Amended Return

## 2019 MICHIGAN Individual Income Tax Return MI-1040

Retu	ırn is due April 15, 2020. ⊤	уре о	r print in blue o	r black	ink.				(IIICI	due Scriedule AMD)				
1. Filer's First Name			M.I. Last Name					ll Social Se	curity	No. (Example: 123-45-678	39)			
If a Joint Return, Spouse's First Name			Last Name				1							
Home Address (Number, Street, or P.O. Box)								3. Spouse's Full Social Security No. (Example: 123-45-6789)						
ПОПІ	Address (Number, Street, or P.O. Box,	)												
City o	or Town			State	ZIP Code		4. School D	istrict Code	(5 dig	its – see page 60)				
	STATE CAMPAIGN FUND		6. FARMERS, FISHERMEN, OR SEAFARERS											
	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.   a. Filer  Filer  Spouse						Check this box if 2/3 of your income is from farming, fishing, or seafaring.							
7.	2019 FILING STATUS. Check one	e.						STATUS.	Chec	k all that apply.				
a.	Single		ou check box "c, 3 and enter spou			a R	esident			* If you check box "b" o	or			
b.	Married filing jointly		· · · · · · · · · · · · · · · · · · ·				Nonresident * "c," you must complete and include Schedule							
C.	Married filing separately*					c. P	art-Year Res	sident *		NR.				
9.	EXEMPTIONS. NOTE: If some	ne els	se can claim you	as a dep	endent, che	eck box 9e, ent	ter 0 on line	9a and er	nter \$	1,500 on line 9e (see in	nstr.).			
	a Newsham of accounting the section	. 4 4	· \			0 -		<b>#4.400</b>	0 -					
	<ul><li>a. Number of exemptions (see in</li><li>b. Number of individuals who qua</li></ul>		,				×	\$4,400	9а.		00			
	blind, hemiplegic, paraplegic,						x	\$2,700	9b.		00			
	c. Number of qualified disabled v						x	\$400	9c.		00			
	d. Number of Certificates of Stills	oirth fr	om MDHHS (see	instruct	ions)	9d.	x	\$4,400	9d.		00			
	e. Claimed as dependent, see lin	ne 9 N	OTE above			9e.			9e.		00			
	f. Add lines 9a, 9b, 9c, 9d and 9	e. En	ter here and on li	ine 15				г	9f.		00			
10.	Adjusted Gross Income from yo	our U.	S. Forms <i>1040</i> or	r <b>1040NI</b>	R (see instru	ctions)		10.			00			
11.	Additions from Schedule 1, line 9	. Incl	ude Schedule 1					11.			00			
12.	Total. Add lines 10 and 11							12.			00			
13.	Subtractions from Schedule 1, lin	ie 28.	Include Schedu	ıle 1				13.			00			
14.	Income subject to tax. Subtract	line 1	3 from line 12. If	iline 13	is greater th	an line 12, ent	er "0"	14.			00			
15.	Exemption allowance. Enter an	nount 1	from line 9f or Sc	hedule N	NR, line 19			15.			00			
16.	Taxable income. Subtract line 19	5 from	line 14. If line 1	5 is grea	iter than line	14, enter "0" .		16.			00			
	Tax. Multiply line 16 by 4.25% (0	.0425)	)					17.		ODEDIT	00			
	-REFUNDABLE CREDITS		. 14 4. 1 1 1 1 1 1 1 1 1 1			AMOUNT		7 [		CREDIT	$\top$			
	Income Tax Imposed by governm Include a copy of the return (see	instru	ctions)	1	8a.		00	18b.			00			
	Michigan Historic Preservation Tainstructions)			` 1	9a		00	19b.			00			
20.	<b>Income Tax.</b> Subtract the sum of If the sum of lines 18b and 19b is							20.			00			

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	Filer	's Full Social S	Security Number	er		_		
21.	Enter amount of Income Tax from line 20					21.		00
22.	Voluntary Contributions from Form 4642, line 10. Include	Form 4642.				22.		00
23.	USE TAX. Use tax due on Internet, mail order or other or Worksheet 1 (see instructions)	<u> </u>	23.		00			
24.	Total Tax Liability. Add lines 21, 22 and 23				24.			00
REFL	NDABLE CREDITS AND PAYMENTS							
25.	Property Tax Credit. Include MI-1040CR or MI-1040CF	R-2				25.		00
26.	Farmland Preservation Tax Credit. Include MI-1040CF	2-5				26.		00
20.	Tallilland 1 10001 valion 104 010 all. Illolado IIII 104001	•		DERAL		20	MICHIG	
27.	Earned Income Tax Credit. Multiply line 27a by 6% (0.06) enter result on line 27b.				00	27b.		00
28.	Michigan Historic Preservation Tax Credit (refundable). In	nclude Form	3581			28.		00
29.	Michigan tax withheld from Schedule W, line 6. Include \$	Schedule W	(do not sub	mit W-2s)		29.		00
30.	Estimated tax, extension payments and 2018 credit forward					30.		00
31.	2019 AMENDED RETURNS ONLY. Taxpayers completin Amended returns must include Schedule AMD (see ins		2019 return	should skip to	line 32.			
	31a. If you had a refund and/or credit forward on the original negative number on line 31c.	ginal return, che	eck box 31a aı	nd enter this amo	ount as a			
	31b. If you paid with the original return, check box 31b a any additional tax paid after filling, as a positive nur					31c.		00
32.	Total refundable credits and payments. Add lines 25, 26,	27b, 28, 29,	30 and 31c		32.			00
REFU	ND OR TAX DUE				_			
33.	If line 32 is less than line 24, subtract line 32 from line 24	. If applicable	e, see instruc	tions.				
				YOU OWE	22			
	Include interest 00 and penalty			TOU OWE	33.			00
34.	Overpayment. If line 32 is greater than line 24, subtract	line 24 from I	ine 32		34.			00
	g				- · · <u>_</u>			
35.	Credit Forward. Amount of line 34 to be credited to your	2020 estima	ted tax for yo	our 2020 tax re	eturn	35.		00
	Subtract line 35 from line 34			REFUND	36.			[00
	ECT DEPOSIT  a. Routing Transitive your refund directly to your financial	t Number	D	Account Number	er 	┦╻┌╴	c. Type of Acc	
institu	ion! See instructions and complete a, b					'	Checking 2.	. Savings
and c.	ased Taxpayer. If Filer and/or Spouse died after December 3	21 2019 optor	dataa balaw	Branarar C	ortificat	ion / -/-	clare under penalty	
	R DATE OF DEATH ONLY. Example: 04-15-2019 (MM-DD-Y)		uales below.	this return is ba	sed on all	informatio	n of which I have a	y or perjury triat any knowledge.
Filer	Spouse -		-	Preparer's PTI	N, FEIN o	r SSN		
	ayer Certification. I declare under penalty of perjury that the achments is true and complete to the best of my knowledge.	e information in	n this return	Preparer's Nar	me (print o	r type)		
	Signature	Date		Preparer's Bus	iness Nar	ne, Addres	s and Telephone N	Number
							•	
Spou	e's Signature	Date		1				
L	By checking this box, I authorize Treasury to discuss my	return with m	y preparer.					
				<u> </u>				

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