



# 2024 Form M1, Individual Income Tax

Do not use staples on anything you submit.

Your First Name and Initial _____	Last Name _____	Your Social Security Number _____	Your Date of Birth (MM/DD/YYYY) _____
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 _____		Check if Address is:	<input type="checkbox"/> New <input type="checkbox"/> Foreign
City _____	State _____ ZIP Code _____	County _____	

## 2024 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 Surviving Spouse

Spouse Name \_\_\_\_\_

Spouse SSN \_\_\_\_\_

## 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: Republican . . . . .11   Grassroots/Legalize Cannabis 14   Legal Marijuana Now . . . . .17  
 Democratic/Farmer-Labor . . .12   Libertarian . . . . .16   General Campaign Fund . . . . .99

Your Code   Spouse's Code

## From Your Federal Return (see instructions)

A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income
1 Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR) . . . . .			1 ■ _____
2 Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions) . . . . .			2 ■ _____
3 Add lines 1 and 2. . . . .			3 _____
4 Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) . . . . .			4 ■ _____
5 Exemptions (from Schedule M1DQC) . . . . .			5 ■ _____
6 State income tax refund from line 1 of federal Schedule 1 . . . . .			6 ■ _____
7 Subtractions from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions) . . . . .			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 or schedules in the Form M1 instructions . . . . .			10 _____
11 Alternative minimum tax (enclose Schedule M1MT) . . . . .			11 ■ _____
12 Add lines 10 and 11 . . . . .			12 _____
13 Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) . . . . .			13 _____

13a ■ \_\_\_\_\_ 13b ■ \_\_\_\_\_

