Issued under authority of Public Act 281 of 1967, as amended.

2023 MICHIGAN Individual Income Tax Return MI-1040

Amended Return ☐
(Include Schedule AMD)

Return is due April 15, 2024. Type or print in blue or black ink.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
A		A	490-54-9999
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)
			490-54-8888
Home Address (Number, Street, or P.O. Box)			
City or Town	State	ZIP Code	4. School District Code (5 digits)

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. ☐ Filer
b. ☐ Spouse

6. **FARMERS, FISHERMEN, OR SEAFARERS**
☐ Check this box if 2/3 of your income is from farming, fishing, or seafaring.

7. **2023 FILING STATUS.** Check one.
a. ☐ Single
b. ☒ Married filing jointly
c. ☐ Married filing separately*
* If you check box "c," complete line 3 and enter spouse's full name below:

8. **2023 RESIDENCY STATUS.** Check all that apply.
a. ☒ Resident
b. ☐ Nonresident *
c. ☐ 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 9e, enter 0 on line 9a and enter $1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions)	9a.	3	x $5,400	9a.	16,200	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.		x $3,100	9b.		00
c. Number of qualified disabled veterans	9c.		x $400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions)	9d.		x $5,400	9d.		00
e. Claimed as dependent, see line 9 NOTE above	9e.	☐		9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15				9f.	16,200	00

10. **Adjusted Gross Income** from your U.S. Form *1040* (see instructions)	10.	125,541	00
11. Additions from Schedule 1, line 9. **Include Schedule 1**	11.		00
12. **Total.** Add lines 10 and 11	12.	125,541	00
13. Subtractions from Schedule 1, line 31. **Include Schedule 1**	13.	41,074	00
14. **Income subject to tax.** Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.	84,467	00
15. **Exemption allowance.** Enter amount from line 9f or Schedule NR, line 19	15.	16,200	00
16. **Taxable income.** Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.	68,267	00
17. **Tax.** Multiply line 16 by 4.05% (0.0405)	17.	2,765	00

Continue on page 2. This form cannot be processed if pages 2 and 3 are not completed and included.

Filer's Full Social Security Number **490-54-9999**

NON-REFUNDABLE CREDITS

		AMOUNT		CREDIT	
18.	Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)	18a. 0 00		18b. 0	00
19.	Michigan Historic Preservation Tax Credit (see instructions)	19a. 0 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. 2,765	00
21.	Voluntary Contributions from Form 4642, line 6. **Include Form 4642**			21.	00
22.	Penalty for nonqualified withdrawal from Form 5792, *Michigan First-Time Home Buyer Savings Program, line 5*			22.	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 20 through 23			24. 2,765	00

REFUNDABLE CREDITS AND PAYMENTS

25.	**Property Tax Credit. Include MI-1040CR or MI-1040CR-2**			25.	00
26.	**Farmland Preservation Tax Credit. Include MI-1040CR-5**			26.	00

		FEDERAL		MICHIGAN	
27.	Earned Income Tax Credit. Multiply line 27a by 30% (0.30) and enter result on line 27b	27a.	00	27b.	00
28.	Michigan Historic Preservation Tax Credit (refundable). **Include Form 3581**			28. 0	00
29.	Credit for allocated share of tax paid by an electing flow-through entity (see instructions)			29.	00
30.	Michigan tax withheld from Schedule W, line 6. **Include Schedule W (do not submit W-2s)**			30.	00
31.	Estimated tax, extension payments and 2022 credit forward			31.	00
32.	**2023 AMENDED RETURNS ONLY.** Taxpayers completing an original 2023 return should skip to line 33. Amended returns must **include Schedule AMD (see instructions).**				
32a.	☐ If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.				
32b.	☐ If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.			32c.	00
33.	Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c.			33. 0	00

Continue on page 3. This form cannot be processed if pages 2 and 3 are not completed and included.

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REFUND OR TAX DUE

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.
Include interest [ ] 00 and penalty [ ] 00 . . . . . **YOU OWE** 34. **2,765** 00

35. **Overpayment.** If line 33 is greater than line 24, subtract line 24 from line 33 . . . . . 35. **0** 00

36. **Credit Forward.** Amount of line 35 to be credited to your 2024 estimated tax for your 2024 tax return . . . 36. [ ] 00

37. Subtract line 36 from line 35 . . . . . **REFUND** 37. **0** 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. ☐ Checking 2. ☐ Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2022, enter dates below. ***ENTER DATE OF DEATH ONLY.*** Example: 04-15-2023 (MM-DD-YYYY)

Filer [ ] Spouse [ ]

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

Spouse's Signature | Date

☐ By checking this box, I authorize Treasury to discuss my return with my preparer.

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 Name (print or type)

Preparer's Signature

Preparer's Business Name, Address and Telephone Number

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**

Pay amount on line 34 **(see instructions).** Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**