

2020 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2021. 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)
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.			6. FARMERS, FISHERMEN, OR SEAFARERS <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			
7. 2020 FILING STATUS. Check one.			8. 2020 RESIDENCY STATUS. Check all that apply.
a. <input type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately*			a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident *
* If you check box "c," complete line 3 and enter spouse's full name below: <input style="width:200px; height:20px;" type="text"/>			* 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.	0	x	\$4,750	9a.	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.	0	x	\$2,800	9b.	00
c. Number of qualified disabled veterans.....	9c.	0	x	\$400	9c.	00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.	0	x	\$4,750	9d.	00
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>			9e.	00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.	0			9f.	00
10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions).....	10.	00				00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.	00				00
12. Total. Add lines 10 and 11.....	12.	00				00
13. Subtractions from Schedule 1, line 29. Include Schedule 1	13.	00				00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.	00				00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.	00				00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.	00				00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.	00				00

NON-REFUNDABLE CREDITS

		AMOUNT			CREDIT	
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	00			18b.	00
19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....	19a.	00			19b.	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.	00			20.	00

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 6. Include Form 4642	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.		00
24. Total Tax Liability. Add lines 21, 22 and 23	24.		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
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.	27a.	FEDERAL	MICHIGAN
		27a.	27b.
		00	00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	29.		00
30. Estimated tax, extension payments and 2019 credit forward	30.		00
31. 2020 AMENDED RETURNS ONLY. Taxpayers completing an original 2020 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) .			
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.			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.		
Include interest <input style="width: 50px;" type="text"/> 00 and penalty <input style="width: 50px;" type="text"/> 00		YOU OWE	
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32	34.		00
35. Credit Forward. Amount of line 34 to be credited to your 2021 estimated tax for your 2021 tax return ...	35.		00
36. Subtract line 35 from line 34	36.	REFUND	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. <input type="checkbox"/> Checking 2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2019, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2020 (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 Signature

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**