



2020

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Minnesota for all of 2020, enter the dates you did live in Minnesota

Enter the state names other than Minnesota where you had income

Education Savings:

Yes	No
-----	----

Did you or your spouse make any contributions to a qualified education savings account?

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to the Nongame Wildlife Fund

If you or your spouse wish to contribute \$5.00 to a political party, select one party:

Taxpayer: Republican Democratic/Farmer-Labor Independence Grassroots - Legalize Cannabis
 Green Libertarian Legal Marijuana Now General Campaign Fund

Spouse: Republican Democratic/Farmer-Labor Independence Grassroots - Legalize Cannabis
 Green Libertarian Legal Marijuana Now General Campaign Fund

Qualified School Expenses for Dependents:

	Dependent 1	Dependent 2
Dependent's name		
Dependent's grade		
Qualified expenses	<input type="text"/>	<input type="text"/>
Type of school (public, private, home)		
Type of expense (Classes, Individual instruction, Textbooks, Computer, Tuition, Transportation, Musical instrument)		
Type of Instruction (Class or Individual)		
Instructor or organization or Transportation provider		
Type of class		
Type of musical instrument		



2020

Credit for Parents of Stillborn Children:

Did you or your spouse experience a stillbirth during the year? Yes No

If Yes, include the Minnesota Certificate of Birth for each stillborn child.

Long Term Care Insurance:

If you had long term care insurance, list the policy owner, policy company name and policy number below.

Policy Owner	Policy Company Name	Policy Number
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		

Property Tax Refund Information:

Include all Certificates of Rent Paid and/or Statements of Property Taxes Payable in 2021

County of residence _____

Were you or your spouse disabled on or before December 31, 2020?

Are you living in a nursing home or other health care facility?

Did you own AND occupy your homestead on BOTH January 2, 2020 and January 2, 2021?

Are you a mobile home owner who paid rent for property on which it was located?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Enter the percent of your home that is NOT used for business or rented to others _____ %

Enter the amount of property tax refund received

Employer Transit Pass Credit:

Did your business buy Transit passes to resell or give to your employees? Yes No

If Yes, what was the original cost of the passes?

What amount was charged to employees for the passes?

What is your Minnesota ID number? _____

Student Loan Credit

	Taxpayer	Spouse
Enter the total amount paid toward your or your spouse's qualified student loans during the year	<input type="text"/>	<input type="text"/>

Enter the amount of interest paid on your or your spouse's qualified student loans during the year	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------

Enter the original balance of your or your spouse's qualified student loans	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------

