

# 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

|   |                  |   |   |
|---|------------------|---|---|
| <b>1. Filer's First Name</b><br>THOMAS  | <b>M.I.</b><br>J | <b>Last Name</b><br>HENDRICKSON   | <b>2. Filer's Full Social Security No.</b> (Example: 123-45-6789)<br>_____  |
| <b>If a Joint Return, Spouse's First Name</b>   | <b>M.I.</b>      | <b>Last Name</b>  | <b>3. Spouse's Full Social Security No.</b> (Example: 123-45-6789)<br>_____ |
| <b>Home Address</b> (Number, Street, or P.O. Box)<br>_____  |                  |   | <b>4. School District Code</b> (5 digits - see page 60)<br>_____            |
| <b>City or Town</b><br>_____  |                  | <b>State</b><br>MI  | <b>ZIP Code</b><br>_____  |
| <b>5. STATE CAMPAIGN FUND</b><br>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.<br>a. <input type="checkbox"/> Filer<br>b. <input type="checkbox"/> Spouse   |                  | <b>6. FARMERS, FISHERMEN, OR SEAFARERS</b><br><input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.   |   |
| <b>7. 2017 FILING STATUS.</b> Check one.<br>a. <input checked="" type="checkbox"/> Single<br>b. <input type="checkbox"/> Married filing jointly<br>c. <input type="checkbox"/> Married filing separately*<br><br>* If you check box "c," complete line 3 and enter spouse's full name below:<br><div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 20px;"></div> |                  | <b>8. 2017 RESIDENCY STATUS.</b> Check all that apply.<br>a. <input checked="" type="checkbox"/> Resident<br>b. <input type="checkbox"/> Nonresident*<br>c. <input type="checkbox"/> Part-Year Resident*<br><br>* 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. | 1                        | 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. |                          | x | \$2,600 | 9b. |       | 00 |
| c. Number of qualified disabled veterans.....   | 9c. |                          | x | \$400   | 9c. |       | 00 |
| d. Claimed as dependent, see line 9 NOTE above.....   | 9d. | <input type="checkbox"/> |   |         | 9d. |       | 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. |        |   |        |
| 19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....              | 19a. |        |   |        |
| 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 | 00     |

Hand Infil

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. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | 23. | 0 | 00 |
| 24. <b>Total Tax Liability.</b> Add lines 21, 22 and 23.....   | 24. | 0 | 00 |

**REFUNDABLE CREDITS AND PAYMENTS**

|   |      |       |      |   |    |
|---|------|-------|------|---|----|
| 25. <b>Property Tax Credit.</b> Include MI-1040CR or MI-1040CR-2.....   | 25.  | 0     | 00   |   |    |
| 26. <b>Farmland Preservation Tax Credit.</b> Include MI-1040CR-5.....   | 26.  | 0     | 00   |   |    |
| 27. <b>Earned Income Tax Credit.</b> Multiply line 27a by 6% (0.06) and enter result on line 27b.....   | 27a. | 00    | 27b. | 0 | 00 |
| 28. <b>Michigan Historic Preservation Tax Credit (refundable).</b> Include Form 3581.....   | 28.  | 0     | 00   |   |    |
| 29. <b>Michigan tax withheld from Schedule W, line 7. Include Schedule W (do not submit W-2s).....</b>  | 29.  | 1,347 | 00   |   |    |
| 30. <b>Estimated tax, extension payments and 2016 credit forward.....</b>   | 30.  | 0     | 00   |   |    |
| 31. <b>2017 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2017 return should skip to line 32. Amended returns must include Schedule AMD (see instructions).<br><br>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.<br><br>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. <b>Total refundable credits and payments.</b> Add lines 25, 26, 27b, 28, 29, 30 and 31c.....  | 32.  | 1,347 | 00   |   |    |

**REFUND OR TAX DUE**

|  |     |       |    |
|--|-----|-------|----|
| 33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.<br><br>Include interest <input type="text"/> 00 and penalty <input type="text"/> 00..... <b>YOU OWE</b> | 33. | 00    |    |
| 34. <b>Overpayment.</b> If line 32 is greater than line 24, subtract line 24 from line 32.....   | 34. | 1,347 | 00 |
| 35. <b>Credit Forward.</b> 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..... <b>REFUND</b>   | 36. | 1,347 | 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 | — — |
|-------|-----|--------|-----|

**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

**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<br><b>THOMAS</b> | M.I.<br><b>J</b> | Last Name<br><b>HENDRICKSON</b> | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br>— —  |
| If a Joint Return, Spouse's First Name | M.I.             | Last Name                       | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br>— — |

**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:<br>Filer or Spouse  | Employer's identification number<br>(Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips,<br>other compensation | Box 17 — Michigan<br>income tax withheld |
| <input checked="" type="checkbox"/>  | 13-4042452  | BOTTLING GROUP, LLC     | 0 00                                       | 1,347 00                                 |
| <input type="checkbox"/>   |   |                         | 00   | 00                                       |
| <input type="checkbox"/>   |   |                         | 00   | 00                                       |
| <input type="checkbox"/>   |   |                         | 00   | 00                                       |
| <input type="checkbox"/>   |   |                         | 00   | 00                                       |
| <input type="checkbox"/>   |   |                         | 00   | 00                                       |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... |   |                         |  | 00                                       |
| <b>4. SUBTOTAL.</b> Enter total of Table 1, column E. ....                   |   |                         |  | <b>4.</b> 1,347 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:<br>Filer or Spouse  | Payer's federal identification<br>number (Example: 38-1234567) | Payer's name | Taxable pension distribution,<br>misc. income, etc. (see inst.) | Michigan income<br>tax withheld |
| <input type="checkbox"/>   |  |              | 00  | 00                              |
| <input type="checkbox"/>   |  |              | 00  | 00                              |
| <input type="checkbox"/>   |  |              | 00  | 00                              |
| <input type="checkbox"/>   |  |              | 00  | 00                              |
| <input type="checkbox"/>   |  |              | 00  | 00                              |
| <input type="checkbox"/>   |  |              | 00  | 00                              |
| Enter Table 2 Subtotal from additional Schedule W forms (if applicable)..... |  |              |   | 00                              |
| <b>5. SUBTOTAL.</b> Enter total of Table 2, column E. ....                   |  |              |   | <b>5.</b> 0 00                  |

|   |   |
|---|---|
| — | — |
|---|---|

**TABLE 3: MICHIGAN FLOW-THROUGH WITHHOLDING**

| A<br>Payer's federal identification number (Example: 38-1234567)                     | B<br>Payer's name | C<br>Michigan flow-through withholding tax withheld |
|--|-------------------|---|
|  |                   | 00  |
|  |                   | 00  |
|  |                   | 00  |
|  |                   | 00  |
|  |                   | 00  |
|  |                   | 00  |
| Enter Table 3 Subtotal from additional <i>Schedule W</i> forms (if applicable).....  |                   | 00  |
| 6. <b>SUBTOTAL.</b> Enter total of Table 3, column C.....                            | 6.                | 00  |
| 7. <b>TOTAL.</b> Add lines 4, 5 and 6. Enter here and carry to MI-1040, line 29..... | 7.                | 1,347 00  |

Note: If line 6 does not apply, only submit page 1 of the Schedule W with your return.

### Instructions for *Schedule W* Withholding Tax Schedule

Schedule W is designed to report State of Michigan income tax withholding. Schedule W enables us to process your individual income tax return more efficiently.

Include the completed Schedule W with your return. An attachment number is listed in the upper right corner to help you assemble your forms in the correct order behind your *Individual Income Tax Return* (MI-1040).

If a *Schedule W* is not included when required, the processing of your return will be delayed. Do not submit W-2 and/or 1099 forms with your return.

If you are filing an amended return because you received a corrected W-2 you must complete a Schedule W. Keep copies of your W-2s with your tax records for six years and have them available if requested by the Department of Treasury.

**Michigan Residents.** If you paid income tax to a governmental unit outside of Michigan, see instructions for MI-1040, line 18.

**Flow-Through Withholding.** Complete Table 3 and report Michigan flow-through withholding on MI-1040, line 29. Do not claim flow-through withholding as an estimated payment.

#### Completing the Withholding Tables

*Lines not listed are explained on the form.*

Complete the withholding tables using information from your W-2, 1099 and MI-4919 forms, and any other documents that report Michigan tax withheld. If you need additional space, include another Schedule W.

**Table 1 Column D:** Enter wages, tips, and other compensation from W-2 forms from which Michigan tax was withheld. *Exception:* Enter military pay even if no Michigan tax was withheld.

**Table 2 Column D:** Enter unemployment compensation, taxable pension from federal return, and any other taxable income from any 1099 forms from which Michigan tax was withheld. *Exception:* Enter military retirement benefits and railroad retirement benefits from 1099-R, RRB-1099 and/or RRB-1099-R forms, even if no Michigan tax was withheld.

**Table 3:** Report Michigan flow-through information provided to you by the flow-through entity. *This form may be filed without page 2 if you are not claiming Flow-Through Withholding in Table 3.* If only page 1 needs to be filed, add lines 4 and 5 and carry the total to Form MI-1040, line 29.

**Line 7: Total.** Enter total of line 4 from Table 1, line 5 from Table 2, and line 6 from Table 3 and carry total to Form MI-1040, line 29.