

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 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) _____			4. School District Code (5 digits -- see page 60) _____
City or Town Novi	State MI	ZIP Code 48375	

<p>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.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p>	<p>6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p>
<p>7. 2016 FILING STATUS. Check one.</p> <p>a. <input checked="" type="checkbox"/> Single * If you check box "c," complete line 3 and enter spouse's full name below.</p> <p>b. <input type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately*</p>	<p>8. 2016 RESIDENCY STATUS. Check all that apply.</p> <p>a. <input checked="" type="checkbox"/> Resident * If you check box "b" or "c," you must complete and attach Schedule NR.</p> <p>b. <input type="checkbox"/> Nonresident *</p> <p>c. <input type="checkbox"/> Part-Year Resident *</p>

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9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,600 on line 9d (see instr.).

a. Number of exemptions claimed on 2016 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.	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.				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. Attach Schedule 1.....	11.		0	00
12. Total. Add lines 10 and 11.....	12.		0	00
13. Subtractions from Schedule 1, line 27. Attach 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 allowances. 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

		AMOUNT	CREDIT
18. Income Tax imposed by government units outside Michigan. Attach a copy of the return (see instructions).....	18a.	0	0
		00	00
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a.	0	0
		00	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.		0
			00

Filer's Full Social Security Number

10

21. Enter amount of Income Tax from line 20.....	21.	0 00
22. Voluntary Contributions from Form 4642, line 11. Attach 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. Attach MI-1040CR or MI-1040CR-2.....	25.	0 00
26. Farmland Preservation Tax Credit. Attach MI-1040CR-5.....	26.	0 00
27. a. Federal Earned Income Tax Credit..... 27a.		0 00
b. Michigan Earned Income Tax Credit. Multiply line 27a by 6% (0.06).....	27b.	0 00
28. Michigan Historic Preservation Tax Credit (refundable). Attach Form 3681.....	28.	0 00
29. Michigan tax withheld from Schedule W, line 7. Attach Schedule W (do not submit W-2s).....	29.	480 00
30. Estimated tax, extension payments and 2015 credit forward.....	30.	0 00
31. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29 and 30.....	31.	480 00

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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.	0 00
33. Overpayment. If line 31 is greater than line 24, subtract line 24 from line 31.....	33.	480 00
34. Credit Forward. Amount of line 33 to be credited to your 2017 estimated tax for your 2017 tax return.....	34.	0 00
35. Subtract line 34 from line 33..... REFUND	35.	480 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, 2015, enter dates below: ENTER DATE OF DEATH ONLY. Example: 04-15-2016 (MM-DD-YYYY)		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
Filer	Spouse	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	Preparer's Business Name, Address and Telephone Number	
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/tit.

2016 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 291 of 1987, 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 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 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)

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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		MBS Ervision, Inc.	0 00	480 00
			00	00
			00	00
			00	00
			00	00
			00	00
			00	00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....				00
4. SUBTOTAL. Enter total of Table 1, column E.....				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
			00	00
			00	00
			00	00
			00	00
			00	00
			00	00
			00	00
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....				00
5. SUBTOTAL. Enter total of Table 2, column E.....				00

Form **4852**
(Rev. September 2014)

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.

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.
▶ Information about Form 4852 is available at www.irs.gov/Form-4852.

OMB No. 1545-0074

1 Name(s) shown on return

Brian R. Wright

2 Your social security number

3 Address

4 Enter year in space provided and check one box. For the tax year ending December 31, 2016.

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.

5 Employer's or payer's name, address, and ZIP code

6 Employer's or payer's identification number (if known)

MBS Emission

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

a Wages, tips, and other compensation	0	f State income tax withheld	480.73
b Social security wages	0	(Name of state) Michigan	
c Medicare wages and tips	0	g Local income tax withheld	
d Social security tips	0	(Name of locality)	
e Federal income tax withheld	1015.00	h Social security tax withheld	939.74
		i Medicare tax withheld	218.78

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/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 W-2 that erroneously alleged payment of an IRC Section 3121 or 3401 transactions in Line 7(a) hereby disputed. I deny that said Payer and I had any IRC Section 3121 or 3401 transactions in 2016.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

None.

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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.

Brian R. Wright

Date 4/11/17

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. PO Box 60683 Seattle, WA 98108-0683 (206) 286-2385 1099@amazon.com		1 Rents \$	2 Royalties \$ -0-	OMB No. 1545-0115 2016 Form 1099-MISC Miscellaneous income Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S federal identification number RECIPIENT'S identification number .18		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S name BRIAN WRIGHT 5		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
Account number (see instructions) FATCA filing requirement <input type="checkbox"/>		7 Nonemployee compensation \$	8 Substate payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of computer products to a buyer (checked) for resale <input checked="" type="checkbox"/>	10 Crop insurance proceeds \$	
		13 Excess grant proceeds payments \$	14 Grant proceeds paid to an attorney \$	
		13a Section 408A deferrals \$	13b Section 408A income \$	
		16 State tax withheld \$	17 State/Payer's state no. \$	
			18 State income \$	

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.

[Handwritten Signature]

Brian R. Wright

Date 4/11/17

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VOID

CORRECTED

PAYER'S name, street address, city, state, and ZIP code, and telephone No. PEARSON EDUCATION INC. PO BOX 3003 LIVONIA MI 48150 Toll free# (888)315-9255 Opt 1 Ext 47407		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC	MISCELLANEOUS INCOME
PAYER'S Federal identification number 4		2 Royalties \$ -0-	3 Other Income \$ 0.00	
RECIPIENT'S name, street address(including apt. no.), city, state, and ZIP code WRIGHT, BRIAN OOD MT AR 276		4 Federal income tax withheld \$ 0.00	5 Fishing boat proceeds \$ 0.00	Copy 2 To be filed with recipient's state income tax return, when required.
RECIPIENT'S identification number		6 Medical and health care payments \$ 0.00	7 Nonemployee compensation \$ 0.00	
Account number (optional) C00258821		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 (recipient) for resale <input type="checkbox"/>	
FATCA filing requirement <input type="checkbox"/> and TIN rec. <input type="checkbox"/>		10 Crop insurance proceeds \$ 0.00	11	
12 Excess golden parachute payments \$ 0.00		13	14 Gross proceeds paid to an attorney \$ 0.00	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$

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 4/11/17

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