Form M1PR, Homestead Credit Refund (for Homeowners) and Renter Property Tax Refund

		Your First Name and Initial	boxes blank. DO NOT USE STAPLES. Your Social Security Number										
		Tour First Name and Initial	Last Name			Tour Social Securit	y Humber						
Please Print	Mark an X i	If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name			Spouse's Social Security Number							
ase	foreig		Street. Apartment Number. Route)		lark an X if a	Your Date of Birth							
Ple	addre	ss:											
		City	Spouse's Date of B	Sirth									
ທ	Ma												
Status		oval boxes Renter	ing Home or Adult	Mobile H	lome								
Ś.	that apply: Foster Care Resident Owner												
Fund	State Elections Campaign Fund. If you did not designate on your 2015 Form M1, and you want \$5 to go to candidates for state offices for campaign expenses, enter the code number for the party of your choice. This will not reduce your refund. Political party and code number: Republican												
		Federal adjusted gross income (from line 37 of line 21 of Form 1040A, or line 4 of Form 1040E	*		1■	If a negative number,	mark an X in oval box.						
			• 00										
		Nontaxable Social Security and/or Railroad Ret and not included in line 1 above (determine from		• 00									
me		Deduction for contributions to a qualified retirem Form 1040 or from line 17 of Form 1040A). Also	. ,				00						
nco		Total payments from programs including MFIP (MN Famil		• • •									
b		Aid), SSI (Supplemental Security Income), GA (General Assis		• 00									
seho		Additional nontaxable income such as distributions											
Household Income		compensation benefits, scholarships and grants (se Income Types:		.00									
Ť		Add lines 1 through 5. If your income is less than	lanation 6		• 00								
	7	Dependent, over 65, disabled, and retirement co	2, on back) 7 ■		.00								
	8	Total household income, Subtract line 7 from lin	ne 6 (if result is zero or les	s, leave k	blank) 8		• 00						
		2 1 1: 0 6 0045 0 1:5 1 () 6	(000)										
ters		Renters: Line 3 of your 2015 Certificate(s) of Rei Continue with line 10; this amount is not your ref		our CRPs	s)9 =		00						
		Renters: Using the amounts on line 8 and line 9,											
~		renters refund table in the instructions. Continue		.00									
	ALL	HOMEOWNERS: REQUIRED — Property ID num	ber (use numbers only):										
ers		nty in which the property is located					00						
W	11	Property tax from line 1 of Statement of Property (Mobile home owners: See instructions)	/ Taxes Payable in <u>2016</u>		11■		• 00						
Homeo	12	If claiming the special refund, enter amount fro	om line 30, Schedule 1 (se	e instruc	ctions) 12 ■		.00						
		Subtract line 12 from line 11 (if result is zero or	·		13		• 00						
	14	Homestead Credit Refund: Using the amounts of amount to enter here from the homeowners refu			14		00						
	15	Add lines 10, 12 and 14			15		00						
d	16	Nongame Wildlife Fund contribution. Your refund	will be reduced by this an	nount	16 ■		00						
Ø	17	YOUR REFUND. Subtract line 16 from line 15		• 00									

		-	To qualify, you must have owned and livary 2, 2016. If you qualify, see the instru-		nestead both on		
:	18	Line 1 of Statement of Pro new improvements or expi	1	.00			
:	19	If the Statement lists an a and enclose Worksheet 3	<u></u> %				
		Multiply line 18 by the per If you did not have new in If you had new improvem		.00			
e 1	22	From your Statement of F line 2 (2015 column). If t		00			
യ		Special refund (not your is Subtract line 23 from line stop here; you are not eli		00			
:	25	Subtract line 24 from line	2 21 (if result is less than \$100, gible for the special refund)				00
:	26	Amount from line 24	X 12% (.12)		26		• 00
		Amount from line 26 or \$ Subtract line 27 from line stop here; you are not eli		00			
		Multiply line 28 by 60% (. Special refund. Amount f Enter the amount here a		00			
			er or disabled: If you (or your spouse if fili e disabled enter \$4,000:				00
		Mark an X if you or your	spouse are: 65 or older: 0	lisabled:			
lule 2	32	Dependent Subtraction:	Enter your subtraction for dependents. (c	letermine from	instructions) 32		• 00
Schec		Number of dependents f Names and Social Secur					
;	33	Retirement Account Subtor other retirement plan,		.00			
_;	34	Add lines 31 through 33,	enter the result here and on line 7 of this	s form M1PR .	34		00
Dir. Dep	35	Direct deposit of your ref	und (you must use an account not associated Routing Number	with a foreign b	ank): ount Number		
d)			nd complete to the best of my knowledge and belief. Date		preparer: You must sign belo preparer's signature	ow.	
Sign Here	_	ouse's signature (if filing jointly)	Daytime phone		me phone number	PTIN or VITA/TCE #	
<u>7</u>		nters — Include your 201	() 5 CDD	()		
_		il to: Minnesota Proper	ty Tax Refund		I authorize the Mi	nnesota Department of Revenue to	0