Form ID: MN

Minnesota General Information

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

	Taxpayer	Spouse
State campaign fund (Enter the appropriate code for the $5 political party contribution on Form M1 or Form M1PR from the list below)	_____[5]	_____[6]

Political Parties		
11 = Republican	16 = Libertarian	99 = General Campaign Fund
12 = Democratic Farmer-Labor	17 = Legalize Marijuana Now	
14 = Grassroots-Legalize Cannabis	18 = Independence-Alliance	

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	Individual 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]
Class type	_____[39]	_____[40]	_____[41]
Ind. instr name	_____[42]	_____[43]	_____[44]
Ind. instr type	_____[45]	_____[46]	_____[47]
Music ins type	_____[48]	_____[49]	_____[50]
Musical ins cost	_____[51]	_____[52]	_____[53]
Type of school attended	_____[54]	_____[55]	_____[56]
Transp provider	_____[57]	_____[58]	_____[59]

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: