MINNESOTA · REVENUE

Form M2, Income Tax Return for Estates and Trusts 2014

	Tax year beginning, 2014, ending		
4)	Name of estate or trust Place an X if name has changed: Federal ID number	Minnesota ID number	
	Name and title of fiduciary Decedent's Social Security r	number Date of death	
Print or Type	Current address of fiduciary Place an X if address has changed: Decedent's last address or grantor's address when trust became irrev.		
rinto	City State Zip code Number of enclosed Schedules M	(F: Number of beneficiaries:	
	Place an X in all that Estate became irrevocable: Final Return Estate apply: Composite Income tax ESBT Vivos Trust Trust Estate ESBT Vivos Trust Trust Section 645 Election Nonresident	Bankruptcy debtor SSN If filing jointly, second debtor SSN	
	Federal taxable income (from line 22 of federal Form 1041)	1	
	2 Fiduciary's deductions and losses not allowed by Minnesota (see instructions, page 4)	_	
	3 Capital gain amount of lump-sum distribution (enclose federal Form 4972)	_	
	4 Additions (from line 45, column F, on page 2 of this form)		
me	5 Add lines 1 through 4		
ncome	6 Subtractions (from line 45, column E, on page 2 of this form) 6		
	7 Fiduciary's income from non-Minnesota sources (see instructions, page 4)		
	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 11 through 14 using the income amount shown on line 9	10	
	11 Tax from S portion of an Electing Small Business Trust (enclose Schedule M2SB)		
	12 Total of tax from (enclose appropriate schedules): Schedule M1LS Schedule M2MT	. 12	
	13 Composite income tax for nonresident beneficiaries (enclose Schedules KF)	. 13	
	14 Total 2014 income tax. Add lines 10 through 13		
nts	15 a. Total estimated tax payments and any extension payment 15a		
Payments	b. 2014 Minnesota tax withheld (enclose documentation)		
Pay	c. Job Opportunity Building Zone jobs credit (enclose Schedule JOBZ) 15c		
and	d. Other refundable credits		
Тах а	e. Other nonrefundable credits		
<u>~</u>	Total payments, tax withheld and credits (add lines 15a through 15e)		
	16 If line 14 is more than line 15, subtract line 15 from line 14		
	17 Penalty (see instructions, page 5)		
	18 Interest (see instructions, page 6)		
	19 Trusts only: Additional charge for underpaying estimated tax (enclose Schedule EST)		
pe	20 AMOUNT DUE, If you entered an amount on line 16, add lines 16 through 19.		
	Objective and another deal of the colored of the co	. 20	
Š	21 Overpayment. If line 15 is more than the sum of lines 14 and 19, subtract lines 14 and 19 from line 15		
Refund or Tax Owed	22 If you are paying estimated tax for 2015, enter the		
	amount from line 21 you want applied to it, if any		
	23 REFUND. Subtract line 22 from line 21	. 23	
	Account type: Routing number Account number		
	Checking Savings		