

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 BRIAN		M.I. R	Last Name WRIGHT		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) 3					4. School District Code (5 digits - see page 60)	
City or Town NOVI			State MI	ZIP Code 48375		
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. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse				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 checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 100px;"></div>				8. 2017 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * * If you check box "b" or "c," you must complete and include Schedule NR.		

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.	<div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin: 0 auto;">1</div>	x	\$4,000	9a.	4,000	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.....	9b.	<div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin: 0 auto;">0</div>	x	\$2,600	9b.	0	00
c. Number of qualified disabled veterans.....	9c.	<div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin: 0 auto;">0</div>	x	\$400	9c.	0	00
d. Claimed as dependent, see line 9 NOTE above.....	9d.	<input type="checkbox"/>			9d.	0	00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15.....	9e.				9e.	4,000	00
10. Adjusted Gross Income from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions).....	10.					0	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.					0	00
12. Total. Add lines 10 and 11.....	12.					0	00
13. Subtractions from Schedule 1, line 27. Include Schedule 1	13.					0	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.					0	00
15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19.....	15.					4,000	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.					0	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.					0	00

NON-REFUNDABLE CREDITS

		AMOUNT		CREDIT		
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	<div style="border: 1px solid black; width: 60px; height: 20px; text-align: center; margin: 0 auto;">0</div>	00	18b.	<div style="border: 1px solid black; width: 60px; height: 20px; text-align: center; margin: 0 auto;">0</div>	00
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a.	<div style="border: 1px solid black; width: 60px; height: 20px; text-align: center; margin: 0 auto;">0</div>	00	19b.	<div style="border: 1px solid black; width: 60px; height: 20px; text-align: center; margin: 0 auto;">0</div>	00
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.				<div style="border: 1px solid black; width: 60px; height: 20px; text-align: center; margin: 0 auto;">0</div>	00

Filer's Full Social Security Number

21. Enter amount of Income Tax from line 20.....	21.	0	00
22. Voluntary Contributions from Form 4642, line 7. Include Form 4642	22.	0	00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23.....	24.	0	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2.....	25.	0	00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5.....	26.	0	00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.....	27a.	0	00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581.....	28.	0	00
29. Michigan tax withheld from Schedule W, line 7. Include Schedule W (do not submit W-2s)	29.	610	00
30. Estimated tax, extension payments and 2016 credit forward	30.	0	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.	610	00

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.	33.		00
Include interest <input type="text"/> 00 and penalty <input type="text"/> 00.....	YOU OWE		
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32.....	34.	610	00
35. Credit Forward. Amount of line 34 to be credited to your 2018 estimated tax for your 2018 tax return.....	35.	0	00
36. Subtract line 35 from line 34.....	36.	610	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. <input type="checkbox"/> Checking 2. <input type="checkbox"/> 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	— —
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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

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.

Preparer's Name (print or type)

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Business Name, Address and Telephone Number

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

Form **4852**
(Rev. September 2017)

Department of the Treasury
Internal Revenue Service

**Substitute for Form W-2, Wage and Tax Statement, or
Form 1099-R, Distributions From Pensions, Annuities, Retirement
or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

OMB No. 1545-0074

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.
▶ Go to www.irs.gov/Form4852 for the latest information.

1 Name(s) shown on return Brian R. Wright 2 Your social security number _____

3 Address 2, Nari, MI 48375

* one box. For the tax year ending December 31, _____
I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

4 Employer's or payer's name, address, and ZIP code _____ 6 Employer's or payer's identification number (if known) 61853

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a	Wages, tips, and other compensation	<u>0</u>	f	State income tax withheld	<u>610.40</u>
b	Social security wages	<u>0</u>		(Name of state) <u>Michigan</u>	
c	Medicare wages and tips	<u>0</u>	g	Local income tax withheld	
d	Social security tips	<u>0</u>		(Name of locality)	
e	Federal income tax withheld	<u>1375.00</u>	h	Social security tax withheld	<u>1138.48</u>
			i	Medicare tax withheld	<u>266.26</u>


8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

a	Gross distribution	_____	f	Federal income tax withheld	_____
b	Taxable amount	_____	g	State income tax withheld	_____
c	Taxable amount not determined	<input type="checkbox"/>	h	Local income tax withheld	_____
d	Total distribution	<input type="checkbox"/>	i	Employee contributions	_____
e	Capital gain (included in line 8b)	_____	j	Distribution codes	_____

9 How did you determine the amounts on lines 7 and 8 above?
Party identified as Payer on Line 5 provided a W2 that erroneously alleged payment of an IRS Section 3121 or 3401 transaction in Line 7a—hereby disputed. I deny that said Payer and I had any IRC Section 3121 or 3401 transactions in 2017.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
None.

This Form 4852 is submitted to rebut a document known to have been submitted by the party identified above as "Payer", which erroneously alleges a payment to the party identified above as "Recipient" of IRC Section 3121 or 3401 wages. Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.

 Date 4/9/2018
Brian R. Wright

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Mahomet IL 61853		1 Rents \$	OMB No. 1545-0115 2017 Form 1099-MISC	Miscellaneous Income
PAYER'S federal identification number		2 Royalties \$	3 Other income \$	
RECIPIENT'S identification number		4 Federal income tax withheld \$	5 Fishing boat proceeds \$	6 Medical and health care payments \$
RECIPIENT'S name BRIAN WRIGHT Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code NOVI MI 48375		7 Nonemployee compensation \$ -0-	8 Substitute payments in lieu of dividends or interest \$	
Account number (see instructions) 23149		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	11 12
FATCA filing requirement <input type="checkbox"/>		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15b Section 409A income \$		16 State tax withheld \$	17 State/Payer's state no	18 State income \$

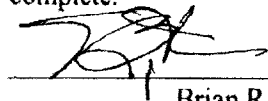
Form 1099-MISC
DAA

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

This corrected Form 1099-MISC is submitted to rebut a document known to have been submitted by the party identified above as "Payer", which erroneously alleges a payment to the party identified above as "Recipient" of 'gains, profit, or income' made in the course of a 'trade or business'. Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.



Brian R. Wright

Date 4/9/18

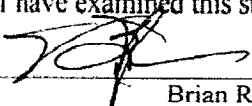
9595

VOID

CORRECTED

PAYER'S name, street address, city, state, and ZIP code, and telephone No. PEARSON EDUCATION INC. 8883159255 Opi x47407 ap1099@pearson.com		1 Rents \$ 0.00	OMB No. 1545-0115 2017 Form 1099-MISC	MISCELLANEOUS INCOME Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S federal identification number 		2 Royalties \$ -0-	4 Federal income tax withheld \$ 0.00	
PAYER'S federal identification number 		3 Other income \$ 0.00	5 Fishing boat proceeds \$ 0.00	
RECIPIENT'S identification number 		6 Medical and health care payments \$ 0.00	7 Nonretirement compensation \$ 0.00	
RECIPIENT'S name, street address, including WRIGHT, BRIAN		8 Substitute payments in lieu of dividends or interest \$ 0.00	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (check only for estate) <input type="checkbox"/>	
RECIPIENT'S name, street address, including 		10 Disability insurance proceeds \$ 0.00	11	
Account number (optional) CG0258821		12 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00	
15a Section 509(a) coverage <input type="checkbox"/>		13 State tax withheld \$	17 State Payer's state no \$	
15b Section 509(b) income <input type="checkbox"/>		16 State tax withheld \$	18 State income \$	

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Brian R. Wright

Date 4/9/18

CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. AMAZON.COM, INC. 1-208-256-2595 1099@AMAZON.COM		1 Rents \$	2 Royalties \$ -0-	OMB No. 1545-0115 2017 Form 1099-MISC
PAYER'S identification number		3 Other income \$	4 Federal income tax withheld \$ 0.00	
RECIPIENT'S identification number		5 Fishing boat proceeds \$	6 Medical & health care payments \$	Miscellaneous Income Copy 2 To be filed with recipient's state income tax return, when required.
RECIPIENT'S name BRIAN WRIGHT		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	
RECIPIENT'S address		9 Pays made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
Account number (see instructions)		11	12	
FATCA filing requirement <input type="checkbox"/>		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		15a Section 408A deferrals \$	15b Section 408A income \$	
		16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Form 1099-MISC (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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Brian R. Wright

Date 4/9/18