

2016 MICHIGAN Individual Income Tax Return MI-1040

Return is due April 18, 2017.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0147

1. Filer's First Name Thomas		M.I. J	Last Name Hendrickson		2. Filer's Full Social Security No. (Example: 123-45-6789) [REDACTED]
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789) [REDACTED]
Home Address (Number, Street, or P.O. Box) [REDACTED]					
City or Town [REDACTED]			State MI	ZIP Code [REDACTED]	4. School District Code (5 digits - see page 60) 63290
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		6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.
b. <input type="checkbox"/> Spouse					
7. 2016 FILING STATUS. Check one.			8. 2016 RESIDENCY STATUS. Check all that apply.		
a. <input checked="" type="checkbox"/> Single			a. <input checked="" type="checkbox"/> Resident		
b. <input type="checkbox"/> Married filing jointly			b. <input type="checkbox"/> Nonresident *		
c. <input type="checkbox"/> Married filing separately*			c. <input type="checkbox"/> Part-Year Resident *		
* If you check box "c," complete line 3 and enter spouse's full name below.			* If you check box "b" or "c," you must complete and attach Schedule NR.		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					

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 2016 federal return.....	9a. <input style="width: 30px; text-align: center;" type="text" value="1"/>	x \$4,000	9a. <input style="width: 60px; text-align: center;" type="text" value="4000"/>	<input style="width: 30px; text-align: center;" type="text" value="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. <input style="width: 30px;" type="text"/>	x \$2,600	9b. <input style="width: 60px;" type="text"/>	<input style="width: 30px; text-align: center;" type="text" value="00"/>
c. Number of qualified disabled veterans	9c. <input style="width: 30px;" type="text"/>	x \$400	9c. <input style="width: 60px;" type="text"/>	<input style="width: 30px; text-align: center;" type="text" value="00"/>
d. Claimed as dependent, see line 9 NOTE above	9d. <input type="checkbox"/>		9d. <input style="width: 60px;" type="text"/>	<input style="width: 30px; text-align: center;" type="text" value="00"/>
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15			9e. <input style="width: 60px; text-align: center;" type="text" value="4000"/>	<input style="width: 30px; text-align: center;" type="text" value="00"/>
10. Adjusted Gross Income from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions).....			<input style="width: 60px; text-align: center;" type="text" value="0"/>	<input style="width: 30px; text-align: center;" type="text" value="00"/>
11. Additions from Schedule 1, line 9. Attach Schedule 1			<input style="width: 60px; text-align: center;" type="text" value="0"/>	<input style="width: 30px; text-align: center;" type="text" value="00"/>
12. Total. Add lines 10 and 11			<input style="width: 60px; text-align: center;" type="text" value="0"/>	<input style="width: 30px; text-align: center;" type="text" value="00"/>
13. Subtractions from Schedule 1, line 27. Attach Schedule 1			<input style="width: 60px; text-align: center;" type="text" value="0"/>	<input style="width: 30px; text-align: center;" type="text" value="00"/>
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"			<input style="width: 60px; text-align: center;" type="text" value="0"/>	<input style="width: 30px; text-align: center;" type="text" value="00"/>
15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19.			<input style="width: 60px; text-align: center;" type="text" value="4000"/>	<input style="width: 30px; text-align: center;" type="text" value="00"/>
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"			<input style="width: 60px; text-align: center;" type="text" value="0"/>	<input style="width: 30px; text-align: center;" type="text" value="00"/>
17. Tax. Multiply line 16 by 4.25% (0.0425)			<input style="width: 60px; text-align: center;" type="text" value="0"/>	<input style="width: 30px; text-align: center;" type="text" value="00"/>

NON-REFUNDABLE CREDITS

	AMOUNT	CREDIT
18. Income Tax Imposed by government units outside Michigan. Attach a copy of the return (see instructions)..... 18a.	<input style="width: 60px; text-align: center;" type="text" value="00"/>	<input style="width: 60px; text-align: center;" type="text" value="00"/>
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions) 19a.	<input style="width: 60px; text-align: center;" type="text" value="00"/>	<input style="width: 60px; text-align: center;" type="text" value="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"		
		<input style="width: 60px; text-align: center;" type="text" value="0"/>

Filer's Full Social Security Number

[REDACTED]

21. Enter amount of Income Tax from line 20.....	21.		00
22. Voluntary Contributions from Form 4642, line 11. Attach Form 4642.	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.		00
24. Total Tax Liability. Add lines 21, 22 and 23.....	24.		00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Attach MI-1040CR or MI-1040CR-2.....	25.		00
26. Farmland Preservation Tax Credit. Attach MI-1040CR-5.....	26.		00
27. a. Federal Earned Income Tax Credit.....	27a.		00
b. Michigan Earned Income Tax Credit. Multiply line 27a by 6% (0.06).....	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). Attach Form 3581.	28.		00
29. Michigan tax withheld from Schedule W, line 7. Attach Schedule W (do not submit W-2s)	29.	1177	00
30. Estimated tax, extension payments and 2015 credit forward.....	30.		00
31. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29 and 30.....	31.	1177	00

REFUND OR TAX DUE

32. If line 31 is less than line 24, subtract line 31 from line 24. Include interest [] and penalty [] if applicable (see instr.) YOU OWE	32.		00
33. Overpayment. If line 31 is greater than line 24, subtract line 24 from line 31.....	33.	1177	00
34. Credit Forward. Amount of line 33 to be credited to your 2017 estimated tax for your 2017 tax return.....	34.		00
35. Subtract line 34 from line 33..... REFUND	35.	1177	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

<p>Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2015, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2016 (MM-DD-YYYY)</p>		<p>Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.</p>	
Filer	[REDACTED]	Spouse	[REDACTED]
<p>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.</p>		Preparer's PTIN, FEIN or SSN	
Filer's Signature		Preparer's Name (print or type)	
[REDACTED]		Preparer's Business Name, Address and Telephone Number	
Date		Date	
4/16/17			
Spouse's Signature			
Date			
<input type="checkbox"/> 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 32. Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

Make your check payable to "State of Michigan." Print the last four digits of your Social Security number and "2016 Income Tax" on the front of your check. If paying on behalf of another taxpayer, write the filer's name and the last four digits of the filer's Social Security number on the check. Do not staple your check to the return. You can pay electronically using Michigan's e-Payments service. Keep a copy of your return and supporting schedules for six years. For more information and to check your refund status, have a copy of your MI-1040 available when you visit www.michigan.gov/it.

2016 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: 0147

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2016, 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. Attach your completed Schedule W to Form MI-1040 or MI-1040X-12 where applicable. See complete instructions on page 2 of this form. If you need additional space, attach another Schedule W.

1. Filer's First Name <u>Thomas</u>	M.I. <u>J.</u>	Last Name <u>Hendrickson</u>	2. Filer's Full Social Security No. (Example: 123-45-6789) [REDACTED]
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

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
X	[REDACTED]	[REDACTED]	0.00	1020.00
X	[REDACTED]	[REDACTED]	0.00	157.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....				0.00
4. SUBTOTAL. Enter total of Table 1, column E.....				4. 1177.00

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
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....				0.00
5. SUBTOTAL. Enter total of Table 2, column E.....				5. 0.00