Amended Return

## 2022 MICHIGAN Individual Income Tax Return MI-1040

| Retu  | rn is due April 18, 2023. Ty  | /pe o  | r print in blue o  | r black                          | ink.                                  |   |  |   |  | (Incit                          | ide Schedule AMD)  |             |  |  |
|---|---|--|--|----------------------------------|---------------------------------------|---|--|---|--|---------------------------------|--|-------------|--|--|
| 1. File                                     | er's First Name   | M.I.   | . Last Name  |                                  |                                       |   |  | 2. Filer's Full Social Security No. (Example: 123-45-6789)  |  |                                 |  |             |  |  |
| If a Jo                                     | oint Return, Spouse's First Name  | M.I.   | Last Name  |                                  |                                       |   |  |   |  |                                 |  |             |  |  |
| Home  | Address (Number, Street, or P.O. Box)   |  |  |                                  |                                       |   |  | 3. Spouse's Full Social Security No. (Example: 123-45-6789) |  |                                 |  |             |  |  |
|   | ,   |  |  |                                  |                                       |   |  |   |  |                                 |  |             |  |  |
| City o                                      | or Town   |  |  | State                            | ZIP Code                              |   | 4. School  | l Dis   | trict Code                             | (5 dig                          | its – see page 60)   |             |  |  |
|   | 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.  b. Spouse   |  |  |                                  |                                       | 6. FARMERS, FISHERMEN, OR SEAFARERS  Check this box if 2/3 of your income is from farming, fishing, or seafaring. |  |   |  |                                 |  |             |  |  |
| 7.<br>a.<br>b.                              | 2022 FILING STATUS. Check one Single Married filing jointly Married filing separately*  | * If y   | ou check box "c,"<br>3 and enter spous<br>w:   |                                  |                                       | a.  | ESIDENC<br>Resident<br>Jonresider<br>Part-Year F | nt *  |  | Chec                            | k all that apply.  * If you check box "b" or "c," you must complete and include Schedule NR. |             |  |  |
| 9.  | <b>EXEMPTIONS. NOTE:</b> If someo   | ne els   | e can claim you  | as a dep                         | pendent, che                          | eck box 9e, en  | ter 0 on li                                      | ne 9  | a and ent                              | ter \$1                         | 1,500 on line 9e (see ins  | str.).      |  |  |
|   | <ul> <li>a. Number of exemptions (see in</li> <li>b. Number of individuals who quablind, hemiplegic, paraplegic, c</li> <li>c. Number of qualified disabled v</li> <li>d. Number of Certificates of Stillb</li> <li>e. Claimed as dependent, see lin</li> <li>f. Add lines 9a, 9b, 9c, 9d and 9c</li> </ul> | lify for<br>quadri<br>eterar<br>irth fro<br>e 9 No | one of the following plegic, or totally and a second method in the following second method method in the following second method in the following second me | ing spec<br>and perr<br>instruct | ial exemptic<br>manently dis<br>ions) | ns: deaf,<br>abled 9b.<br>9c.<br>9d.  |  | x<br>x<br>x   | \$5,000<br>\$2,900<br>\$400<br>\$5,000 | 9a.<br>9b.<br>9c.<br>9d.<br>9e. |  | 00 00 00 00 |  |  |
| 10.   | Adjusted Gross Income from yo   | ur U.S   | S. Form <i>1040</i> (se  | e instru                         | ctions)                               |   |  |   | 10.                                    |                                 |  | 00          |  |  |
| 11.   | Additions from Schedule 1, line 9   | Inclu  | ide Schedule 1 .   |                                  |                                       |   |  |   | 11.                                    |                                 |  | 00          |  |  |
| 12.   | Total. Add lines 10 and 11  |  |  |                                  |                                       |   |  |   | 12.                                    |                                 |  | 00          |  |  |
| 13.   | Subtractions from Schedule 1, lin   | e 30.  | Include Schedu   | le 1                             |                                       |   |  |   | 13.                                    |                                 |  | 00          |  |  |
| 14.   | Income subject to tax. Subtract   | line 1   | 3 from line 12. If   | line 13                          | is greater th                         | an line 12, ent   | ter "0"  |   | 14.                                    |                                 |  | 00          |  |  |
| 15.   | Exemption allowance. Enter am   | ount f   | rom line 9f or Sch   | nedule I                         | NR, line 19                           |   |  |   | 15.                                    |                                 |  | 00          |  |  |
| 16.   | Taxable income. Subtract line 15  | from   | line 14. If line 15  | 5 is grea                        | ater than line                        | e 14, enter "0" .   |  |   | 16.                                    |                                 |  | 00          |  |  |
| 17. Tax. Multiply line 16 by 4.25% (0.0425) |   |  |  |                                  | AMOUNT                                |   |  | 17.   |  | CREDIT                          | 00   |             |  |  |
| 18.   | Income Tax Imposed by governm Include a copy of the return (see   |  |  | _                                | 8a.                                   |   |  | 00  | 18b.                                   |                                 |  | 00          |  |  |
| 19.   | Michigan Historic Preservation Ta   | x Cre  | dit (see instructio  | ns). 1                           | l9a.                                  |   |  | 00  | 19b.                                   |                                 |  | 00          |  |  |
| 20.   | Income Tax. Subtract the sum of If the sum of lines 18b and 19b is  | lines  | 18b and 19b fron   | n line 17                        |                                       |   |  |   | 20.                                    |                                 |  | 00          |  |  |

| 2022 N  | I-1040, Page 2 of 2  | s Eull Social S  | Security Numbe   |                   |             |                                     |                         |            |
|---------|--|------------------|------------------|-------------------|-------------|-------------------------------------|-------------------------|------------|
|         | Tilet  | s i uli oociai c | recurry rearribe |                   |             |                                     |                         |            |
| 21.     | Enter amount of Income Tax from line 20  |                  |                  |                   |             | 21.                                 |                         | 00         |
| 22.     | Voluntary Contributions from Form 4642, line 6. Include F  |                  |                  |                   |             | 22.                                 |                         | 00         |
| 23.     | Worksheet 1 (see instructions)   | •                |                  |                   |             | 23.                                 |                         | 00         |
| 24      | Total Tax Liability. Add lines 21, 22 and 23   |                  |                  |                   | 24          |                                     |                         | 00         |
|         | NDABLE CREDITS AND PAYMENTS  |                  |                  |                   | 24.         |                                     |                         |            |
| 25.     | Property Tax Credit. Include MI-1040CR or MI-1040CR  | -2               |                  |                   |             | 25.                                 |                         | 00         |
| 26.     | Farmland Preservation Tax Credit. Include MI-1040CR  | -5               |                  |                   |             | 26.                                 |                         | 00         |
|         |  | _                | FE               | DERAL             |             | _                                   | MICHIGAN                |            |
| 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   |                  |                  |                   |             | 28.                                 |                         | 00         |
| 29.     | Credit for allocated share of tax paid by an electing flow-th  | nrough entity    | y (see instruc   | tions)            |             | 29.                                 |                         | 00         |
| 30.     | Michigan tax withheld from Schedule W, line 6. Include S   | chedule W        | (do not subr     | nit W-2s)         |             | 30.                                 |                         | 00         |
| 31.     | Estimated tax, extension payments and 2021 credit forwa  | rd               |                  |                   |             | 31.                                 |                         | 00         |
|         |  |                  |                  |                   |             | 31.                                 |                         | 100        |
| 32.     | 2022 AMENDED RETURNS ONLY. Taxpayers completing Amended returns must include Schedule AMD (see inst                        |                  | 2022 return :    | snould skip to    | iirie 33.   |                                     |                         |            |
|         | If you had a refund and/or credit forward on the original  | inal return, ch  | eck box 32a ar   | nd enter this amo | ount as a   |                                     |                         |            |
|         | negative number on line 32c.   |                  |                  |                   |             |                                     |                         |            |
|         | 32b. If you paid with the original return, check box 32b ar any additional tax paid after filing, as a positive num        |                  |                  |                   |             | 32c.                                |                         | 00         |
| 33.     | Total refundable credits and payments. Add lines 25, 26, 2   | 27b, 28, 29,     | 30, 31 and 3     | 2c                | 33.         |                                     |                         | 00         |
| REFL    | ND OR TAX DUE  |                  |                  |                   |             |                                     |                         |            |
| 34.     | If line 33 is less than line 24, subtract line 33 from line 24.  | If applicable    | e, see instruc   | tions.            |             |                                     |                         |            |
|         | Include interest 00 and penalty  | 00               |                  | YOU OWE           | 34.         |                                     |                         | 00         |
|         | module interest  | 100              |                  | .00 0112          |             |                                     |                         |            |
| 35.     | Overpayment. If line 33 is greater than line 24, subtract li   | ne 24 from I     | ine 33           |                   | 35.         |                                     |                         | 00         |
| 36.     | Credit Forward. Amount of line 35 to be credited to your   | 2023 estima      | ited tax for vo  | our 2023 tax re   | turn        | 36.                                 |                         | 00         |
| 00.     | Crount of Maran, amount of mile do to go drounted to your  | LOZO GOLIING     | nou tax for ye   |                   | Γ           |                                     |                         |            |
|         | Subtract line 36 from line 35  |                  |                  | REFUND            | 37.         |                                     |                         | 00         |
|         | ECT DEPOSIT  a. Routing Transit it your refund directly to your financial  | Number           | b. /             | Account Number    | er<br>      | ┦╷┌╴                                | c. Type of Accou        | _          |
|         | ion! See instructions and complete a, b  |                  |                  |                   |             | 1                                   | Checking 2.             | Savings    |
| Dece    | ased Taxpayer. If Filer and/or Spouse died after December 3  |                  | dates below.     |                   |             |                                     | eclare under penalty of |            |
| ENTE    | R DATE OF DEATH ONLY. Example: 04-15-2022 (MM-DD-YY  | YY)              |                  | this return is ba |             |                                     | on of which I have any  | knowledge. |
| Filer   | — — Spouse —   |                  | -                | Freparers Fili    | IN, FEIIN C | JI JJIN                             |                         |            |
|         | ayer Certification. I declare under penalty of perjury that the achments is true and complete to the best of my knowledge. | information in   | n this return    | Preparer's Nan    | ne (print o | or type)                            |                         |            |
|         | Signature  | Date             |                  | Preparer's Sigr   | nature      |                                     |                         |            |
| Snow    | e's Signature  | Date             |                  | Preparer's Rue    | iness Nar   | me Addres                           | ss and Telephone Num    |            |
| ) Spout | ,g.,   |                  |                  |                   |             | , , , , , , , , , , , , , , , , , , | 2 ISIOPHOHO HUII        |            |
|         |  |                  |                  |                   |             |                                     |                         |            |
|         | By checking this box, I authorize Treasury to discuss my re  | eturn with m     | y preparer.      |                   |             |                                     |                         |            |
|         |  |                  |                  |                   |             |                                     |                         |            |

Refund, credit, or zero returns. Mail your return to: Michigan Department of Treasury, Lansing, MI 48956
Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929