



**Taxpayer's Full Name:** \_\_\_\_\_ **Spouse's Full Name:** \_\_\_\_\_

Form ID: MN Minnesota General Information

Mark if you or your spouse are disabled \_\_\_\_\_ [1]  
Welfare amounts received \_\_\_\_\_ [2]

**Contributions**

Amount of political and charitable contributions you wish to make to:  
**Political Contributions**

State campaign fund (Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below) Taxpayer \_\_\_\_\_ [3] Spouse \_\_\_\_\_ [4]

Political Parties		
11 = Republican	14 = Grassroots-Legalize Cannabis Party	17 = Legalize Marijuana Now Party
12 = Democratic Farmer-Labor	15 = Green Party of Minnesota	99 = General Campaign Fund
13 = Independent	16 = Libertarian	

**Charitable Contribution**

Nongame Wildlife Fund \_\_\_\_\_ [5]

**Credits and Subtractions**

**Long Term Care Insurance Credit**

Name of insurance company (Taxpayer) \_\_\_\_\_ [6]  
Name of insurance company (Spouse) \_\_\_\_\_ [7]  
Policy Number (Taxpayer) \_\_\_\_\_ [8]  
Policy Number (Spouse) \_\_\_\_\_ [9]

**K-12 Education Expenses**

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]	_____ [17]
_____ [18]	_____ [19]	_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]
_____ [26]	_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]	_____ [32]	_____ [33]

	Child One	Child Two	Child Three
Class name	_____ [34]	_____ [35]	_____ [36]
Class type	_____ [37]	_____ [38]	_____ [39]
Ind. instr name	_____ [40]	_____ [41]	_____ [42]
Ind. instr type	_____ [43]	_____ [44]	_____ [45]
Music ins type	_____ [46]	_____ [47]	_____ [48]
Musical ins cost	_____ [49]	_____ [50]	_____ [51]
Type of school attended	_____ [52]	_____ [53]	_____ [54]
Transp provider	_____ [55]	_____ [56]	_____ [57]

**M1PR Property Tax Credit**

Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements

**Part-year Resident and Nonresident Information**

If you were a part-year resident during the tax year, enter the dates you lived in Minnesota

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [58]	_____ [60]
To	_____ [59]	_____ [61]
Other state of residence (State/Foreign country required for other nonresidents)	_____ [62]	_____ [63]