

**2018 MICHIGAN Composite Individual Income Tax Return**☐ **Amended Return**

This return is due April 15, 2019. Type or print clearly in blue or black ink.

(MM-DD-YYYY)

(MM-DD-2018)

Return is for calendar year 2018 or for tax year beginning:

and ending:

**- 2018**

Filers whose tax year ends in 2018 should use this form. Do not use this form if the tax year ends in a year other than 2018.

1. Name of Partnership, S Corporation or Other Flow-Through Entity		2. Federal Employer Identification Number (FEIN)	
3. Mailing Address (Number, Street or P.O. Box)			
4. City or Town	State	ZIP Code	

**NOTE: Pages 1 - 5 of the U.S. Forms 1065 or 1120S, Form MI-1040H and completed Schedules A, B and C of this form must be included with this return. Individual members subject to a federal excess business loss limitation may not participate in a composite filing. See instructions.**

5. Ordinary income or (loss) from U.S. Form 1065, line 22, or U.S. Form 1120S, line 21.....	5.		00
6. Additions from line 35 .....	6.		00
7. Subtotal. Add lines 5 and 6.....	7.		00
8. Subtractions from line 38.....	8.		00
9. Total income subject to apportionment. Subtract line 8 from line 7 .....	9.		00
10. Apportionment percentage from MI-1040H (see instructions).....	10.		%
11. Total Michigan apportioned income. Multiply line 9 by the percentage on line 10.....	11.		00
12. Michigan allocated income or (loss) from line 43 .....	12.		00
13. Total Michigan income. Add lines 11 and 12.....	13.		00
14. Michigan income attributable to Michigan residents (see instructions for Schedule C).....	14.		00
15. Michigan income attributable to nonparticipating members (see instructions for Schedule B) .....	15.		00
16. Michigan income attributable to participants (see instructions for Schedule A).....	16.		00
17. Exemption allowance from line 49.....	17.		00
18. SEP, SIMPLE or qualified plan deductions from line 52 .....	18.		00
19. Add lines 17 and 18.....	19.		00
20. Taxable income. Subtract line 19 from line 16.....	20.		00
21. <b>Tax.</b> Multiply line 20 by 4.25% (0.0425) .....	▶ 21.		00
22. Michigan extension payments and estimated tax payments .....	▶ 22.		00
23. <b>2018 AMENDED RETURNS ONLY.</b> See instructions .....	▶ 23.		00
24. If line 22 plus line 23 is less than line 21, enter TAX DUE. Include interest _____ and penalty _____, if applicable .....	PAY ▶ 24.		00
25. <b>Overpayment.</b> If line 22 plus line 23 is more than line 21, enter overpayment .....	25.		00
26. <b>Credit Forward.</b> Amount of line 25 to apply to 2019 estimated tax .....	▶ 26.		00
27. Subtract line 26 from line 25.....	REFUND ▶ 27.		00

**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. I have obtained the required power of attorney from each of the members of this composite return and the entity will resolve the issue of any tax liability.

Filer's Signature	Date
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**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
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Preparer's Name (print or type)
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Preparer's Business Name, Address and Telephone Number
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**Mailing:** Make check payable to "State of Michigan."

Write the entity's **FEIN**, "Composite Return" and **tax year** on the check.

**Mail completed returns to:**

Michigan Department of Treasury  
P.O. Box 30058  
Lansing, MI 48909

Continued on Page 2.

Name of Partnership, S Corporation or Other Flow-Through Entity	Federal Employer Identification Number
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**ADDITIONS**

28. Net income or (loss) from rental real estate activities.....	28.		00
29. Net income or (loss) from other rental activities .....	29.		00
30. Portfolio Income or (loss):			
a. Interest income .....	30a.		00
b. Dividend income .....	30b.		00
c. Royalty income .....	30c.		00
d. Net short-term capital gain or (loss) (from U.S. <i>Schedule K</i> ) .....	30d.		00
e. Net long-term capital gain or (loss) (from U.S. <i>Schedule K</i> ).....	30e.		00
f. Other portfolio income .....	30f.		00
31. Net gain or (loss) under Section 1231 .....	31.		00
32. Other income from U.S. <i>Schedule K</i> .....	32.		00
33. State or local taxes measured by income.....	33.		00
34. Other miscellaneous additions (include a supporting statement) .....	34.		00
35. Total additions. Add lines 28 through 34. Enter here and on line 6 .....	35.		00

**SUBTRACTIONS**

36. Income or (loss) from other partnerships, S corporations and fiduciaries .....	36.		00
37. Other miscellaneous subtractions (include a supporting statement) .....	37.		00
38. Total subtractions. Add lines 36 and 37. Enter here and on line 8 .....	38.		00

**MICHIGAN ALLOCATED INCOME OR (LOSS)**

39. Guaranteed payments to all members allocated to Michigan:			
a. Participating nonresidents - for services performed in Michigan.....	39a.		00
b. Nonparticipating nonresidents - for services performed in Michigan.....	39b.		00
c. Michigan residents - total payments .....	39c.		00
40. Income attributable to other Michigan partnerships, S corporations or fiduciaries .....	40.		00
41. Net Michigan capital gains or (losses) not subject to apportionment (from U.S. <i>Schedule D</i> ) .....	41.		00
42. Other Michigan allocated income or (loss) (see instructions).....	42.		00
43. Total Michigan allocated income or (loss). Add lines 39a through 42. Enter here and on line 12 .....	43.		00

**EXEMPTION ALLOWANCE**

44. Michigan income to participants from line 16 .....	44.		00
45. Total income from Participants' Total Income Worksheet, page 9 .....	45.		00
46. Percent of income attributable to Michigan. Divide line 44 by line 45 (must be between 0 and 100%).....	46.		%
47. Prorated exemption allowance per participant. Multiply line 46 by \$4,050 (exemption allowance).....	47.		00
48. Number of participants included in this return .....	48.		
49. Total prorated exemption (see instructions).....	49.		00

**SEP, SIMPLE OR QUALIFIED PLAN DEDUCTIONS (PARTNERS ONLY)**

50. SEP, SIMPLE or qualified plan deductions for participants (include a schedule) .....	50.		00
51. Percent of income attributable to Michigan from line 46.....	51.		%
52. SEP, SIMPLE or qualified plan deductions attributable to Michigan. Multiply line 50 by the percentage on line 51. Enter here and on line 18 .....	52.		00

Name of Partnership, S Corporation or Other Flow-Through Entity	Federal Employer Identification Number
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**SCHEDULE A: SCHEDULE OF PARTICIPANTS (Must have at least two participants, see instructions)**

Column 1 Participant Information		Column 2 Distributive Share of Michigan Income and Michigan Guaranteed Payments	Column 3 Share of Michigan Tax
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
<input type="checkbox"/> Check here if additional page(s) used. Enter totals from additional page(s), if applicable.			
Total Columns 2 and 3. Carry total from Column 2 to page 1, line 16			

Name of Partnership, S Corporation or Other Flow-Through Entity	Federal Employer Identification Number
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**SCHEDULE B: SCHEDULE OF NONPARTICIPANTS**

Column 1 Nonparticipant Information		Column 2 Distributive Share of Michigan Income* and Michigan Guaranteed Payments
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
<input type="checkbox"/> Check here if additional page(s) used. Enter totals from additional page(s), if applicable.		
Total Column 2. Carry total from Column 2 to page 1, line 15		

\* The income of C corporation members reported here is not the amount used to compute CIT liability and is for reconciliation purposes of this return only.

Name of Partnership, S Corporation or Other Flow-Through Entity	Federal Employer Identification Number
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**SCHEDULE C: SCHEDULE OF MICHIGAN RESIDENTS**

Column 1 Resident Information		Column 2 Distributive Share of Michigan Income and Michigan Guaranteed Payments
Resident Name	Resident FEIN/SSN	
Resident Address		
Resident Name	Resident FEIN/SSN	
Resident Address		
Resident Name	Resident FEIN/SSN	
Resident Address		
Resident Name	Resident FEIN/SSN	
Resident Address		
Resident Name	Resident FEIN/SSN	
Resident Address		
Resident Name	Resident FEIN/SSN	
Resident Address		
Resident Name	Resident FEIN/SSN	
Resident Address		
Resident Name	Resident FEIN/SSN	
Resident Address		
Resident Name	Resident FEIN/SSN	
Resident Address		
<input type="checkbox"/> Check here if additional page(s) used. Enter totals from additional page(s), if applicable.		
Total Column 2 and carry to page 1, line 14		

# Instructions for Form 807, Michigan Composite Individual Income Tax Return

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## New for 2018

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Due to the federal 2017 Tax Cuts and Jobs Act, changes to participation requirements are necessary.

**Excess Business Loss Limitation.** Individual members with a federal excess business loss limitation may not participate in a composite filing and instead must complete a *Michigan Individual Income Tax Return* (MI-1040).

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## Filing a Return

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This form is used to report and pay individual income tax under Part 1 of Public Act 281 of 1967, as amended. It is a collective individual income tax filing of the members participating, filed by a flow-through entity (FTE) on behalf of those members. This return is not an entity-level filing for tax imposed on the FTE. An FTE is defined as an S corporation, a general partnership, a limited partnership, a limited liability partnership or a limited liability company that is not taxed as a C corporation for federal income tax purposes.

An FTE is not *required* to file a *Composite Individual Income Tax Return* (Form 807). Members of an FTE may *elect* to have the FTE file a composite return in lieu of members filing *Michigan Individual Income Tax Returns* (Form MI-1040). **An FTE that does business in Michigan may file this return if it is filing on behalf of two or more nonresident individuals, partners, shareholders or members.** An FTE in a tiered structure may also be eligible to file a composite return (see below). An FTE may not file on behalf of a member that is a C corporation or a member that files federally as a C corporation.

The individual income tax filing obligation of a member is satisfied when the member participates in a composite filing only if the member has no other Michigan-sourced income.

The filing entity and participating members must agree to comply with the participation and reporting to member requirements as described in these instructions.

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## Tiered Entities

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An FTE is in a tiered structure if it has one or more members that are also FTEs. A tiered structure consists of a source FTE and one or more intermediate FTEs. In this arrangement, the intermediate FTE receives income from the source FTE and the income is passed through to the intermediate FTE's members. When a source FTE files a composite return on behalf of its nonresident individual and trust members, an intermediate FTE may elect to participate in the composite filing. An intermediate FTE may participate only to the extent that the ultimate members in its tiered structure are nonresident individuals or trusts. An intermediate FTE may not report its own directly-generated income or loss on the source FTE's composite return.

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## Participation Requirements

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The composite return is an individual income tax return and should be filed only on behalf of two or more nonresident members subject to Michigan individual income tax.

A member may not participate in this return if the member:

- Was a Michigan resident (full-year or part-year)
- Wants to claim more than one Michigan exemption
- Has a federal excess business loss limitation
- Is a C corporation or has elected to file federally as a C corporation
- Is an intermediate FTE and filer cannot identify the name, address, account number and distributive share of Michigan income of the ultimate member(s) of the intermediate FTE. An intermediate FTE may not participate on behalf of an ultimate member that is a Michigan resident, a C corporation, or an entity that has elected to file federally as a C corporation.

**A composite return cannot be filed if fewer than two of the members elect to participate in the composite filing.**

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## Due Date of Return

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The 2018 composite return is for filers whose tax year ends in 2018. If the FTE's tax year does not end in 2018, do not use this form. Use the appropriate year that corresponds to the year the ultimate owner will include the income in their federal individual income tax filing.

The composite return for any tax period ending in 2018 is due April 15, 2019. The return for any period ending in 2019 will be due April 15, 2020.

If the FTE cannot file by the due date, a request for an extension can be filed before the original due date. See "Requesting an Extension" on page 7.

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## 2019 Estimated Tax Payments

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Estimated vouchers and payments are required if the annual income tax liability for any participant whose share of the tax liability is expected to exceed \$500 after exemptions and credits. The estimated payments must be remitted with an *Estimated Income Tax Voucher for Fiduciary and Composite Filers* (Form MI-1041ES) with the name of the FTE and the FTE's federal employer identification number (FEIN). **Do not** submit estimated payments for members who will not participate in the composite return with Form MI-1041ES. Estimated payments should only be remitted for those members who will participate on Form 807.

FTEs using a calendar tax year must file vouchers and pay quarterly estimated tax by April 15, 2019; June 17, 2019; September 16, 2019; and January 15, 2020. FTEs that are not using a calendar year must file vouchers and pay quarterly estimated tax on the appropriate due dates that, in the FTE's fiscal year, correspond to the calendar year. Fiscal year filer due dates apply regardless of the tax years of the participants.

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## Reporting to Members

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An FTE filing Form 807 must report to each nonresident member that participates in the composite filing the following information:

- FEIN of the FTE
- Tax year of the FTE

- That member's distributive share of business income as well as other taxable income of the FTE that has been allocated or apportioned to Michigan. This will be the amount from *Schedule A, Schedule of Participants*, Column 2.
- That member's share of tax liability on the composite return filed by the FTE. The amount reported to a participant should be the amount from *Schedule A, Schedule of Participants*, Column 3.
- The FTE's sales that have been sourced to Michigan, and the FTE's total sales everywhere.
- That member's share of the personal exemption claimed as part of line 49 of the composite return.

The FTE may use any method to report the necessary information to its members so long as it conveys the information listed above. Treasury recommends that the FTE provide the information to its members as a supplemental attachment to the federal *Schedule K-1*, which will provide the participant with the information necessary to file an MI-1040 if the participant has other Michigan-sourced income.

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### Requesting an Extension

The filer may request an extension of time to file by sending payment of the remaining estimated annual liability not satisfied by estimated payments to Treasury with a copy of the *Application for Extension of Time to File Michigan Tax Returns* (Form 4) on or before the original due date of the composite return. A separate Michigan extension must be filed even if the FTE files a federal extension. **An extension of time to file is NOT an extension of time to pay.**

When completing the extension form, check "Fiduciary Tax (includes Composite Filers)" in box 1, and use the FTE's name and FEIN to ensure the payment is properly credited to the account.

When the composite return is filed, include a copy of the extension application.

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### Amended Returns

To amend, file a new Form 807 and check the Amended Return box at the top of page 1 of the form. Provide a statement to explain the reason(s) for amending. Include all applicable schedules and supporting documentation. It is not necessary to include a copy of the original return.

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### Signing Return/Correspondence

By signing Form 807, the signing partner or officer declares that the filer has power of attorney from each participant to file a composite return on his or her behalf. Treasury will mail refund checks, assessments and all correspondence to the filer at the address indicated on the return. The filer must agree to be responsible for the payment of any additional tax, interest and penalties as finally determined. Issues involving the tax liability reported on a composite return will be resolved with the filer. In unusual circumstances, Treasury may contact the participants.

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## Attachments

Include the following items with the composite return:

- A copy of U.S. Form 1065 (5 pages) or U.S. Form 1120S (5 pages).
- A *Michigan Schedule of Apportionment* (Form MI-1040H).
- Completed *Schedule A, Schedule of Participants* and sub-schedules for participants that are FTEs.
- Completed *Schedule B, Schedule of Nonparticipants*.
- Completed *Schedule C, Schedule of Michigan Resident Members*.
- A statement signed by an authorized officer or general partner certifying that each participant has been informed of the terms and conditions of this program.
- A copy of Form 4, if applicable.

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## Schedules

### *Schedule A, Schedule of Participants:*

Complete this schedule for two or more participating nonresident members.

For each participating intermediate FTE included on Schedule A, include a separate sub-schedule identifying the members of that intermediate FTE whose distributive shares are included on Schedule A. Each intermediate FTE sub-schedule must include:

- The intermediate FTE's name and FEIN.
- The intermediate FTE's members (nonresident individuals and trusts) name, address, account number, distributive share of Michigan income, and share of withholding.

If the FTE filing this return does not know the above information down to the ultimate members of an intermediate FTE participant, then that intermediate FTE member may not participate in this composite filing.

Use additional copies of Schedule A as needed. Subtotal each schedule and include a grand total of Columns 2 and 3 on the first page of the schedule. Carry the grand total of Column 2 to line 16. Column 3 should reconcile to line 21.

### *Schedule B, Schedule of Nonparticipants:*

Complete this schedule for all members, other than Michigan residents, who did not participate on Schedule A. The income of C corporation members reported here is not the amount used to compute CIT liability and is for reconciliation purposes of this return only. Use additional copies of Schedule B as needed. Subtotal each schedule and include a grand total of Column 2 on the first page of the schedule. Carry the grand total of Column 2 to line 15.

### *Schedule C, Schedule of Michigan Resident Members:*

Complete this schedule for Michigan resident members only. A Michigan resident may not participate on Schedule A. Use additional copies of Schedule C as needed. Subtotal each schedule and include a grand total of Column 2 on the first page of the schedule. Carry the grand total of Column 2 to line 14.



**Tiered Structures:** If an intermediate FTE participates on Schedule A, enter only the portion of the intermediate FTE's distributive share of Michigan income, distributive share of tax that is attributable to ultimate members that are nonresident individuals or trusts. If any of the intermediate FTE's income is attributable to non-participants or to Michigan residents, the remaining portion of the intermediate FTE's income must be entered on Schedule B or Schedule C, respectively.

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## Line-by-Line Instructions

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*Lines not listed are explained on the form.*

**Line 10:** Enter the apportionment percentage from Form MI-1040H. See MI-1040H instructions on determining the apportionment percentage and for information regarding income tax nexus standards.

**Line 13:** The amount on this line should equal the total of lines 14, 15 and 16.

**Complete Schedule A, Schedule of Participants and if applicable, Schedule B, Schedule of Nonparticipants and Schedule C, Schedule of Michigan Resident Members before continuing to line 14.**

**Line 14:** Carry the total from Column 2 of the *Schedule C, Schedule of Michigan Resident Members* to this line.

**Line 15:** Carry the total from Column 2 of the *Schedule B, Schedule of Nonparticipants* to this line.

**Line 16:** Carry the total from Column 2 of the *Schedule A, Schedule of Participants* to this line.

**Line 21:** Multiply line 20 by the tax rate on line 21. The tax should reconcile to the grand total from Column 3 of the *Schedule A, Schedule of Participants*.

**Line 23:** This line is for amended returns only. Enter the refund and/or credit forward amount received on the original return as a negative number. Enter the amount paid with the original return as a positive number. Do not include any interest or penalty paid with the original return.

**Line 24: Pay.** If line 22 plus line 23 is less than line 21, enter the balance of the tax due. This is the tax owed with the return. Enter any applicable penalties and interest in the spaces provided. Add tax, penalty and interest together and enter the total on this line. Make the check payable to "State of Michigan." Write the **filing company's FEIN**, "Composite Return" and the **tax year** on the front of the check. To ensure accurate processing of the return, send one check for each return type. If balance due is less than \$1, no payment is required. To compute applicable penalty and interest visit [www.michigan.gov/iit](http://www.michigan.gov/iit).

**Line 27: Refund.** If line 22 plus line 23 exceeds line 21, the overpayment will be refunded. Treasury will not refund amounts less than \$1.

### Mail completed returns to:

Michigan Department of Treasury  
P.O. Box 30058  
Lansing, MI 48909

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## Additions

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**Lines 28 through 32:** Enter income from lines 2, 3c, 5, 6a, 7, 8, 9a, 10 and 11 of U.S. Form 1065 *Schedule K* and from lines 2, 3c, 4, 5a, 6, 7, 8a, 9 and 10 of U.S. Form 1120S *Schedule K*.

Guaranteed payments, income attributable to other Michigan fiduciaries or FTEs should be allocated to Michigan on lines 39 through 42.

**Line 33:** Enter the amounts of state and local income tax used to determine ordinary income on U.S. Form 1065, line 22 or U.S. Form 1120S, line 21.

**Line 34:** Enter other additions to income, such as gross interest and dividends from obligations or securities of states and their political subdivisions other than Michigan. Adjustments for bonus depreciation are not required. Michigan treatment of bonus depreciation conforms with federal law. If line 36 results in a net loss, enter here as a positive number.

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## Subtractions

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**Note: Charitable contributions and other amounts reported as itemized deductions on U.S. Schedule A are not allowed as subtractions when determining Michigan taxable income. Do not adjust for bonus depreciation.**

**Line 36:** Enter the net income or (loss) from other fiduciaries or other FTEs included in income. If line 36 results in a net loss, do not enter here but on line 34 as a positive number instead.

**Line 37:** Enter amounts, such as interest from U.S. obligations that are included in line 30a and other deductions used to compute AGI, that were not included in determining ordinary income. This includes section 179 depreciation and other deductions included line 11 and 12 of U.S. Form 1120S *Schedule K* and on line 12 and 13 of U.S. Form 1065 *Schedule K* to the extent reportable in determining AGI. Also include pension benefits paid to nonresident partners that are included in ordinary income but are excluded from Michigan tax under *section 114 of Title 4 of the U.S. Code*. Also, include income and related expenses from oil and gas and nonferrous metallic minerals extraction subject to Michigan severance tax. Include a schedule of all subtractions.

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## Michigan Allocated Income or Loss

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**Line 39:** Enter all guaranteed payments attributable to Michigan. This includes all payments to Michigan residents and payments to nonresidents for services performed in Michigan.

**Line 40:** Enter income or (loss) from other fiduciaries or other FTEs attributable to Michigan that have not been reported on another composite return. Include a schedule showing the amount of income or (loss) attributable to each.

**Line 41:** Enter gains or (losses) from the sale of real or personal property located in Michigan not subject to apportionment.

**Line 42:** Enter any other income or (loss) allocated to Michigan. Include any Michigan net operating loss (NOL) deduction. Include supporting documentation.

The NOL deduction may be taken only to the extent that it is attributable to the same participating members from the loss year, and in the same proportions of ownership.

Include any Michigan standard deduction as a negative number. The standard deduction of \$20,000 against taxable income before personal exemptions is only available to



a taxpayer who was born during the period January 1, 1946 through January 1, 1952, and reached age 67 on or before December 31, 2018. A taxpayer eligible for the Michigan standard deduction may increase the \$20,000 deduction to \$35,000 if the taxpayer received retirement or pension benefits from employment with a governmental agency that was not covered by the federal Social Security Act.

If the taxable share of Michigan income of a participant eligible for the standard deduction is less than the allowable standard deduction, the excess standard deduction cannot be used to offset other members' taxable income. Include a schedule identifying each member taking a standard deduction. Include their date of birth and the amount of standard deduction taken.

Nonresidents are not subject to tax on retirement and pension benefits, therefore, nonresidents may not deduct such benefits.

## Participants' Total Income Worksheet

Column A refers to Distributive Income categories from Schedule K form(s). Columns B and C refer to lines on the U.S. Form 1065 *Schedule K* and U.S. Form 1120S *Schedule K*. Column D is the list of amounts that are added to arrive at participants' total income that is reported on Form 807, line 45.

A Distributive Income Categories	B U.S. Form 1065 <i>Schedule K</i>	C U.S. Form 1120S <i>Schedule K</i>	D Participants' Distribute Income Amounts
Ordinary income or (loss) from trade or business activity	1	1	
Net income or (loss) from rental real estate activity	2	2	
Net income or (loss) from other rental activity	3c	3c	
Portfolio income or (loss):			
Interest income	5	4	
Dividend income	6a	5a	
Royalty income	7	6	
Net short-term capital gain or (loss)	8	7	
Net long-term capital gain or (loss)	9a	8a	
Guaranteed payments	4		
Net gain or (loss) under section 1231	10	9	
Other income or (loss)	11	10	
<b>TOTAL INCOME</b> Add all amounts in Column D and carry total to Form 807, line 45.			

## Exemption Allowance

Michigan's personal exemption allowance is prorated for all nonresident participants based on Michigan income to total income.

**Line 45:** Enter the participants' total income as determined using the Participants' Total Income Worksheet above.

**Line 46:** Compute the percentage of participants' income that is attributable to Michigan by dividing Michigan income (line 44) by total income (line 45). This figure may not exceed 100 percent.

**Line 47:** Multiply the percent of Michigan income to total income as determined on line 46 by \$4,050. The result is the maximum exemption allowance a participant may be eligible to claim.

**Line 49:** For each member listed on *Schedule A, Schedule of Participants* determine the lesser of:

- The amount on line 47, or
- That member's Distributed Share of Michigan Income from Column 2 of the *Schedule A, Schedule of Participants*.

Enter on line 49 the sum of the result above for all participants. The amount entered on line 49 may not exceed the product of lines 47 and 48.

## SEP, SIMPLE or Qualified Plan Subtractions (PARTNERS ONLY)

**Line 50:** Figure the portions of Simplified Employee Pensions (SEP), Savings Incentive Match Plan for Employees (SIMPLE), or qualified plan deductions which are attributable to the participants. Include a schedule showing calculations.

## Forms

Michigan tax forms are available at [www.michigan.gov/taxes](http://www.michigan.gov/taxes)