

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 Kara		M.I. K	Last Name Meldrum		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]					4. School District Code (5 digits - see page 60) 82100	
City or Town Canton			State MI	ZIP Code 48187		
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. 2016 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input 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: [REDACTED]				8. 2016 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 attach 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 2016 federal return.....	9a.	[REDACTED]	x \$4,000	9a.	[REDACTED]	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.	[REDACTED]	x \$2,600	9b.	[REDACTED]	00
c. Number of qualified disabled veterans	9c.	[REDACTED]	x \$400	9c.	[REDACTED]	00
d. Claimed as dependent, see line 9 NOTE above	9d.	<input type="checkbox"/>		9d.	[REDACTED]	00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15	9e.	[REDACTED]		9e.	[REDACTED]	00

10. Adjusted Gross Income from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions).....	10.	[REDACTED]	00
11. Additions from Schedule 1, line 9. Attach Schedule 1	11.	[REDACTED]	00
12. Total. Add lines 10 and 11	12.	[REDACTED]	00
13. Subtractions from Schedule 1, line 27. Attach Schedule 1	13.	[REDACTED]	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.	[REDACTED]	00
15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19.....	15.	[REDACTED]	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.	[REDACTED]	00
17. Tax. Multiply line 16 by 4.25% (0.0425)	17.	[REDACTED]	00

NON-REFUNDABLE CREDITS

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

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 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.		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 3581.	28.	0	00
29. Michigan tax withheld from Schedule W, line 7. Attach Schedule W (do not submit W-2s)	29.	0	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.	446	00

REFUND OR TAX DUE

32. If line 31 is less than line 24, subtract line 31 from line 24. Include interest <input type="text"/> and penalty <input type="text"/> 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.	446	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.	446	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/iit.

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/form4852.

OMB No. 1545-0074

1 Name(s) shown on return Kara K Meldrum	2 Your social security number [REDACTED]
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3 Address
[REDACTED] Canton, MI 48187

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 Have Fun, Fly Safe LLC 8002 Grand River, Suite B, Brighton, MI 48114	6 Employer's or payer's identification number (if known) 45-3675067
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7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	<u>0</u>	f State income tax withheld	<u>445.82</u>
b Social security wages	<u>0</u>	(Name of state) <u>Michigan</u>	
c Medicare wages and tips	<u>0</u>	g Local income tax withheld	<u>0</u>
d Social security tips	<u>0</u>	(Name of locality)	
e Federal income tax withheld	<u>860.25</u>	h Social security tax withheld	<u>650.41</u>
		i Medicare tax withheld	<u>152.11</u>

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution	<u> </u>	f Federal income tax withheld	<u> </u>
b Taxable amount	<u> </u>	g State income tax withheld	<u> </u>
c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld	<u> </u>
d Total distribution	<input type="checkbox"/>	i Employee contributions	<u> </u>
e Capital gain (included in line 8b)	<u> </u>	j Distribution codes	<u> </u>

9 How did you determine the amounts on lines 7 and 8 above?
Party identified as "Payer" on Line 5 provided a W2 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

This form, 4852 is submitted to rebut a document known to have been submitted by the party identified as the "Payer", which erroneously alleges a payment to the party identified as the "Recipient" of IRC Section 3121 or 3401 wages. Under penalty of perjury, I declare that I have examined this statement on the 4852, and to the best of my knowledge and belief, it is true, correct, and complete.

[REDACTED] _____ DATE 1/31/17

Kara K Meldrum