

Tax year beginning _____, 2012, ending _____

Print or Type	Name of estate or trust		Place an X if name has changed: <input type="checkbox"/>	Federal ID number	Minnesota ID number		
	Name and title of fiduciary			Decedent's Social Security number	Date of death		
	Current address of fiduciary		Place an X if address has changed: <input type="checkbox"/>	Decedent's last address or grantor's address when trust became irrev.			
	City	State	Zip code	Number of enclosed Schedules KF:	Number of beneficiaries:		
Place an X in all that apply:		<input type="checkbox"/> Decedent's Estate	<input type="checkbox"/> Trust. Date trust became irrevocable: _____	<input type="checkbox"/> Final Return	<input type="checkbox"/> Initial Return	<input type="checkbox"/> Bankruptcy Estate	Bankruptcy debtor SSN
		<input type="checkbox"/> Composite Income tax	<input type="checkbox"/> ESBT	<input type="checkbox"/> Inter Vivos Trust	<input type="checkbox"/> Testamentary Trust	<input type="checkbox"/> Section 645 Election	If filing jointly, second debtor SSN

Income	1 Federal taxable income (from federal Form 1041)	1	
	2 Fiduciary's deductions and losses not allowed by Minnesota (see instructions, page 4)	2	
	3 Capital gain amount of lump-sum distribution (enclose federal Form 4972)	3	
	4 Additions (from line 43, column E, on the back of this form)	4	
	5 Add lines 1 through 4	5	
	6 Subtractions (from line 43, column E, on the back of this form)	6	
	7 Fiduciary's income from non-Minnesota sources (see instructions, page 4)	7	
	8 Add lines 6 and 7	8	
	9 Minnesota taxable net income. Subtract line 8 from line 5	9	
	10 Tax from table on pages 10 through 13 using the income amount shown on line 9	10	
	11 Tax from S portion of an Electing Small Business Trust (enclose Schedule M2SB)	11	
	12 Total of tax from (enclose appropriate schedules): <input type="checkbox"/> Schedule M1LS <input type="checkbox"/> Schedule M2MT	12	
	13 Composite income tax for nonresident beneficiaries (enclose Schedules KF)	13	
	14 Total 2012 income tax. Add lines 10 through 13	14	
Tax and Payments	15 a. Total estimated tax payments and any extension payment	15a	
	b. 2012 Minnesota tax withheld (enclose documentation)	15b	
	c. Job Opportunity Building Zone jobs credit (enclose Schedule JOBZ) ..	15c	
	d. Credit for increasing research activities	15d	
	e. Other refundable credits	15e	
	f. Other nonrefundable credits	15f	
	Total payments, tax withheld and credits (add lines 15a through 15f)	15	
16 If line 14 is more than line 15, subtract line 15 from line 14	16		
17 Penalty (see instructions, page 6)	17		
18 Interest (see instructions, page 6)	18		
19 Trusts only: Additional charge for underpaying estimated tax (enclose Schedule EST)	19		
Refund or Tax Owed	20 AMOUNT DUE. If you entered an amount on line 16, add lines 16 through 19. Check payment method: <input type="checkbox"/> check (enclose PV43), or <input type="checkbox"/> electronic (see options, page 2)	20	
	21 Overpayment. If line 15 is more than the sum of lines 14 and 19, subtract lines 14 and 19 from line 15	21	
	22 If you are paying estimated tax for 2013, enter the amount from line 21 you want applied to it, if any	22	
	23 REFUND. Subtract line 22 from line 21	23	
	24 To have your refund direct deposited, enter the following. Otherwise, you will receive a check.		

Account type:	Routing number	Account number
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="text"/>	<input type="text"/>

You must sign the back of this form and enclose a copy of federal Form 1041, Schedules K-1, and other federal schedules
 Mail to: Minnesota Fiduciary Income Tax, Mail Station 1310, St. Paul, MN 55145-1310 (Continued)

Adjustments to Income

2012 M2P2

Additions

25	State and municipal bond interest from outside Minnesota	25	
26	State income tax deducted on federal return	26	
27	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)	27	
28	80 percent of the suspended loss from 2001–2005 or 2008–2011 on your federal return that was generated by bonus depreciation (see <i>instructions, page 7</i>)	28	
29	80% of federal bonus depreciation	29	
30	Fines, fees and penalties deducted federally as a trade or business expense	30	
31	Net operating loss carryover adjustment	31	
32	Domestic production activities deduction	32	
33	Federal tax-exempt subsidies paid to employers for providing prescription drug coverage for their retirees	33	
34	Add lines 25 through 33. Enter the result here and on line 44, column E, under Additions	34	

Subtractions

35	Interest on U.S. government bond obligations, minus any expenses deducted on your federal return that are attributable to this income	35	
36	State income tax refund included on federal return	36	
37	Federal bonus depreciation subtraction (see <i>instructions, page 7</i>)	37	
38	Job Opportunity Building Zone (JOBZ) business and investment income exemptions (see <i>instructions, page 8</i>)	38	
39	Subtraction for prior addback of reacquisition of business indebtedness income	39	
40	Net operating loss carryover adjustment	40	
41	Add lines 35 through 40. Enter the result here and on line 44, column E, under Subtractions	41	

Adjustments Assigned to Fiduciary and Beneficiaries

Allocation of Adjustments Between Fiduciary and Beneficiaries (see *instructions, page 8*)

	A	B	C	D	E	
	Name of each beneficiary	Beneficiary's Social Security number	Share of federal distributable net income	Percent of total on line 43, column C	Additions	Subtractions
42				%		
				%		
				%		
				%		
				%		
43	Fiduciary			%		
44	Total			100%		

Enclose separate sheet, if needed.

Signatures

Signature of fiduciary or officer representing fiduciary	MN ID or Soc. Sec. number	Date	Daytime phone	<input type="checkbox"/> I authorize the MN Department of Revenue to discuss this tax return with the person below.
Print name of contact	E-mail address for correspondence, if desired		This e-mail address belongs to: <input type="checkbox"/> Fiduciary <input type="checkbox"/> Paid preparer	
Paid preparer's signature	MN ID number, SSN or PTIN	Date	Daytime phone	