Amended Return

2017 MICHIGAN Individual Income Tax Return MI-1040

	rn is due April 17, 2018. or print in blue or black ink. Pi	rint nu	mhare lika this: 0/	224	5 2 7 8 9	7 NOT III	o this: (X 1	1. F	(Inclu	ude Schedule AMD)	_
	's First Name	M.I.	Last Name	257	30/0	7 - NOT IIK				curity	No. (Example: 123-45-6789	9)
MAN			BATHINI				İ			-		,,
If a Joi	nt Return, Spouse's First Name	M.I.	Last Name							53		
Home	Address (Number, Street, or P.O. Box)	<u> </u>					3. Spo	ouse's	Full Social S	Secur	rity No. (Example: 123-45-6	789)
	84 GATEWAY DR SO		, APT. 107									
City or			State		Code		4. Sch			(5 dig	its – see page 60)	
	RMINGTON		MI	4	48334				3200			
fi te	CHATE CAMPAIGN FUND Check if you (and/or your spouse, ling a joint return) want \$3 of you to go to this fund. This will not incr our tax or reduce your refund.	r taxes	a. Filer b. Spouse	;				s box	if 2/3 of ye		AFARERS ncome is from farming,	
	017 FILING STATUS. Check one					37			STATUS.	Chec	k all that apply.	
a. [X Single		ou check box "c," com B and enter spouse's fu		20	a. X	Residen	t			* If you check box "b" or	
b. [Married filing jointly	belov	•	ווגוווגו	iic	b.	Nonresio	dent *			"c," you must complete	
-	-										and include Schedule NR.	
c.	Married filing separately*					c	Part-Yea	ır Res	ident *			
9. E	EXEMPTIONS. NOTE: If some	ne els	e can claim you as a c	depend	dent, che	ck box 9d, e	enter 0 or	line 9	a and ent	ter \$	1,500 on line 9d (see ins	str.).
			,	•								
	a. Number of exemptions claime						1	- x	\$4,000	9a.	4000	00
	 Number of individuals who quablind, hemiplegic, paraplegic, 							×	\$2,600	9b.		00
	 Number of qualified disabled \(\) 							┤ ^	\$400	9c.		00
								_		Ī		
(d. Claimed as dependent, see lir	ne 9 No	OTE above			9d.	Ш			9d.		00
(e. Add lines 9a, 9b, 9c and 9d. I	Enter h	ere and on line 15						-	9e.	4000	00
10.	Adjusted Gross Income from yo	our U.S	6. Forms 1040. 1040A.	1040	<i>EZ</i> or 10	40NR (see i	nstructio	ns)	. 10.		19934	00
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , ,			(-,				
11.	Additions from Schedule 1, line 9	. Inclu	de Schedule 1						. 11.			00
12.	Total. Add lines 10 and 11								. 12.		19934	00
13.	Subtractions from Schedule 1, lin	ie 27.	Include Schedule 1						. 13.			00
14.	Income subject to tax. Subtract	line 1:	3 from line 12 If line 1	3 is ar	reater tha	an line 12 e	nter "0"		. 14.		19934	00
	moomo oubject to take oublides		7 110111 11110 12. 11 11110 1	o 10 gi	iodior in				` '" 		4000	
15.	Exemption allowance. Enter an	nount f	om line 9e or Schedu	le NR,	line 19				. 15.		4000	00
16.	Taxable income. Subtract line 19	5 from	line 14. If line 15 is gr	eater	than line	14, enter "0	"		. 16.		15934	00
17	Tax. Multiply line 16 by 4.25% (0	0425)							. 17.		677	00
	REFUNDABLE CREDITS	.)				AMOUN					CREDIT	
	Income Tax Imposed by governm Include a copy of the return (see			18a.				00	18b.			00
	Michigan Historic Preservation Ta Small Business Investment Tax C			19a.				00	19b.			00
	Income Tax. Subtract the sum of If the sum of lines 18b and 19b is								. 20.		677	00

2017 M	I-1040, Page 2 of 2	File	er's Full Social S	ecurity Numbe	r 0	23 -	 _ 5	3 6049	
21.	Enter amount of Income Tax from lir	ne 20					21.	67	77 00
22.	Voluntary Contributions from Form 4	4642, line 7. Include	e Form 4642				22.		00
23.	USE TAX. Use tax due on Internet, Worksheet 1 (see instructions)		•				23.		0 00
24	Total Tax Liability. Add lines 21, 22	2 and 22				24		67	77 00
	INDABLE CREDITS AND PAYM					24.∟			100
25.	Property Tax Credit. Include MI-10	040CR or MI-1040C	CR-2				25.		00
26.	Farmland Preservation Tax Credit	t. Include MI-1040C	CR-5		DERAL		26.	MICHIGAN	00
27.	Earned Income Tax Credit. Multiply enter result on line 27b	, ,	′			00	27b.	inioriioai	00
28.	Michigan Historic Preservation Tax	Credit (refundable).	Include Form	3581			28.		00
29.	Michigan tax withheld from Schedule	e W, line 7. Include	Schedule W ((do not subr	mit W-2s)		29.	84	6 00
30.	Estimated tax, extension payments	and 2016 credit forv	ward				30.		00
31.	• • • • • •	. Taxpayers completi	ing an original						
	31a. If you had a refund and/or on negative number on line 31	credit forward on the or	riginal return, che	eck box 31a an	d enter this am	ount as a			
	31b. If you paid with the original any additional tax paid afte						31c.		00
32.	Total refundable credits and paymer	nts. Add lines 25, 26	6, 27b, 28, 29, 3	30 and 31c		32.		84	16 ₀₀
_	IND OR TAX DUE					_			
33.	If line 32 is less than line 24, subtract	ct line 32 from line 2	24. If applicable	e, see instruc	tions.				
	Include interest 00 a	and penalty	00		YOU OWE	33.			00
34.	Overpayment. If line 32 is greater to	han line 24, subtrac	t line 24 from li	ine 32		34.		16	9 00
35.	Credit Forward. Amount of line 34 to	to be credited to yoι	ur 2018 estima	ted tax for yo	our 2018 tax re	eturn	35.		00
36	Subtract line 35 from line 34				REFUND	36.		16	59 00
DIRE	CT DEPOSIT	a. Routing Trans			Account Numb	er		c. Type of Account	•
	it your refund directly to your financial ion! See instructions and complete a, b	072000805 37501484		4845070		1. X	Checking 2. Sa	avings	
	ased Taxpayer. If Filer and/or Spous R DATE OF DEATH ONLY. Example:			dates below.				eclare under penalty of perju on of which I have any know	
Filer		Spouse		-	Preparer's PTI P02090		r SSN		
	ayer Certification. I declare under parameters is true and complete to the best		the information in	n this return	Preparer's Nar APPANA			KATA SATYA S	SAI
Filer's	Signature		Date		Preparer's Bus			ss and Telephone Number	
Spous	e's Signature		Date						
					2530 P				
	By checking this box, I authorize Tre	asury to discuss my	y return with m	y preparer.	646-72			:1	

Refund, credit, or zero returns. Mail your return to:

 ${\bf Michigan\ Department\ of\ Treasury,\ Lansing,\ MI\ 48956}$

Pay amount on line 33 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

2017 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0/23456789 - NOT like this: \emptyset 1 \circlearrowleft 7

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2017, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040 where applicable. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
MANOJ		BATHINI	023 — 53 — 6049
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

	4	В	С	D	П	E	
Enter ' Filer or	"X" for: Spouse	Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		38-1308480	WALSH COLLEGE	3281	00	139	00
X		38-2734984	FLAGSTAR BANK FS	10173	00	432	00
Х		59-3455070	STRATEGIC STAFFI	6480	00	275	00
					00		00
				(00		00
				(00		00
Enter	Table	e 1 Subtotal from additional Sche	dule W forms (if applicable)]		00
4.	SUB	TOTAL. Enter total of Table 1, c	olumn E		4.	846	00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS REPORTED ON 1099 FORMS

Α	В	С	D	E
Enter "X" for: iler or Spouse		Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld
			00	0
			00	0
			00	0
			00	
			00	c
			00	o
inter Table	2 Subtotal from additional Sched	ule W forms (if applicable)		0
5 SUB	TOTAL . Enter total of Table 2 co	lumn F	5	0