

# 2018 MICHIGAN Individual Income Tax Return MI-1040

Amended Return   
(Include Schedule AMD)

Return is due April 15, 2019.

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

1. Filer's First Name <b>RUDY</b>		M.I. <b>J</b>	Last Name <b>LIST</b>		2. Filer's Full Social Security No. (Example: 123-45-6789) [REDACTED]	
If a Joint Return, Spouse's First Name <b>HODY</b>		M.I. <b>W</b>	Last Name <b>LIST</b>		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) [REDACTED]	
City or Town <b>DEXTER</b>			State <b>MI</b>	ZIP Code <b>48130</b>		
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. 2018 FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input checked="" 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. 2018 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 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 (see instructions).....	9a.	<b>2</b>	x	\$4,050	9a.	8,100	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.	<b>0</b>	x	\$2,700	9b.	0	00
c. Number of qualified disabled veterans.....	9c.	<b>0</b>	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.				9e.	8,100	00

10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions).....	10.	3,709	00
11. Additions from Schedule 1, line 9. Include Schedule 1.....	11.	0	00
12. Total. Add lines 10 and 11.....	12.	3,709	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.	3,709	00
15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19.....	15.	8,100	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. [REDACTED] 00	18b. 0 00
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a. [REDACTED] 00	19b. 0 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

[REDACTED]
------------

21. Enter amount of Income Tax from line 20.....	21.	0	00
22. Voluntary Contributions from Form 4642, line 10. Include 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. Include MI-1040CR or MI-1040CR-2.....	25.	0	00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5.....	26.	0	00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.....	27a.	0	00
27b.	27b.	0	00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581.....	28.	0	00
29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s).....	29.	157	00
30. Estimated tax, extension payments and 2017 credit forward.....	30.	0	00
31. 2018 AMENDED RETURNS ONLY. Taxpayers completing an original 2018 return should skip to line 32. Amended returns must include Schedule AMD (see instructions).			
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.			
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. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c.....	32.	157	00

**REFUND OR TAX DUE**

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.	33.		
Include interest <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> .....	<b>YOU OWE</b>		
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32.....	34.	157	00
35. Credit Forward. Amount of line 34 to be credited to your 2019 estimated tax for your 2019 tax return ...	35.	0	00
36. Subtract line 35 from line 34.....	36.	157	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	
<input type="text"/>	<input type="text"/>	1. <input type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2017, enter dates below.  
**ENTER DATE OF DEATH ONLY.** Example: 04-15-2018 (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 4/7/2019

Preparer's Business Name, Address and Telephone Number

Spouse's Signature  Date 4-7-19

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

# 2018 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 2018, 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 <b>RUDY</b>	M.I. <b>J</b>	Last Name <b>LIST</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>[REDACTED]</b>
If a Joint Return, Spouse's First Name <b>HODY</b>	M.I. <b>W</b>	Last Name <b>LIST</b>	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>[REDACTED]</b>

**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
			00	00
			00	00
			00	00
			00	00
			00	00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....				00
4. <b>SUBTOTAL.</b> Enter total of Table 1, column E.....			4.	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
X	[REDACTED]	AMERITRADE	3,698 00	157 00
			00	00
			00	00
			00	00
			00	00
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....				00
5. <b>SUBTOTAL.</b> Enter total of Table 2, column E.....			5.	157 00
6. <b>TOTAL.</b> Add lines 4 and 5. Enter here and carry to MI-1040, line 29.....			6.	157 00

**2018 Form 1099-R** Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

OMB No. 1545-0119

Copy 2: File this copy with your state, city, or local income tax return, when required. Date: 01/21/2019 Document ID: 1HSE EC7 4536

RECIPIENT'S TIN:  
 Recipient: RUDY J LIST ROLLOVER IRA TD  
 AMERITRADE CLEARING, CUSTODIAN  
 [REDACTED]  
 DEXTER, MI 48130

XXX-XX-0667 PAYER'S TIN:  
 Client Services: 800-669-3900  
 Payer: TD Ameritrade Clearing, Inc.  
 PO BOX 2209  
 OMAHA, NE 68103-2209

FATCA filing requirement				
1	Gross distribution	\$3,698.16	( ) 8	Other amount
2a	Taxable amount	\$3,698.16		Other amount percentage %
2b	Taxable amount not determined		(X) 9a	Your percentage of total distribution %
	Total distribution		( ) 9b	Total employee contributions
3	Capital gain (included on line 2a)		10	Amount allocable to IRR within 5 years
4	Federal income tax withheld	\$554.72	11	1st year of desig. Roth contrib.
5	Employee contributions/Designated Roth contributions or insurance premiums		12	State tax withheld \$157.17
6	Net unrealized appreciation - employer's securities		13	State MI
				Payer's state number [REDACTED]
7	Distribution code(s)		14	State distribution
	IRA/SEP/SIMPLE		7	Local tax withheld
	Date of Payment		(X) 16	Name of locality
			17	Local distribution