



## **2023 Form M1X, Amended Minnesota Income Tax** Do not use staples on anything you submit.

You	r First Name and Initial Last Name	Your Social Security Number	Your Dat	e of Birth (MM/DD/YYYY)
		, , , , , , , , , , , , , , , , , , , ,	, , , ,	
If Jo	int Return, Spouse First Name and Initial Spouse Last Name	Spouse Social Security Number	Spouse Date of Birth	
Cur	rent Home Address	City	State	ZIP Code
Fili	ng status claimed. Note: You cannot change from joint to separate returns after t	the due date.		For department use
	On original return: Single Married filing jointly Married filing separate	ely Head of household Qualifying surviv	ing spouse	1 '
	On this return: Single Married filing jointly Married filing separate	ely Head of household Qualifying surviv	ing spouse	
Pla	ce an X in the appropriate box to indicate why you are filing this amended return	n:		
l	Federal audit or adjustment. Enclose a <b>complete</b> copy of the IRS adjustmen	t notice and see line 30 instructions		
	Net operating loss carried back from tax year ending	Claim due to a pending court case (e	xplain on	back page)
	Claiming a different number of dependents from your original return	Other (explain on back page)		
If y	ou show a refund on line 27 or tax due on line 29, you must report an increase or	decrease in column B for at least one of the incom	ie, tax, or	credit lines (lines 1–22)
You	I will need instructions for this form and for 2023 Form M1.  A. Original or	Previously Adjusted Amount B. Increase or Decrease	;	C. Correct Amount
1	Federal adjusted gross income (see instructions)	<b>=</b>		
	Additions to income (from line 2 of Form M1)	<b>=</b>		
3	Add lines 1 and 2			
4	Total subtractions (from line 8 of Form M1)	=		
5	Minnesota taxable income. Subtract line 4 from line 3 5			
6	Tax from the table in the Form M1 instructions			
	Alternative minimum tax (Schedule M1MT)	<b>=</b>		
	Add lines 6 and 7 8			
9	Part-year residents and nonresidents — From Schedule M1NR (enclose a Corrected amount from line 28 9a ■	e Schedule M1NR):		
	<b>b</b> Corrected amount from line 29 <b>9b</b> ■			
10	Full-year residents — Enter amount from line 8 10 ■ Part-year residents and nonresidents —			
	Enter amount from line 32 of Schedule M1NR			
11	Other taxes from Line 14 of Form M1	■		
	Check all that apply:  M1HOME M1529 M1LS			
12	Tax before credits. Add lines 10 and 11	=		
13	Nonrefundable Credits from line 16 of Form M1	<b>=</b>		
	Check all that apply:			
14	M1MA  M1CR  M1RCR  M1C  M1LTI Subtract line 13 from line 12 (if zero or less, enter 0) 14 ■	<b>=</b>		
	Subtract line 15 from line 12 (i) 2010 of 1633, effect by	<b>-</b>		
15	Minnesota income tax withheld (Schedule M1W) 15 ■	<b>=</b>	- —	
16	Minnesota estimated tax payments made for 2023 16 ■	<b>=</b>		

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d and Dependent Care Credit (Schedule M1CD) d and Working Family Credit (Schedule M1CWFC)	. 18	<b>=</b> _		
Education Credit (Schedule M1ED)	. 19■			
s-Through Entity Tax Credit (Line 9 of M1REF)				
lit for Tax Paid to Wisconsin (Schedule M1RCR)	. 20	= _		
er credits from Schedule M1REF instructions)				
ount from line 26 of your original Form M1 (see inst	ructions)		25	3 ■
l credits and tax paid. Add lines 15C through 22C ar	d line 23		24	1
ount from line 24 of your original Form M1 (see inst	ructions)		25	5 =
tract line 25 from line 24 (if result is less than zero, e	enter the negative an	nount; do not enter 0	) 26	5
UND. If line 26 is more than line 14C, subtract line 1 ave your refund direct deposited, enter the followin	ng. Otherwise, you w		27	7■
Routing Number	Account N	ımber		
you owe. If line 14C is more than line 26, subtract ling a failed to timely report federal changes or the graal Revenue Service assessed you a penalty, see ins				
line 29 and line 30			31	L
rest (see instructions)		• • • • • • • • • • • • • • • • • • • •	32	<u> </u>
OUNT DUE. Add line 31 and line 32		• • • • • • • • • • • • • • • • • • • •		<b>.</b>
tion of Change — Briefly explain changes below. I this form, you must explain the changes to your original triangles to your original triangles. I declare that this return is correct and complete to	inal Minnesota inco	ne tax return. Enclos		
,	- '	-		
ture Spouse's Signature	(If Filing Jointly)	Date (MM/DD/)	YYYY)	Daytime Phone
arer's Signature PTIN or VITA/TCE #	(required)	Date (MM/DD/	YYYY)	Daytime Phone
uthorize the Minnesota Department of Revenue to discuss this ta	x return with the prepare	r or the third-party desigr	ee indicated on my fec	deral return.