

Minnesota Information (Page 1 of 3)

Residency Information:						To (Mo/Da/Yr)	
If you did not live	e in Minnesota for all of 2	023, enter the dates you did	d live in Minnesota				
Enter the state n	ames other than Minnes	ota where you had income					
Education Savir	ngs:				Yes No		
		utions to a qualified education	on savings account?				
	Yes, enter the following:					2023 Amount	
TS	TS Name of Designated Beneficiary		Social Security Number	Account Number		Contributed	
Voluntary Cont	ributions:						
Enter the amoun	t you wish to contribute	on your 2023 tax return to t	he Nongame Wildlife	Fund			
If you or your spo	ouse wish to contribute	\$5.00 to a political party, sel	ect one party:				
Taxpayer:	Republican	Democratic/Farmer-L	abor Gras	sroots - Legalize Ca	nnabis		
	Libertarian	Legal Marijuana Now		eral Campaign Fund			
Spouse:	Spouse: Republican Democratic/Farmer-Labor Grassroots - Legalize Cannabis						
	Libertarian	Legal Marijuana Now	Gene	eral Campaign Fund			
Qualified School	ol Expenses for De	pendents:					
		Depende	ent 1		Dependent 2		
Dependent's nar	me						
Dependent's gra	de						
Qualified expenses							
Type of school (public, private, h	nome)			_			
Type of expense (Classes, Individi Textbooks, Com Transportation, N instrument)	ual instruction, puter, Tuition,						
Type of Instruction (Class or Individual)				_			
Instructor or orga Transportation p	anization or rovider			_			
Type of class				_			
Type of musical	instrument			_			



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Credit for Parents of Stillborn Childre	en:								
Did you or your spouse experience a stillbirth	n during the	e 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 p	oolicy owne	er, policy company name and policy numb	per below.						
Policy Owner		Policy Company Name		Policy Number					
Taxpayer Spouse Joint									
Taxpayer Spouse Joi									
,		I Certificates of Rent Paid and/or State		es Payable in 2024					
Were you or your spouse disabled on or before Are you living in a nursing home or other heat Did you own AND occupy your homestead of Are you a mobile home owner who paid rent Enter the percent of your home that is NOT use the amount of property tax refund received.	olth care faction BOTH Jaction for propertions	nuary 2, 2023 and January 2, 2024? y on which it was located?		<u>%</u>					
Employer Transit Pass Credit:				Yes No					
Did your business buy Transit passes to rese	ell or give to	your employees?							
If Yes, what was the original cost of the p	asses?								
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 you on the paid toward your or you	•	•							
Enter the amount of interest paid on your or youring the year									
Enter the original balance of your or your spo	ouse's quali	ified student loans							





Enter Any Additional Minnesota Information: