

2015 Form M2X, Amended Income Tax Return for Estates and Trusts

Tax year beginning (mm/dd/yyyy) _____ and ending (mm/dd/yyyy) _____

Print or Type

| | | | | |
|---|---|-----------------------------------|-------------------------|----------|
| Name of estate or trust | Check if name has changed: <input type="checkbox"/> | Federal ID number | Minnesota tax ID number | |
| Name and title of fiduciary | | Decedent's Social Security number | Date of Death | |
| Current address of fiduciary | | City | State | Zip code |
| Decedent's last address or grantor's address when trust became irrev. | | City | State | Zip code |

Check all that apply

Check box(es) indicating reason(s) you are amending:

Amended federal return IRS adjustment Changes affect Schedules KF

Net operating loss carried back from tax year ending _____ Other

| | |
|------------------------|-------------------------|
| Number of Schedules KF | Number of beneficiaries |
|------------------------|-------------------------|

Calculate Your New Tax

| | A—As previously reported | B—Net change | C—Corrected amount |
|---|--------------------------|--------------|--------------------|
| 1 Federal taxable income (from federal Form 1041) | 1 _____ | _____ | _____ |
| 2 Deductions and losses not allowed (from Form M2, line 2) | 2 _____ | _____ | _____ |
| 3 Capital gain amount of lump-sum distribution | 3 _____ | _____ | _____ |
| 4 Additions (from line 51, on page 3 of this form) | 4 _____ | _____ | _____ |
| 5 Add lines 1 through 4 | 5 _____ | _____ | _____ |
| 6 Subtractions (from line 51, on page 3 of this form) | 6 _____ | _____ | _____ |
| 7 Fiduciary's income from non-Minnesota sources | 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 10–13 of the M2 instructions | 10 _____ | _____ | _____ |
| 11 Tax from S portion of ESBT (from 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 nonresidents (enclose Schedules KF) | 13 _____ | _____ | _____ |
| 14 Total income tax (add lines 10 through 13) | 14 _____ | _____ | _____ |
| 15 Estimated tax and/or extension payments | 15 _____ | _____ | _____ |
| 16 Minnesota tax withheld (enclose documentation) | 16 _____ | _____ | _____ |
| 17 Job Opportunity Building Zone jobs credit (enclose JOBZ) | 17 _____ | _____ | _____ |
| 18 Other refundable credits | 18 _____ | _____ | _____ |
| 19 Other nonrefundable credits | 19 _____ | _____ | _____ |



Calculate Your New Tax, Cont.

- 20 Amount due from original Form M2 (see instructions) 20
- 21 Total credits and tax paid (add lines 15C through 19C and line 20) 21
- 22 Refund amount from original Form M2, line 21 (see instructions) 22
- 23 Subtract line 22 from line 21 (if result is less than zero, enter the negative amount) 23
- 24 Tax you owe (if line 14C is more than line 23, subtract line 23 from line 14C. If line 23 is a negative amount, see instructions) 24
- 25 If you failed to timely report federal changes or the IRS assessed a penalty (see instructions) 25
- 26 Add lines 24 and 25 26
- 27 Interest (see instructions) 27
- 28 **AMOUNT DUE** (add lines 26 and 27). Payment method: Electronic Check (attach voucher) ... 28
- 29 **REFUND DUE** (if line 23 is more than line 14C, subtract line 14C from line 23) 29
- 30 To have your refund direct deposited, enter the following. Otherwise, you will receive a check.

Account type: Routing number Account number (use an account not associated with any foreign banks)

Checking Savings

Sign Here

I declare that this return is correct and complete to the best of my knowledge and belief.

| | | | | |
|--|---------------------------|---------------------------|---------------|--|
| Signature of fiduciary or officer representing fiduciary | Print name of contact | MN ID or Soc. Sec. number | Date | Daytime Phone |
| Paid preparer's signature | MN ID number, SSN or PTIN | Date | Daytime phone | <input type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer. |

Explain net changes on next page. Mail to: Minnesota Amended Fiduciary Tax, Mail Station 1310, St. Paul, MN 55145-1310.





Adjustments to Income

A—As previously reported B—Net change C—Corrected amount

Additions

| | | | | | |
|-----------|--|-------------|--|--|--|
| 31 | State and municipal bond interest from outside Minnesota . . . | 31 | | | |
| 32 | State income tax deducted on federal return | 32 | | | |
| 33 | Expenses deducted on your federal return that are attributable to income not taxed by Minnesota (<i>other than U.S. bond interest</i>) . . | 33 | | | |
| 34 | 80 percent of suspended loss from 2001-2005 or 2008-2014 on federal return generated by bonus depreciation | 34 | | | |
| 35 | 80 percent of federal bonus depreciation | 35 | | | |
| 36 | Fines, fees and penalties deducted federally as trade or business expense | 36 | | | |
| 37 | Addition due to federal changes <input type="text"/> | 37 a | | | |
| | not adopted by Minnesota <input type="text"/> | 37 b | | | |
| 38 | Net operating loss carryover adjustment | 38 | | | |
| 39 | Domestic production activities deduction | 39 | | | |
| 40 | Add lines 31 through 39. Also enter the amount from line 40C on line 52, column E, under Additions | 40 | | | |
| 41 | Interest on U.S. government bond obligations, minus expenses deducted on federal return that are attributable to this income . . | 41 | | | |
| 42 | State income tax refund included on federal return | 42 | | | |
| 43 | Federal bonus depreciation subtraction | 43 | | | |
| 44 | Job Opportunity Building Zone (JOBZ) business and investment income exemptions | 44 | | | |
| 45 | Subtraction due to federal changes <input type="text"/> | 45 a | | | |
| | not adopted by Minnesota <input type="text"/> | 45 b | | | |
| 46 | Subtraction for prior addback of reacquisition of business indebtedness income | 46 | | | |
| 47 | Subtraction for railroad maintenance expenses. | 47 | | | |
| 48 | Net operating loss carryover adjustment | 48 | | | |
| 49 | Add lines 41 through 48. Also enter the amount from line 49C on line 52, column E, under Subtractions | 49 | | | |

Subtractions

Adjustments Assigned to Fiduciary and Beneficiaries

| | 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 52, column C | Shares assignable to beneficiary and to fiduciary | Additions | Subtractions |
| 50 | | | | % | | | |
| | | | | % | | | |
| | | | | % | | | |
| 51 | Fiduciary | | | % | | | |
| 52 | Total | | | 100% | | | |

Explain each change in detail on the back of this sheet.



EXPLANATION OF CHANGE—Explain each change in detail in the space provided below. Use a separate sheet, if needed. If the changes involve items requiring supporting information, be sure to attach the appropriate schedule, statement or form to Form M2X to verify the correct amount.

Instructions for 2015 Form M2X

For additional information, refer to the 2015 Form M2 instructions

Who Should File M2X?

This form should be filed by fiduciaries to correct—or amend—an original 2015 Minnesota fiduciary return.

Federal return adjustments. If the Internal Revenue Service (IRS) changes or audits your federal return or you amend your federal return and it affects your Minnesota return or distributions to beneficiaries, you have 180 days to file an amended Minnesota return. If you are filing Form M2X based on an IRS adjustment, be sure to check the box in the heading and attach to your Form M2X a complete copy of your amended federal return or the correction notice you received from the IRS.

If the changes do not affect your Minnesota return or Schedules K-1, you have 180 days to send a letter of explanation to the department. Send your letter and a complete copy of your amended federal return or the correction notice you received from the IRS to: Minnesota Fiduciary Tax, Mail Station 5140, St. Paul, MN 55146-5140.

If you fail to report as required, a 10 percent penalty will be assessed on any additional tax. See line 24 instructions.

Claim for refund. Use Form M2X to make a claim for refund and report changes to your Minnesota liability. If you make a claim for a refund and we do not act on it within six months of the date filed, you may bring an action in the district court or the tax court.

When to File

File Form M2X only after you have filed your original return. You may file Form M2X within 3½ years after the return was due or within one year from the date of an order assessing tax, whichever is later. If you filed your original return under an extension by the extended due date, you have up to 3½ years from the extended due date to file the amended return.

Filing Reminders

The amended return must be signed by the fiduciary or authorized officer of the organization receiving, controlling or managing the income of the estate or trust. The person must also include his or her ID number.

If someone other than the fiduciary prepared the return, the preparer must also sign.

Round amounts to the nearest dollar.

Drop amounts less than 50 cents and increase amounts 50 cents or more to the next higher dollar.

Forms and information are available on our website at www.revenue.state.mn.us.

If you need help completing your amended return, call 651-556-3075. TTY: Call 711 for Minnesota Relay. We'll provide information in other formats upon request.

Explanation

On the back of Form M2X, include a detailed explanation of why the original return was incorrect. Providing this information will help us verify the amended amounts.

Use of Information

All information provided on this form is private, except for your Minnesota tax ID number, which is public. Private information cannot be given to others except as provided by state law.

The identity and income information of the beneficiaries are required under state law so the department can determine the beneficiaries' correct Minnesota taxable income and verify if the beneficiaries have filed returns and paid the tax. The Social Security numbers of the beneficiaries are required to be reported on Schedule KF under M.S. 289A.12, subd. 13.

Lines 1–19 and 31–49 Columns A, B, C

Column A: Enter the amounts shown on your original return or as later adjusted by an amended return or audit report.

Column B: Enter the dollar amount of each change as an increase or decrease for each line you are changing. Show all decreases in parentheses. On the back of Form M2X, explain the changes in detail. If the changes involve items requiring supporting information, attach to Form M2X the appropriate schedule, statement or form to verify the corrected amount.

Column C: Enter the corrected amounts after the increases or decreases. If there are no changes, enter the amount from column A.

Line 20

Enter the total of the following tax amounts, whether or not paid:

- amount from line 16 of your original year 2015, 2014, 2013, 2012, or 2011 M2, or line 14 of your year 2010 or earlier original M2,
- amount from line 22 of a 2009 or earlier M2X, line 23 of a 2010 M2X, or line 24 of a 2011, 2012, 2013, or 2014 M2X or line 23 of a previously filed 2015 M2X, and
- additional tax due as the result of an audit or notice of change.

Do not include any amounts that were paid for penalty, interest or underpayment of estimated tax.

Line 22

Enter the total of the following refund amounts:

- amount from line 20 of your original 2015 M2, line 21 of your original 2014, 2013, 2012, or 2011 M2, line 19 of your original 2010 or prior year M2, even if you have not received it,
- amount from line 27 of a 2009 or earlier or line 28 of a 2010 or line 30 of a 2011, 2012, 2013, or 2014 or line 29 of a 2015 previously filed M2X, and
- refund or reduction in tax from a protest or other type of audit adjustment.

Include any amount that was credited to estimated tax or applied to pay past due taxes.

Do not include any interest that may have been included in the refunds you received.

If the refund amount on your original return was reduced by an additional charge for underpaying estimated tax (2010 or prior year M2, line 17, 2011, 2012, 2013, 2014, or 2015 M2, line 19) add the amount from this line to the amount reflected on the 2010 or prior Form M2, line 19, or 2011, 2012, 2013, 2014, or 2015 Form M2, line 21, when figuring the amount to enter on Form M2X, line 22.

Lines 24 and 29

Lines 24 and 29 should reflect the changes to your tax and/or credits as reported on lines 1 through 19 of Form M2X. If you have unpaid taxes on your original Form M2, this amended return is not intended to show your corrected balance due.

Continued

2015 Form M2X instructions (continued)

Line 24

If line 23 is a negative amount, treat it as a positive amount and add it to line 14C. Enter the result on line 24. This is the amount you owe, which is due when you file your amended return. You *cannot* use any funds in your estimated tax account to pay this amount. Continue with line 25.

Line 25

If only one of the penalties below applies, you must multiply line 24 by 10 percent (.10). If both penalties apply, multiply line 23 by 20 percent (.20). Enter the result on line 25.

- The IRS assessed a penalty for negligence or disregard of rules or regulations, and/or
- You failed to report federal changes to the department within 180 days as required.

Line 27

Interest is calculated as simple interest and accrues on unpaid tax and penalties from the regular due date until it is paid in full. Use the formula below with the appropriate interest rate:

$$\text{Interest} = \text{line 26} \times \text{number of days past the due date} \times \text{interest rate} \div 365$$

If the days fall in more than one calendar year, you must determine the number of days separately for each year.

The interest rate for 2015 is 3 percent.

Penalty will be assessed if the additional tax and interest are not paid with the amended return.

Line 28

To pay the amount due electronically, go to www.revenue.state.mn.us, and click on "Login to e-File Minnesota" from the e-Services menu. If you don't have Internet access, call 1-800-570-3329 to pay by phone.

If you are paying by check, you must complete a payment voucher and mail it with your Form M2X along with a check made payable to **Minnesota Revenue**. To create a voucher, visit our website at www.revenue.state.mn.us, click on **Make a Payment** and then **By check**.

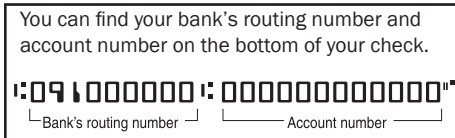
Line 29

If you want your refund to be directly deposited into your bank account, complete line 30. Your bank statement will indicate when your refund was deposited to your account. Otherwise, skip line 30 and your refund will be sent to you in the mail.

This refund *cannot* be applied to your estimated tax account.

Line 30

If you want your refund to be directly deposited into your checking or savings account, enter the routing and account numbers.



The **routing number** must have nine digits.

The **account number** may contain up to 17 digits (both numbers and letters).

If your account number contains less than 17 digits, enter the number and leave out any hyphens, spaces and symbols.

If the routing or account number is incorrect or is not accepted by your financial institution, your refund will be sent to you in the form of a paper check.

Lines 31–52

If you enter a corrected amount in Column C of lines 31 through 52, you may be required to notify beneficiaries of any adjustments to their income. Report the corrected information on a new Schedule KF, and check the "Amended KF" box toward the top of the schedule.

Signature

The return must be signed by the fiduciary or authorized officer of the organization receiving, controlling or managing the income of the estate or trust. The person must also include his or her ID number.

If someone other than the fiduciary prepared the return, the preparer must also sign. The preparer's ID number and phone number should also be included.

You may check the box in the signature area to give us your permission to discuss your return with the paid preparer. This authorization remains in effect until you notify the department in writing (either by mail or fax) that the authorization is revoked.

Checking the box does not give your preparer the authority to sign any tax documents on your behalf or to represent you at any audit or appeals conference. For these types of authorities, you must file Form REV184, *Power of Attorney*.