	rn is due April 18, 2022. Type or print in blue or black ink.											
1. Filer's First Name	M.I.	M.I. Last Name 2. File					2. Filer	's Ful	Social See	curity	No. (Example: 123-45-6	789)
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: 123-45-678)						
City or Town		State	ZIP Co				4 Saha			/E dia		
		State	ZIP C	ode			4. Scho			(ə diğ	jits – see page 60)	
5. STATE CAMPAIGN FUND Check if you (and/or your spous filing a joint return) want \$3 of y to go to this fund. This will not ir your tax or reduce your refund.	our taxes	a. Filer			6. FAR	Ch		box	if 2/3 of y		AFARERS],
7. 2021 FILING STATUS. Check of	ne.							CYS	STATUS.	Chec	k all that apply.	
a. Single		ou check box "c," comp 3 and enter spouse's fu			a	R	esident				* If you check box "b"	
b. Married filing jointly	belov	w:		-	b	Ν	onreside	ent *			"c," you must complet and include Schedu	
c. Married filing separately*					c.	P	art-Year	Res	ident *		NR.	
9. EXEMPTIONS. NOTE: If som	eone els	e can claim you as a de	penden	it, chec	k box 9e,	ent	er 0 on	line (a and en	ter \$	1,500 on line 9e (see	instr.)
a. Number of exemptions (see	instructi	ons)				a.		x	\$4,900	9a.		0
b. Number of individuals who q	ualify for	one of the following spe	ecial exe	mption	s: deaf,							
blind, hemiplegic, paraplegi c. Number of qualified disable				-				x	\$2,800 \$400	9b. 9c.		0
d. Number of Certificates of St						1. [×	\$4,900	9d.		0
e. Claimed as dependent, see	line 9 N	OTE above			9e	Э.				9e.		0
f. Add lines 9a, 9b, 9c, 9d and	9e. Ent	er here and on line 15								9f.		0
10. Adjusted Gross Income from	your U.S	6. Form <i>1040</i> (see instr	uctions)						. 10.			0
11. Additions from Schedule 1, line	1. Additions from Schedule 1, line 9. Include Schedule 1							. 11.			0	
12. Total. Add lines 10 and 11									. 12.			0
13. Subtractions from Schedule 1,	line 29.	Include Schedule 1							. 13.			0
14. Income subject to tax. Subtra	ict line 1	3 from line 12. If line 13	is grea	ter tha	n line 12,	ente	er "0"		. 14.			0
15. Exemption allowance. Enter a	amount f	rom line 9f or Schedule	NR, line	ə 19					. 15.			0
16. Taxable income. Subtract line	15 from	line 14. If line 15 is gre	ater tha	n line '	I4, enter '	'0" .			. 16.			0
17. Tax. Multiply line 16 by 4.25% (0.0425)									. 17.		CREDIT	0
18. Income Tax Imposed by govern Include a copy of the return (se			18a.					00	18b.			0
 Michigan Historic Preservation instructions) 	Tax Cre	dit carryforward (see	19a.					00	19b.			0
20. Income Tax. Subtract the sum			· ···			_			' F			Ť

2021 M	I-1040, Page 2 of 2	Filer's Full Social S	ecurity Numb	er						
21. 22.	Enter amount of Income Tax from line 20 Voluntary Contributions from Form 4642, line 6. I			00 00						
23.	USE TAX. Use tax due on Internet, mail order or Worksheet 1 (see instructions)			00						
	Total Tax Liability. Add lines 21, 22 and 23						00			
25.	Property Tax Credit. Include MI-1040CR or MI	25.		00						
26.	Farmland Preservation Tax Credit. Include MI	-1040CR-5		EDERAL	26.	MICHIGAN	00			
27.	Earned Income Tax Credit. Multiply line 27a by 6 enter result on line 27b.	. ,		00	27b.		00			
28. 29.	Michigan Historic Preservation Tax Credit (refund Credit for allocated share of tax paid by an electi			00 00						
30.	Michigan tax withheld from Schedule W, line 6. In	30.		00						
31. 32.	Amended returns must include Schedule AMD (see instructions).									
33.	 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. 33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c									
	ND OR TAX DUE									
34.	If line 33 is less than line 24, subtract line 33 from									
	Include interest 00 and penalty	YOU OWE 34.			00					
35.	35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33									
36.	Credit Forward. Amount of line 35 to be credited	l to your 2022 estima	ted tax for y	our 2022 tax return .	. 36.		00			
37.	Subtract line 36 from line 35			00						
Depos	a. Routing it your refund directly to your financial ion! See instructions and complete a, b	ng Transit Number	b.	Account Number	1.	c. Type of Account	gs			
	ased Taxpayer. If Filer and/or Spouse died after De R DATE OF DEATH ONLY. Example: 04-15-2021 (N					eclare under penalty of perjury th on of which I have any knowledg				
Filer	— — Spouse		-	Preparer's PTIN, FEI	N or SSN	r SSN				
Taxpayer Certification. I declare under penalty of perjury that the and attachments is true and complete to the best of my knowledge.			this return	Preparer's Name (pri	Preparer's Name (print or type)					
Filer's Signature				Preparer's Signature						
Spous	e's Signature	Date		Preparer's Business Name, Address and Telephone Number						
	By checking this box, I authorize Treasury to disc	uss my return with m	y preparer.							

Refund, credit, or zero returns. Mail your return to:Michigan Department of Treasury, Lansing, MI48956Pay amount on line 34 (see instructions). Mail your check and return to:Michigan Department of Treasury, Lansing, MI48929