




- 15 Tax before credits. Add lines 13 and 14 15 _____
 - 16 Marriage Credit for joint return when both spouses have taxable earned income
or taxable retirement income (enclose Schedule M1MA) 16 ■ _____
 - 17 Credit for long-term care insurance premiums paid (enclose Schedule M1LTI) 17 ■ _____
 - 18 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR) 18 ■ _____
 - 19 Other nonrefundable credits (enclose Schedule M1C) 19 ■ _____
 - 20 Total nonrefundable credits. Add lines 16 through 19 20 _____
 - 21 Subtract line 20 from line 15 (if result is zero or less, leave blank) 21 _____
 - 22 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe  22 ■ _____
 - 23 Add lines 21 and 22 23 _____
 - 24 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) 24 ■ _____
 - 25 Minnesota estimated tax and extension payments made for 2018 25 ■ _____
 - 26 Refundable credits (enclose Schedule M1REF): Child and Dependent Care Credit, Working Family Credit,
K-12 Education Credit, Credit for Parents of Stillborn Children, Credit for Tax Paid to Wisconsin,
Credit for historic structure rehabilitation, and Enterprise Zone Credit... 26 ■ _____
 - 27 Total payments. Add lines 24 through 26 27 _____
 - 28 **REFUND.** If line 27 is more than line 23, subtract line 23 from line 27 (see instructions).
For direct deposit, complete line 29 28 ■ _____
 - 29 Direct deposit of your refund (you must use an account not associated with a foreign bank):
Account Type **Routing Number** **Account Number**
 Checking Savings _____ _____
 - 30 **AMOUNT YOU OWE.** If line 23 is more than line 27, subtract
line 27 from line 23 (see instructions) 30 ■ _____
 - 31 Penalty amount from Schedule M15 (see instructions). Also subtract
this amount from line 28 or add it to line 30 (enclose Schedule M15) 31 ■ _____
- IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 32 and 33.
- 32 Amount from line 28 you want sent to you 32 ■ _____
 - 33 Amount from line 28 you want applied to your 2019 estimated tax 33 ■ _____

I declare that this return is correct and complete to the best of my knowledge and belief. Paid preparer: You must sign below.

Your Signature Date Paid Preparer's Signature Date

Spouse's Signature (if filing jointly) Taxpayer's Daytime Phone Preparer's Daytime Phone PTIN or VITA/TCE # (required)

Your Email address Preparer's email address

Include a copy of your 2018 federal return and schedules.

Mail to: Minnesota Individual Income Tax
St. Paul, MN 55145-0010

To check on the status of your refund, visit www.revenue.state.mn.us

I authorize the Minnesota Department of Revenue to
discuss this return with my paid preparer or the
third-party designee indicated on my federal return.

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