



14a Other taxes, such as recapture amounts and the tax on lump-sum distributions (*check appropriate boxes*)

☐ (a) Schedule M1HOME ☐ (b) Schedule M1529 ☐ (c) Schedule M1LS ☐ (d) Schedule NIIT **14a** ■ _____


14b Repayment of advance child tax credit **14b** ■ _____

15 Tax before credits. Add lines 13, 14a, and 14b **15** _____

16 Amount from line 19 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C) **16** ■ _____

17 Subtract line 16 from line 15 (*if result is zero or less, leave blank*) **17** _____

18 Nongame Wildlife Fund contribution (*see instructions*)

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 2025 **21** ■ _____

22 Amount from line 14 of Schedule M1REF, *Refundable Credits* (*see instructions; 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 (*see instructions*).

For direct deposit, complete line 25 **24** ■ _____

25 Direct deposit of your refund (*you must use an account not associated with a foreign bank*):

☐ Checking ☐ Savings _____
Routing Number Account Number

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (*see instructions*) **26** ■ _____

27 Penalty amount from Schedule M15 (*see instructions*). Also subtract
this amount from line 24 or add it to line 26 (*enclose Schedule M15*) **27** ■ _____

28 Penalty and interest (*see instructions*) **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 2026 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

☐ I do not want my paid preparer to file my return electronically.

☐ 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.

☐ I am filing this return for Net Investment Income Tax requirements
(*see instructions*).

☐ I do not have health insurance and want to learn what choices I have. I give the Minnesota
Department of Revenue permission to share some of my tax information with MNsure.
MNsure can contact me about free or lower-cost health insurance.

Include a copy of your 2025 federal return and schedules.

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