

**2008 MICHIGAN Individual Income Tax Return MI-1040**

Return is due April 15, 2009.

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

PLACE LABEL HERE	▶ 1. Filer's First Name Kathryn		M.I. E	Last Name Wright-Hendrickson		▶ 2. Filer's Social Security No. (Example: 123-45-6789) [REDACTED]		
	If a Joint Return, Spouse's First Name		M.I.	Last Name		▶ 3. Spouse's Social Security No. (Example: 123-45-6789) [REDACTED]		
	Home Address (No., Street, P.O. Box or Rural Route) [REDACTED]						▶ 4. School District Code (5 digits - see p. 49) [REDACTED]	
	City or Town [REDACTED]			State MI	ZIP Code [REDACTED]			

**MILITARY FAMILY RELIEF FUND  
CHILDREN'S TRUST FUND  
CHILDREN OF VETERANS TUITION GRANT PROGRAM**

You may contribute to the Military Family Relief Fund, Children's Trust Fund and the Children of Veterans Tuition Grant Program on lines 21, 22, and 23 of this form.

▶ 5. <b>STATE CAMPAIGN FUND</b> Check this box if you (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.		Yes	No	▶ 6. <b>FARMERS, FISHERMEN OR SEAFARERS</b> <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing or seafaring.	
a. You	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
b. Spouse	<input type="checkbox"/>	<input type="checkbox"/>			
▶ 7. <b>FILING STATUS.</b> Check one.				▶ 8. <b>RESIDENCY.</b> Check all that apply.	
a. <input checked="" type="checkbox"/> Single			a. <input checked="" type="checkbox"/> Resident		
b. <input type="checkbox"/> Married, filing jointly	* If you check box "c," complete line 3 and enter spouse's name below.		b. <input type="checkbox"/> Nonresident*	* If you check box "b" or "c," you must complete and attach Schedule NR.	
c. <input type="checkbox"/> Married, filing separately*	[REDACTED]		c. <input type="checkbox"/> Part-Year Resident*		

▶ 9. <b>EXEMPTIONS</b>					
a. Number of exemptions you claimed on your 2008 federal return.....	▶ 9a.	1	x \$3,500	3,500	00
b. Number of individuals 65 or older who qualify for a special exemption.....	▶ 9b.	0	x \$2,200	0	00
c. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.....	▶ 9c.	0	x \$2,200	0	00
d. Number of children ages 18 and under you claimed as Michigan exemptions.....	▶ 9d.	0	x \$600	0	00
e. Number of qualified disabled veterans.....	▶ 9e.	0	x \$250	0	00
f. If your unemployment compensation is 50% or more of your Adjusted Gross Income (amount claimed on line 10) check the box and enter \$2,200.....	▶ 9f.	<input type="checkbox"/> (✓)	\$2,200	0	00
g. If someone else can claim you as a dependent, check the box, complete Worksheet 2 on p.10, and enter the amount from the worksheet.....	▶ 9g.	<input type="checkbox"/> (✓)		0	00
h. Add lines 9a, 9b, 9c, 9d, 9e, 9f and 9g. Enter here and on line 15.....	9h.			3,500	00
10. <b>Adjusted Gross Income</b> from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see p. 10)....	▶ 10.			0	00
11. Additions from Michigan Schedule 1, line 7. Attach Schedule 1.....	▶ 11.			0	00
12. <b>Total.</b> Add lines 10 and 11.....	12.			0	00
13. Subtractions from Michigan Schedule 1, line 21. Attach Schedule 1.....	▶ 13.			0	00
14. <b>Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"....	14.			0	00
15. <b>Exemption allowance.</b> Enter the amount from line 9h or Schedule NR, line 20.....	▶ 15.			3,500	00
16. <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.			0	00
17. <b>Tax.</b> Multiply line 16 by 4.35% (0.0435). Enter here and carry amount to line 18.....	17.			0	00


**DIRECT DEPOSIT**  
Deposit your refund directly into your bank account! See p. 11 and complete a, b and c.

a. Routing Transit Number	▶ [REDACTED]	b. Type of Account	(1) <input type="checkbox"/> Checking	(2) <input type="checkbox"/> Savings
c. Account Number	▶ [REDACTED]			

18. Enter amount of tax from line 17 .....	18.	0	00
19. Total Nonrefundable Credits. Attach Schedule 2 .....	19.	0	00
20. Income tax. Subtract line 19 from line 18. If line 19 is greater than line 18, enter "0" .....	▶ 20.	0	00
21. Military Family Relief Fund. Enter your contribution amount (\$1 minimum) .....	▶ 21.	0	00
22. Children's Trust Fund. Enter your contribution amount (\$5 minimum) .....	▶ 22.	0	00
23. Children of Veterans Tuition Grant Program. Enter your contribution amount (\$2 minimum) .....	▶ 23.	0	00
24. Additional Voluntary Contributions from Form 4642, line 6. Attach Form 4642 .....	▶ 24.	0	00
25. <b>USE</b> Enter use tax due on Internet, mail order or other out-of-state purchases from <b>TAX</b> Worksheet 1, line 3, p. 9. ....	▶ 25.	0	00
26. Add lines 20, 21, 22, 23, 24 and 25 .....	26.	0	00

**REFUNDABLE CREDITS AND PAYMENTS**

27. Property Tax Credit. Attach MI-1040CR or MI-1040CR-2 .....	▶ 27.	0	00
28. Farmland Preservation Credit. Attach MI-1040CR-5 .....	▶ 28.	0	00
29. Qualified Adoption Expenses. Attach U.S. Form 8839 and MI-8839 .....	▶ 29.	0	00
30. Stillbirth Credit. Enter amount from Worksheet 3, p. 11 .....	▶ 30.	0	00
31. a. Federal Earned Income Tax Credit .....	31a.	0	00
b. Michigan Earned Income Tax Credit. Multiply line 31a by 10% (0.10) .....	▶ 31b.	0	00
32. Michigan tax withheld from Schedule W, line 3. Attach Schedule W .....	▶ 32.	24	00
33. Estimated tax, extension payments and 2007 credit forward .....	▶ 33.	0	00
34. Total refundable credits and payments. Add lines 27, 28, 29, 30, 31b, 32 and 33 .....	34.	24	00

**REFUND OR TAX DUE**

35. If line 34 is less than line 26, subtract line 34 from line 26. Include interest <input type="text"/> and penalty <input type="text"/> if applicable (see p. 11) .....	▶ 35.	0	00
36. If line 34 is greater than line 26, subtract line 26 from line 34. You overpaid this amount .....	36.	24	00
37. Amount of line 36 to be credited to your 2009 estimated tax for your 2009 tax return .....	▶ 37.	0	00
38. Subtract line 37 from line 36 .....	<b>REFUND</b> ▶ 38.	24	00

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2007, check the appropriate box below.

▶  Filer is Deceased                      ▶  Spouse is Deceased

**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

3/22/09

Spouse's Signature

Date

**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

▶ Preparer's Business Name (print or type)

Preparer's Business Address (print or type)

