



2019 Schedule KF, Beneficiary's Share of Minnesota Taxable Income

Fiduciary: Complete and provide Schedule KF to each nonresident beneficiary with Minnesota source income and any Minnesota beneficiary who has adjustments to income.

Tax year beginning _____, 2019 and ending _____

Amended KF:

Beneficiary's Social Security Number _____ Estate's or Trust's Federal ID Number _____ Minnesota Tax ID Number _____

Beneficiary's Name _____ Estate's or Trust's Name _____

Address of Beneficiary _____ Address of Fiduciary _____

City _____ State _____ ZIP Code _____ City _____ State _____ ZIP Code _____

Calculate lines 1–24 the same for all resident and nonresident beneficiaries. Calculate lines 25–31 for nonresident beneficiaries only. Round amounts to the nearest whole dollar.

Additions to income

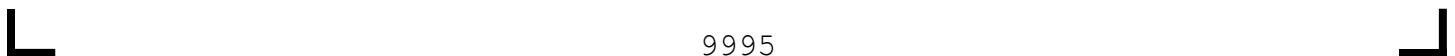
Beneficiary: Include on:

- 1 State and municipal bond interest from outside Minnesota **1** ■ _____ Line 1, Schedule M1M
- 2 State income tax **2** ■ _____ Line 5, Schedule M1M
- 3 Expenses deducted that are attributable to income not taxed by Minnesota (other than interest or mutual fund dividends from U.S. bonds) **3** ■ _____ Line 6, Schedule M1M
- 4 80 percent of the suspended loss from 2001–2005 or 2008–2018 that was generated by bonus depreciation **4** ■ _____ Line 8 inst., M1M
- 5 80 percent of federal bonus depreciation **5** ■ _____ M1M, see line 3 inst.
- 6a Beneficiary's pro rata gross profit from installment sale of pass-through entities (see instructions) **6a** ■ _____ Line 1, Schedule M1AR
- 6b Beneficiary's pro rata installment sale income from sales of pass-through entities (see instructions) **6b** ■ _____ Line 3, Schedule M1AR
- 6c Applicable S corporation's or partnership's apportionment percentage of the year of sale (see instructions) **6c** ■ _____ Line 6, Schedule M1AR
- 7 Addition due to federal changes not adopted by Minnesota **7** ■ _____ Line 3, Schedule M1NC
- 8 Net operating loss (NOL) carryover adjustment **8** ■ _____ Line 10, Schedule M1M
- 9 Foreign derived intangible income (FDII) deduction **9** ■ _____ Line 7, Schedule M1M
- 10 This line intentionally left blank **10** ■ _____
- 11 This line intentionally left blank **11** ■ _____
- 12 Special deduction under section 965 **12** ■ _____ See line 12 inst.

Subtractions from income

- 13 Interest on U.S. government bond obligations, minus any expenses deducted on the federal return that are attributable to this income **13** ■ _____ Line 18, Schedule M1M
- 14 State income tax refund **14** ■ _____ Line 6, Form M1
- 15 Federal bonus depreciation subtraction **15** ■ _____ Line 21, Schedule M1M

(continued)





Beneficiary's Name Beneficiary's Social Security Number

- 16 Subtraction for prior addback of reacquisition of business indebtedness income included in federal taxable income 16 ■ _____ Line 36, Schedule M1M
- 17 Subtraction for railroad maintenance expenses. 17 ■ _____ Line 37, Schedule M1M
- 18 Subtraction due to federal changes not adopted by Minnesota. 18 ■ _____ Line 3, Schedule M1NC
- 19 Net operating loss (NOL) carryover adjustment. 19 ■ _____ Line 35, Schedule M1M
- 20 Deferred foreign income (section 965) 20 ■ _____ Line 43, Schedule M1M
- 21 Global intangible low-taxed income (GILTI) 21 ■ _____ Line 44, Schedule M1M
- 22 Disallowed section 280E expenses of medical cannabis manufacturers 22 ■ _____ Line 31, Schedule M1M

- Credits (you must enclose this schedule with your Form M1 if claiming a credit)** **Include on:**
- 23 Any Minnesota income tax withholding credit received by the fiduciary 23 ■ _____ Line 7, Schedule M1W
 - 24 Credit for increasing research activities 24 ■ _____ Line 9, Form M1C
 - 25 Tax Credit for Owners of Agricultural Assets 25 ■ _____ Line 8, Form M1C
Enter the certificate number from the certificate you received from the Rural Finance Authority: AO ____ - _____
 - 26 Credit for historic structure rehabilitation (*enclose certificate*) 26 ■ _____ Line 6, M1REF
National Park Service (NPS) project number: _____

- Nonresident beneficiaries** **Include on Schedule M1NR, column B on:**
- Minnesota portion of amounts from federal Schedule K-1 (1041)**
- 27 Capital gain or loss on Minnesota real property 27 ■ _____ Line 4
 - 28 a Business income or loss a ■ _____
b Income from Minnesota rents, royalties, partnerships, S corporations, estates and trusts . . . b ■ _____
c Farm income or loss c ■ _____
 - Total (*add lines 28a, 28b, and 28c*) 28 ■ _____ Line 6
 - 29 Interest and dividend income derived from a trade or business (S corporations and partnerships) that is assignable to Minnesota 29 ■ _____ Line 2
 - 30 Other income 30 ■ _____ Line 8
 - 31 Minnesota source gross income from this fiduciary 31 ■ _____ *information only*

- Composite income tax for electing nonresident beneficiaries**
- 32 Minnesota source distributive income from this fiduciary 32 ■ _____ *information only*
 - 33 Minnesota composite income tax paid by fiduciary. If the beneficiary elected composite income tax, check this box 33 ■ _____ *composite income tax*

Fiduciary: Enclose this schedule and copies of all Schedules KF and federal Schedules K-1 with your Form M2.
Beneficiary: See instructions. Include this schedule when you file your Form M1.

