




14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (<i>check appropriate boxes</i>)		
<input type="checkbox"/> (a) Schedule M1HOME	<input type="checkbox"/> (b) Schedule M1529	<input type="checkbox"/> (c) Schedule M1LS
<input type="checkbox"/> (d) Schedule NIIT	14	■ _____
15 Tax before credits. Add lines 13 and 14	15	_____
16 Amount from line 19 of Schedule M1C, <i>Nonrefundable Credits</i> (enclose Schedule M1C)	16	■ _____
17 Subtract line 16 from line 15 (<i>if result is zero or less, leave blank</i>)	17	_____
18 Nongame Wildlife Fund contribution (<i>see instructions</i>)		
This will reduce your refund or increase the amount you owe	18	■ _____ 
19 Add lines 17 and 18	19	_____
20 Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF	20	■ _____
21 Minnesota estimated tax and extension payments made for 2024	21	■ _____
22 Amount from line 13 of Schedule M1REF, <i>Refundable Credits</i> (<i>see instructions</i> ; enclose Schedule M1REF)	22	■ _____
23 Total payments. Add lines 20 through 22	23	_____
24 REFUND. If line 23 is more than line 19, subtract line 19 from line 23 (<i>see instructions</i>). For direct deposit, complete line 25	24	■ _____
25 Direct deposit of your refund (<i>you must use an account not associated with a foreign bank</i>):		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____	_____
	Routing Number	Account Number
26 AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 from line 19 (<i>see instructions</i>)	26	■ _____
27 Penalty amount from Schedule M15 (<i>see instructions</i>). Also subtract this amount from line 24 or add it to line 26 (<i>enclose Schedule M15</i>)	27	■ _____
28 Penalty and interest (<i>see instructions</i>)	28	■ _____
IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 29 and 30.		
29 Amount from line 24 you want sent to you	29	■ _____
30 Amount from line 24 you want applied to your 2025 estimated tax	30	■ _____

Taxpayer(s): I declare that this return is correct and complete to the best of my knowledge and belief.

_____ Your Signature	_____ Spouse's Signature (If Filing Jointly)	_____ Date (MM/DD/YYYY)
_____ Daytime Phone	_____ Email Address	
_____ Paid Preparer's Signature	_____ Date (MM/DD/YYYY)	_____ PTIN or VITA/TCE # (required)
_____ Preparer's Daytime Phone	_____ Preparer's Email Address	

<input type="checkbox"/> I do not want my paid preparer to file my return electronically.	<input type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer or the third-party designee indicated on my federal return.
<input type="checkbox"/> I am filing this return for Net Investment Income Tax requirements (<i>see instructions</i>).	<input type="checkbox"/> I authorize the Minnesota Department of Revenue to share necessary return information with MNsure for the purpose of contacting me with information about my estimated eligibility for free or reduced-cost health insurance (<i>see instructions</i>).

Include a copy of your 2024 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010