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

		Your First Name and Initial	ed boxes blank. DO NOT USE STAPLES.  Your Social Security Number							
_										
Please Print	Mark an X	If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number						
Se	foreig		Your Date of Birth							
lea	addre	· ·	rour bate or birth							
		City	Spouse's Date of Birth							
(0	Ma	rk an X in								
Status	the	e oval boxes Renter Homeowner Nursing Home or A		Mobile Home						
St	tha	t apply:	Owner							
Fund	on ye	our 2015 Form M1, and you want \$5 to go to candidates tate offices for campaign expenses, enter the code number	Political party and code number:       Republican     11 Grassroots—Legalize Cannabis     14 Lega       Democratic/Farmer-Labor     12 Green     15 Gene       Independence     13 Libertarian     16 Fundamenta	eral Campaign						
	1 Federal adjusted gross income (from line 37 of federal Form 1040,									
		line 21 of Form 1040A, or line 4 of Form 1040E	.00							
		Nontaxable Social Security and/or Railroad Re	•							
		·	m instructions)	• 00						
me		Deduction for contributions to a qualified retirer	•	.00						
Household Income			o see line 33	• 00						
p		Total payments from programs including MFIP (MN Fam Aid), SSI (Supplemental Security Income), GA (General Ass	00							
Pol		Additional nontaxable income such as distribution	• • • • • • • • • • • • • • • • • • • •							
use		compensation benefits, scholarships and grants (s	. 00							
2		Income Types:								
	6	Add lines 1 through 5. If your income is less tha	• 00							
	7	Dependent, over 65, disabled, and retirement c	• 00							
	8	Total household income. Subtract line 7 from li	• 00							
-	9	9 Renters: Line 3 of your 2015 Certificate(s) of Rent Paid (CRP).								
ters		* * * * * * * * * * * * * * * * * * * *	efund (you must enclose your CRPs) 9	00						
	10	Renters: Using the amounts on line 8 and line 9								
<u>~</u>		renters refund table in the instructions. Continu	ue with line 15	•00						
		. HOMEOWNERS: REQUIRED — Property ID nur	mber (use numbers only):							
ers		inty in which the property is located		00						
N N	11	Property tax from line 1 of Statement of Propert (Mobile home owners: See instructions)	ty Taxes Payable in <b>2016</b>							
med	12	·	rom line 30, Schedule 1 (see instructions) 12	• 00						
유		-								
		Subtract line 12 from line 11 (if result is zero or	• 00							
	14	<b>Homestead Credit Refund:</b> Using the amounts amount to enter here from the homeowners ref	on line 8 and line 13, find the fund table in the instructions	• 00						
nts	<b>1</b> 5	Add lines 10, 12 and 14	15	.00						
pplical	16	Nongame Wildlife Fund contribution. Your refund	d will be reduced by this amount 16	• 00						
⋖	17	YOUR REFUND. Subtract line 16 from line 15.	17 🔳	.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	<b>2 21</b> (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 \$100, whichever is greater					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: disabled:								
lule 2	32	Dependent Subtraction:	Enter your subtraction for dependents. (c	letermine from	instructions) 32		• 00			
Schec		Number of dependents from worksheet in the instructions:  Names and Social Security numbers of dependents:								
;	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			