



## 2021 Form M2, Income Tax Return for Estates and Trusts

Tax	year beginning (MM/DD/YYYY)/_	, ending	g (MM/DD/YYYY)/_/		
Nam	e of Estate or Trust	Check if name has changed:	Federal ID Number	Minnesota ID Number	Number of Schedules KF
Nam	e and title of fiduciary	Check if address has changed:	Decedent's Social Security Number	Date of Death	Number of Beneficiaries
Curre	ent address of fiduciary		Fiduciary City	Fiduciary State	Fiduciary ZIP Code
Dece	dent's last address or grantor's address when tr	ust became irrevocable	Decedent or Grantor City	Decedent or Grantor Stat	Decedent or Grantor ZIP
Che	ck all that apply:	_			
	Initial Return		Final Return		Installment sale of pass-
	Grantor Trust		Statutory Resident		through assets or interests
	Irrevocable Trust — Date trust became irrevoc	able	Statutory Nonresident		Section 645 Election
	Decedent's Estate — Gross value of estate		Due Process Nonresident (see Sche	edule M2RT)	ESBT
	1	Г		,	QSST
	Form M706 Filed		Composite Income Tax		/
	Bankruptcy Estate — Debtor Social Security N				Trust/Estate Owns or Operates a Business — FEIN
	If filing jointly, second do	ebtor SSN			
1	Federal taxable income (from line 23 of	federal Form 1041) .		1 ■	·
2	Fiduciary's deductions and losses not a	llowed by Minnesota (	see instructions, pages 4 and 5)	2 ■	l
3	Capital gain amount of lump-sum distri	bution (enclose federa	ıl Form 4972)	3 ■	I
4	Additions (from line 71, column E, on po	age 5 of this form)		4 ■	l
5	Add lines 1 through 4			5	
6	Subtractions (from line 71, column E, or	n page 5 of this form)	6■		
7	Fiduciary's income from non-Minnesot	a sources (see instruct	ions, page 5) <b>7 ■</b>		
8	Add lines 6 and 7			8	
9	Minnesota taxable net income. Subtrac	t line 8 from line 5		9 ■	
10	Tax from table in Form M2 instructions			10 ■	l
11	Tax from S portion of an Electing Small	Business Trust (enclose	e Schedule M2SB)	11 ■	l
12	Total of tax from (enclose appropriate s	chedules): a. S	schedule M1LS b. Schedule	e M2MT <b>12</b> ■	
13	Composite income tax for nonresident	beneficiaries (enclose	Schedules KF)	13 ■	i
14	Total 2021 income tax. Add lines 10 thr	ough 13		14 ■	l



15	Credit for taxes paid to another state	15 🖩
16	Film Production Tax Credit	16 🖩
17	Tax Credit for Owners of Agricultural Assets	17 🔳
18	Unused credit for owners of agricultural assets from a prior year	18 🖩
19	Credit for increasing research activities (enclose Schedule KPI, KS, or KF)	19 🔳
20	Other nonrefundable credits (see instructions)	20 🔳
21	Total nonrefundable credits. Add lines 15 through 20	21 🖩
22	Subtract line 21 from line 14 (if result is zero or less, leave blank)	22 🗉
23	Pass-Through Entity Tax Credit (enclose Schedule KPI, KS, or KF)	23 🔳
24	Minnesota income tax withheld (enclose documentation)	24 ■
25	Total estimated tax payments and extension payments	25 ■
26	Historic Structure Rehabilitation Tax Credit	26 ■
27	Other refundable credits (see instructions)	27 🔳
28	Add lines 23 through 27	28 🔳
29	Tax due. If line 22 is more than line 28, subtract line 28 from line 22	29 🔳
30	Penalty (see instructions, page 8)	30 ■
31	Interest (see instructions, page 8)	31 🔳
32	Trusts only: Additional charge for underpaying estimated tax (enclose Schedule EST)	32 🔳
33	AMOUNT DUE. If you entered an amount on line 29, add lines 29 through 32.	
	Check payment method: check electronic (see instructions, page 3)	33 ■
34	Overpayment. If line 28 is more than the sum of lines 22 and 30 through 32, subtract lines 22 and 30 through 32 from line 28	34 ■
35	If you are paying estimated tax for 2022, enter the amount from line 34 you want applied to it, if any	35 ■



36 REF	<b>UND.</b> Subtract line 35 from line 34			36 ■
<b>37</b> To h	nave your refund direct deposited, enter th	ne following. Otherwise, you wil	l receive a	check.
	Checking Savings Routin	ig number	Account nu	mber (use an account not associated with any foreign banks)
Signature o	of Fiduciary or Officer Representing Fiduciary	Minnesota Tax ID or Social Securit	y Number	/
Print Name	e of Contact	E-mail Address for Correspondence	e, if Desired	Tradelary 2-mail Trade Teparer 2-mail
Paid Prepa	rer's Signature	Preparer's PTIN		Date (MM/DD/YYYY) Daytime Phone
I au	thorize the Minnesota Department of Reve	enue to discuss this tax return w	vith the pre	parer.

Enclose a copy of federal Form 1041, Schedules K-1, and other federal schedules.

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

Mail to:

Minnesota Fiduciary Income Tax Mail Station 1310 600 N. Robert St., St. Paul, MN 55145-1310

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## **Additions to Income**



38	State and municipal bond interest from outside Minnesota	38 ■
39	State taxes deducted in arriving at net income	39 ■
40	Expenses deducted on your federal return that are attributable to income not taxed by Minnesota (other than interest or mutual fund dividends from U.S. bonds)	40 🔳
41	80 percent of the suspended loss from 2001–2005 or 2008–2020 on your	
	federal return that was generated by bonus depreciation (see instructions, page 10)	41 🔳
42	80 percent of federal bonus depreciation	42 🔳
43	Section 199A qualified business income	43 ■
44	Addition due to federal changes not adopted by Minnesota (M2NC, line 32)	44 🔳
45	Net operating loss (NOL) carryover adjustment	45 🔳
46	Foreign-derived intangible income (FDII) deduction	46 ■
47	Special deduction under section 965	47 ■
48	This line intentionally left blank	48 ■
49	This line intentionally left blank	49 🔳
50	This line intentionally left blank	50 ■
51	This line intentionally left blank	51 🔳
52	This line intentionally left blank	52 🔳
53	Add lines 38 through 52. Enter the result here and on line 72, column E, under Additions	53 🔳
Suk	otractions from Income	
54	Interest on U.S. government bond obligations, minus any expenses	
	deducted on your federal return that are attributable to this income	54 🔳
55	State income tax refund included on federal return	55 🔳
56	Federal bonus depreciation subtraction (see instructions, page 11)	56 ■
57	Subtraction due to federal changes not adopted by Minnesota (M2NC, line 32 as a positive number)	57 ■
58	Subtraction for prior addback of reacquisition of business indebtedness income	58
20	Substitution for prior addition of reacquisition of business machinemess modifies	
59	Subtraction for railroad maintenance expenses	59 🔳
60	Net operating loss carryover adjustment	60 🔳
61	Deferred foreign income (Section 965)	61 🔳

(continued)



62	Global intangible low-taxed income (GILTI)	62 ■	
63	Disallowed section 280E expenses of medical cannabis	63 ■	·
64	This line intentionally left blank	64 ■	
65	This line intentionally left blank	65 ■	l'
66	This line intentionally left blank	66 ■	·
67	This line intentionally left blank	67 ■	·
68	This line intentionally left blank	68 ■	
69	Add lines 54 through 68. Enter the result here and on line 72, column E, under Subtractions	69 ■	i

## Allocation of Adjustments Between Fiduciary and Beneficiaries (see instructions, page 12)

	Α	В	С	D	E
	Name of each beneficiary	Beneficiary's Social Security number	Share of federal distributable net income	Percent of total on line 72, column C	Shares assignable to beneficiary and to fiduciary Additions Subtractions
0				%	
				%	
				%	
				%	
				%	
				%	
				%	
1	Fiduciary			%	
2	Total			100%	

Enclose separate sheet, if needed.