

# 2019 MICHIGAN Individual Income Tax Return MI-1040

**Amended Return**   
(Include Schedule AMD)

**Return is due April 15, 2020.** 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)
If a Joint Return, Spouse's First Name	M.I.	Last Name	____
Home Address (Number, Street, or P.O. Box)			3. Spouse's Full Social Security No. (Example: 123-45-6789)
			____
City or Town	State	ZIP Code	4. School District Code (5 digits – see page 60)

<b>5. STATE CAMPAIGN FUND</b> 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. <table style="margin-left: 20px;"> <tr> <td>a.</td> <td><input type="checkbox"/></td> <td>Filer</td> </tr> <tr> <td>b.</td> <td><input type="checkbox"/></td> <td>Spouse</td> </tr> </table>	a.	<input type="checkbox"/>	Filer	b.	<input type="checkbox"/>	Spouse	<b>6. FARMERS, FISHERMEN, OR SEAFARERS</b>  <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.
a.	<input type="checkbox"/>	Filer					
b.	<input type="checkbox"/>	Spouse					

<b>7. 2019 FILING STATUS.</b> Check one. a. <input type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* <div style="margin-left: 20px;">                     * If you check box "c," complete line 3 and enter spouse's full name below:  <input style="width: 200px; height: 20px;" type="text"/> </div>	<b>8. 2019 RESIDENCY STATUS.</b> Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * <div style="margin-left: 20px;">                     * If you check box "b" or "c," you must complete and include Schedule NR.                 </div>
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**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.	<input style="width: 40px; height: 20px;" type="text"/>	x	\$4,400	9a.	<input style="width: 40px; height: 20px;" type="text"/>	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.	<input style="width: 40px; height: 20px;" type="text"/>	x	\$2,700	9b.	<input style="width: 40px; height: 20px;" type="text"/>	00
c. Number of qualified disabled veterans.....	9c.	<input style="width: 40px; height: 20px;" type="text"/>	x	\$400	9c.	<input style="width: 40px; height: 20px;" type="text"/>	00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.	<input style="width: 40px; height: 20px;" type="text"/>	x	\$4,400	9d.	<input style="width: 40px; height: 20px;" type="text"/>	00
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>			9e.	<input style="width: 40px; height: 20px;" type="text"/>	00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.	<input style="width: 40px; height: 20px;" type="text"/>			9f.	<input style="width: 40px; height: 20px;" type="text"/>	00

10. <b>Adjusted Gross Income</b> from your U.S. Forms 1040 or 1040NR (see instructions).....	10.	<input style="width: 100px; height: 20px;" type="text"/>	00
11. Additions from Schedule 1, line 9. <b>Include Schedule 1</b> .....	11.	<input style="width: 100px; height: 20px;" type="text"/>	00
12. <b>Total.</b> Add lines 10 and 11.....	12.	<input style="width: 100px; height: 20px;" type="text"/>	00
13. Subtractions from Schedule 1, line 28. <b>Include Schedule 1</b> .....	13.	<input style="width: 100px; height: 20px;" type="text"/>	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.	<input style="width: 100px; height: 20px;" type="text"/>	00
15. <b>Exemption allowance.</b> Enter amount from line 9f or Schedule NR, line 19.....	15.	<input style="width: 100px; height: 20px;" type="text"/>	00
16. <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.	<input style="width: 100px; height: 20px;" type="text"/>	00
17. <b>Tax.</b> Multiply line 16 by 4.25% (0.0425).....	17.	<input style="width: 100px; height: 20px;" type="text"/>	00

**NON-REFUNDABLE CREDITS**

		AMOUNT		CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	<input style="width: 100px; height: 20px;" type="text"/>	00	18b. <input style="width: 100px; height: 20px;" type="text"/>
19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....	19a.	<input style="width: 100px; height: 20px;" type="text"/>	00	19b. <input style="width: 100px; height: 20px;" type="text"/>
20. <b>Income Tax.</b> 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.	<input style="width: 100px; height: 20px;" type="text"/>	00	<input style="width: 100px; height: 20px;" type="text"/>

Filer's Full Social Security Number

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21. Enter amount of Income Tax from line 20.....	21.		00
22. Voluntary Contributions from Form 4642, line 10. <b>Include Form 4642</b> .....	22.		00
23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.		00
24. <b>Total Tax Liability.</b> Add lines 21, 22 and 23 .....	24.		00

**REFUNDABLE CREDITS AND PAYMENTS**

25. <b>Property Tax Credit. Include MI-1040CR or MI-1040CR-2</b> .....	25.		00				
26. <b>Farmland Preservation Tax Credit. Include MI-1040CR-5</b> .....	26.		00				
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. ....	27a.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">00</td> </tr> </table>		00	27b.		00
	00						
28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....	28.		00				
29. Michigan tax withheld from Schedule W, line 6. <b>Include Schedule W (do not submit W-2s)</b> .....	29.		00				
30. Estimated tax, extension payments and 2018 credit forward .....	30.		00				
31. <b>2019 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2019 return should skip to line 32. Amended returns must <b>include Schedule AMD (see instructions)</b> .	31.						
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.	31c.		00				
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c .....	32.		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.		00				
Include interest <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: center;">00</td></tr></table> and penalty <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: center;">00</td></tr></table> .....		00		00	<b>YOU OWE</b>		00
	00						
	00						
34. <b>Overpayment.</b> If line 32 is greater than line 24, subtract line 24 from line 32 .....	34.		00				
35. <b>Credit Forward.</b> Amount of line 34 to be credited to your 2020 estimated tax for your 2020 tax return ...	35.		00				
36. Subtract line 35 from line 34 .....	36.	<b>REFUND</b>	00				

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

<b>a. Routing Transit Number</b>	<b>b. Account Number</b>	<b>c. Type of Account</b>
		1. <input type="checkbox"/> Checking    2. <input type="checkbox"/> Savings

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

Filer	— —	Spouse	— —
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**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.

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Name (print or type)

Preparer's Business Name, Address and Telephone Number

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**