

2006 MICHIGAN Individual Income Tax Return MI-1040

Return is due April 17, 2007.

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

| | | | | | |
|-------------------------|---|------|-----------|----------|--|
| PLACE LABEL HERE | ▶ 1. Filer's First Name | M.I. | Last Name | | ▶ 2. Filer's Social Security No. (Example: 123-45-6789) |
| | If a Joint Return, Spouse's First Name | M.I. | Last Name | | |
| | Home Address (No., Street, P.O. Box or Rural Route) | | | | ▶ 3. Spouse's Social Security No. (Example: 123-45-6789) |
| | City or Town | | State | ZIP Code | |

**MILITARY FAMILY RELIEF FUND
CHILDREN'S TRUST FUND
CHILDREN OF VETERANS TUITION GRANT PROGRAM**

You may contribute to the Military Family Relief Fund, Children's Trust Fund and the Children of Veterans Tuition Grant Program on lines 29, 30 and 31 of this form.

▶ **5. STATE CAMPAIGN FUND**

Check this box if you (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.

| | | |
|-----------|--------------------------|--------------------------|
| | Yes | No |
| a. You | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Spouse | <input type="checkbox"/> | <input type="checkbox"/> |

▶ **6. FARMERS, FISHERMEN OR SEAFARERS**

Check this box if 2/3 of your income is from farming, fishing or seafaring.

▶ **7. 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 name below:

▶ **8. RESIDENCY.** Check all that apply.

a. Resident

b. Nonresident*

c. Part-Year Resident*

* If you check box "b" or "c," you must complete and attach Schedule NR.

▶ **9. EXEMPTIONS**

| | | | | | |
|---|-------|-------------------------------------|-----------|--|----|
| a. Number of exemptions you claimed on your 2006 federal return | ▶ 9a. | | x \$3,300 | | 00 |
| b. Number of individuals 65 or older who qualify for a special exemption | ▶ 9b. | | x \$2,100 | | 00 |
| c. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled | ▶ 9c. | | x \$2,100 | | 00 |
| d. Number of children ages 18 and under you claimed as Michigan exemptions | ▶ 9d. | | x \$600 | | 00 |
| e. If your unemployment compensation is 50% or more of your Adjusted Gross Income (amount claimed on line 10) check the box and enter \$2,100 | ▶ 9e. | <input checked="" type="checkbox"/> | \$2,100 | | 00 |
| f. If someone else can claim you as a dependent, check the box, complete Worksheet 2 on p.10, and enter the amount from the worksheet | ▶ 9f. | <input checked="" type="checkbox"/> | | | 00 |
| g. Add lines 9a, 9b, 9c, 9d, 9e, and 9f. Enter here and on line 15 | 9g. | | | | 00 |

| | | | |
|--|-------|--|----|
| ▶ 10. Adjusted gross income from your U.S. 1040, 1040A, 1040EZ or 1040NR (see p. 10) | ▶ 10. | | 00 |
| ▶ 11. Additions from MI-1040 Schedule 1, line 7. Attach Schedule 1 | ▶ 11. | | 00 |
| ▶ 12. Total. Add lines 10 and 11 | 12. | | 00 |
| ▶ 13. Subtractions from MI-1040 Schedule 1, line 20. Attach Schedule 1 | ▶ 13. | | 00 |
| ▶ 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" | 14. | | 00 |
| ▶ 15. Exemption allowance. Enter the amount from line 9g or Schedule NR, line 20 | ▶ 15. | | 00 |
| ▶ 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" | 16. | | 00 |
| ▶ 17. Tax. Multiply line 16 by 3.9% (.039). Enter here and carry amount to line 18 | 17. | | 00 |



DIRECT DEPOSIT
Deposit your refund directly into your bank account! See p. 13 and complete a, b and c.

a. Routing Number ▶

b. Account Type: (1) Checking (2) Savings

c. Account Number ▶

