DEPARTMENT OF REVENUE

2024 Form M1PR, Homestead Credit Refund

Your First Name and Initial	Last Name	Your Social Security Number	Your Date of Birth (MM/DD/YYYY)
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number	Spouse's Date of Birth
Current Home Address		Check if Address is: New ☐ Foreign ☐	
City	State	ZIP Code	Check if Mobile Home Owner ☐
Property ID Number		County where property is located	

State Elections Campaign Fund: To grant $5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Your Code _____ Spouse's Code _____

Political Party Code Numbers: Republican . . . . . 11 Democratic/Farmer-Labor . . . 12 Grassroots/Legalize Cannabis 14 Libertarian . . . . . 16 Legal Marijuana Now . . . . . 17 General Campaign Fund 99

1 **Federal adjusted gross income** *(from Line 1 of Form M1, see instructions if you did not file Form M1)* . . . . . 1 ■ _____

2 **Nontaxable Social Security** and/or Railroad Retirement Board benefits *(see instructions)* . . . . . 2 ■ _____

3 Deduction for contributions to a qualified retirement plan on federal Schedule 1 *(see instructions)* . . . . . 3 ■ _____

4 Total government assistance payments *(see instructions)* . . . . . 4 ■ _____

5 Co-occupant Income *(from line 13 of Worksheet 5 - Co-occupant Income. If negative, enter as a negative)* . . . . 5 ■ _____

6 **Additional Nontaxable Income.** Add the amounts on column B below *(see instructions)* . . . . . 6 _____

A — Type of Income	B — Income Amount
a1 _____	b1 _____
a2 _____	b2 _____
a3 _____	b3 _____

7 Add lines 1 through 6 . . . . . 7 _____

8 Subtraction for 65 or older *(born before January 2, 1960)* or disabled:
If you (or your spouse if filing a joint return) are age 65 or older or are disabled, enter $5,050: . . . . . 8 ■ _____

Check the box if you or your spouse are: ☐ A) 65 or Older ☐ (B) Disabled

9 Dependent Subtraction: Enter your subtraction for dependents *(use worksheet in instructions)* . . . . . 9 ■ _____

Number of dependents: _____

Names and Social Security numbers: _____

10 Retirement Account Subtraction *(see instructions)* . . . . . 10 ■ _____

11 Total other subtractions *(see instructions)* . . . . . 11 ■ _____

Subtraction type _____

12 Add lines 8 through 11 . . . . . 12 _____

13	Subtract line 12 from line 7	**13**	
14	Property tax from line 1 of Statement of Property Taxes Payable in **2025**	**14** ■	
15	**If claiming the special refund**, enter amount from line 13 of Schedule M1PR-SR *(see instructions)*	**15** ■	
16	Subtract line 15 from line 14 *(if result is zero or less, leave blank)*	**16**	
17	**Homestead Credit Refund** *(see instructions)*	**17**	
18	Add lines 15 and 17	**18** ■	
19	Nongame Wildlife Fund contribution. Your refund will be reduced by this amount	**19** ■	
20	**Your Refund.** Subtract line 19 from line 18. Continue to line 21	**20** ■	

21 Direct deposit of your refund *(you must use an account not associated with a foreign bank):*

☐ **Checking** ☐ **Savings** **Routing Number** **Account Number**

Taxpayer: I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature	**Spouse's Signature (If Filing Jointly)**	**Date (MM/DD/YYYY)**	**Daytime Phone**
Paid Preparer's Signature	**Date (MM/DD/YYYY)**	**PTIN or VITA/TCE # (required)**	**Preparer's Daytime Phone**

☐ I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.

Mail to: Minnesota Property Tax Refund, Mail Station 0020, 600 Robert St. N., St. Paul, MN 55146-0020