FreeTaxUSA®

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2025

2025 Minnesota Return

USERNAME
kxaisongkham

Dear KIMBERLY,
Thank you for using FreeTaxUSA to file your taxes. We want to make sure your tax filing experience is easy, accurate, and fast. We look forward to helping you prepare your 2026 taxes.

RETURN STATUS
Accepted

Your Minnesota taxes were accepted! Minnesota accepted them on 02/17/26 09:31 PM EST.

MN REFUND
$2,142

You chose to have your refund deposited into your bank account.

DEPARTMENT OF REVENUE

2025 Form M1, Individual Income Tax

Do not use staples on anything you submit.

KIMBERLY K	XAISONGKHAM	472218848	10241987
Your First Name and Initial	Last Name	Your Social Security Number	Your Date of Birth (MM/DD/YYYY)
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number	Spouse's Date of Birth

122 WEST MAIN STREET
Current Home Address

Check if Address is: [X] New [ ] Foreign

MAGNOLIA	MN	56158	ROCK
City	State	ZIP Code	County

2025 Federal Filing Status (place an X in one box):

[X] (1) Single [ ] (2) Married Filing Jointly [ ] (3) Married Filing Separately [ ] (4) Head of Household [ ] (5) Qualifying Surviving Spouse

Spouse Name _____

Spouse SSN _____

State Elections Campaign Fund

To grant $5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Your Code _____ Spouse's Code _____

Political Party Code Numbers:

Republican 11	Libertarian 16	General Campaign Fund 99
Democratic/Farmer-Labor . . . 12	Legal Marijuana Now 17	
Grassroots/Legalize Cannabis 14	Independence-Alliance 18	

From Your Federal Return *(see instructions)*

35678					
A. Wages, salaries, tips, etc.	B. IRA, pensions, and annuities	C. Unemployment	D. Federal taxable income	E. Social Security Benefits	F. Taxable Social Security Benefits

1	**Federal adjusted gross income** *(from line 11 of federal Form 1040 and 1040-SR)*	1 ■	10478
2	*Additions to income from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions)*	2 ■	
3	*Add lines 1 and 2*	3	10478
4	**Itemized deductions** *(from Schedule M1SA) or your* **standard deduction** *(see instructions)*	4 ■	14950
5	*Exemptions (from Schedule M1DQC)*	5 ■	
6	*State income tax refund from line 1 of federal Schedule 1*	6 ■	
7	*Subtractions from line 40 of Schedule M1M and line 22 of Schedule M1MB (see instructions)*	7 ■	
8	*Total subtractions. Add lines 4 through 7*	8	14950
9	**Minnesota taxable income**. *Subtract line 8 from line 3. If zero or less, leave blank.*	9	
10	**Tax** *from the table or schedules in the Form M1 instructions*	10	0
11	*Alternative minimum tax (enclose Schedule M1MT)*	11 ■	
12	*Add lines 10 and 11*	12	
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	

13a ■ _____ 13b ■ _____

* 2 5 1 1 2 1 *

14a 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 ☐ (d) Schedule NIIT **14a** ■

14b Repayment of advance child tax credit . . . . . **14b** ■

15 Tax before credits. Add lines 13, 14a, and 14b **15**

16 Amount from line 19 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**

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**

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF . . . . . **20** ■ 1763

21 Minnesota estimated tax and extension payments made for 2025 . . . . . **21** ■

22 Amount from line 14 of Schedule M1REF, *Refundable Credits (see instructions; enclose Schedule M1REF)* . . . . **22** ■ 379

23 Total payments. Add lines 20 through 22 . . . . . **23** 2142

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** ■ 2142

25 Direct deposit of your refund *(you must use an account not associated with a foreign bank)*:
☒ Checking ☐ Savings 096017418 (Routing Number) 5117263570882 (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** ■

28 Penalty and interest *(see instructions)* . . . . . **28** ■

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 29 and 30.

29 Amount from line 24 you want sent to you . . . . . **29** ■

30 Amount from line 24 you want applied to your 2026 estimated tax . . . . . **30** ■

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

Your Signature | Spouse's Signature (If Filing Jointly) | Date (MM/DD/YYYY)

6058386261
Daytime Phone

kkxaisongkham@gmail.com
Email Address

Paid Preparer's Signature | Date (MM/DD/YYYY) | PTIN or VITA/TCE # (required)

Preparer's Daytime Phone | Preparer's Email Address

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

☐ I am filing this return for Net Investment Income Tax requirements *(see instructions)*.

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

☐ I do not have health insurance and want to learn what choices I have. I give the Minnesota Department of Revenue permission to share some of my tax information with MNsure. MNsure can contact me about free or lower-cost health insurance.

Include a copy of your 2025 federal return and schedules.
Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010

DEPARTMENT OF REVENUE

* 2 5 1 3 1 1 *

2025 Schedule M1W, Minnesota Income Tax Withheld

KIMBERLY K	XAISONGKHAM	472218848
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

1 Minnesota wages and Minnesota tax withheld on Forms W-2 *(see instructions)*

	A — Enter: 1 for you or 2 for your spouse	B — MN Tax ID of Employer	C — State Wages	D — MN Tax Withheld
a1 / b1 / c1 / d1	1	4744754	13252	680
a2 / b2 / c2 / d2	1	2912595	22426	1083
a3 / b3 / c3 / d3				
a4 / b4 / c4 / d4				
a5 / b5 / c5 / d5				

Total Minnesota tax withheld on all Forms W-2 *(add amounts in line 1, column D)* . . . . . **1** ■ 1763

2 Minnesota tax withheld reported on Forms 1099, W-2G, and 1042-S *(see instructions)*

	A — Enter: 1 for you or 2 for your spouse	B — MN Tax ID of Payer	C — State Income	D — MN Tax Withheld
a1 / b1 / c1 / d1				
a2 / b2 / c2 / d2				
a3 / b3 / c3 / d3				
a4 / b4 / c4 / d4				
a5 / b5 / c5 / d5				

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

3 Minnesota tax withheld by partnerships, fiduciaries, and S corporations *(see instructions)*

	A — Enter: 1 for you or 2 for your spouse	B — MN Tax ID of Entity	C — State Income	D — MN Tax Withheld
a1 / b1 / c1 / d1				
a2 / b2 / c2 / d2				
a3 / b3 / c3 / d3				
a4 / b4 / c4 / d4				
a5 / b5 / c5 / d5				

Total Minnesota tax withheld by partnerships, fiduciaries, and S corporations *(add amounts in line 3, column D)* **3** ■

4 Add lines 1, 2, and 3. Enter the total here and on line 20 of Form M1 . . . . . **4** ■ 1763

DEPARTMENT OF REVENUE

* 2 5 1 4 8 1 *

2025 Schedule M1CWFC, Minnesota Child and Working Family Credits

To claim this credit, you must be a full- or part-year resident of Minnesota. If you are a full-year nonresident, you are not eligible for this credit. Do not complete Schedule M1CWFC if you have a 2-year or 10-year IRS ban or are otherwise restricted from claiming the federal Earned Income Credit (EIC).

KIMBERLY K	XAISONGKHAM	472218848
Your First Name and Initial	**Last Name**	**Your Social Security Number**

☐ Check this box if you are married filing separately and meet the exceptions in the instructions

Advance Payment of Child Tax Credit for 2026 (Section 3)

Note: If you elect to receive advance payment of your 2025 child tax credit, you are required to file a 2026 income tax return, regardless of other filing requirements and you may have to repay your advance payment in certain situations. See instructions for more information.

☐ Check this box if you are electing to receive advance payment of your 2026 child tax credit (see instructions)

Reconciliation of Advance Payments received during 2025 (Section 2)

☐ Check this box if you received an advance payment of your 2025 Child Tax Credit. (see instructions)

A Enter the total advance payments of your child tax credit you received for 2025 . . . **A** ■ _____

B If you received advance payments, what was your Minimum Credit Base from line 19 (line 20 if a part-year resident) of your 2024 Schedule M1CWFC . . . . . **B** ■ _____

C Enter the number of Qualifying Children from line 7 of your 2024 Schedule M1CWFC . . . . . **C** ■ _____

Section 1

1 Enter the amount from line 1 of Form M1 *(see instructions)* . . . . . **1** ■ 10478

2 Enter your total earned income *(see instructions; if less than zero, enter zero)* . . . . . **2** ■ 10478

3 If line 2 is greater than $9,480, enter $9,480. Otherwise enter the amount from line 2. . . . . **3** ■ 9480

4 Multiply line 3 by 4% (.04). . . . . **4** ■ 379

5 Credit for Qualifying Older Children: If you have: . . . . . **5** ■ _____

- One qualifying older child, enter $1,000
- Two qualifying older children, enter $2,270
- Three or more qualifying older children, enter $2,710

6 Add lines 4 and 5 . . . . . **6** ■ 379

7 Number of qualifying children *(see instructions)* . . . . . **7** ■ _____

8 Multiply line 7 by $1,750. . . . . **8** ■ _____

9 Add lines 6 and 8 . . . . . **9** ■ 379

10 Enter the greater of line 1 or 2 . . . . . **10** ■ 10478

11 Enter $37,910 if married filing jointly or $31,950 for any other filing status . . . . . **11** ■ 31950

12 If line 10 is less than line 11, see instructions. Otherwise, subtract line 11 from line 10 . . . . . **12** ■ _____

13 If you had an amount on line 5 but not on line 8, enter 9%(.09). Otherwise enter 12% (0.12) . . . . . **13** ■ _____

* 2 5 1 5 0 1 *

14 Multiply line 12 by line 13 . . . . . **14** ■

15 Subtract line 14 from line 9. If less than zero, enter 0 . . . . . **15** ■ 379

16 **Part year residents:** See instructions. . . . . **16** ■

Enter the result from step 5 of the Worksheet for Line 16: _____

If you chose to receive advance payments for 2026 **or** you received advance payments of your 2025 child tax credit, continue to line 17. Otherwise, stop here and enter the the following amount on line 2 of Schedule M1REF:

- **Full year residents** enter the amount from line 15
- **Part year residents** enter the amount from line 16

17 Divide line 8 by line 9. Round to the nearest five decimal places . . . . . **17** ■

18 **Full year residents:** Multiply line 15 by line 17. **Part year residents:** Multiply line 16 by line 17. . . . . **18** ■

If you did not receive advance payments of your 2025 child tax credit, skip lines 19 through 27 and go to line 28 to determine your advance payments for your 2026 child tax credit. Otherwise, continue to line 19.

Section 2 — Reconciliation of 2025 Advance Payments and Minimum Credit

19 Subtract line 18 from line 15. If a part year resident, subtract line 18 from line 16. . . . . **19** ■

20 If line 15 (or line 16 for part-year residents) is 0, enter 0. Otherwise enter the amount from Line B. . . . . **20** ■

21 Divide the number of qualifying children you had this year (line 7) by the number you had in 2024 (line C). Round to the nearest five decimal places. *(see instructions)* . . . . . **21** ■

22 Multiply line 20 by line 21 . . . . . **22** ■

23 If you entered zero on line 20, enter 0 here. Otherwise, enter the greater of lines 18 and 22. . . . . **23** ■

24 Add lines 19 and 23 . . . . . **24** ■

25 Enter the total amount of advance payments of your 2025 child tax credit (line A) *(see instructions)* . . . . . **25** ■

26 **Remaining 2025 credit:** If line 24 is greater than line 25, subtract line 25 from line 24. Enter the result here and on line 2 of Schedule M1REF. (see instructions) . . . . . **26** ■

27 **Repayment**: If line 25 is greater than line 24, subtract line 24 from line 25. Enter the result here and on line 14b of Form M1. Do not enter an amount on line 2 of Schedule M1REF *(see instructions)* . . . . . **27** ■

Section 3 — Advance Payment of 2026 Child Tax Credit

28 Multiply line 18 by 50% . . . . . **28** ■

29 If you claimed a qualifying child who was 17 at the end of 2025, divide the number of qualifying children who were under 17 by your total number of qualifying children (round to the nearest five decimal places). Otherwise, enter 1 on line 29 . . . . . **29** ■

Number of Qualifying Children for the Child Tax Credit who were under 17 at the end of 2025: _____

30 Multiply line 28 by line 29 . . . . . **30** ■

31 Divide line 30 by three to get the amount of each advance payment you will receive *(see instructions)* . . . . . **31** ■

32 Direct deposit for your advance payments

☐ Checking ☐ Savings _____ _____

Routing Number Account Number

Include this schedule with your Form M1. Enter the number of qualifying children on line 2a and the number of qualifying older children on line 2b of Schedule M1REF.

DEPARTMENT OF REVENUE

* 2 5 1 4 3 1 *

2025 Schedule M1REF, Refundable Credits

KIMBERLY K	XAISONGKHAM	472218848
Your First Name and Initial	**Last Name**	**Social Security Number**

1 Child and Dependent Care Credit *(enclose Schedule M1CD)* . . . . . **1** ■

Enter number of qualifying persons **1a** _____

2 Child and Working Family Credits *(enclose Schedule M1CWFC)* . . . . . **2** ■ 379

Enter number of qualifying children for the Child Tax Credit **2a** _____

Enter number of qualifying older children **2b** _____

3 K-12 Education Credit *(enclose Schedule M1ED)* . . . . . **3** ■

Enter number of qualifying children **3a** _____

4 Renter's Credit *(enclose Schedule M1RENT)* . . . . . **4** ■

5 Credit for Parents of Stillborn Children *(enclose Schedule M1PSC)* . . . . . **5** ■

6 Refundable credit for taxes paid to Wisconsin *(enclose Schedule M1RCR)* . . . . . **6** ■

7 Credit for Historic Structure Rehabilitation *(enclose certificate)* . . . . . **7** ■

Enter National Park Service (NPS) project number **7a** _____

8 Enterprise Zone Credit *(enclose DEED certificate)* . . . . . **8** ■

9 Angel Investment Credit *(enclose DEED certificate)* . . . . . **9** ■

10 Pass-Through Entity Tax Credit *(see instructions)* . . . . . **10** ■

Enter the Minnesota Tax ID Number and amount associated with each Pass-Through Entity Credit.
If you claimed more than three Pass-Through Entity Tax Credits, attach a statement to this form .

MN Tax ID Number: _____ Credit Amount: _____

MN Tax ID Number: _____ Credit Amount: _____

MN Tax ID Number: _____ Credit Amount: _____

11 Claim of right *(see instructions)* . . . . . **11** ■

12 Credit for Sustainable Aviation Fuel . . . . . **12** ■

Enter certificate number from the Department of Agriculture **12a** _____

13 Refundable credit for increasing research activities . . . . . **13** ■

If you are electing a refundable portion of this credit, check this box ☐

14 Add lines 1 through 13. Enter the result here and on line 22 of Form M1 . . . . . **14** 379

You must include this schedule with your Form M1.