

County \_\_\_\_\_ [1]  
 Authorize information sharing with MNsure regarding reduced-cost health insurance eligibility \_\_\_\_\_ [2]  
 Mark if you or your spouse are disabled \_\_\_\_\_ [3]  
 Welfare amounts received \_\_\_\_\_ [4]

**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 \_\_\_\_\_ [5] Spouse \_\_\_\_\_ [6]

Political Parties		
<b>11 = Republican</b>	<b>14 = Grassroots-Legalize Cannabis</b>	<b>17 = Legalize Marijuana Now</b>
<b>12 = Democratic Farmer-Labor</b>	<b>16 = Libertarian</b>	<b>99 = General Campaign Fund</b>

**Charitable Contribution**

Nongame Wildlife Fund \_\_\_\_\_ [7]

**Credits and Subtractions**

**Long Term Care Insurance Credit**

Name of insurance company (Taxpayer) \_\_\_\_\_ [8]  
 Name of insurance company (Spouse) \_\_\_\_\_ [9]  
 Policy Number (Taxpayer) \_\_\_\_\_ [10]  
 Policy Number (Spouse) \_\_\_\_\_ [11]

**K-12 Education Expenses**

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]	_____ [17]	_____ [18]	_____ [19]
_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]	_____ [26]	_____ [27]
_____ [28]	_____ [29]	_____ [30]	_____ [31]	_____ [32]	_____ [33]	_____ [34]	_____ [35]

	Child One	Child Two	Child Three
Class name _____ [36]	_____ [37]	_____ [38]	_____ [39]
Class type _____ [40]	_____ [41]	_____ [42]	_____ [43]
Ind. instr name _____ [44]	_____ [45]	_____ [46]	_____ [47]
Ind. instr type _____ [48]	_____ [49]	_____ [50]	_____ [51]
Music ins type _____ [52]	_____ [53]	_____ [54]	_____ [55]
Musical ins cost _____ [56]	_____ [57]	_____ [58]	_____ [59]
Type of school attended _____ [60]	_____ [61]	_____ [62]	_____ [63]
Transp provider _____ [64]	_____ [65]	_____ [66]	_____ [67]

**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 \_\_\_\_\_ [60] \_\_\_\_\_ [62]

To \_\_\_\_\_ [61] \_\_\_\_\_ [63]

Other state of residence (State/Foreign country required for other nonresidents) \_\_\_\_\_ [64] \_\_\_\_\_ [65]

**NOTES/QUESTIONS:**