

MICHIGAN Amended Income Tax Return MI-1040X USE FOR TAX YEAR 2011 AND PRIOR

Issued under authority of Public Act 281 of 1967. Type or print in blue or black ink.

1. ENTER TAX YEAR you are amending (YYYY)				
2. Filer's First Name	M.I.	Last Name	3. Filer's Social Security No. (Example: 123-45-6789)	
			— —	
If a Joint Return, Spouse's First Name	M.I.	Last Name	4. Spouse's Social Security No. (Example: 123-45-6789)	
			— —	
Home Address (Number, Street, P.O. Box)				
City or Town			State	ZIP Code

FILING STATUS

	Single	Married - Filing Jointly	Married - Filing Separately *
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5. On Original Return.....

6. On This Return

* If married, filing separately, enter Spouse's name:

INCOME, ADDITIONS and DEDUCTIONS

		A. On Original Return	B. Net Change	C. Correct Amount
7. Adjusted gross income. Explain changes on line 49	7.			
8. Additions to adjusted gross income	8.			
9. Total income. Add lines 7 and 8	9.			
10. Subtractions from adjusted gross income	10.			
11. Balance. Subtract line 10 from line 9	11.			
12. Multiply number of exemptions by applicable amount (see instructions) ..	12.			
13. Taxable income. Subtract line 12 from line 11	13.			
14. Tax. Multiply line 13 by tax rate (see instructions)	14.			
NONREFUNDABLE CREDITS				
15. City Income Tax Credit	15.			
16. Public Contribution Credit	16.			
17. Community Foundation Credit	17.			
18. Homeless Shelter/Food Bank Credit	18.			
19. Credit for Income Tax Imposed by Government Units Outside Michigan	19.			
20. Historic Preservation Tax Credit (nonrefundable, attach Form 3581).	20.			
21. College Tuition and Fees Credit (if amending, attach Schedule CT) ..	21.			
22. Vehicle Donation Credit (if amending, attach vehicle donation certificate)	22.			
23. Individual or Family Development Account Credit and/or Small Business Investment Tax Credit (attach applicable certificate)	23.			
24. Renewable Energy Surcharge Credit	24.			
25. Total nonrefundable credits. Add lines 15 through 24	25.			
26. Subtract line 25 from line 14. If line 25 is more than line 14, enter "0"	26.			
27. Voluntary Contributions (see instructions)	27.			
28. Use tax due (see instructions)	28.			
29. Add lines 26, 27 and 28	29.			
REFUNDABLE CREDITS AND PAYMENTS				
30. Property Tax Credit (attach MI-1040CR or MI-1040CR-2)	30.			
31. Farmland Preservation Credit (attach MI-1040CR-5)	31.			
32. Qualified Adoption Expenses (if amending, attach Form MI-8839)	32.			
33. Stillbirth Credit (if amending, attach Stillbirth Certificate)	33.			
34. Michigan Earned Income Tax Credit (attach copy of federal return) ..	34.			
35. Energy Efficient Qualified Home Improvement Credit (attach Form 4764)	35.			
36. Historic Preservation Credit (refundable, attach Form 3581)	36.			
37. Michigan tax withheld (if amending, attach Schedule W)	37.			
38. Estimated tax, extension payments and credit forward	38.			
39. Amount paid with original return, plus additional tax paid after filing (do not include interest or penalty) ...	39.			00
40. Total refundable credits and payments. Add lines 30 through 39 of column C	40.			00

Filer's Social Security No.
— —

REFUND or BALANCE DUE

41. Overpayment, if any, on original return (see instructions)	41.		00
42. Subtract line 41 from line 40 (if negative, see instructions.)	42.		00
43. If line 29, column C, is greater than line 42, enter BALANCE DUE Include interest [] and penalty [] (if applicable, see instructions)	43.		00
44. If line 29, column C, is less than line 42, enter REFUND to be received	44.		00

RESIDENCY STATUS

Resident Nonresident Part-Year Resident *

*Enter dates of Michigan residency only for tax year being amended.
Enter dates as MM-DD-YYYY (Example: 04-15-2011)

45. On Original Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FROM	[] []	TO	[] []
46. On This Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FROM	[] []	TO	[] []

EXEMPTIONS

47. Complete only if changing the number of exemptions. Enter a number for all that apply in the appropriate box (see instructions).
Enter the number of exemptions claimed: A. On Your **Original Return** B. On **This Return**

a. Number of federal exemptions	a.	[ ]	.....	a.	[]
b. Number of children 18 and under	b.	[ ]	.....	b.	[]
c. Number of qualified disabled veterans	c.	[ ]	.....	c.	[]
SPECIAL EXEMPTIONS					
d. Age 65 or older	d.	[ ]	.....	d.	[]
e. Deaf, blind or disabled *	e.	[ ]	.....	e.	[]
f. TOTAL. Enter total of (d) and (e)	f.	[ ]	.....	f.	[]

g. Check the box if unemployment compensation was 50% or more of AGI

g.

*Applies to people who are hemiplegic, paraplegic, quadriplegic or classified as totally and permanently disabled under Social Security guidelines.

48. List all your dependents and answer all questions for each dependent (E-H answer "Yes" or "No"). Attach separate sheet if necessary.

A	B	C	D	E	F	G	H
Name	Social Security Number	Relationship	Age	Did the dependent file a federal return and claim exemption for self?	Did you provide more than half the dependent's support?	Did the dependent live with you more than 6 months during the year?	Was this dependent claimed on your original return?

EXPLANATION OF CHANGES

49. Explain change in number of dependents and changes to income, deductions and credits. Show computations in detail and attach applicable schedules and supporting documentation if necessary.

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 Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
Filer's Signature	Date	Preparer's PTIN, FEIN or SSN	
Spouse's Signature	Date	Preparer's Business Name (print or type)	
<input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		Preparer's Business Address (print or type)	

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

Pay amount on line 43. Mail your check and return to **Michigan Department of Treasury, Lansing, MI 48929**

Make your check payable to "State of Michigan." Print your Social Security number, the tax year you are amending, and "MI-1040X" on the front of your check. If paying on behalf of another taxpayer, write the taxpayer's name and Social Security number on the check. Do not staple your check to the return. Keep a copy of your return and all supporting schedules for six years from the date filed or the due date, whichever is later.