

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	99 = General Campaign Fund
12 = Democratic Farmer-Labor	16 = Libertarian	
13 = Independence	17 = Legalize Marijuana Now	

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

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

Part-year residency dates: Taxpayer _____ [58] Spouse _____ [60]
 From _____ [59] _____ [61]
 To _____ [62] _____ [63]
 Other state of residence (State/Foreign country required for other nonresidents) _____ [64] _____ [65]

NOTES/QUESTIONS: