

2017 MICHIGAN Individual Income Tax Return MI-1040**Amended Return** ☐
(Include Schedule AMD)**Return is due April 17, 2018.**

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

| | | | | | | |
|--|--|------|-----------|---|---|--|
| 1. Filer's First Name | | M.I. | Last Name | | 2. Filer's Full Social Security No. (Example: 123-45-6789) | |
| If a Joint Return, Spouse's First Name | | M.I. | Last Name | | 3. Spouse's Full Social Security No. (Example: 123-45-6789) | |
| Home Address (Number, Street, or P.O. Box) | | | | | 4. School District Code (5 digits – see page 60) | |
| City or Town | | | State | ZIP Code | | |
| 5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. | | | | 6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring. | | |
| 7. 2017 FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* | | | | 8. 2017 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * | | |

9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,500 on line 9d (see instr.).

| | |
|---|---|
| a. Number of exemptions claimed on 2017 federal return..... 9a. <input type="text"/> x \$4,000 b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled 9b. <input type="text"/> x \$2,600 c. Number of qualified disabled veterans 9c. <input type="text"/> x \$400 d. Claimed as dependent, see line 9 NOTE above 9d. <input type="checkbox"/> e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15 9e. <input type="text"/> | 9a. <input type="text"/> 00 9b. <input type="text"/> 00 9c. <input type="text"/> 00 9d. <input type="text"/> 00 9e. <input type="text"/> 00 |
| 10. Adjusted Gross Income from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions)..... | 10. <input type="text"/> 00 |
| 11. Additions from Schedule 1, line 9. Include Schedule 1 | 11. <input type="text"/> 00 |
| 12. Total. Add lines 10 and 11 | 12. <input type="text"/> 00 |
| 13. Subtractions from Schedule 1, line 27. Include Schedule 1 | 13. <input type="text"/> 00 |
| 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" | 14. <input type="text"/> 00 |
| 15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19..... | 15. <input type="text"/> 00 |
| 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" | 16. <input type="text"/> 00 |
| 17. Tax. Multiply line 16 by 4.25% (0.0425) | 17. <input type="text"/> 00 |

NON-REFUNDABLE CREDITS

| | AMOUNT | | CREDIT | |
|---|--------|----|--------|--|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)..... 18a. | | 00 | 18b. | |
| 19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions)..... 19a. | | 00 | 19b. | |
| 20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0" | | | 20. | |

Filer's Full Social Security Number

| | |
|---|---|
| — | — |
|---|---|

| | | | |
|--|-----|--|----|
| 21. Enter amount of Income Tax from line 20..... | 21. | | 00 |
| 22. Voluntary Contributions from Form 4642, line 7. Include Form 4642 | 22. | | 00 |
| 23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | 23. | | 00 |
| 24. Total Tax Liability. Add lines 21, 22 and 23 | 24. | | 00 |

REFUNDABLE CREDITS AND PAYMENTS

| | | | |
|--|------|----------|----|
| 25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2 | 25. | | 00 |
| 26. Farmland Preservation Tax Credit. Include MI-1040CR-5 | 26. | | 00 |
| 27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. | 27a. | FEDERAL | 00 |
| 28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581 | 28. | MICHIGAN | 00 |
| 29. Michigan tax withheld from Schedule W, line 7. Include Schedule W (do not submit W-2s) | 29. | | 00 |
| 30. Estimated tax, extension payments and 2016 credit forward | 30. | | 00 |
| 31. 2017 AMENDED RETURNS ONLY. Taxpayers completing an original 2017 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) . | | | |
| 31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c. | | | |
| 31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty. | 31c. | | 00 |
| 32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c | 32. | | 00 |

REFUND OR TAX DUE

| | | | |
|---|----------------|-----|----|
| 33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. | | | |
| Include interest <input type="text"/> 00 and penalty <input type="text"/> 00 | YOU OWE | 33. | 00 |
| 34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32 | 34. | | 00 |
| 35. Credit Forward. Amount of line 34 to be credited to your 2018 estimated tax for your 2018 tax return ... | 35. | | 00 |
| 36. Subtract line 35 from line 34 | REFUND | 36. | 00 |

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number

b. Account Number

c. Type of Account

1. ☐ Checking 2. ☐ Savings**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2016, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2017 (MM-DD-YYYY)

| | | | |
|-------|-----|--------|-----|
| Filer | — — | Spouse | — — |
|-------|-----|--------|-----|

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN

Preparer's Name (print or type)

Preparer's Business Name, Address and Telephone Number

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

| | |
|--------------------|------|
| Filer's Signature | Date |
| Spouse's Signature | Date |

☐ By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 33 (see instructions). Mail your check and return to:

Michigan Department of Treasury, Lansing, MI 48929