

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name PRAVINSINH F GOHIL	Social security number 776-65-1676
Spouse's name GEETABEN P GOHIL	Spouse's social security number 984-99-3030

## Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income . . . . .	1	100,931.
2 Total tax . . . . .	2	8,740.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	9,303.
4 Amount you want refunded to you . . . . .	4	1,163.
5 Amount you owe . . . . .	5	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

5	1	6	7	6
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

9	3	0	3	0
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Form fields for personal information: Your first name and middle initial (PRAVINSINH F), Last name (GOHIL), Your social security number (776-65-1676), Spouse's social security number (984-99-3030), Home address (20000 N 57TH AVE), City (GLENDALE), State (AZ), ZIP code (85308).

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1956 [ ] Are blind Spouse: [ ] Was born before January 2, 1956 [ ] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required, Standard Deduction for, and Taxable income calculation.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	8,740.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,740.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,740.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	8,740.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,303.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,303.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	600.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	600.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	9,903.

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	1,163.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,163.
b	Routing number 071214579	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 374000414788		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation AUTOMATION LEAD	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation CAKE DECORATOR	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (647) 300-1656 Email address pfgohi19usa@gmail.com

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 12/06/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
				Firm's EIN 30-1017196





12 Add lines 10 and 11 ..... 12 4620

13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.  
**Part-year residents and nonresidents:** From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) ..... 13 4620


13a ■ 0 13b ■ 0

14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)  
 (a) Schedule M1HOME  (b) Schedule M1529  (c) Schedule M1LS ..... 14 ■ \_\_\_\_\_

15 Tax before credits. Add lines 13 and 14 ..... 15 4620

16 Amount from line 17 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C) ..... 16 ■ \_\_\_\_\_

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) ..... 17 4620

18 Nongame Wildlife Fund contribution (see instructions)  
This will reduce your refund or increase the amount you owe .....  18 ■ \_\_\_\_\_

19 Add lines 17 and 18 ..... 19 4620

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report  
Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) ..... 20 ■ 4863

21 Minnesota estimated tax and extension payments made for 2020 ..... 21 ■ \_\_\_\_\_

22 Amount from line 9 of Schedule M1REF, *Refundable Credits* (see instructions; enclose Schedule M1REF) ..... 22 ■ \_\_\_\_\_

23 Total payments. Add lines 20 through 22 ..... 23 4863

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).  
For direct deposit, complete line 25 ..... 24 ■ 243

25 Direct deposit of your refund (you must use an account not associated with a foreign bank):  
 Checking  Savings 071214579 374000414788  
Routing Number Account Number

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) ..... 26 ■ \_\_\_\_\_

27 Penalty amount from Schedule M15 (see instructions). Also subtract  
this amount from line 24 or add it to line 26 (enclose Schedule M15) ..... 27 ■ \_\_\_\_\_

**IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 28 and 29.

28 Amount from line 24 you want sent to you ..... 28 ■ \_\_\_\_\_

29 Amount from line 24 you want applied to your 2021 estimated tax ..... 29 ■ \_\_\_\_\_

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

Your Signature \_\_\_\_\_  
6473001656  
Daytime Phone

SYAM PRIYA RAM SAGAR GUPTA TALLAM  
Paid Preparer's Signature  
6789659522  
Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly) \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

pfgohi19usa@gmail.com  
Email Address

12062022  
Date (MM/DD/YYYY)

SYAM@GTAXFILE.COM  
Preparer's Email Address

P02082703  
PTIN or VITA/TCE # (required)

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.



# 2020 Schedule M1M, Income Additions and Subtractions

Complete this schedule to determine line 2 and line 7 of Form M1.

PRAVINSINH F  
Your First Name and Initial

GOHIL  
Your Last Name

776651676  
Your Social Security Number

## Additions to Income

- 1 Interest from municipal bonds of another state or its governmental units included on line 2a of federal Form 1040 . . . . . **1** ■ \_\_\_\_\_
- 2 Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 2a of federal Form 1040 . . . . . **2** ■ \_\_\_\_\_
- 3 Federal bonus depreciation addition (*determine from worksheet in the instructions*) . . . . . **3** ■ \_\_\_\_\_
- 4 This line intentionally left blank . . . . . **4** ■ \_\_\_\_\_
- 5 State taxes passed through to you (*see instructions*) . . . . . **5** ■ \_\_\_\_\_
- 6 Expenses deducted on your federal return attributable to income not taxed by Minnesota (*other than interest or mutual fund dividends from U.S. bonds*) . . . . . **6** ■ \_\_\_\_\_
- 7 Foreign-derived intangible income deduction under section (*see instructions*) . . . . . **7** ■ \_\_\_\_\_
- 8 Suspended loss from bonus depreciation (*see instructions and worksheets*) . . . . . **8** ■ \_\_\_\_\_
- 9 Capital gain portion of a lump-sum distribution (*from line 6 of federal Form 4972; enclose Form 4972*) . . . **9** ■ \_\_\_\_\_
- 10 Net operating loss carryover adjustment (*see instructions*) . . . . . **10** ■ \_\_\_\_\_
- 11 Addition from line 7 of Schedule M1HOME (*enclose Schedule M1HOME*) . . . . . **11** ■ \_\_\_\_\_
- 12 Accelerated recognition of nonresident installment sales (*enclose Schedule M1AR*) . . . . . **12** ■ \_\_\_\_\_
- 13 Distributions from higher education savings accounts used for K-12 tuition (*see instructions*) . . . . . **13** ■ \_\_\_\_\_
- 14 This line intentionally left blank . . . . . **14** ■ \_\_\_\_\_
- 15 This line intentionally left blank . . . . . **15** ■ \_\_\_\_\_
- 16 Addition from line 32 of Schedule M1NC . . . . . **16** ■ \_\_\_\_\_ 200
- 17 Add lines 1 through 16. Enter the total here and on line 2 of Form M1 . . . . . **17** \_\_\_\_\_ 200

## Subtractions from Income

- 18 Net interest or mutual fund dividends from U.S. bonds (*see instructions*) . . . . . **18** ■ \_\_\_\_\_
- 19 Education expenses you paid for your qualifying children in grades K-12 (*see instructions*)  
Enter the name and grade of each child on the line below: . . . . . **19** ■ \_\_\_\_\_
- 20 If you are not filing Schedule M1SA, and your charitable contributions were more than \$500, see instructions . . . . . **20** ■ \_\_\_\_\_
- 21 Federal bonus depreciation subtraction (*see instructions and worksheet*) . . . . . **21** ■ \_\_\_\_\_
- 22 Section 179 Expensing Subtraction (*see instructions*) . . . . . **22** ■ \_\_\_\_\_





- 23 Subtraction for persons age 65 or older, or permanently and totally disabled (*enclose Schedule M1R*) . . . 23 ■ \_\_\_\_\_
- 24 Railroad Retirement Board benefits (*see instructions*) . . . . . 24 ■ \_\_\_\_\_
- 25 If you are a resident of Michigan or North Dakota filing Form M1 only to receive a refund of all Minnesota tax withheld, enter the amount from line 1 of Form M1. If the amount is zero or less, enter 0 . . . . . 25 ■ \_\_\_\_\_
  - Place an X in one box to indicate the reciprocity state of which you were a resident during 2020 . . . . .  Michigan  North Dakota
- 26 Subtraction of reservation income for American Indians (*see instructions*) . . . . . 26 ■ \_\_\_\_\_
- 27 Federal active duty military pay received for services performed while a Minnesota resident, to the extent the income is federally taxable. If you received a military pension, see line 32 . . . . . 27 ■ \_\_\_\_\_
- 28 **Minnesota National Guard members and reservists:** See instructions . . . . . 28 ■ \_\_\_\_\_
- 29 **Residents of another state:** Enter your federal active service military pay, to the extent the income is federally taxable. If you received a military pension, see line 32. . . . . 29 ■ \_\_\_\_\_
- 30 Organ Donor Subtraction (*see instructions*) . . . . . 30 ■ \_\_\_\_\_
- 31 Disallowed section 280E expenses of medical cannabis manufacturers (*see instructions*) . . . . . 31 ■ \_\_\_\_\_
- 32 Subtraction for military pensions or other military retirement pay (*see instructions*) . . . . . 32 ■ \_\_\_\_\_
- 33 Gain from the sale of farm property (*see instructions*) . . . . . 33 ■ \_\_\_\_\_
- 34 Post-service education awards received for service in an AmeriCorps National Service program . . . . . 34 ■ \_\_\_\_\_
- 35 Net operating loss carryover adjustment (*see instructions*) . . . . . 35 ■ \_\_\_\_\_
- 36 Prior addback of reacquisition of indebtedness income (*see instructions*) . . . . . 36 ■ \_\_\_\_\_
- 37 Subtraction for railroad maintenance expenses. . . . . 37 ■ \_\_\_\_\_
- 38 Subtraction for contributions to a qualified education savings plan (*enclose Schedule M1529*) . . . . . 38 ■ \_\_\_\_\_
- 39 Social Security benefit subtraction (*determine from worksheet in instructions*) . . . . . 39 ■ \_\_\_\_\_
- 40 Subtraction for interest earned from a designated First-time Home Buyer Savings Account (*enclose Schedule M1HOME*) . . . . . 40 ■ \_\_\_\_\_
- 41 Subtraction for discharge of indebtedness of educational loans (*see instructions*) . . . . . 41 ■ \_\_\_\_\_
- 42 Income from prior-year partnership sale (see instructions) (*see instructions*). . . . . 42 ■ \_\_\_\_\_
- 43 Deferred foreign income recognized under section 965 of the Internal Revenue Code . . . . . 43 ■ \_\_\_\_\_
- 44 Global intangible low-taxed income included in gross income under section 951A of the Internal Revenue Code. . . . . 44 ■ \_\_\_\_\_
- 45 Subtraction from line 32 of Schedule M1NC. Enter as a positive number. . . . . 45 ■ \_\_\_\_\_
- 46 This line intentionally left blank. . . . . 46 ■ \_\_\_\_\_
- 47 Add lines 18-46. Enter the total here and on line 7 of Form M1. . . . . 47 \_\_\_\_\_

**You must include this schedule with your Form M1.**



**2020 Schedule M1W, Minnesota Income Tax Withheld**

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

<u>PRAVINSINH F</u> Your First Name and Initial	<u>GOHIL</u> Last Name	<u>776651676</u> Your Social Security Number
<u>GEETABEN P</u> If a Joint Return, Spouse's First Name and Initial	<u>GOHIL</u> Spouse's Last Name	<u>984993030</u> Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

**1** Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

<b>A</b>	<b>B—Box 13</b>	<b>C—Box 15</b>	<b>D—Box 16</b>	<b>E—Box 17</b>
If the Form W-2 is for: • you, enter 1 • spouse, enter 2	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 <u>1</u>	b1 <input type="checkbox"/>	c1 MN <u>2045390</u>	d1 <u>70891</u>	e1 <u>3131</u>
a2 <u>1</u>	b2 <input type="checkbox"/>	c2 MN <u>1853632</u>	d2 <u>30240</u>	e2 <u>1732</u>
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) ..... \_\_\_\_\_

**Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) ..... 1 ■ 4863**

**2** Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) ..... \_\_\_\_\_

**Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) ..... 2 ■ \_\_\_\_\_**

**3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) ..... 3 ■ \_\_\_\_\_**

**4 Total.** Add the Minnesota tax withheld on lines 1, 2, and 3.  
Enter the total here and on line 20 of Form M1 ..... **4 ■ 4863**

**Include this schedule with your Form M1.  
If required, include Schedules KPI, KS, and KF.**





# 2020 Schedule M1NC, Federal Adjustments

Minnesota has not adopted certain federal law changes enacted after December 31, 2018, which affect federal adjusted gross income for tax year 2020.

This schedule allows for any necessary adjustments required to file a state tax return.

PRAVINSINH F  
Your First Name and Initial

GOHIL  
Last Name

776651676  
Social Security Number

Read the instructions before you complete this schedule.

Enter amounts as a positive or negative.  
Round amounts to the nearest whole dollar.

## Adjustments to federal adjusted gross income (FAGI)

- 1 This line intentionally left blank. . . . . 1 ■ \_\_\_\_\_
- 2 Tuition and fees deduction from line 21 of federal Schedule 1. . . . . 2 ■ \_\_\_\_\_
- 3 Distributions from higher education savings accounts used for apprenticeship programs or student loan payments. 3 ■ \_\_\_\_\_
- 4 This line intentionally left blank. . . . . 4 ■ \_\_\_\_\_
- 5 This line intentionally left blank. . . . . 5 ■ \_\_\_\_\_
- 6 Charitable contribution deduction for filers who claim the federal standard deduction . . . . . 6 ■ \_\_\_\_\_ 200
- 7 This line intentionally left blank. . . . . 7 ■ \_\_\_\_\_
- 8 This line intentionally left blank. . . . . 8 ■ \_\_\_\_\_
- 9 This line intentionally left blank . . . . . 9 ■ \_\_\_\_\_
- 10 Exclusion for certain employer payments of student loans. . . . . 10 ■ \_\_\_\_\_
- 11 Employee Retention Credit under the CARES Act . . . . . 11 ■ \_\_\_\_\_
- 12 Employee Retention Credit for employers affected by qualified disasters. . . . . 12 ■ \_\_\_\_\_
- 13 NOL carryovers and suspension of 80% Limit. . . . . 13 ■ \_\_\_\_\_
- 14 Modification of excess loss limitation or excess business loss . . . . . 14 ■ \_\_\_\_\_
- 15 Subpart F Income Adjustment . . . . . 15 ■ \_\_\_\_\_
- 16 Modification of business interest limitation . . . . . 16 ■ \_\_\_\_\_
- 17 Qualified Improvement Property technical fix . . . . . 17 ■ \_\_\_\_\_
- 18 Employer credit for paid medical leave and Employer payroll credit for required paid family leave . . . . . 18 ■ \_\_\_\_\_
- 19 TCDTR and TCDTR20 basis and depreciation provisions . . . . . 19 ■ \_\_\_\_\_
- 20 Credit provisions impacting basis and depreciation . . . . . 20 ■ \_\_\_\_\_
- 21 Credit provisions impacting business expenses . . . . . 21 ■ \_\_\_\_\_
- 22 Other adjustments to federal adjusted gross income . . . . . 22 ■ \_\_\_\_\_
- 23 TCDTR20 basis and depreciation provisions . . . . . 23 ■ \_\_\_\_\_



24	Restaurant revitalization grants excluded from income (see instructions) . . . . .	24	■	_____
25	Temporary allowance of full deduction for business meals (see instructions) . . . . .	25	■	_____
26	This line intentionally left blank. . . . .	26	■	_____
27	This line intentionally left blank . . . . .	27	■	_____
28	This line intentionally left blank . . . . .	28	■	_____
29	This line intentionally left blank . . . . .	29	■	_____
30	This line intentionally left blank . . . . .	30	■	_____
31	If you have an amount on lines 1 through 30, and an adjustment to income subject to a rule involving adjusted gross income such as an IRA deduction, Social Security income, rental real estate loss, or student loan interest, see instructions. . . . .	31	■	_____
32	Add lines 1-31. If the result is positive, enter it on Form M1M, line 16. If the amount is negative, enter it as a positive number on Form M1M, line 45 . . . . .	32	■	_____ 200
33	Line 1 of Form M1. . . . .	33	■	_____ 100931
34	<b>Minnesota adjusted gross income.</b> Add lines 32 and 33, then <b>see instructions</b> . . . . .	34	■	_____ 101131

You must include this schedule when you file Form M1.

