MINNESOTA · REVENUE

Form M2, Income Tax Return for Estates and Trusts 2014

	Tax year beginning	, 2014, end	ding					
	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	y 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.							
rint o	City	State	Zip code	Number of enclosed Schedule	s KF: Number of beneficiaries:			
△	Place an X in Decedent's Estate	Trust. Date trust became irrevocable:	Final	Initial Bankrupto	Bankruptcy debtor SSN			
	apply: Composite Income tax	ESBT Vivos Trust	Testamentary Trust	Section 645 Nonreside	If filing jointly, second debtor SSN			
	1 Federal taxable income	e (from line 22 of federal	Form 1041)		1			
	2 Fiduciary's deductions	and losses not allowed b	y Minnesota (see ins	structions, page 4)	2			
	3 Capital gain amount of	lump-sum distribution (e	enclose federal Form	ı 4972)	3			
4)	4 Additions (from line 45	, column E, on page 2 of	this form)		4			
Income								
Inc	7 Fiduciary's income fror	n non-Minnesota sources	3	6				
					_			
	9 Minnesota taxable net	income. Subtract line 8 f	rom line 5		9 🖳			
	10 Tax from table on page	s 11 through 14 using th	e income amount sh	nown on line 9	10			
				edule M2SB)				
	12 Total of tax from (enclose appropriate schedules): Schedule M1LS Schedule M2MT 12							
	13 Composite income tax for nonresident beneficiaries (enclose Schedules KF)							
	14 Total 2014 income tax. Add lines 10 through 13							
ts				1 5a				
nen				15b				
Tax and Payments		ling Zone jobs credit (encl		_				
Б Б		edits		_				
ä				_				
<u>a</u>		e credits						
	• •	•			15			
					16			
					17			
	•				18			
					19			
_	20 AMOUNT DUE. If you e	ntered an amount on line	e 16, add lines 16 th nic (see instructions	rough 19. s nage 2)	20			
We	21 Overpayment, If line 15	is more than the sum of	f lines 14					
Refund or Tax Owed	22 If you are paying estimate	ated tax for 2015, enter t	:he	21				
0 p	23 REFUND. Subtract line	22 from line 21			23			
fun	24 To have your refund dir							
Re	Account type:	Routing number	Accour	nt number				
	☐ Checking ☐ Savings							
	You must sign the back of	this form and enclose a	copy of federal Fori	m 1041, Schedules K-1, and	I other federal schedules			

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

2014	M2,	page 2					14202	
	Ad	Adjustments to Income						
	25	State and municipal bond into	erest from outside N	Minnesota		25		
	27	State income tax deducted or Expenses deducted on your fe by Minnesota (other than inte 80 percent of the suspended	ederal return that ar rest or mutual fund	re attributable to inco dividends from U.S.	me not taxed bonds)			
ဟ	20	federal return that was general				28		
ion	29	80 percent of federal bonus of						
Additions		Fines, fees and penalties ded	•					
⋖	31	This line intentionally left bla	ank		·	31a		
		•				31b		
	32	Net operating loss (NOL) carry	over adjustment			32		
	33	Domestic production activities	s deduction			33		
	34	Add lines 25 through 33. Ente	er the result here an	d on line 46, column	E, under Addition	ns 34		
	35	Interest on U.S. government b	ond obligations, mi	nus any expenses			_	
		deducted on your federal retu						
		State income tax refund inclu						
		Federal bonus depreciation subtraction (see instructions, page 8)						
Subtractions	38	income exemptions (see instr	, ,			38		
	39	This line intentionally left bla						
	00	Timo into intolicionally fore bit				39b	_	
	40	Subtraction for prior addback	of reacquisition of	husiness indebtednes	ss income		_	
		Subtraction for prior addback of reacquisition of business indebtedness income						
		Net operating loss carryover adjustment						
		Add lines 35 through 42. Enter						
(C		ocation of Adjustments Bet						
aries		A	В	C	D	, r0- - /	E	
neficiaries		None of each box fix	Beneficiary's Social	Share of federal	Percent of total on line	Shares assignabl	e to beneficiary and to fiduciary	

	Α	В	C	D		E
				Percent of	Shares assignable to be	eneficiary and to fiduciary
		Beneficiary's Social	Share of federal	total on line		
	Name of each beneficiary	Security number	distributable net income	46, column C	Additions	Subtractions
44				%		
				%		
				%		
				%		
45	Fiduciary			%		
46	Total			100%		

Enclose separate sheet, if needed.

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

Signatures