



**2017 Form M1PR, Homestead Credit Refund (for Homeowners) and Renter Property Tax Refund**

Leave unused boxes blank. **DO NOT USE STAPLES.**

Your First Name and Initial	Last Name	Your Social Security Number	
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number	
Current Home Address	Check if: <input type="checkbox"/> New Address	<input type="checkbox"/> Foreign Address	Your Date of Birth
City	State	Zip Code	Spouse's Date of Birth

Place an X in boxes that apply:  Renter  Homeowner  Nursing Home or Adult Foster Care Resident  Mobile Home Owner

**State Elections Campaign Fund**  
 If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

<b>Political party and code number:</b>	<b>Your code</b> _____
Republican . . . . . 11	Grassroots—Legalize Cannabis . 14
Democratic/Farmer-Labor . 12	Green . . . . . 15
Independence . . . . . 13	Libertarian . . . . . 16
	Legal Marijuana Now . . . . 17
	General Campaign Fund . . . . . 99

**Spouse code** \_\_\_\_\_

**1 Federal adjusted gross income** (from line 37 of federal Form 1040, line 21 of Form 1040A, or line 4 of Form 1040EZ) . . . . . **1**

**2 Nontaxable Social Security** and/or Railroad Retirement Board benefits received and not included in line 1 above (determine from instructions) . . . . . **2**

**3 Deduction for contributions** to a qualified retirement plan (add lines 28 and 32 of federal Form 1040 or from line 17 of Form 1040A). Also see line 33. . . . . **3**

**4 Total payments from programs** including MFIP (MN Family Investment Program), MSA (MN Supplemental Aid), SSI (Supplemental Security Income), GA (General Assistance), and GRH (Group Residential Housing) . . . . **4**

**5 Additional nontaxable income** such as distributions from a Roth account, contributions to a deferred compensation plan, scholarships, and grants (see instructions for more examples) . . . . . **5**   
 Income Types: \_\_\_\_\_

**6 Add lines 1 through 5.** If your income is less than the rent you paid, enclose an explanation . . . . . **6** \_\_\_\_\_

**7 Dependent, over 65, disabled, and retirement contribution subtraction** (use Schedule 2 on page 2) . . . . . **7**

**8 Total household income.** Subtract line 7 from line 6 (if result is zero or less, leave blank) . . . . . **8** \_\_\_\_\_

**9 Renters:** Line 3 of your 2017 Certificate(s) of Rent Paid (CRP). Continue with line 10; this amount is not your refund (you must enclose your CRPs) . . . . . **9**

**10 Renters:** Using the amounts on line 8 and line 9, find the amount to enter here from the renters refund table in the instructions. **Continue with lines 15-17.** . . . . . **10** \_\_\_\_\_

**ALL HOMEOWNERS: REQUIRED — Property ID number** (use numbers only): \_\_\_\_\_

**County** in which the property is located \_\_\_\_\_


**11 Property tax from line 1** of Statement of Property Taxes Payable in **2018** . . . . . **11**   
 (Mobile homeowners: See instructions)

**12 If claiming the special refund,** enter amount from line 30, Schedule 1 (see instructions) . . . . . **12**

**13 Subtract line 12 from line 11** (if result is zero or less, leave blank) . . . . . **13** \_\_\_\_\_

**14 Homestead Credit Refund:** Using the amounts on line 8 and line 13, find the amount to enter here from the homeowners refund table in the instructions . . . . . **14** \_\_\_\_\_

**15 Add lines 10, 12, and 14** . . . . . **15**

**16 Nongame Wildlife Fund contribution.** Your refund will be reduced by this amount  **16**

**17 YOUR REFUND.** Subtract line 16 from line 15 . . . . . **17**



Schedule 1—Special refund. To qualify, you must have owned and lived in this homestead both on January 2, 2017, and on January 2, 2018. If you qualify, see the instructions.

- 18 Line 1 of Statement of Property Taxes Payable in 2018. If the Statement does not list an amount for new improvements or expired exclusions, skip lines 19 and 20 and enter this amount on line 21
19 If the Statement lists an amount for new improvements or expired exclusions, complete and enclose Worksheet 3 from the instructions and enter the percentage from step 3 here
20 Multiply line 18 by the percentage on line 19
21 If you did not have new improvements or expired exclusions, enter the amount from line 18. If you had new improvements or expired exclusions, subtract line 20 from line 18
22 From your Statement of Property Taxes Payable in 2018, enter the amount from line 2 (2017 column). If there is no amount on line 2, see instructions
23 Special refund (not your regular refund) from line 12 of your 2016 Form M1PR.
24 Subtract line 23 from line 22 (if result is more than line 21, or is a negative number stop here; you are not eligible for the special refund)
25 Subtract line 24 from line 21 (if result is less than \$100, stop here; you are not eligible for the special refund)
26 Amount from line 24 X 12% (.12)
27 Amount from line 26 or \$100, whichever is greater
28 Subtract line 27 from line 25 (if result is zero or less, stop here; you are not eligible for the special refund)
29 Multiply line 28 by 60% (.60)
30 Special refund. Amount from line 29 or \$1,000, whichever is less. Enter the amount here and on line 12 of this Form M1PR

Schedule 2—Subtractions

- 31 Subtraction for 65 or older (born before January 2, 1953) or disabled: If you (or your spouse if filing a joint return) are age 65 or older or are disabled enter \$4,050:
Mark an X if you or your spouse are: [ ] 65 or Older [ ] Disabled
32 Dependent Subtraction: Enter your subtraction for dependents. (determine from instructions)
Number of dependents from worksheet in the instructions:
Names and Social Security numbers of dependents:
33 Retirement Account Subtraction: If you (or your spouse) contributed to a 401(k), IRA, 457(b), or other retirement plan, or had an amount on line 3, see instructions
34 Add lines 31 through 33, enter the result here and on line 7 of this Form M1PR
35 Direct deposit of your refund (you must use an account not associated with a foreign bank):
Account Type Routing Number Account Number
[ ] Checking [ ] Savings

I declare that this return is correct and complete to the best of my knowledge and belief.
Your signature Date Paid preparer: You must sign below. Paid preparer's signature Date
Spouse's signature (if filing jointly) Taxpayer's daytime phone Preparer's daytime phone PTIN or VITA/TCE # (required)

Renters — Include your 2017 CRP(s)
Mail to: Minnesota Property Tax Refund
St. Paul, MN 55145-0020

[ ] I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer.