DEPARTMENT OF REVENUE

* 2 3 1 4 3 1 *

# 2023 Schedule M1REF, Refundable Credits

Your First Name and Initial | Last Name | Social Security Number

1 Child and Dependent Care Credit *(enclose Schedule M1CD)* . . . . . 1 ■ _____
Enter number of qualifying persons **1a** _____

2 Child and Working Family Credits *(enclose Schedule M1CWFC)* . . . . . 2 ■ _____
Enter number of qualifying children for the Child Tax Credit **2a** _____
Enter number of qualifying older children **2b** _____

3 K-12 Education Credit *(enclose Schedule M1ED)* . . . . . 3 ■ _____
Enter number of qualifying children **3a** _____

4 Credit for Parents of Stillborn Children *(enclose Schedule M1PSC)* . . . . . 4 ■ _____

5 Refundable credit for taxes paid to Wisconsin *(enclose Schedule M1RCR)* . . . . . 5 ■ _____

6 Credit for Historic Structure Rehabilitation *(enclose certificate)* . . . . . 6 ■ _____
Enter National Park Service (NPS) project number **6a** _____

7 Enterprise Zone Credit *(enclose DEED certificate)* . . . . . 7 ■ _____

8 Angel Investment Credit . . . . . 8 ■ _____

9 Pass-Through Entity Tax Credit *(see instructions)* . . . . . 9 ■ _____
Enter the Minnesota Tax ID Number and amount associated with each Pass-Through Entity Credit.
If you claimed more than three Pass-Through Entity Tax Credits, attach a statement to this form .

MN Tax ID Number: _____ Credit Amount: _____

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MN Tax ID Number: _____ Credit Amount: _____

10 Claim of right *(see instructions)* . . . . . 10 ■ _____

11 Add lines 1 through 10. Enter the result here and on line 22 of Form M1 . . . . . 11 _____

**You must include this schedule with your Form M1.**