

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: 0147

1. Filer's First Name RUDY		M.I. J	Last Name LIST		2. Filer's Full Social Security No. (Example: 123-45-6789) [REDACTED]	
If a Joint Return, Spouse's First Name HODY		M.I. W	Last Name LIST		3. Spouse's Full Social Security No. (Example: 123-45-6789) [REDACTED]	
Home Address (Number, Street, or P.O. Box) 9631 TRINKLE ROAD					4. School District Code (5 digits - see page 60) 81050	
City or Town DEXTER			State MI	ZIP Code 48130		
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 type="checkbox"/> Single b. <input checked="" 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: 150px; height: 20px; margin-left: 20px;"></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.	2	x	\$4,000	9a.	8,000	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.	0	x	\$2,600	9b.	0	00
c. Number of qualified disabled veterans.....	9c.	0	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.	8,000	00

10. Adjusted Gross Income from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions).....	10.	3,363	00
11. Additions from Schedule 1, line 9. Include Schedule 1.....	11.	0	00
12. Total. Add lines 10 and 11.....	12.	3,363	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.	3,363	00
15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19.....	15.	8,000	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.	18b.
	0	0
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a.	19b.
	0	0
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.
		0

Filer's Full Social Security Number

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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.	27b.	
	FEDERAL	MICHIGAN	
	0 00	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.		143 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.		0 00
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c.....	32.		143 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 style="width: 40px;" type="text"/> 00 and penalty <input style="width: 40px;" type="text"/> 00.....	33.		0 00
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32.....	34.		143 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.	REFUND	143 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
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	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.

Filer's Signature	Date
R.J. Lin	4/9/2018
Spouse's Signature	Date
Hedy Lin	4/9/2018

Preparer's Name (print or type)

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

2017 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

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

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2017, you must complete a *Withholding Tax Schedule (Schedule W)* to claim the withholding on your *Individual Income Tax Return (MI-1040, line 29)*. Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040 where applicable. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name RUDY	M.I. J	Last Name LIST	2. Filer's Full Social Security No. (Example: 123-45-6789) [REDACTED]
If a Joint Return, Spouse's First Name HODY	M.I. W	Last Name LIST	3. Spouse's Full Social Security No. (Example: 123-45-6789) [REDACTED]

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

A	B	C	D	E
Enter "X" for: Filer or Spouse	Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation	Box 17 — Michigan income tax withheld
<input type="checkbox"/>				00
<input type="checkbox"/>				00
<input type="checkbox"/>				00
<input type="checkbox"/>				00
<input type="checkbox"/>				00
<input type="checkbox"/>				00
<input type="checkbox"/>				00
<input type="checkbox"/>				00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....				00
4. SUBTOTAL. Enter total of Table 1, column E.....				4. 00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS REPORTED ON 1099 FORMS

A	B	C	D	E
Enter "X" for: Filer or Spouse	Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld
<input checked="" type="checkbox"/>	47-0533629	AMERITRADE	3,363 00	143 00
<input type="checkbox"/>				00
<input type="checkbox"/>				00
<input type="checkbox"/>				00
<input type="checkbox"/>				00
<input type="checkbox"/>				00
<input type="checkbox"/>				00
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....				00
5. SUBTOTAL. Enter total of Table 2, column E.....				5. 143 00

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Doug Trinkle 9970 Trinkle Road Dexter MI 48130 734-216-4243		1 Rents \$ -0-	OMB No. 1545-0115 2017 Form 1099-MISC	Miscellaneous Income Copy B For Recipient
PAYER'S federal identification number 38-3315376		2 Royalties \$	3 Other income \$	
RECIPIENT'S identification number [REDACTED]		4 Federal income tax withheld \$	5 Fishing boat proceeds \$	6 Medical and health care payments \$
RECIPIENT'S name Rudy List Street address (including apt. no.) 9631 Trinkle Road City or town, state or province, country, and ZIP or foreign postal code Dexter MI 48130		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Account number (see instructions) 45522		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 \$	
FATCA filing requirement <input type="checkbox"/>		11	12	
13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. 38-3315376	18 State income \$

Form **1099-MISC** (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.

R. J. Liu Date 4/9/2018

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. The Edward Surovell Company Dba Howard Hanna 1884 West Stadium Blvd Ann Arbor MI 48103 Telephone: 734-665-9800		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2017 Form 1099-MISC	Miscellaneous Income Copy B For Recipient	
PAYER'S federal identification number 38-2425321	RECIPIENT'S identification number [REDACTED]	3 Other income \$	4 Federal income tax withheld \$	5 Fishing boat proceeds \$		6 Medical and health care payments \$
RECIPIENT'S name Hody List Street address (including apt. no.) 9631 Trinkle City or town, state or province, country, and ZIP or foreign postal code Dexter MI 48130		7 Nonemployee compensation \$ -0-	8 Substitute payments in lieu of dividends or interest \$	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 \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Account number (see instructions) 60250	FATCA filing requirement <input type="checkbox"/>	11	12	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$		

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Hody List Date 4/9/2018

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TOLL BROS., INC. 250 GILBRALTAR ROAD HORSHAM PA. 19044 (215) 938-8000		1 Rents \$	OMB No. 1545-0115 2017	Miscellaneous Income
		2 Royalties \$	Form 1099-MISC	
PAYER'S federal identification number 23-2417123	RECIPIENT'S identification number [REDACTED]	3 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient
		5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name HODY LIST Street address (including apt. no.) 9631 TRINKLE RD City or town, state or province, country, and ZIP or foreign postal code DEXTER MI 48130		7 Nonemployee compensation \$ -0-	8 Substitute payments in lieu of dividends or interest \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		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 \$	
Account number (see instructions) 00326816	FATCA filing requirement <input type="checkbox"/>	11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A 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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Hody List

Date

4/9/2018

2017 Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

OMB No. 1545-0119

Copy 2: File this copy with your state, city, or local income tax return, when required.

Date: 01/22/2018

Document ID: 222G 190 V284

RECIPIENT'S identification number:
 Recipient: RUDY J LIST ROLLOVER IRA TD
 AMERITRADE CLEARING, CUSTODIAN
 9631 TRINKLE RD
 DEXTER, MI 48130

Account number: 868111215
 PAYER's federal identification number:
 Client Services: 800-669-3900
 Payer: TD Ameritrade Clearing, Inc.
 PO BOX 2209
 OMAHA, NE 68103-2209

47-0533629

FATCA filing requirement

1	Gross distribution	\$3,362.84	8	Other amount	
2a	Taxable amount	\$3,362.84		Other amount percentage	%
2b	Taxable amount not determined		(X)	9a Your percentage of total distribution	%
	Total distribution		()	9b Total employee contributions	
3	Capital gain (included on line 2a)			10 Amount allocable to IRR within 5 years	
4	Federal income tax withheld	\$504.43		11 1st year of desig. Roth contrib.	
5	Employee contributions/Designated Roth contributions or insurance premiums			12 State tax withheld	\$142.92
6	Net unrealized appreciation - employer's securities			13 State	MI
				Payer's state number	47-0533629
7	Distribution code(s)		7	14 State distribution	
	IRA/SEP/SIMPLE		(X)	15 Local tax withheld	
				16 Name of locality	
				17 Local distribution	