 2012 CRP					60
61							ta Department of Revenue to my paid preparer.	61
62			ta Property Tax Refu	nd	uiscus	o ano return with	my paid proparci.	62
63	44	St. Paul,	MN 55145-0020		ID-	- #	<u> </u>	63
4 6	8	10 12 14 16 18 20 22	24 26 28 30 32	34 36 38 40 42 44	46 48 50 52 54 56 58	60 62 64 6	6 68 70 72 74 76 78 8	0 82 84

M1PR MINNESOTA · REVENUE Property Tax Refund 2012

Please print and leave unused boxes blank. **DO NOT USE STAPLES** on anything you submit.

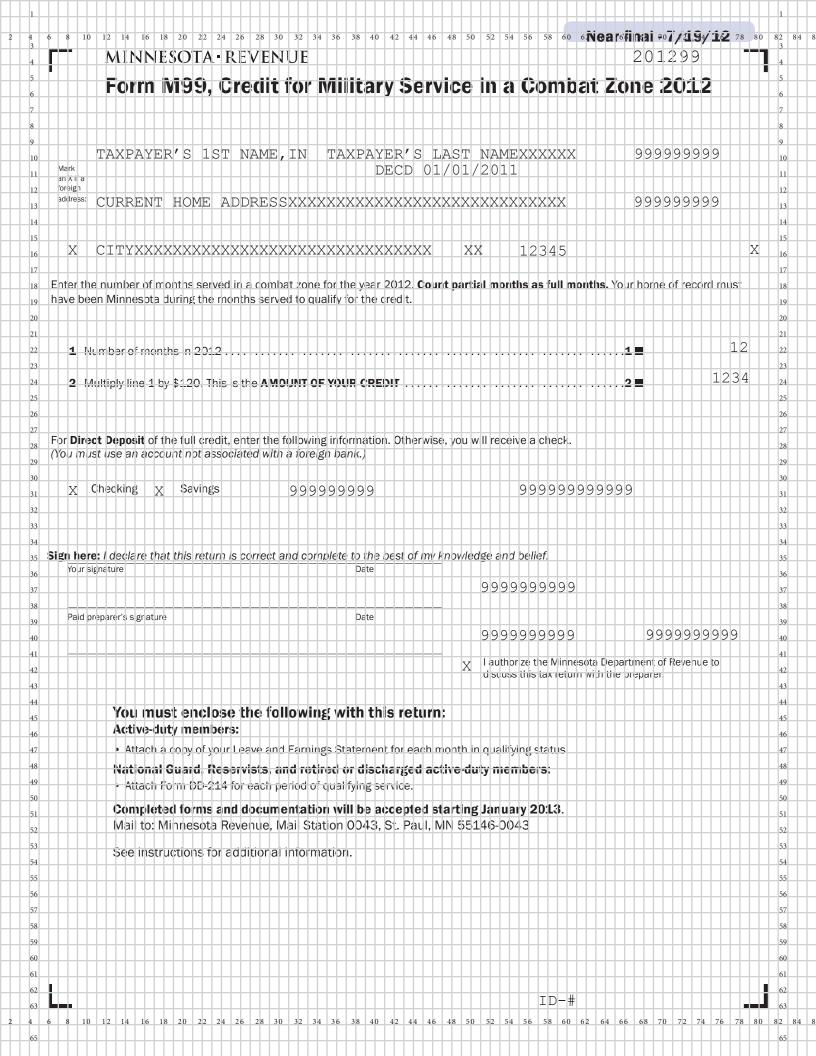
Mark	TAXPAYER	'S 1S	NAME	,IN T	'AXPAYER'	S LAST N 01/01/2		XX	99999	9999
an X forei	^{ifa} SPOUSE ' S	1ST N	NAME, I	NIT S	SPOUSE'S		MEXXXXXX	XX	99999	9999
	CURRENT	HOME A	ADDRES	SXXXXX	XXXXXXXX			X	02022	2222
X	· · · · · · · · · · · · · · · · · · ·	XXXXXX	XXXXXX	XXXXXX	XXXXXXXX	XX XX	12345		01011	111
th	ark an X in e oval boxes at apply:	X Rent	er	Х Н	omeowner		rsing Home or ster Care Resid		X Mobile Owner	Home
	ate Elections Campaign I 12 Form M1, and you war					rty and code num	iber: L1 Grassroots	14	Your code:	Spouse's code:
off	ices pay campaign expens the party of your choice.	ses, you may e	each enter the	code number	r Republican.	1	L2 Green L3 General Campa	15	99	99
	Federal adjusted gi line 21 of Form 104		•					1 ■ X	123	3456
	Nontaxable Social and not included in	line 1 abov	ve (determi	ne from in:	structions, page	<mark>8</mark>)		2 ■	12	2345
	Deduction for payme SIMPLE plan (add li			_			•	3 ■	12	2345
	Total welfare received, Aid), SSI (Supplemental	Security Inco	me), GA (Gen	eral Assistan	nce) and GRH (Grou	p Residential Hou	using)	4 ■	12	2345
	Additional nontaxable you must include (ins TYPE OF IN	structions, p	oage 8). Ent	er income t	type(s) below:			5 ■	123	3456
6	Add lines 1 through							6	123	3456
7	Subtraction amount	(determin	e from insti	ructions, p	age 9):			. V		
	From the worksheet ber of dependents			num-	12	Mark an X you or you spouse are	r			
	ber of dependents Enter the name and	from step (Social Sec	C. curity numb	er of each	dependent belo	you or you spouse are	r e: disabl	ed: X	12	2345
8	ber of dependents Enter the name and CHILD'S NA Total household inc	from step (Social Sec ME / GR come. Subt	C. curity numb ADE; CI cract line 7	er of each HILD'S from line 6	dependent belo NAME/GR 6 (if result is zero	you or you spouse are w: ADE; ET(r e: disabl	ed: X		2345
8	Enter the name and CHILD'S NA Total household incor less, leave blank) Renters: Line 3 of y	From step (Social Secome / GR	curity numb ADE; CI tract line 7 me limits or Certificate(s	per of each HILD'S from line 6 n page 9 of s) of Rent F	dependent beloe NAME/GR. 6 (if result is zero f instructions, . Paid (CRP).	you or you spouse are w: ADE; ETC	r e: disabl	ed: X 7■ 8	123	3456
8 9 10	Enter the name and CHILD'S NA Total household incor less, leave blank) Renters: Line 3 of y Continue with line 1 Renters: Using the a	Social Second Sec	curity numb ADE; Cl cract line 7 me limits or Certificate(s ount is not y n line 8 and	er of each HILD'S from line 6 n page 9 of S) of Rent F your refund	dependent beloe NAME / GR. 6 (if result is zero f instructions, . Paid (CRP). d (enclose your to the amount to	you or your spouse are w: ADE; ET(disable c. XXXX	ed: X 7 8 9	123 12	3456
8 9 10	Enter the name and CHILD'S NA Total household incor less, leave blank) Renters: Line 3 of y Continue with line 1	Social Second Sec	curity numb ADE; Cl cract line 7 me limits or Certificate(s ount is not y n line 8 and	er of each HILD'S from line 6 n page 9 of S) of Rent F your refund	dependent beloe NAME / GR. 6 (if result is zero f instructions, . Paid (CRP). d (enclose your to the amount to	you or your spouse are w: ADE; ET(disable c. XXXX	ed: X 7 8 9	123 12	3456
8 9 10	Enter the name and CHILD'S NA Total household incor less, leave blank) Renters: Line 3 of y Continue with line 1 Renters: Using the a renters refund table HOMEOWNERS: RE	Social Second. Second. Subtle Second. Subtle Second	curity numb ADE; Cl ract line 7 me limits or Certificate(s bunt is not y n line 8 and 13-17 of the	per of each HILD'S from line 6 n page 9 of s) of Rent F your refund d line 9, fin he instruct D number	dependent below NAME / GR. 6 (if result is zero finstructions, Paid (CRP). d (enclose your of the amount to tions. Continue ver (use numbers of	you or your spouse are w: ADE; ETC CRPs) enter here fro vith line 15	disable c. XXXX	ed: X 7	123 12	3456 2345 234
8 9 10 ALL Cou	Enter the name and CHILD'S NA Total household incor less, leave blank) Renters: Line 3 of y Continue with line 1 Renters: Using the arenters refund table HOMEOWNERS: RE	Social Sec ME / GRA come. Subt. See incor our 2012 (0; this amounts o e on pages EQUIRED — perty is loc	curity numb ADE; CI cract line 7 me limits or Certificate(s bunt is not y in line 8 and 13-17 of the Property I ated NAI	per of each HILD'S from line 6 n page 9 of s) of Rent F your refund d line 9, fin ne instruct D number ME OF	dependent below NAME / GR. Gr	you or your spouse are w: ADE; ETC CRPs) enter here fro vith line 15 enly):	disable disabl	ed: X 7	123 12 1 5789012	3456 2345 234 2345
8 9 10 ALL Cou	Enter the name and CHILD'S NA Total household incor less, leave blank) Renters: Line 3 of y Continue with line 1 Renters: Using the arenters refund table HOMEOWNERS: RE Inty in which the property tax from line (Mobile home owner)	Social Second Se	curity numb ADE; C1 cract line 7 me limits or Certificate(s bunt is not y n line 8 and 13–17 of tl Property I ated NAI terment of P	per of each HILD'S from line 6 n page 9 of s) of Rent F your refund d line 9, fin he instruct D number ME OF roperty Ta: lage 7)	dependent below NAME / GR. Go (if result is zero finstructions, Paid (CRP). do (enclose your of the amount to tions. Continue vor (use numbers of COUNTY X xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	you or your spouse are w: ADE; ET(CRPs) enter here fro vith line 15 only): XXXXXX	disable control of the	ed: X 7	123 12 1 5789012 123	3456 2345 234 2345 3456
8 9 10 ALL Cou	Enter the name and CHILD'S NA Total household incor less, leave blank) Renters: Line 3 of y Continue with line 1 Renters: Using the a renters refund table HOMEOWNERS: RE nty in which the prop	Social Second Se	curity numb ADE; C1 cract line 7 me limits or Certificate(s bunt is not y n line 8 and 13–17 of tl Property I ated NAI terment of P	per of each HILD'S from line 6 n page 9 of s) of Rent F your refund d line 9, fin he instruct D number ME OF roperty Ta: lage 7)	dependent below NAME / GR. Go (if result is zero finstructions, Paid (CRP). do (enclose your of the amount to tions. Continue vor (use numbers of COUNTY X xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	you or your spouse are w: ADE; ET(CRPs) enter here fro vith line 15 only): XXXXXX	disable control of the	ed: X 7	123 12 1 5789012 123	3456 2345 234 2345
8 9 10 ALL Cou 11 12 13	Enter the name and CHILD'S NA Total household incor less, leave blank) Renters: Line 3 of y Continue with line 1 Renters: Using the arenters refund table HOMEOWNERS: RE Inty in which the property tax from line (Mobile home owne) If claiming the special s	social Seconds. Secon	curity numb ADE; CI cract line 7 me limits or Certificate(s ount is not y n line 8 and 13-17 of tl Property I ated NAI tement of P tructions, p , enter amo	per of each HILD'S from line 6 on page 9 of 8) of Rent F your refund d line 9, fin the instruct D number ME OF troperty Tallage 7) Downt from I	dependent below NAME / GR. 6 (if result is zero f instructions, Paid (CRP). d (enclose your of the amount to tions. Continue volume to COUNTY X. es Payable in 20 ine 30, Schedules, leave blank).	you or your spouse are w: ADE; ETC CRPs) enter here fro vith line 15 enly): XXXXXX 013	disable C. XXXX	ed: X 7	123 12 1 5789012 123	3456 2345 234 2345 3456
8 9 10 ALL Cou 11 12 13 14	Enter the name and CHILD'S NA Total household incor less, leave blank) Renters: Line 3 of y Continue with line 1 Renters: Using the arenters refund table HOMEOWNERS: RE Inty in which the property tax from line (Mobile home owned) If claiming the special	from step (Social Sec ME / GRA come. Subt See incor our 2012 (0; this amounts of e on pages EQUIRED — certy is loc the 1 of State rs: See ins cial refund m line 11 (ng the amo	curity numb ADE; CI cract line 7 me limits or Certificate(s ount is not y n line 8 and 13-17 of tl Property I ated NAI tement of P tructions, p , enter amo	per of each HILD'S from line 6 on page 9 of 8) of Rent F your refund d line 9, fin the instruct D number ME OF troperty Tallage 7) Dount from I gero or less the 8 and line 10 or	dependent below NAME / GR. 6 (if result is zero finstructions, Paid (CRP). d (enclose your of the amount to the amount to the cons. Continue volume to the county XI. Exes Payable in 20 (ine 30, Schedule s., leave blank) ne 13, find the amount to the county XI.	you or your spouse are w: ADE; ET(CRPs) enter here fro vith line 15 ently: XXXXXX 013 e 1 (see inst., ently) mount to ente	disable control disable contro	ed: X 7	123 12 1 5789012 123 1	3456 2345 234 2345 3456 234
8 9 10 ALL Cou 11 12 13 14	Enter the name and CHILD'S NA Total household incor less, leave blank) Renters: Line 3 of y Continue with line 1 Renters: Using the arenters refund table HOMEOWNERS: REINT IN WHICH THE PROPERTY TO BE IN TO BE IN THE PROPERTY TO BE IN THE PROPERTY TO BE IN THE IN THE PROPERTY TO BE IN THE IN TH	social Seconds / GRA come. Subta. See incorour 2012 (0); this amounts on pages EQUIRED — Deerty is located for a first of States cial refundation on the seconds of the second of the seconds of the second of the seconds of the second of the seconds of the second of the seconds of the seconds of the seconds of the second of the secon	curity numbrance in the street line 7 me limits or certificate(street line 8 and 13–17 of the structions, property line if result is zounts on line able on page	per of each HILD'S from line 6 on page 9 of 6) of Rent Flyour refund d line 9, fin the instruct D number ME OF property Tailor from 1 or less the 8 and line 8 and line 8 and line 9 and 18 - 26	dependent below NAME / GR. S. (if result is zero finstructions,) Paid (CRP). d (enclose your of the amount to tions. Continue volume to the county X. (use numbers of COUNTY X. (xes Payable in 2) (ine 30, Schedule s., leave blank) the 13, find the and sof the instructions.	you or your spouse are w: ADE; ET(CRPs) enter here fro vith line 15 only): XXXXXX 013 mount to ente ons	disable control disable contro	ed: X 7	123 12 1 5789012 123 1 123	3456 2345 234 2345 3456 234
8 9 10 ALL Cou 11 12 13 14	Enter the name and CHILD'S NA Total household incor less, leave blank) Renters: Line 3 of y Continue with line 1 Renters: Using the arenters refund table HOMEOWNERS: RE Inty in which the prop Property tax from lir (Mobile home owne If claiming the special specia	Social Sec ME / GRA come. Subta. See incorour 2012 (0); this amounts on pages compages compag	curity numb ADE; C1 cract line 7 me limits or Certificate(s ount is not y n line 8 and 13-17 of th Property I ated NAI tement of P tructions, p , enter amo tif result is z ounts on lin table on pa	per of each HILD'S from line 6 n page 9 of s) of Rent F your refund d line 9, fin the instruct D number ME OF roperty Ta: age 7) Dunt from I rero or less the 8 and linges 18-26	dependent below NAME / GR. So (if result is zero finstructions,) Paid (CRP). If the amount to th	you or your spouse are with line 15 can ly: xxxxxxx your your spouse are with line 15 can ly: xxxxxxx can l (see inst., line). mount to enter ons	disable C. XXXX	ed: X 7	123 12 15789012 123 1 123	3456 2345 234 2345 3456 234 3456

	Near fina chedule 1—Special refund. To qualify, you must have owned and lived in this homestead nuary 2, 2012, and on January 2, 2013. If you qualify, see the instructions, page 11.	al 7/26/12 d both on	201222
18	Line 1 of the Statement of Property Taxes Payable in 2013. If the Statement does not list an armound improvements or expired exclusions, skip lines 19 and 20 and enter this amount on line		123456
19	If the Statement lists an amount for new improvements or expired exclusions, complete Worksheet 3 on page 12 and enter the percentage from step 3 here (enclose Worksheet 3)) 19 ■	12
20	Multiply line 18 by the percentage on line 19	20	123456
21	If you did not have new improvements or expired exclusions, enter the amount from line 1 If you had new improvements or expired exclusions, subtract line 20 from line 18		123456
22	Prom your Statement of Property Taxes Payable in 2013, enter the amount from line 2 (2012 column). If there is no amount on line 2, see instructions, page 11	22 ■	123456
23	Special refund (not your regular refund) from line 12 of your 2011 Form M1PR. If this amount was changed by the department, enter the corrected amount	23 ■	1234
	Subtract line 23 from line 22 (if result is more than line 21, or is a negative number stop here; you are not eligible for the special refund)	24	123456
25	Subtract line 24 from line 21 (if result is less than \$100, stop here; you are not eligible for the special refund)	25	12345
26	6 Amount from line 24 123456 X 12% (.12)	26	12345
27	7 Amount from line 26 or \$100, whichever is greater	27	12345
28	Subtract line 27 from line 25 (if result is zero or less, stop here; you are not eligible for the special refund)	20	12345
	stop here, you are not eligible for the special returnay	28	
	Multiply line 28 by 60% (.60)	29	12345
30	Special refund. Amount from line 29 or \$1,000, whichever is less . Enter the amount here and on line 12 of this Form M1PR	30	1234
	chedule 2—Residents of nursing homes, adult foster care homes, intermediate care cilities or group homes		
31	Amount from line 6 of this Form M1PR	31	12345
32	Amount you received from Supplemental Security Income (SSI), Minnesota Supplemental Aid (MSA) or Group Residential Housing (GRH) that was included in line 31		12345
33	Subtract line 32 from line 31	33	12345
34	Total medical assistance (or Medicaid) and GAMC payments made		10045
	directly to your landlord (from line A of your 2012 CRP)	34 ■	12345
35	Add line 31 and line 34	35	12345
	Divide line 33 by line 35, and enter the resulting decimal	36	12345
37	Using the amounts on line 8 and line 9 of this Form M1PR, find the amount to enter here from the renters refund table on pages 13–17 of the instructions	37	1234
38	Multiply line 37 by line 36. Enter the result here and on line 10 of this Form M1PR	38	1234
39	For direct deposit of your refund on line 17 of this Form M1PR, enter:		
	X Checking X Savings 123456789 1234	45678901234	1567
10	declare that this return is correct and complete to the best of my knowledge and belief. Paid preparer:	You must sign below.	
_	our signature Date		04/15/2013
Sp	Spouse's signature (if filing jointly) Daytime phone () 651 55	555555	123456789
_	Penters — Include your 2012 CPD	-	

Renters — Include your 2012 CRP

Mail to:

Minnesota Property Tax Refund St. Paul, MN 55145-0020 I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer.



MINNESOTA - REVENUE

Form M99, Credit for Military Service in a Combat Zone 2012

Mark an X if a foreign	TAXPAY	YER '	S 18	ST 1	NAMI	E,IN	TAX		R'S CD 0			NAMEXXXXXX 2012	Ğ	99999999
address:	CURREN	I TV	HOME	ADI	DRES	SSXXX	(XXXX	XXXX	XXXX	XXX	XX	XXXXXXXX	Š	99999999
Χ	CITYXX	ΚΧΧΣ	XXXX	XXX.	XXXX	XXXX	ζΧΧΧΧ	XXXX	XXXX		XX	12345		
	e number o en Minneso							-		unt pa	artia	al months as full month	s. Your I	home of record must
1 N	lumber of m	onths	in 201	.2									1∎	12
2 N	fultiply line	1 by \$	120. Tł	his is t	the AN	MOUNT (OF YOUR	R CRED	IT				2	1234
	e ct Deposit ust use an a								Otherw	ise, yo	u w	ill receive a check.		
Х	Checking	Χ	Saving	S		999	99999	199				999999999	9999	
	e: I declare	that t	his retu	ırn is (correc	t and co	mplete t	to the be	est of m	y knov	vled	lge and belief.		
												999999999		
Paid _I	oreparer's signa	ature						Date				999999999		9999999999
										_	Χ	I authorize the Minnesota discuss this tax return with		

You must enclose the following with this return: **Active-duty members:**

• Attach a copy of your Leave and Earnings Statement for each month in qualifying status.

National Guard, Reservists, and retired or discharged active-duty members:

• Attach Form DD-214 for each period of qualifying service.

Completed forms and documentation will be accepted starting January 2013.

Mail to: Minnesota Revenue, Mail Station 0043, St. Paul, MN 55146-0043

See instructions for additional information.



MINNESOTA · REVENUE

Schedule M1B, Business and Investment Credits 2012

Sequence #14

Complete this schedule to determine line 28 of Form M1. Include this schedule when filing your return.

TAXPAYER'S 1ST NAME, IN TAXPAYER'S LAST NAMEXXXXXX	99999999
f 1 Credit for increasing research activities (enclose Schedule KPI or KS)	123456
2 Angel Investment Tax Credit	123456
3 Credit for historic structure rehabilitation (enclose certificate) Enter National Park Service (NPS) project number	123456
4 Job Opportunity Building Zone (JOBZ) Jobs Credit (<i>enclose Schedule JOBZ</i>) 4 ■	123456
5 Credit for tuberculosis testing on cattle. If you own cattle and had your cattle tested for bovine tuberculosis, see instructions	123456
6 Enterprise Zone Credit	123456
7 Add lines 1 through 6. Enter total here and on line 28 of Form M1	12345678

You must include this schedule with your Form M1.



MINNESOTA · REVENUE

Schedule M1C, Other Nonrefundable Credits 2012

Sequence #13

Complete this schedule to determine line 18 of Form M1. Include this schedule when filing your return. The instructions for this schedule are on a separate sheet.

	TAXPAYER'S 1ST NAME, IN TAXPAYER'S L	AST NAMEXXXXXX	99999999
1	1 Credit for long-term care insurance premiums paid (enclose Schedule	• M1LTI)	123
2	2 Credit for past military service (see instructions)	2 ■	1234
3	3 Credit for nonresident partners on taxes paid to home state (enclose	Schedule M1CRN) 3	12345678
4	4 Employer Transit Pass Credit (enclose Schedule ETP)	4 ■	123456
5	5 Alternative Minimum Tax Credit (enclose Schedule M1MTC)	5 ■	123456
6	6 SEED Capital Investment Credit (see instructions; enclose certification	n) 6	12345678
7	7 Add lines 1 through 6. Enter total here and on line 18 of Form M1	7	12345678

You must include this schedule with your Form M1.

Schedule M1CD, Child and Dependent Care Credit 2012 $_{\mbox{\scriptsize Sequence}\,\#5}$

The instructions for this schedule are on a separate sheet.

	V. Final National Control of the Con		
	Your First Name and Initial Last Name	9	Social Security Number
	TAXPAYER'S 1ST NAME, IN TAXPAYER	'S LAST NAMEXXXXXX	99999999
	Children or other qualifying persons for whom you are claiming	ng this credit (see instructions for definition	on of qualifying person):
	Name	Birth Date (mmddyyyy)	Social Security Number
	NAME OF QUALIFYING PERSONXXXXX	11223333	99999999
on	NAME OF QUALIFYING PERSONXXXXX	11223333	99999999
Filing Information	NAME OF QUALIFYING PERSONXXXXX	11223333	99999999
Info	Persons or organizations who provided the care:		Social Security number
iiing	Name	Amount paid	(or federal business ID number)
	NAME OF CAREGIVERXXXXXXXXXXXX	123456	99999999
	NAME OF CAREGIVERXXXXXXXXXXXX	123456	99999999
	 X Place an X in this box if you operate a licensed fami Enter your day care license number: X Place an X in this box if you are a married couple filication Child born in 2012. 	AYCARE LICENSE NUMBER	
	All Applicants 1 Federal adjusted gross income (from line 37 of federal F	form 1040	
	line 21 of Form 1040A, or line 4 of Form 1040EZ)	om 1040,	1 123456
	2 Nontaxable Social Security and/or Railroad Retirement E and not included in line 1 above (include amounts deduce	Board benefits received	1 2 2 4 5
	3 Deduction for payments made to an IRA, Keogh, Simplific SIMPLE plan (add lines 28 and 32 of federal Form 1040		3 12345
icants	4 Total welfare received, including MFIP (Minnesota Family Ir Aid), SSI (Supplemental Security Income), GA (General Assista		
All Applicants	5 Additional nontaxable income—such as contributions to a compensation plan—that you must include (see instruction ADDITIONAL INCOMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	a 401(k) or deferred ons). Enter the type(s) of income below XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5 12345
A	6 Household income. Add lines 1 through 5 (if result is zer	o or less, enter 0)	123/15
	If line 6 is more than \$37,950, STOP HERE. You are no 7 Credit amount (from the table on the back of this schedule on the back of this schedule of the back of	· ·	12345
	8 Amount from line 9 of federal Form 2441		10245
	9 Amount from line 7 or line 8, whichever is less. Full-year residents: Enter amount here and on line 25 of		10045
	Part-Year Residents, Nonresidents, American Indians Living		······· <i>y</i>
ints, OBZ	Taxpayers with JOBZ Business Income	_	
reside ans, JC	10 If you are married: Add lines 4 and 5 of federal Form 24 If you are single: Enter the amount from line 4 of Form 2	41. 2441	10 12345
, Noni	11 Portion of the amount on line 10 that is taxable to Minne	esota	11 12345
Part-Year, Nonresidents, American Indians, JOBZ	12 Divide line 11 by line 10. Enter the result as a decimal (c	carry to five decimal places)	12 12345
Par	13 Multiply line 9 by line 12. Enter the result here and on lin		12345

Include this schedule and a copy of your federal Form 2441 with your Form M1. Enter the number of qualifying persons in the box provided on line 25 on Form M1.

\mathbb{H}	10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 2012 M1M, page 2	201252
+		
+	TAXPAYER'S 1ST NAME, IN TAXPAYER'S LAST NAMEXXXXXX	99999999
Suk	otractions From Income	
18	Net interest or mutual fund dividends from U.S. bonds (see instructions)	12345678
19	Education expenses you paid for your qualifying children in grades K-12 (see instructions)	
П	Enter the name and grade of each child:	12345
	CHILD NAME, GRADE, CHILD NAME, GRADE	
	If you did not itemize deductions on your federal return and your charitable contributions were more than \$500, see instructions	12345678
	Subtraction for federal bonus depreciation added back to Minnesota taxable income	
-	in 2007 through 2011 (determine from worksheet in the instructions)	12345678
	Subtraction for federal section 179 expensing added back to Minnesota taxable income in 2007 through 2011 (see instructions)	123456
	taxable income in 2007 through 2011 (see instructions)	123430
	and totally disabled (enclose Schedule M1R)	12345
	Benefits paid by the Railroad Retirement Board (included on lines 7, 16b,	10045
	19 and 20b of Form 1040 or lines 7, 12b, 13 and 14b of Form 1040A)	123456
	of all Minnesota tax withheld, enter the amount from line 1 of Form M1.	
	If the amount is a negative number (less than zero), enter zero	12345678
+	Place an X in one box to indicate the reciprocity state	X
\forall	of which you were a resident during 2012 Michigan:	Δ
	North Dakota:	X
	American Indians: Total amount earned on an Indian reservation while	10245670
	living on the reservation, to the extent the income is federally taxable	12345678
	Federal active duty military pay received for services performed while a Minnesota resident, to the extent the income is federally taxable. Do not include military pensions	123456
	If you are a member of the Minnesota National Guard or other reserve component	10015
	in Minnesota, see instructions 28	12345
	If you are a resident of another state, enter your federal active service military pay, to the extent the income is federally taxable. Do not include military pensions	123456
	If you, your spouse (if filing a joint return) or your dependent donated all	
	or part of a human organ, enter your unreimbursed expenses for travel	10045
	and lodging and for any lost wages net of sick pay (see <i>instructions</i>)	12345
	(determine from worksheet in the instructions)	12345678
	Job Opportunity Building Zone (JOBZ) business and investment	10045650
	income exemptions (enclose Schedule JOBZ)	12345678
	Portion of the gain from the sale of your farm property if you were insolvent at the time of the sale (determine from worksheet in the instructions)	12345678
	Post service education awards received for service in an	
+	AmeriCorps National Service program	12345678
35	Net operating loss (NOL) carryover adjustment (see instructions)	12345678
	Subtraction for prior addback of reacquisition of business indebtedness income	
	included in federal taxable income (see instructions)	12345678
37	This line intentionally left blank	
1	and incontrolling for blank	
38	Add lines 18 through 37. Enter the total here and on line 6 of Form M1	12345678
۸.	must include this schedule with your Form M1.	

63 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 82 84 8

Schedule M1M, Income Additions and Subtractions 2012

Sequence #3

Complete this schedule to determine line 3 and line 6 of Form M1.

	TAXPAYER'S 1ST NAME, IN TAXPAYER'S LAST NAMEXXXXXX	99999999
Ad	ditions to Income	
1	If you took the standard deduction on your federal return, enter \$2,000 if married filing joint or qualifying widow(er), or \$1000 if married filing separate. Otherwise, skip this line	1234
	Limitation on itemized deductions for taxpayers with an adjusted gross income that exceeds the applicable threshold (see <i>instructions</i>)	12345678
3	Phase out of personal exemption(s) for taxpayers with an adjusted gross income that exceeds the applicable threshold (see <i>instructions</i>)	12345678
4	Interest from municipal bonds of another state or its governmental units included on line 8b of federal Form 1040 or 1040A	12345678
5	Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 8b of federal Form 1040 or 1040A	12345678
6	Federal bonus depreciation addition (determine from worksheet in the instructions) 6	12345678
7	Federal section 179 expensing addition (determine from worksheet in the instructions)	12345678
8	State income taxes passed through to you as a partner of a partnership, a shareholder of an S corporation or a beneficiary of a trust (see <i>instructions</i>)	123456
9	Domestic production activities deduction (from line 35 of federal Form 1040)	12345678
10	Expenses deducted on your federal return attributable to income not taxed by Minnesota (other than interest or mutual fund dividends from U.S. bonds)	12345678
11	If you are an employer who provides prescription drug coverage to your retirees, enter the amount of federal tax-exempt subsidies you received for continuing these benefits	12345678
12	Fines, fees and penalties federally deducted as a trade or business expense (see instructions)	12345678
13	Suspended loss from 2001 through 2005 or 2008 through 2011 on your federal return that was generated by bonus depreciation (determine from worksheet in the instructions)	12345678
14	Capital gain portion of a lump-sum distribution (from line 6 of federal Form 4972; enclose Form 4972)	12345678
15	Net operating loss carryover adjustment (see <i>instructions</i>)	12345678
16	This line intentionally left blank	
17	Add lines 1 through 16. Enter the total here and on line 3 of Form M1	12345678
Sub	tractions are on the back of this schedule.	

	TAXPAYER'S 1ST NAME, IN TAXPAYER'S LAST NAMEXXXXXX	99999999
Su	btractions From Income	
18	Net interest or mutual fund dividends from U.S. bonds (see instructions)	12345678
19	Education expenses you paid for your qualifying children in grades K-12 (see <i>instructions</i>) Enter the name and grade of each child: CHILD NAME, GRADE, CHILD NAME, GRADE	12345
20	If you did not itemize deductions on your federal return and your charitable contributions were more than \$500, see instructions	12345678
21	Subtraction for federal bonus depreciation added back to Minnesota taxable income in 2007 through 2011 (determine from worksheet in the instructions)	12345678
22	Subtraction for federal section 179 expensing added back to Minnesota taxable income in 2007 through 2011 (see <i>instructions</i>)	123456
23	Subtraction for persons age 65 or older, or permanently and totally disabled (enclose Schedule M1R)	12345
24	Benefits paid by the Railroad Retirement Board (included on lines 7, 16b, 19 and 20b of Form 1040 or lines 7, 12b, 13 and 14b of Form 1040A)	123456
25	If you are a resident of a reciprocity state filing Form M1 only to receive a refund of all Minnesota tax withheld, enter the amount from line 1 of Form M1. If the amount is a negative number (less than zero), enter zero	12345678
	Place an X in one box to indicate the reciprocity state of which you were a resident during 2012	X
	North Dakota:	X
26	American Indians: Total amount earned on an Indian reservation while living on the reservation, to the extent the income is federally taxable	12345678
27	Federal active duty military pay received for services performed while a Minnesota resident, to the extent the income is federally taxable. Do not include military pensions	123456
28	If you are a member of the Minnesota National Guard or other reserve component in Minnesota, see instructions	12345
29	If you are a resident of another state, enter your federal active service military pay, to the extent the income is federally taxable. Do not include military pensions	123456
30	If you, your spouse (if filing a joint return) or your dependent donated all or part of a human organ, enter your unreimbursed expenses for travel and lodging and for any lost wages net of sick pay (see <i>instructions</i>)	12345
31	Income taxes paid to a subnational level of a foreign country other than Canada (determine from worksheet in the instructions)	12345678
32	Job Opportunity Building Zone (JOBZ) business and investment income exemptions (enclose Schedule JOBZ)	12345678
33	Portion of the gain from the sale of your farm property if you were insolvent at the time of the sale (determine from worksheet in the instructions)	12345678
34	Post service education awards received for service in an AmeriCorps National Service program	12345678
35	Net operating loss (NOL) carryover adjustment (see instructions)	12345678
	Subtraction for prior addback of reacquisition of business indebtedness income included in federal taxable income (see <i>instructions</i>)	12345678
37	This line intentionally left blank	
		12345678
	Add lines 18 through 37. Enter the total here and on line 6 of Form M1	123430/8

2012	M1W, pag		28 30 32 34 36 38 40 42 44 4	6 48 Near final - 7/16/12	
		4	ort Minnesota income tax withhe		e W-2 forms, four 1099 and
N-2G f	orms. Compl	ete line 7 to repo	rt Minnesota tax withheld on Scl	nedules KPI, KS and/or KF.	
$+\!+\!+\!+$					
5 Minr	nesota wages	and Minnesota tax	withheld on additional W-2s (other t	than W-2G).	
+	A	B-Box 13	C—Box 15	D-Box 16	E-Box 17
	he W-2 is for: you, enter 1	If Retirement Plan box is checked.	Employer's 7-digit Minnesota state tax ID number	State wages, tips, etc. (round to nearest whole dollar)	Minnesota tax withheld (round to nearest whole dollar)
	spouse, enter 2	mark an X below.	State tax is number	(round to realest whole donar)	(round to ricarest whole donar)
	1	X	1234567	12345678	12345678
	2	X	1234567	12345678	12345678
$\perp \downarrow \downarrow \downarrow$					
+	1	X	1234567	12345678	12345678
+		V	1004567	10045670	12345678
+	2	X	1234567	12345678	TZ2420/8
+H	1	X	1234567	12345678	12345678
+		1111111	120100	12313370	12010070
Sub	total for additi	onal W-2s (add am)	ounts in line 5, column E)		5 12345678
			line 1 on the front of this schedule.		
			1099 and W-2G forms.		
	A		В	c	D
	the 1099 or W-20 • you, enter 1		Payer's 7-digit Minnesota state tax ID number (if unknown, contact the payer)	Income amount (see the table below for amounts to include)	Minnesota tax withheld (round to nearest whole dollar)
	• spouse, enter 2		namber (in anknown, contact the payer)	below for amounts to medue)	(Tourid to Hearest Wildle dollar)
+	1		1234567	12345678	12345678
++++			1234307	12343070	12343070
+	2		1234567	12345678	12345678
			120100,		
	1		1234567	12345678	12345678
444	2		1234567	12345678	12345678
$+\!+\!+\!+$					10045670
			G forms (add amounts in line 6, col	umn D)	12345678
Ente	r the result he	ere and include on l	ine 2 on the front of this schedule.		
7 Min	nesota incom	e and tax withheld l	by partnerships, S corporations and	fiduciaries, if any.	
+			A	B-Minnesota Income Amount	C—Minnesota Tax Withheld
			Entity's 7-digit Minnesota state tax ID	(from line 35 of Schedule KPI,	(from line 37 of Schedule KPI,
			number (if unknown, contact the entity)	line 33 of KS and/or line 24 of KF)	line 35 of KS and/or line 16 of KF
			1234567	12345678	12345678
$+\!\!+\!\!\!+\!\!\!\!+\!\!\!\!+$					
+			1234567	12345678	12345678
+			1004567	10045670	10045670
+			1234567	12345678	12345678
+			1234567	12345678	12345678
+			1234307	1201070	1207010
			y partnerships, S corporations and f re and on line 3 on the front of this s		12345678
iine	r, column C).	Enter the result hel	re and on line 3 on the front of this s	scriedule	
Table	for Colum	n C, Lines 2 and	16		
			your 1099 form you must include as	income on column C, lines 2 and	6.
Form	Include the	e Sum of Boxes:			
		. 1, 2, 5-7			
1099-0	2	/ _ /			
	MISC	. 1-3, 5-8, 10, 13	, 14		
1099-0		. 1-3, 5-8, 10, 13 . 14 or 2a or 1	, 14		

MINNESOTA · REVENUE

Schedule M1W, Minnesota Income Tax Withheld 2012

Sequence #2

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

TAXPAYER'S 1ST NAME, IN	N TAXPAYER'S LAST NAMEXXXXXX	99999999
SPOUSE'S 1ST NAME, INIT	F SPOUSE'S LAST NAMEXXXXXXX	99999999

If you received a W-2, 1099, W-2G, Schedule KPI, KS or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 23 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your W-2, 1099 or W-2G forms; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and tax withheld from W-2s, other than from W-2G. If you have more than five W-2s, complete line 5 on the back.

A If the W-2 is for: • you, enter 1 • spouse, enter 2	B—Box 13 If Retirement Plan box is checked, mark an X below.	C—Box 15 Employer's 7-digit Minnesota state tax ID number	D—Box 16 State wages, tips, etc. (round to nearest whole dollar)	E—Box 17 Minnesota tax withheld (round to nearest whole dollar)
1	X	1234567	12345678	12345678
2	X	1234567	12345678	12345678
1	X	1234567	12345678	12345678
2	X	1234567	12345678	12345678
1	X	1234567	12345678	12345678
Subtotal for addi	tional W-2s (from line	5 on the back)		12345678
Total Minnesota	tax withheld from all	W-2 forms (add amounts in line	1, column E)	12345678

2 Minnesota tax withheld from 1099 and W-2G forms. If you have more than four forms, complete line 6 on the back.

A If the 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	B Payer's 7-digit Minnesota state tax ID number (if unknown, contact the payer)	C Income amount (see the table on the back for amounts to include)	Minnesota tax withheld (round to nearest whole dollar)
1	1234567	12345678	12345678
2	1234567	12345678	12345678
1	1234567	12345678	12345678
2	1234567	12345678	12345678
Subtotal for additional 1099 and	W-2G forms (from line 6 on the back)		12345678
Total Minnesota tax withheld fo	om all 1099 and W-2G forms (add amou	nts in line 2, column D) 2	12345678
	y partnerships, S corporations and fiduc		12345678
4 Total. Add the Minnesota tax wi Enter the total here and o	12345678		

Complete line 5 and/or line 6 to report Minnesota income tax withheld if you received more than five W-2 forms, four 1099 and W-2G forms. Complete line 7 to report Minnesota tax withheld on Schedules KPI, KS and/or KF.

5 Minnesota wages and Minnesota tax withheld on additional W-2s (other than W-2G).

A If the W-2 is for: • you, enter 1 • spouse, enter 2	B—Box 13 If Retirement Plan box is checked, mark an X below.	C—Box 15 Employer's 7-digit Minnesota state tax ID number	D—Box 16 State wages, tips, etc. (round to nearest whole dollar)	E—Box 17 Minnesota tax withheld (round to nearest whole dollar)
1	X	1234567	12345678	12345678
2	Χ	1234567	12345678	12345678
1	X	1234567	12345678	12345678
2	Χ	1234567	12345678	12345678
1	X	1234567	12345678	12345678
				10045670

12345678 Enter the result here and include on line 1 on the front of this schedule.

6 Minnesota tax withheld on additional 1099 and W-2G forms.

A If the 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	B Payer's 7-digit Minnesota state tax ID number (if unknown, contact the payer)	C Income amount (see the table below for amounts to include)	Minnesota tax withheld (round to nearest whole dollar)
1	1234567	12345678	12345678
2	1234567	12345678	12345678
1	1234567	12345678	12345678
2	1234567	12345678	12345678
	nd W-2G forms (add amounts in line 6, colu de on line 2 on the front of this schedule.	mn D)	6 12345678

7 Minnesota income and tax withheld by partnerships, S corporations and fiduciaries, if any.

A Entity's 7-digit Minnesota state tax ID number (if unknown, contact the entity)	B—Minnesota Income Amount (from line 35 of Schedule KPI, line 33 of KS and/or line 24 of KF)	C—Minnesota Tax Withheld (from line 37 of Schedule KPI, line 35 of KS and/or line 16 of KF)
1234567	12345678	12345678
1234567	12345678	12345678
1234567	12345678	12345678
1234567	12345678	12345678
d by partnerships, S corporations and f	·	12345678

Table for Column C, Lines 2 and 6

Use to determine which amounts from your 1099 form you must include as income on column C, lines 2 and 6.

Form	Include the Sum of Boxes:
1099-G	1, 2, 5-7

1099-MISC1-3, 5-8, 10, 13, 14 1099-R 14 or 2a or 1

10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80

ID-#

M1WFC MINNESOTA · REVENUE

Minnesota Working Family Credit 2012

TAXPAYER'S 1ST NAME,	INIT TAXPAY	YER'S LAST	NAMEXXXXXX	99999999
Number of Qualifying Children:	X X	X		
Child's first, middle initial, last name (If you have more than two qualifying children, list only two)	Relationship to you (for example: son, daughter, etc.)	Number of months the child lived with you in 2012 (see instructions)	Child's date of birth (mmddyyyy)	Child's Social Security number
CHILD 1 1ST MI LAST	RELATIONSHI	12	01011111	99999999
CHILD 2 1ST MI LAST	RELATIONSH)	12	01011111	99999999
You must be eligible for the federal east schedule, you must follow the steps in and complete the appropriate federal E	the instructions for the IIC Worksheet.	e federal return to o		
EIC Worksheet A or line 6 of EIC Worksheet A	rksheet B. If you filed F m line 1 of EIC Worksl	Form 1040A or neet		1 12345
2 Using the amount on line 1, your filing find the credit amount using the WF booklet (if result is zero, stop here; your property)	C Table on pages 21-	23 of the M1 instru	uction	2 1234
3 Federal adjusted gross income (from Form 1040A or line 4 of Form 1040A				3
If line 3 is the same as line 1, skip li If you have: no qualifying children, is line 3 les only one qualifying child, is line 3 two or more qualifying children, is X Yes. Go to line 5 below.	ss than \$7,770? less than \$20,310?		n line 5.	
X No. Using the amount on line find the credit amount using				4 1 1234
 Working family credit amount. If you checked "Yes" on line 4, en If you checked "No" on line 4, ent 	er the amount from lir	ne 2 or line 4, whic	hever is less	5 1 1234
 Full-year residents: Also enter this a Part-year residents and nonresidenter and on line 26 of Form M1. Ho see instructions; enter result from s 	nts: Multiply line 5 by I wever, if your Minneso	ine 25 of Schedule ota gross income is	less than \$9,750,	6 1 1234
		Step 5 of the	worksheet: 0	.12345
7 American Indians working and living with JOBZ business income: Determine the result here and on line 26	nine from the instruct	ions on the back.		7 ■ 1234
Include this schedule with your Fo	orm M1.			

Enter the number of qualifying children in the box provided on line 26 of Form M1.