



- 15 Tax before credits. Add lines 13 and 14 15 _____
 - 16 Marriage Credit for joint return when both spouses have taxable earned income
or taxable retirement income (*enclose Schedule M1MA*) 16 ■ _____
 - 17 Credit for long-term care insurance premiums paid (*enclose Schedule M1LTI*) 17 ■ _____
 - 18 Credit for taxes paid to another state (*enclose Schedule(s) M1CR and M1RCR*) 18 ■ _____
 - 19 Other nonrefundable credits (*enclose Schedule M1C*) 19 ■ _____
 - 20 Total nonrefundable credits. Add lines 16 through 19 20 _____
 - 21 Subtract line 20 from line 15 (*if result is zero or less, leave blank*) 21 _____
 - 22 Nongame Wildlife Fund contribution (*see instructions*)
This will reduce your refund or increase the amount you owe  22 ■ _____
 - 23 Add lines 21 and 22 23 _____
 - 24 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G (*do not send*) 24 ■ _____
 - 25 Minnesota estimated tax and extension payments made for 2019 25 ■ _____
 - 26 Refundable credits from line 9 of Schedule M1REF (*see instructions; enclose Schedule M1REF*). 26 ■ _____
 - 27 Total payments. Add lines 24 through 26 27 _____
 - 28 **REFUND.** If line 27 is more than line 23, subtract line 23 from line 27 (*see instructions*).
For direct deposit, complete line 29 28 ■ _____
 - 29 Direct deposit of your refund (*you must use an account not associated with a foreign bank*):
Account Type **Routing Number** **Account Number**
 Checking Savings _____
 - 30 **AMOUNT YOU OWE.** If line 23 is more than line 27, subtract line 27 from line 23 (*see instructions*) 30 ■ _____
 - 31 Penalty amount from Schedule M15 (*see instructions*). Also subtract
this amount from line 28 or add it to line 30 (*enclose Schedule M15*) 31 ■ _____
- IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 32 and 33.
- 32 Amount from line 28 you want sent to you 32 ■ _____
 - 33 Amount from line 28 you want applied to your 2020 estimated tax 33 ■ _____

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)
Your Email Address	Preparer's Email Address		

Include a copy of your 2019 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.