

M1 MINNESOTA REVENUE 2009 Individual Income Tax

200911

Please print. Leave unused boxes blank. Do not use staples on anything you submit.

Please print

Your first name and initial: _____ Last name: _____ Your Social Security number: _____

If a joint return, spouse's first name and initial: _____ Last name: _____ Spouse's Social Security number: _____

Place an X if a foreign address: Current home address (street, apartment number, route): _____ Your date of birth (mm/dd/yyyy): _____

City: _____ State: _____ Zip code: _____ Spouse's date of birth: _____

Filing status

2009 federal filing status: (1) Single (2) Married filing joint (3) Married filing separate: Enter spouse's name and Social Security number here _____

(place an X in one oval box): (4) Head of Household (5) Qualifying widow(er)

Fund

State Elections Campaign Fund: If you want \$5 to go to help candidates for state offices pay campaign expenses, you may each enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

Political party and code number: Democratic Farmer-Labor . 11 Green 14 Independence 12 General Campaign Republican 13 Fund 15

Your code: _____ Spouse's code: _____

Federal

From your federal return (for line references see instructions, page 9), enter the amount of:

A Wages, salaries, tips, etc.: _____ B IRA, Pensions and annuities: _____ C Unemployment: _____ D Federal adjusted gross income: _____

If a negative number, mark an X in oval box.

Do not send W-2s. Enclose Schedule M1W to claim Minnesota withholding.

1 Federal taxable income (from line 43 of federal Form 1040, line 27 of Form 1040A or line 6 of Form 1040EZ) 1 ■ _____

2 State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet on page 9 of the instructions 2 ■ _____

3 Other additions to income, including non-Minnesota bond interest, standard deductions for real estate taxes and motor vehicle sales tax and excluded unemployment compensation (see instructions, page 10, enclose Schedule M1M) . . . 3 ■ _____

4 Add lines 1 through 3 (if a negative number, place an X in the oval box) 4 _____

5 State income tax refund from line 10 of federal Form 1040 5 ■ _____

6 Net interest or mutual fund dividends from U.S. bonds (see instructions, page 10) 6 ■ _____

7 Education expenses you paid for your qualifying children in grades K-12 (see instructions, page 10). Enter the name and grade of each child: 7 ■ _____

8 Other subtractions (see instructions, page 12, and enclose Schedule M1M) 8 ■ _____

9 Total subtractions. Add lines 5 through 8 9 _____

10 Minnesota taxable income. Subtract line 9 from line 4 10 _____

Tax before credits

11 Tax from the table on pages 22-27 of the M1 instructions 11 _____

12 Alternative minimum tax (enclose Schedule M1MT) 12 ■ _____

13 Add lines 11 and 12 13 _____

14 Full-year residents: Enter the amount from line 13 on line 14. Skip lines 14a and 14b. Part-year residents and nonresidents: From Schedule M1NR, enter the tax from line 27 on line 14, from line 23 on line 14a, and from line 24 on line 14b (enclose Schedule M1NR) 14 _____

a. M1NR, line 23: _____ b. M1NR, line 24: _____

If a negative number, mark an X in oval box.


15 Tax on lump-sum distribution (enclose Schedule M1LS) 15 ■ _____

16 Tax before credits. Add lines 14 and 15 16 _____


Nonrefundable credits

- 17 Tax before credits. Amount from line 16 17 .00
- 18 Marriage credit for joint return when both spouses have taxable earned income or taxable retirement income (determine from instructions, page 14) 18 ■ .00
- 19 Credit for taxes paid to another state (enclose Schedule M1CR) 19 ■ .00
- 20 Other nonrefundable credits (enclose Schedule M1C)..... 20 ■ .00
- 21 Total nonrefundable credits. Add lines 18 through 20 21 .00

Tax

- 22 Subtract line 21 from line 17 (if result is zero or less, leave blank) 22 .00
- 23 Nongame Wildlife Fund contribution (see instructions, page 15) This will reduce your refund or increase amount owed  23 ■ .00
- 24 Add lines 22 and 23 24 .00

Total payments

- 25 Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from W-2, 1099 and W-2G forms (do not send in W-2s, 1099s, W-2Gs) . 25 ■ .00
- 26 Minnesota estimated tax and extension (Form M13) payments made for 2009 26 ■ .00
- 27 Child and dependent care credit (enclose Schedule M1CD). Enter number of qualifying persons here: 27 ■ .00
- 28 Minnesota working family credit (enclose Schedule M1WFC). Enter number of qualifying children here: 28 ■ .00
- 29  K-12 education credit (enclose Schedule M1ED). Enter number of qualifying children here: 29 ■ .00
- 30 Lower income motor fuels tax credit (see instructions, page 17; cannot exceed \$25) . 30 ■ .00
- 31 Job Opportunity Building Zone (JOBZ) jobs credit (enclose Schedule JOBZ) 31 ■ .00
- 32 Credit for tuberculosis testing on cattle. If you own cattle and had your cattle tested for bovine tuberculosis, see instructions, page 17 32 ■ .00
- 33 Total payments. Add lines 25 through 32 33 .00

Refund or amount due

- 34 REFUND. If line 33 is more than line 24, subtract line 24 from line 33 (see instructions, page 17). For direct deposit, complete line 35 34 ■ .00
- 35 FAST REFUNDS! For direct deposit of the full refund on line 34, enter:
 Account type: Checking Savings Routing number Account number
- 36 AMOUNT YOU OWE. If line 24 is more than line 33, subtract line 33 from line 24 (see instructions, page 18) Make check out to Minnesota Revenue and send with Form M60 36 ■ .00
- 37 Penalty amount from Schedule M15 (see instructions, page 18). Also subtract this amount from line 34 or add it to line 36 (enclose Schedule M15) 37 ■ .00
- IF YOU PAY ESTIMATED TAX and you want part of your refund credited to estimated tax, enter lines 38 and 39.
- 38 Amount from line 34 you want sent to you 38 ■ .00
- 39 Amount from line 34 you want applied to your 2010 estimated tax 39 ■ .00

Sign here

I declare that this return is correct and complete to the best of my knowledge and belief.
 Your signature _____ Date _____ Paid preparer: You must sign below.
 _____ Paid preparer's signature _____ Date _____

Spouse's signature (if filing jointly) _____ Daytime phone _____ Fed tax ID, SSN, PTIN or VITA/TCE # (required) _____

Include a copy of your 2009 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.taxes.state.mn.us

I authorize the Minnesota Department of Revenue to discuss this return with my preparer or the third-party designee indicated on my federal return.

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