

Minnesota Scenario 1	
Required Forms	M1, M1W, M1M, M1MA, M15, M1PR
Filing Status	MFJ
Primary Name	Numero Uno
Spouse Name	Dose Uno
Primary DOB	1/1/1951
Spouse DOB	7/7/1957
Mailing Address	Minneapolis, MN
Dependent(s) Name, DOB, Grade	Trey Uno, 3/27/2010, 2nd grade
Special Requests	DIY Products must have PaymentNotRefundTransfer elements present in the FormM1Header. Include electronic payment of amount due. \$30 Nongame Wildlife Fund contribution
Income	W2 & 1099MISC
Additional Income	State income tax refund=400
M1M	Line 19=200, Line 20=1001
M15	Line 5 =1970
Amount due	Includes M15 penalty=913
M1PR	
Additional Income	Fed IRA Sdeductions=2000, Deffered Comp=2000
Additional Information	Homeowner with special refund qualified, Include direct deposit information
Refund	2161

Property Tax Statement		
	2017	2018
Estimated Market Value	106100	150000
Taxable Market	106100	150000
New Improvements		12000
Property Classification	Res Homestead	
Line 1		4000
Line2	2161	

a Employee's social security number - -		Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN)		1 Wages, tips, other compensation 34,000		2 Federal income tax withheld	
c Employer's name, address, and ZIP code ABC Company 321 Main St. First Flight City, MN 55111		3 Social security wages		4 Social security tax withheld	
		5 Medicare wages and tips		6 Medicare tax withheld	
		7 Social security tips		8 Allocated tips	
d Control number		9 Verification code		10 Dependent care benefits	
e Employee's first name and initial Last name Numero Uno First Flight City, MN 55112		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
f Employee's address and ZIP code				12d 2,000	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
MN	1234567	34,000	690		
				20 Locality name	

Form **W-2** Wage and Tax Statement

2017

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

		a Employee's social security number 121-21-2121	Safe, accurate, FAST! Use		OMB No. 1545-0008	IRS e-file		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN)				1 Wages, tips, other compensation 29,000	2 Federal income tax withheld					
c Employer's name, address, and ZIP code FASA Food, LLC 500 Berry Road Maine Town, MA 05511				3 Social security wages		4 Social security tax withheld				
				5 Medicare wages and tips		6 Medicare tax withheld				
				7 Social security tips		8 Allocated tips				
d Control number				9 Verification code		10 Dependent care benefits				
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a See instructions for box 12		
Dose UNO		FASA				13 Statutory employee <input type="checkbox"/>		12b		
1234		567				Retirement plan <input type="checkbox"/>		12c		
890		123				Third-party sick pay <input type="checkbox"/>		12d		
456		789				14 Other <input type="checkbox"/>				
f Employee's address and ZIP code										
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name				
MA	1114567	29,000	190							

Form **W-2** Wage and Tax Statement

2017

Department of the Treasury—Internal Revenue Service

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VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <i>Amend Company 1514 Dixie trail First Flight City, MN 55411</i>		1 Rents \$	OMB No. 1545-0115 2017		Miscellaneous Income
		2 Royalties \$	Form 1099-MISC		
PAYER'S federal identification number		3 Other Income \$ <i>3,000</i>	4 Federal income tax withheld \$		Copy 1 For State Tax Department
RECIPIENT'S identification number <i>111-11-1111</i>		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name <i>Dase vnp</i>		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$		June 17, 2016
Street address (including apt. no.) <i>1 First Flight</i>		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
City or town, state or province, country, and ZIP or foreign postal code <i>First Flight MN 55411</i>		11	12		
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$ <i>300</i>	17 State/Payer's state no. <i>MN/9999999</i>		
		18 State Income \$ <i>3,000</i>			

DRAFT AS OF
June 17, 2016
DO NOT FILE

Minnesota Scenario 2

Required Forms	M1, M1W, M1M, M1C, M1B, M1CR, M1RCR, M1LTI, M1REF
Filing Status	MFS
Primary Name	Mable Smith
Spouse Name	John Smith (itemized deductions not limited)
Primary DOB	12/15/1945
Spouse DOB	Your choice
Mailing Address	Hastings, MN
Special Requests	Split refund to partial carry forward to 2018 and the remaining Direct Deposit, 15000 in estimated payments, 10000 carry over from 2016, 1250 installments on 4/15/2017, 6/15/2017, 9/15/2017, and 1/15/2018
Income	W2, W2G, SSA, Interest, Dividends
1040	Line 8a=5000, Line 8b=1000, Line 9a=1000, Line 20a=15000
Schedule A	Line 1=24844, Line 6=8000, Line 10=20000, Line 16=15000, Line 17=5000, Lin 22=500
M1M	Fed tax dividends=1000
M1B	Line 1=500
M1CR	Line 6=750
M1RCR	Line 6=6000
M1LTI	Line 1=4000, Line 4=2000 (premiums paid on policy)

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code			106000		3 Social security wages		
			5 Medicare wages and tips		4 Social security tax withheld		
			7 Social security tips		6 Medicare tax withheld		
d Control number			9 Verification code		8 Allocated tips		
e Employee's first name and initial			Last name		Suff.		11 Nonqualified plans
f Employee's address and ZIP code			13 Statutory employee		Retirement plan		12a
			Third-party sick pay		12b		
			14 Other		12c		
					12d		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
WI		70000					
NY		30000					

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department

2017

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9 Verification code		10 Dependent care benefits		
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	
f Employee's address and ZIP code		13 Statutory employee		Retirement plan		Third-party sick pay	
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
		14 Other		12a		12b	
				12c		12d	
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
4 MW		60000		10000			
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department

2017

Department of the Treasury—Internal Revenue Service

3232

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OMB No. 1545-0238

2017

Form W-2G

Certain Gambling Winnings

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code Casino of your choice in Ellsworth, WI		1 Reportable winnings	2 Date won
		\$ 15,000	07/07/2017
		3 Type of wager	4 Federal income tax withheld
PAYER'S federal identification number		5 Transaction	6 Race
		7 Winnings from identical wagers	8 Cashier
PAYER'S telephone number		9 Winner's taxpayer identification no.	10 Window
WINNER'S name		11 First I.D.	12 Second I.D.
Mable Smith			
Street address (including apt. no.)		13 State/Payer's state identification no.	14 State winnings
City or town, province or state, country, and ZIP or foreign postal code Hastings, MN			\$
		15 State income tax withheld	16 Local winnings
Signature		\$	\$
		17 Local income tax withheld	18 Name of locality
		\$	

For Privacy Act and Paperwork Reduction Act Notice, see the 2017 General Instructions for Certain Information Returns.

File with Form 1096

Copy A
For Internal Revenue Service Center

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature

Date

Form W-2G

Cat. No. 10138V

www.irs.gov/w2g

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page - Do Not Cut or Separate Forms on This Page

Minnesota Scenario 3	
Required Forms	M1, M1M, M1HOME, CRP, M1PR
Filing Status	Single
Primary Name	Buck Wilder
Spouse Name	
Primary DOB	5/10/1950
Spouse DOB	
Mailing Address	Minneapolis, MN
Special Requests	
Income	Line 8a=2000, Line 9a=10000, Line 20a=15000
M1HOME	Year end balance=3000, qualified bene=self, date of withdrawal=12/1/17, amount=500, purpose=(qualified) earnest monies, Line 4=175
Amount due	0
M1PR	
Renter	CRP, assisted living, GRH and Medicaid payments
Refund	1262



2017 CRP, Certificate of Rent Paid

Eligible renters (see eligibility requirements below) may receive a refund based on property taxes paid on their principal place of residence in Minnesota and their income. Renters will need this CRP to apply for a property tax refund.

The landlord is required to give each renter a completed CRP, *Certificate of Rent Paid*, no later than January 31, 2018.

Roommates: The landlord is required to give each unmarried renter living in a unit a separate CRP showing that each roommate paid an equal portion of the rent, regardless of the portion actually paid or whose names are on the lease.

Renters: You must file Form M1PR and include all CRPs to claim a refund. Your refund will be denied or delayed if you do not include all CRPs when filing Form M1PR.

Renter's Name and Address of the Unit Rented		Owner's or Managing Agent's Name and Address (Including ZIP Code)	
Property ID Number or Parcel Number		County <u>Hennepin</u>	Number of Units on This Property
Rented from (MM/DD/YYYY): <u>1.1.17</u>	to (MM/DD/YYYY): <u>12.15.17</u>	Total Months Rented <u>12</u>	Number of Adults Living in Unit (count married couple as 1) <u>1</u>
			Place an X in box if count includes married couple: <input type="checkbox"/>

Place an X if: Nursing Home Intermediate Care Facility Adult Foster Care Assisted Living

A. Amount paid for the renter by medical assistance (Medicaid) 6000
 B. Group Residential Housing (GRH) payments received by landlord on behalf of this renter 4000

1 Rent paid to you by this individual renter or married couple for 2017 (round to nearest whole dollar) 1 25000
 If a government housing agency paid you part of the rent for this unit, place an X in this box, but do not include the amounts paid by the government agency in line 1.
 Place an X in this box if rent was for a mobile home lot.
 Place an X in this box if this renter received reduced rent for being caretaker.
 Enter the rent reduction for this renter that is included on line 1 here: _____

2 The percentage for all renters is **17 percent (.17)** 2 17 %

3 Multiply line 1 by line 2. **Renters:** include this amount on line 9 of Form M1PR (round to nearest whole dollar) 3 4250

Landlord: I declare that this certificate is correct and complete to the best of my knowledge and belief.
 Owner's or agent's signature _____ Date _____ Business phone _____

Eligibility Requirements for Renters

You may qualify for the property tax refund if all of the following conditions apply to you for 2017:

- You were a full-year or part-year resident of Minnesota;
- You cannot be claimed as a dependent on someone else's 2017 federal income tax return; and
- Your total household income is less than \$59,960. (Household income is your federal adjusted gross income plus most nontaxable income. If you are married and living together, both incomes are included in household income. If you are single, use your income only; do not include the income of any other person living with you. Also, to arrive at your total household income, a subtraction is allowed if you have dependents, if you contribute to a qualified retirement plan, or if you or your spouse are age 65 or older or disabled.)

If you meet the above eligibility requirements, complete Form M1PR, *Homestead Credit Refund (For Homeowners) and Renters Property Tax Refund*, to determine the amount of your refund. You must include this CRP when you file your return. Your refund will be delayed or denied if you do not include your CRP(s) when you file Form M1PR.

You can find Form M1PR and other tax-related information on our website at www.revenue.state.mn.us.
 If you have questions, call the Department at 651-296-3781 or 1-800-652-9094.

If you qualify, complete and file Form M1PR. You must include this CRP when you file your M1PR return. Your refund will be delayed or denied if you do not include this CRP when you file your M1PR. Make copies of Form M1PR and this form and keep them with your records.

Minnesota Scenario 4	
Required Forms	M1, M1W, M1M
Filing Status	MFJ
Primary Name	Robert Hill
Spouse Name	Connie Hill
Primary DOB	7/4/1976
Spouse DOB	8/15/1977
Mailing Address	St Paul, MN
Dependent(s) Name, DOB, Grade	William Hill, 10/31/2006, 4th grade & Jane Hill, 1/2/2017, no grade
Special Requests	William has education expenses=2500, \$8000 estimated payments, Direct deposit
Income	W2, 1099DIV, 1099B
Additional Income	\$1000 state income tax refund in 2017
Schedule A	Line 5=44000 (WH + Est Payments), Line 6=6250, Line 8=737 (vehicle taxes), Line 10=9250, Line 14=250, Line 16=4250, Line 17=850
M1M	Line22=20000
MIPR	
Additional Information	Taxes payable in 2017=6250, Taxes payable in 2018=7500
Refund	300

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code			224000		3 Social security wages		
			5 Medicare wages and tips		4 Social security tax withheld		
			7 Social security tips		6 Medicare tax withheld		
d Control number			9 Verification code		8 Allocated tips		
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	
Robert		Hille				12a	
f Employee's address and ZIP code		13 Statutory employee		Retirement plan		Third-party sick pay	
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
		14 Other		12b		12c	
						12d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
MN	XXXXXXXX	224000	30000				

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department

2017

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code			90000		3 Social security wages		
			4 Social security tax withheld				
			5 Medicare wages and tips		6 Medicare tax withheld		
d Control number			7 Social security tips		8 Allocated tips		
			9 Verification code		10 Dependent care benefits		
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	
Connie		Hill				12a	
f Employee's address and ZIP code		13 Statutory employee		Retirement plan		Third-party sick pay	
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
		14 Other		12c		12d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
MN	XXXXXX	90000	6000				

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department

2017

Department of the Treasury—Internal Revenue Service

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			Applicable check box on Form 8949		OMB No. 1545-0715 2017 Form 1099-B		Proceeds From Broker and Barter Exchange Transactions	
			1a Description of property (Example 100 sh. XYZ Co.)					
PAYER'S TIN			1b Date acquired 3/3/16		1c Date sold or disposed 7/29/17		Copy 1 For State Tax Department	
RECIPIENT'S TIN			1d Proceeds \$ 1,500.00		1e Cost or other basis \$ 630.00			
RECIPIENT'S name Connie Hill			1f Accrued market discount \$		1g Wash sale loss disallowed \$			
Street address (including apt. no.)			2 Short-term gain or loss <input type="checkbox"/> Long-term gain or loss <input checked="" type="checkbox"/> Ordinary <input type="checkbox"/>		3 If checked, basis reported to IRS <input checked="" type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code			4 Federal income tax withheld \$		5 If checked, noncovered security <input type="checkbox"/>			
Account number (see instructions)			6 Reported to IRS: Gross proceeds <input type="checkbox"/> Net proceeds <input type="checkbox"/>		7 If checked, loss is not allowed based on amount in 1d <input type="checkbox"/>			
CUSIP number			8 Profit or (loss) realized in 2018 on closed contracts \$		9 Unrealized profit or (loss) on open contracts—12/31/2017 \$			
FATCA filing requirement <input type="checkbox"/>			10 Unrealized profit or (loss) on open contracts—12/31/2018 \$		11 Aggregate profit or (loss) on contracts \$			
14 State name		15 State identification no	16 State tax withheld \$		12 Check if proceeds from collectibles <input type="checkbox"/>		13 Bartering \$	

Form 1099-B

www.irs.gov/Form1099B

Department of the Treasury - Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <i>Municipal Bond</i> <i>98% mn bond income</i> <i>20% Other State income</i>		1a Total ordinary dividends	OMB No. 1545-0110		
		\$	2017 Form 1099-DIV		
		1b Qualified dividends			2017 Form 1099-DIV
		\$			
PAYER'S TIN RECIPIENT'S TIN		2a Total capital gain distr.	2b Unrecap. Sec. 1250 gain	Copy 1 For State Tax Department	
		\$	\$		
RECIPIENT'S name <i>Robert Hill</i>		2c Section 1202 gain	2d Collectibles (28%) gain		
		\$	\$		
Street address (including apt. no.) <i>June 29, 2017</i>		3 Nondividend distributions	4 Federal income tax withheld		
		\$	\$		
City or town, state or province, country, and ZIP or foreign postal code <i>DO NOT FILE</i>		5 Investment expenses	6 Foreign tax paid		
		\$	\$		
FATCA filing requirement <input type="checkbox"/>		7 Foreign country or U.S. possession	8 Cash liquidation distributions		
		\$	\$		
Account number (see instructions)		9 Noncash liquidation distributions	10 Exempt-interest dividends		
		\$	\$ <i>2000</i>		
		11 Specified private activity bond interest dividends	12 State	13 State identification no.	14 State tax withheld
		\$	\$	\$	\$

Form 1099-DIV

www.irs.gov/Form1099DIV

Department of the Treasury - Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1a Total ordinary dividends	OMB No. 1545-0110	
Municipal Bond 90% mns income, 10% to Other State income		\$	2017	
		1b Qualified dividends		
PAYER'S TIN		2a Total capital gain distr.	2b Unrecap. Sec. 1250 gain	
RECIPIENT'S TIN		\$	\$	
RECIPIENT'S name		2c Section 1202 gain	2d Collectibles (28%) gain	
Resort Hill		\$	\$	
Street address (including apt. no.)		3 Nondividend distributions	4 Federal income tax withheld	
City or town, state or province, country, and ZIP or foreign postal code		\$	\$	
FATCA filing requirement		5 Investment expenses	6 Foreign tax paid	
<input type="checkbox"/>		\$	\$	
Account number (see instructions)		7 Foreign country or U.S. possession	8 Cash liquidation distributions	
		\$	\$	
		9 Noncash liquidation distributions	10 Exempt-interest dividends	
		\$	\$ 300	
		11 Specified private activity bond interest dividends	12 State	
		\$	\$	
			13 State identification no.	
			\$	
			14 State tax withheld	
			\$	

Dividends and Distributions

Copy 1
For State Tax Department

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June 29, 2017
DO NOT FILE

Minnesota Scenario 5

Required Forms	M1, M1W, M1M, M1NR, M1REF, M1ED, M1CD
Filing Status	HOH
Primary Name	William Dotrive
Primary DOB	11/17/1959
Mailing Address	River Falls, WI - Full year resident of WI
Dependent(s) Name, DOB, Grade	David Dotrive, 4/1/2011, 1st grade, public school
Special Requests	After school child care expenses of 3600 for David, Direct Deposit
Income	W2, 1099DIV
M1M	Charitable contribution=650
M1ED	Qualifying expenses: Materials=25, Flute rental=150, Reading lessons=225, Transportation to after school childcare expenses=400, Laptop and educational software=450

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation 34800		2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9 Verification code		10 Dependent care benefits		
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	
William		Doherty				12a D 100	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b AA 500	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
MN		21000	600				
		34800					

Form **W-2** Wage and Tax Statement
 Copy 1 - For State, City, or Local Tax Department

2017

Department of the Treasury--Internal Revenue Service

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1a Total ordinary dividends		OMB No. 1545-0110	
		\$ 1000		2017	
		1b Qualified dividends			
PAYER'S TIN		2a Total capital gain distr.		2b Unrecap. Sec. 1250 gain	
		\$		\$	
		2c Section 1202 gain		2d Collectibles (28%) gain	
RECIPIENT'S TIN		\$		\$	
RECIPIENT'S name		3 Nondividend distributions		4 Federal income tax withheld	
Street address (including apt. no.)		\$		\$	
City or town, state or province, country, and ZIP or foreign postal code		6 Foreign tax paid		7 Foreign country or U.S. possession	
FATCA filing requirement		8 Cash liquidation distributions		9 Noncash liquidation distributions	
<input type="checkbox"/>		\$		\$	
Account number (see instructions)		10 Exempt-interest dividends		11 Specified private activity bond interest dividends	
		\$		\$	
		12 State		13 State identification no.	
		14 State tax withheld			

Dividends and Distributions

**Copy 1
For State Tax Department**

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June 29, 2017
DO NOT FILE

Form 1099-DIV

www.irs.gov/Form1099DIV

Department of the Treasury - Internal Revenue Service

Minnesota Scenario 6

Required Forms	M1, M1NR, M1CD, M1ED, M1PSC, M1REF, CRP, M1PR
Filing Status	HOH
Primary Name	Tanner Ite
Primary DOB	5/25/1985
Mailing Address	St Paul, MN, Part-Year resident who moved into MN 7/1/2017
Dependent(s) Name, DOB, Grade	John Ite, 5/15/2006, 6th grade, public school Sara Ite, 6/20/2008, 4th grade, public school Jill Ite, 7/5/2010, 2nd grade, public school
Special Requests	
Income	W2, Student loan interest=1500 (MN source student loan=600)
Additional Income	See CRP
M1CD/2441	Qualified expenses- Sara=2000, Jill=2000
M1ED	John- Tutoring=600, Materials=100 Sara-Materials=50 Jill-Materials=50, Computer expenses=100
M1PSC	Date of delivery: 8/1/2017, State file number: 2017-MN-356748, Doc control number-S22-00-3567489
Refund	3134
M1PR	
Additional Income	See CRP
Refund	866

22222		a Employee's social security number		OMB No. 1545-0008					
b Employer identification number (EIN)			1 Wages, tips, other compensation 12600		2 Federal income tax withheld				
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld				
			5 Medicare wages and tips		6 Medicare tax withheld				
			7 Social security tips		8 Allocated tips				
d Control number			9 Verification code		10 Dependent care benefits				
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a	
Adanner		R Ste						12b	
								12c	
								12d	
f Employee's address and ZIP code									
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	20 Locality name
MN		12600							

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department

2017

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation 11000		2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9 Verification code		10 Dependent care benefits		
e Employee's first name and initial Last name Danner R. Ste			11 Nonqualified plans		12a		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
			14 Other		12c		
					12d		
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
CO		11000					

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department

2017

Department of the Treasury—Internal Revenue Service



2017 CRP, Certificate of Rent Paid

Eligible renters (see eligibility requirements below) may receive a refund based on property taxes paid on their principal place of residence in Minnesota and their income. Renters will need this CRP to apply for a property tax refund.

The landlord is required to give each renter a completed CRP, *Certificate of Rent Paid*, no later than January 31, 2018.

Roommates: The landlord is required to give each unmarried renter living in a unit a separate CRP showing that each roommate paid an equal portion of the rent, regardless of the portion actually paid or whose names are on the lease.

Renters: You must file Form M1PR and include all CRPs to claim a refund. Your refund will be denied or delayed if you do not include all CRPs when filing Form M1PR.

Renter's Name and Address of the Unit Rented <i>Tanner etc St. Paul, MN</i>	Owner's or Managing Agent's Name and Address (Including ZIP Code)
--	---

Property ID Number or Parcel Number	County <i>Ramsey</i>	Number of Units on This Property
-------------------------------------	-------------------------	----------------------------------

Rented from (MM/DD/YYYY): <i>7/1/17</i>	to (MM/DD/YYYY): <i>12/31/17</i>	Total Months Rented <i>6</i>	Number of Adults Living in Unit (count married couple as 1) <i>1</i>	Place an X in box if count includes married couple: <input type="checkbox"/>
--	-------------------------------------	---------------------------------	---	--

Place an X if: Nursing Home Intermediate Care Facility Adult Foster Care Assisted Living

A. Amount paid for the renter by medical assistance (Medicaid)

B. Group Residential Housing (GRH) payments received by landlord on behalf of this renter

1 Rent paid to you by this individual renter or married couple for 2017 (round to nearest whole dollar) 1 5500

If a government housing agency paid you part of the rent for this unit, place an X in this box, but do not include the amounts paid by the government agency in line 1.

Place an X in this box if rent was for a mobile home lot.

Place an X in this box if this renter received reduced rent for being caretaker.

Enter the rent reduction for this renter that is included on line 1 here: 5500

2 The percentage for all renters is 17 percent (.17) 2 17 %

3 Multiply line 1 by line 2. **Renters:** Include this amount on line 9 of Form M1PR (round to nearest whole dollar) 3 935

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

Owner's or agent's signature _____ Date _____ Business phone _____

Eligibility Requirements for Renters

You may qualify for the property tax refund if all of the following conditions apply to you for 2017:

- You were a full-year or part-year resident of Minnesota;
- You cannot be claimed as a dependent on someone else's 2017 federal income tax return; and
- Your total household income is less than \$59,960. (Household income is your federal adjusted gross income plus most nontaxable income. If you are married and living together, both incomes are included in household income. If you are single, use your income only; do not include the income of any other person living with you. Also, to arrive at your total household income, a subtraction is allowed if you have dependents, if you contribute to a qualified retirement plan, or if you or your spouse are age 65 or older or disabled.)

If you meet the above eligibility requirements, complete Form M1PR, *Homestead Credit Refund (For Homeowners) and Renters Property Tax Refund*, to determine the amount of your refund. You must include this CRP when you file your return. Your refund will be delayed or denied if you do not include your CRP(s) when you file Form M1PR.

You can find Form M1PR and other tax-related information on our website at www.revenue.state.mn.us.

If you have questions, call the Department at 651-296-3781 or 1-800-652-9094.

If you qualify, complete and file Form M1PR. You must include this CRP when you file your M1PR return. Your refund will be delayed or denied if you do not include this CRP when you file your M1PR. Make copies of Form M1PR and this form and keep them with your records.

Minnesota Scenario 7

Required Forms	M1, M1W, M1M, M1CD, M1WFC, M1ED, M1REF, CRP, M1PR
Filing Status	HOH
Primary Name	Tinker Bell
Primary DOB	10/10/1982
Mailing Address	St Paul, MN
Dependent(s) Name, DOB, Grade	Gram Bell, 10/27/2008, 3th grade, public school Rena Bell, 3/20/2006, 6th grade, public school Jingle Bell, 8/3/2002, 10th grade, public school
Special Requests	Qualified, Child and Dependent Care: Gram=4500, Rena=3000
Income	W2
M1ED	Gram- Space camp=50, Music lessons=200, Materials=25, Violin=250, transportation=150 Rena- Space camp=50, music lessons=100, Materials=25, Flute=300, Transportation=150 Jingle- Driver's Ed=275, Music lessons=250, materials=125, Clarinet=400, Transportation=150, computer expenses=200
M15	
Refund	3134
M1PR	
Renter	See CRP
Additional Information	Direct deposit
Refund	1054

22222		a Employee's social security number		OMB No. 1545-0008					
b Employer identification number (EIN)			1 Wages, tips, other compensation 36300		2 Federal income tax withheld				
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld				
			5 Medicare wages and tips		6 Medicare tax withheld				
			7 Social security tips		8 Allocated tips				
d Control number			9 Verification code		10 Dependent care benefits				
e Employee's first name and initial Last name Winkler Bill			11 Nonqualified plans		12a 121700				
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b				
			14 Other		12c				
					12d				
f Employee's address and ZIP code									
15 State Employer's state ID number MN		16 State wages, tips, etc. 26300		17 State income tax 500		18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department

2017

Department of the Treasury—Internal Revenue Service



2017 CRP, Certificate of Rent Paid

Eligible renters (see eligibility requirements below) may receive a refund based on property taxes paid on their principal place of residence in Minnesota and their income. Renters will need this CRP to apply for a property tax refund.

The landlord is required to give each renter a completed CRP, *Certificate of Rent Paid*, no later than January 31, 2018.

Roommates: The landlord is required to give each unmarried renter living in a unit a separate CRP showing that each roommate paid an equal portion of the rent, regardless of the portion actually paid or whose names are on the lease.

Renters: You must file Form M1PR and include all CRPs to claim a refund. Your refund will be denied or delayed if you do not include all CRPs when filing Form M1PR.

Renter's Name and Address of the Unit Rented		Owner's or Managing Agent's Name and Address (Including ZIP Code)	
Property ID Number or Parcel Number	County	Number of Units on This Property	
Rented from (MM/DD/YYYY): to (MM/DD/YYYY):	Total Months Rented	Number of Adults Living in Unit (count married couple as 1)	Place an X in box if count includes married couple: <input type="checkbox"/>
1.1.17	12.31.17	12	

Place an X if: Nursing Home Intermediate Care Facility Adult Foster Care Assisted Living

A. Amount paid for the renter by medical assistance (Medicaid) _____
 B. Group Residential Housing (GRH) payments received by landlord on behalf of this renter _____

1 Rent paid to you by this individual renter or married couple for 2017 (round to nearest whole dollar) 1 9500
 If a government housing agency paid you part of the rent for this unit, place an X in this box, but do not include the amounts paid by the government agency in line 1.
 Place an X in this box if rent was for a mobile home lot.
 Place an X in this box if this renter received reduced rent for being caretaker.
 Enter the rent reduction for this renter that is included on line 1 here: _____

2 The percentage for all renters is **17 percent (.17)** 2 17 %

3 Multiply line 1 by line 2. **Renters:** Include this amount on line 9 of Form M1PR (round to nearest whole dollar) 3 1615

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

Owner's or agent's signature	Date	Business phone
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Eligibility Requirements for Renters

You may qualify for the property tax refund if all of the following conditions apply to you for 2017:

- You were a full-year or part-year resident of Minnesota;
- You cannot be claimed as a dependent on someone else's 2017 federal income tax return; and
- Your total household income is less than \$59,960. (Household income is your federal adjusted gross income plus most nontaxable income. If you are married and living together, both incomes are included in household income. If you are single, use your income only; do not include the income of any other person living with you. Also, to arrive at your total household income, a subtraction is allowed if you have dependents, if you contribute to a qualified retirement plan, or if you or your spouse are age 65 or older or disabled.)

If you meet the above eligibility requirements, complete Form M1PR, *Homestead Credit Refund (For Homeowners) and Renters Property Tax Refund*, to determine the amount of your refund. You must include this CRP when you file your return. Your refund will be delayed or denied if you do not include your CRP(s) when you file Form M1PR.

You can find Form M1PR and other tax-related information on our website at www.revenue.state.mn.us.
 If you have questions, call the Department at 651-296-3781 or 1-800-652-9094.

If you qualify, complete and file Form M1PR. You must include this CRP when you file your M1PR return. Your refund will be delayed or denied if you do not include this CRP when you file your M1PR. Make copies of Form M1PR and this form and keep them with your records.

Minnesota Scenario 8

Required Forms	M1, M1W, M1NR, M1MA, M1C, M1529, M1SLC
Filing Status	MFJ
Primary Name	Oscar T Grouch
Spouse Name	Paula D Grouch
Primary DOB	7/4/1976
Spouse DOB	3/27/1975
Mailing Address	Cottage Grove, MN, Part-year resident who moved into MN 9/26/2017
Dependent(s) Name, DOB, Grade	Ima Grouch, 12/10/1998
Special Requests	80% of all student loan interest was paid while they lived in WI
Income	W2, 1099Q, 1098E
Additional Income	
M1529	1100 contributed to 529 account
M1SLC	Paid to qualified loans- Oscar=9500, Paula 15000, Total qualified loans- Oscar=64000, Paula=35000
Refund	1585

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		OMB No. 1545-1576 2017 Form 1098-E
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**Student
Loan Interest
Statement**

RECIPIENT'S federal identification no.	BORROWER'S social security number	1 Student loan interest received by lender \$ 1,100
BORROWER'S name Oscar Grouch Street address (including apt. no.) 1518 70th Street City or town, state or province, country, and ZIP or foreign postal code Cottage Grove, MN 55016		2 If checked, box 1 does not include loan origination fees and/or capitalized interest for loans made before September 1, 2004 <input type="checkbox"/>
Account number (see instructions)		

**Copy B
For Borrower**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		OMB No. 1545-1576 2017 Form 1098-E
RECIPIENT'S federal identification no.	BORROWER'S social security number	1 Student loan interest received by lender \$ 800
BORROWER'S name Paula Grouch Street address (including apt. no.) 1518 70th Street City or town, state or province, country, and ZIP or foreign postal code Cottage Grove, MN 55016		2 If checked, box 1 does not include loan origination fees and/or capitalized interest for loans made before September 1, 2004 <input type="checkbox"/>
Account number (see instructions)		

**Student
Loan Interest
Statement**

**Copy B
For Borrower**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.

Form **1098-E**

(keep for your records)

www.irs.gov/form1098e

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S/TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Greatest 529 Plan, Inc		1 Gross distribution	OMB No. 1545-1760
		\$ 750	2017 Form 1099-Q
PAYER'S/TRUSTEE'S federal identification no. RECIPIENT'S taxpayer identification no. XXXXXXXXXX		2 Earnings	
		\$	
RECIPIENT'S name Paula Grouch Street address (including apt. no.) 1518 70th Street City or town, state or province, country, and ZIP or foreign postal code Cottage Grove, MN 55016 Account number (see Instructions) 6515564756		3 Basis	4 Trustee-to-trustee transfer <input type="checkbox"/>
		\$	
		5 Check one: • Qualified tuition program— Private <input type="checkbox"/> or State <input checked="" type="checkbox"/> • Coverdell ESA <input type="checkbox"/>	6 If this box is checked, the recipient is not the designated beneficiary <input type="checkbox"/>
		If the fair market value (FMV) is shown below, see Pub. 970, Tax Benefits for Education, for how to figure earnings.	

**Payments From
Qualified
Education
Programs
(Under Sections
529 and 530)**

**Copy B
For Recipient**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-Q**

(keep for your records)

www.irs.gov/form1099q

Department of the Treasury - Internal Revenue Service

22222		a Employee's social security number		OMB No. 1545-0008				
b Employer identification number (EIN)			1 Wages, tips, other compensation \$22,000		2 Federal income tax withheld			
c Employer's name, address, and ZIP code Volunteer Management, Inc University Ave St. Paul, Minnesota			3 Social security wages		4 Social security tax withheld			
			5 Medicare wages and tips		6 Medicare tax withheld			
			7 Social security tips		8 Allocated tips			
d Control number			9 Verification code		10 Dependent care benefits			
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a
Paula D. Grouch		1518 70th Street		Cottage Grove, Minnesota 55016		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b
f Employee's address and ZIP code						14 Other		12c
								12d
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
MN	XXXXXXX	\$22,000	200					

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department

2017

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation \$35,000		2 Federal income tax withheld		
c Employer's name, address, and ZIP code Whispering Willow, Inc Prescott, WI			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9 Verification code		10 Dependent care benefits		
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	
Paula D. Grouch		1518 70th Street		Cottage Grove, Minnesota 55016		12a	
f Employee's address and ZIP code		13 Statutory employee		Retirement plan		12b	
		<input type="checkbox"/>		<input type="checkbox"/>		12c	
		14 Other				12d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
WI		\$35,000					

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department

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Department of the Treasury—Internal Revenue Service