



2018 Form M2, Income Tax Return for Estates and Trusts

Tax year beginning _____, 2018, ending _____
 Name of estate or trust _____
 Check if name has changed: Federal ID number _____ Minnesota ID number _____ Number of Schedules KF _____

Name and title of fiduciary _____ Decedent's Social Security number _____ Date of death _____ Number of beneficiaries _____

Current address of fiduciary _____
 Check if address has changed: City _____ State _____ ZIP code _____

Decedent's last address or grantor's address when trust became irrevocable _____
 City _____ State _____ ZIP code _____

Check all that apply:

- Initial Return Final Return Irrevocable Trust: Date trust became irrevocable _____ Grantor Trust
- QSST Composite Income tax ESBT Section 645 Election Nonresident
- Bankruptcy Estate: Debtor Social Security number _____ If filing jointly, second debtor SSN _____
- Decedent's Estate: Gross value of estate _____ Form M706 Filed Trust/Estate Owns or Operates a Business: FEIN _____
- Installment sale of pass-through assets or interests IRC Sec. 965 Deferred Foreign Income

- 1** 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) **2** ■ _____
- 3** Capital gain amount of lump-sum distribution (enclose federal Form 4972) **3** ■ _____
- 4** Additions (from line 44, column E, on page 3 of this form) **4** ■ _____
- 5** Add lines 1 through 4 **5** ■ _____
- 6** Subtractions (from line 44, column E, on page 3 of this form) **6** ■ _____
- 7** Fiduciary's income from non-Minnesota sources (see instructions, page 5) **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): Schedule M1LS Schedule M2MT **12** ■ _____
- 13** Composite income tax for nonresident beneficiaries (enclose Schedules KF) **13** ■ _____
- 14** Total 2018 income tax. Add lines 10 through 13 **14** ■ _____

(continued)



- 15 a. Total estimated tax payments and any extension payment **15a** ■ _____
- b. 2018 Minnesota tax withheld (*enclose documentation*) **15b** ■ _____
- c. Other refundable credits **15c** ■ _____
- d. Tax Credit for Owners of Agricultural Assets **15d** ■ _____
Enter the certificate number from the certificate
you received from the Rural Finance Authority: AO ____ - _____
- e. Other nonrefundable credits **15e** ■ _____
- Total payments, tax withheld and credits (*add lines 15a through 15e*) **15** ■ _____
- 16 If line 14 is more than line 15, subtract line 15 from line 14 **16** ■ _____
- 17 Penalty (*see instructions, page 5*) **17** ■ _____
- 18 Interest (*see instructions, page 6*) **18** ■ _____
- 19 *Trusts only*: Additional charge for underpaying estimated tax (*enclose Schedule EST*) **19** ■ _____
- 20 **AMOUNT DUE**. If you entered an amount on line 16, add lines 16 through 19.
Check payment method: check or electronic (*see instructions, 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 2019, 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** (*use an account not associated with any foreign banks*)

Checking Savings

I authorize the Minnesota Department of Revenue to discuss this tax return with the person below. I do not want my paid preparer to file my return electronically.

Signature of fiduciary or officer representing fiduciary	MN ID or Soc. Sec. number	Date	Daytime phone
Print name of contact	E-mail address for correspondence, if desired		This e-mail address belongs to
Paid preparer's signature	MN ID number, SSN or PTIN	Date	Daytime phone
			<input type="checkbox"/> Fiduciary <input type="checkbox"/> Paid preparer

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





Additions to Income

- 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 2008–2017 on your
federal return that was generated by bonus depreciation (*see instructions, page 7*) 28 ■ _____
- 29 80 percent of federal bonus depreciation 29 ■ _____
- 30 Fines, fees and penalties deducted federally as a trade or business expense 30 ■ _____
- 31 Addition due to federal changes not adopted by Minnesota (*M2NC, line 28*) 31 ■ _____
- 32 Net operating loss (NOL) carryover adjustment 32 ■ _____
- 33 Domestic production activities deduction 33 ■ _____
- 34 Add lines 25 through 33. Enter the result here and on line 45, column E, under Additions 34 ■ _____

Subtractions from Income

- 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 instructions, page 8*) 37 ■ _____
- 38 Subtraction due to federal changes not adopted by Minnesota (*M2NC, line 28 as a positive*) 38 ■ _____
- 39 Subtraction for prior addback of reacquisition of business indebtedness income 39 ■ _____
- 40 Subtraction for railroad maintenance expenses 40 ■ _____
- 41 Net operating loss carryover adjustment 41 ■ _____
- 42 Add lines 35 through 41. Enter the result here and on line 45, column E, under Subtractions 42 ■ _____

Allocation of Adjustments Between Fiduciary and Beneficiaries (*see instructions, page 9*)

	A Name of each beneficiary	B Beneficiary's Social Security number	C Share of federal distributable net income	D Percent of total on line 45, column C	E Shares assignable to beneficiary and to fiduciary	
					Additions	Subtractions
43				%		
				%		
				%		
44	Fiduciary			%		
45	Total			100%		

Enclose separate sheet, if needed.