

# 2018 MICHIGAN Individual Income Tax Return MI-1040

Amended Return   
(Include Schedule AMD)

Return is due April 15, 2019.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

1. Filer's First Name <b>HIMA SAI RAM</b>	M.I.	Last Name <b>BORRA</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>170 — 47 — 2801</b>
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>— —</b>
Home Address (Number, Street, or P.O. Box) <b>100 RIVERFRONT DR, APT. 1505</b>			4. School District Code (5 digits – see page 60) <b>82010</b>
City or Town <b>DETROIT</b>	State <b>MI</b>	ZIP Code <b>48226</b>	

<p><b>5. STATE CAMPAIGN FUND</b> 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.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p>	<p><b>6. FARMERS, FISHERMEN, OR SEAFARERS</b> <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p>
<p><b>7. 2018 FILING STATUS.</b> Check one.</p> <p>a. <input checked="" type="checkbox"/> Single * If you check box "c," complete line 3 and enter spouse's full name below:</p> <p>b. <input type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately* <input style="width:150px; height:20px;" type="text"/></p>	<p><b>8. 2018 RESIDENCY STATUS.</b> Check all that apply.</p> <p>a. <input checked="" type="checkbox"/> Resident * If you check box "b" or "c," you must complete and include Schedule NR.</p> <p>b. <input type="checkbox"/> Nonresident *</p> <p>c. <input type="checkbox"/> Part-Year Resident *</p>

**9. EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,500 on line 9d (see instr.).

a. Number of exemptions (see instructions).....	9a.	<input style="width:30px; text-align:center;" type="text" value="1"/>	x	\$4,050	9a.	4050	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.	<input style="width:30px;" type="text"/>	x	\$2,700	9b.		00
c. Number of qualified disabled veterans.....	9c.	<input style="width:30px;" type="text"/>	x	\$400	9c.		00
d. Claimed as dependent, see line 9 NOTE above.....	9d.	<input type="checkbox"/>			9d.		00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15.....	9e.				9e.	4050	00
<b>10. Adjusted Gross Income</b> from your U.S. Forms 1040 or 1040NR (see instructions).....	10.					48328	00
<b>11. Additions from Schedule 1, line 9. Include Schedule 1</b> .....	11.						00
<b>12. Total.</b> Add lines 10 and 11.....	12.					48328	00
<b>13. Subtractions from Schedule 1, line 27. Include Schedule 1</b> .....	13.						00
<b>14. Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.					48328	00
<b>15. Exemption allowance.</b> Enter amount from line 9e or Schedule NR, line 19.....	15.					4050	00
<b>16. Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.					44278	00
<b>17. Tax.</b> Multiply line 16 by 4.25% (0.0425).....	17.					1882	00

**NON-REFUNDABLE CREDITS**

		AMOUNT		CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	<input style="width:100px;" type="text"/>		18b. <input style="width:100px;" type="text"/>
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a.	<input style="width:100px;" type="text"/>		19b. <input style="width:100px;" type="text"/>
<b>20. Income Tax.</b> 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.			1882 00

Filer's Full Social Security Number

170 — 47 — 2801

21. Enter amount of Income Tax from line 20.....	21.	1882	00
22. Voluntary Contributions from Form 4642, line 10. <b>Include Form 4642</b> .....	22.		00
23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. <b>Total Tax Liability.</b> Add lines 21, 22 and 23.....	24.	1882	00

**REFUNDABLE CREDITS AND PAYMENTS**

25. <b>Property Tax Credit. Include MI-1040CR or MI-1040CR-2</b> .....	25.		00
26. <b>Farmland Preservation Tax Credit. Include MI-1040CR-5</b> .....	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.....	27a.		00
	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....	28.		00
29. Michigan tax withheld from Schedule W, line 6. <b>Include Schedule W (do not submit W-2s)</b> .....	29.	2054	00
30. Estimated tax, extension payments and 2017 credit forward.....	30.		00
31. <b>2018 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2018 return should skip to line 32. Amended returns must <b>include Schedule AMD (see instructions)</b> .			
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.	2054	00

**REFUND OR TAX DUE**

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .....	33.		00
34. <b>Overpayment.</b> If line 32 is greater than line 24, subtract line 24 from line 32.....	34.	172	00
35. <b>Credit Forward.</b> Amount of line 34 to be credited to your 2019 estimated tax for your 2019 tax return ...	35.		00
36. Subtract line 35 from line 34.....	36.	172	00

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

<b>a. Routing Transit Number</b>	<b>b. Account Number</b>	<b>c. Type of Account</b>	
111000614	916692689	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2017, enter dates below.  
**ENTER DATE OF DEATH ONLY.** Example: 04-15-2018 (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  
P02090332

**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's Name (print or type)

Filer's Signature

Preparer's Business Name, Address and Telephone Number  
GLOBAL TAXES LLC

Spouse's Signature

2530 PEBBLE CREEK LN  
CUMMING GA 30041

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**

**2018 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: 0123456789 - NOT like this: 0 1 4 7

**Attachment 13**

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2018, 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 <b>HIMA SAI RAM</b>	M.I.	Last Name <b>BORRA</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>170 — 47 — 2801</b>
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>— —</b>

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

A		B	C	D		E		
Enter "X" for: Filer or 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		47-3751582	NEXSYS TECHNOLOG	46654	00	1983	00	
X		38-3355344	AMROCK INC	1674	00	71	00	
					00		00	
					00		00	
					00		00	
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....								00
<b>4. SUBTOTAL.</b> Enter total of Table 1, column E. ....							<b>4.</b>	2054 00

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

A		B	C	D		E		
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)		Michigan income tax withheld		
					00		00	
					00		00	
					00		00	
					00		00	
					00		00	
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....								00
<b>5. SUBTOTAL.</b> Enter total of Table 2, column E. ....							<b>5.</b>	00
<b>6. TOTAL.</b> Add lines 4 and 5. Enter here and carry to MI-1040, line 29.....							<b>6.</b>	2054 00

# 2018 City of Detroit Resident Income Tax Return

Issued under authority of Public Act 284 of 1964, as amended.

Check here if you are amending. Indicate reason on page 2.

**Return is due April 15, 2019.**

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

1. Filer's First Name <b>HIMA SAI RAM</b>		M.I.	Last Name <b>BORRA</b>		2. Filer's Full Social Security No. (Example: 123-45-6789) <b>170 — 47 — 2801</b>	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>— —</b>	
Home Address (Number, Street, or P.O. Box) <b>100 RIVERFRONT DR, APT. 1505</b>						
City or Town <b>DETROIT</b>			State <b>MI</b>	ZIP Code <b>48226</b>	4. CITY RESIDENT. Return for the city of: <b>DETROIT</b>	City Code <b>170</b>
5. <b>2018 FILING STATUS.</b> Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 100px;"></div> <small>* If you check box "c," complete line 3 and enter spouse's full name below:</small>				8. <b>EXEMPTIONS. 8a-8c apply to you and your spouse only.</b>		
6. <b>2018 DEPENDENT STATUS</b> <input type="checkbox"/> Check the box if you or your spouse can be claimed as a dependent on another person's tax return.				Personal Exemption ..... a. <b>1</b>		
7a. Filer's date of birth (MM-DD-YYYY) <b>08 — 23 — 1995</b>		7b. Spouse's date of birth (MM-DD-YYYY) <b>— —</b>		65 and over..... b.		
				Deaf, Disabled or Blind..... c.		
				Number of dependent children ..... d.		
				Number of other dependents..... e.		
				<b>TOTAL EXEMPTIONS.</b> Add lines 8a through 8e. .... f. <b>1</b>		

## PART 1: INCOME

9. <b>Adjusted Gross Income</b> from your U.S. Forms 1040 or 1040NR .....	9.	48328	00
10. Additions from line 29 .....	10.		00
11. <b>Total.</b> Add lines 9 and 10.....	11.	48328	00
12. Subtractions from line 37.....	12.		00
13. <b>Income subject to tax.</b> Subtract line 12 from line 11. If line 12 is greater than line 11, enter "0".....	13.	48328	00
14. <b>Exemption allowance.</b> Multiply line 8f by \$600 .....	14.	600	00
15. <b>Taxable income.</b> Subtract line 14 from line 13. If line 14 is greater than line 13, enter "0" .....	15.	47728	00
16. <b>Tax.</b> Multiply line 15 by 2.4% (0.024) .....	16.	1145	00

## PART 2: CREDITS AND PAYMENTS

17. Tax withheld from City Schedule W, line 5.....	17.	928	00
18. City estimated tax, extension payments and 2017 credit forward .....	18.		00
19. Tax paid for you by a partnership from City Schedule W, line 6. ....	19.		00
20. Credit for income taxes paid to another city. City of: .....	20.		00
21. <b>Total Credits and Payments.</b> Add lines 17 through 20. ....	21.	928	00

## PART 3: REFUND OR TAX DUE

22a. <b>Tax Due.</b> If line 16 is greater than line 21, subtract line 21 from line 16 .....	22a.	217	00
22b. Interest if applicable (see instructions) .....	22b.		00
22c. Penalty if applicable (see instructions) .....	22c.		00
22d. Underpaid estimate penalty and interest (see instructions).....	22d.		00
22e. <b>Balance Due.</b> Add lines 22a through 22d..... <b>YOU OWE</b>	22e.	217	00

23. <b>Overpayment.</b> If line 21 is greater than line 16, subtract line 16 from line 21. ....	23.		00
24. <b>Credit Forward.</b> Amount of line 23 to be credited to your 2019 estimated tax for your 2019 tax return ....	24.		00
25. <b>Refund.</b> Subtract line 24 from line 23. ....	25.	<b>REFUND</b>	00

**PART 4: ADDITIONS TO INCOME (All entries must be positive numbers.)**

26. Deductible part of self-employment tax. ....	26.		00
27. Self-employment health insurance deduction.....	27.		00
28. Other additions. Describe: _____	28.		00
29. <b>Total Additions.</b> Add lines 26 through 28. Enter here and on line 10. ....	29.		00

**PART 5: SUBTRACTIONS FROM INCOME (Included in AGI on line 9. All entries must be positive numbers.)**

30. IRA, pension, annuity or other retirement benefit distribution.....	30.		00
31. Taxable Social Security benefits.....	31.		00
32. Interest on U.S. government obligations and gains on the sale of U.S. obligations (see instructions). ....	32.		00
33. State and local income tax refunds. ....	33.		00
34. Unemployment compensation. ....	34.		00
35. Renaissance Zone deduction. ....	35.		00
36. Other subtractions. Describe: _____	36.		00
37. <b>Total Subtractions.</b> Add lines 30 through 36. Enter here and on line 12. ....	37.		00

**PART 6: AMENDED RETURN**

38. Reason for amending:

**PART 7: CERTIFICATION**

<b>Deceased Taxpayer.</b> If Filer and/or Spouse died after December 31, 2017, enter dates below. <b>ENTER DATE OF DEATH ONLY.</b> Example: 04-15-2018 (MM-DD-YYYY)		<b>Preparer Certification.</b> I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
Filer	— —	Spouse	— —
		Preparer's PTIN, FEIN or SSN P02090332	
<b>Taxpayer Certification.</b> 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's Name (print or type)	
Filer's Signature	Date	Preparer's Business Name, Address and Telephone Number	
Spouse's Signature	Date	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041	
<input type="checkbox"/> By checking this box, I authorize the Michigan Department of Treasury to discuss my return with my preparer.			

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

**Pay amount on line 22e.** Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

Make your check payable to "State of Michigan - Detroit." Print the last four digits of your Social Security number and "2018 Detroit Income Tax" on the front of your check. If paying on behalf of another taxpayer, write the filer's name and the last four digits of the filer's Social Security number on the check. Do not staple your check to the return. Keep a copy of your return and supporting schedules for six years. To check your refund status, have a copy of your Form 5118 available when you visit [www.michigan.gov/citytax](http://www.michigan.gov/citytax).

**City of Detroit Withholding Tax Schedule - 2018**

Issued under authority of Public Act 284 of 1964, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

**INSTRUCTIONS:** If you had city income tax withheld in 2018, you **must complete** a Withholding Tax Schedule (City Schedule W) to claim the withholding on your City Income Tax Return. **Do not attach your W-2s.** Include your completed City Schedule W with Form 5118, Form 5119, or Form 5120. If you need additional space, complete the *City of Detroit Withholding Tax Continuation Schedule* (Form 5253).

1. Filer's First Name <b>HIMA SAI RAM</b>	M.I.	Last Name <b>BORRA</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>170 — 47 — 2801</b>
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>— —</b>
4. Return for the city of: <b>DETROIT</b>			City Code <b>170</b>

**PART 1: CITY TAX WITHHELD**

<b>A</b> Enter "X" for: Filer or Spouse	<b>B</b> — Employer's federal identification number (Example: 38-1234567)	<b>C</b> Employer's name	<b>D</b> — Wages, tips and other compensation from Box 1 of W-2 (see instructions)	<b>E</b> City income tax withheld from Box 19 of W-2
X	47-3751582	NEXSYS TECHNOLOGIE	46654 00	908 00
X	38-3355344	AMROCK INC	1674 00	20 00
			00	00
			00	00
			00	00
			00	00
			00	00
			00	00
			00	00
<b>5. Total City Tax Withheld.</b> Enter here and carry to Form 5118, line 17, Form 5119, line 20 or Form 5120, line 36.				928 00

**PART 2: CITY TAX PAID FOR YOU BY A PARTNERSHIP**

<b>A</b> Name of Partnership	<b>B</b> Federal Identification Number	<b>C</b> Tax Paid
		00
		00
		00
<b>6. Total.</b> Enter here and carry to Form 5118, line 19, Form 5119, line 22 or Form 5120, line 38. ....		00

Check this box and complete the *City of Detroit Withholding Tax Continuation Schedule* (Form 5253) if you have more than eight W-2s to report or had tax paid on your behalf by more than three partnerships.

**NOTE:**

- All wage income earned by residents is subject to tax. Residents **should not** complete Part 3 on page 2.
- Nonresidents who performed work both within and outside the city listed on line 4 should complete Part 3 on page 2.

## NONRESIDENTS ONLY

### PART 3: WAGE ALLOCATION FOR NONRESIDENTS

Part 3 applies only to Nonresidents computing wages earned in Detroit. Do not complete Part 3 if all of your work is performed in Detroit because all wages are subject to tax. See instructions for additional information and definition of "days worked".

Residents **do not** complete Part 3 because all wages are subject to tax.

A separate computation must be made for each W-2. If both filer and spouse have income subject to allocation, figure them separately. Include only wages allocated to Detroit in column H below on Form 5119, line 9 or Form 5120, line 10, column B. If you need additional space, include a *City of Detroit Withholding Tax Continuation Schedule* (Form 5253).

A	B	C	D	E	F	G	H
Enter "X" for: Filer or Spouse	Number of days paid (5 day week x 52 weeks = 260 days)	Number of vacation days, holidays, and other days not worked.	Actual number of days worked everywhere. <b>Subtract C from B.</b>	Actual number of days worked in Detroit	Percentage of days worked in Detroit. <b>Divide E by D.</b>	Total wages shown on W-2 (City Schedule W) (see instructions)	Wages earned in Detroit. <b>Multiply G by percentage in F.</b>
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						

**NOTE:** If your City of Detroit allocation is less than 100 percent, please obtain a letter from your employer to verify columns B through E of Form 5121 and retain your work log. Treasury may request a copy of your work log and employer letter.



# Instructions for Form 5122 - CITY-V

## CITY Income Tax e-file Payment Voucher - 2018

**Mail this form with payments for e-filed City of Detroit returns only. Do not file with your paper return.**

### Important Information

Mail Form 5122, *CITY Income Tax e-file Payment Voucher (CITY-V)* with your payment after you e-file your City of Detroit Income Tax return.

**Do not use this voucher to make any other payments to the Michigan Department of Treasury.**

If you do not owe any tax on your e-filed City of Detroit Income Tax return, do not file this form.

Enter on Form 5122 - CITY-V below the balance due as shown on your:

- Form 5118, *City of Detroit Resident Income Tax Return*, line 22e,
- Form 5119, *City of Detroit Nonresident Income Tax Return*, line 24e, **or**
- Form 5120, *City of Detroit Part-Year Resident Income Tax Return*, line 41e.

Your payment and Form 5122 - CITY-V are **due April 15, 2019**. If you pay late, you must add penalty and interest to the amount due.

Penalty accrues monthly at one percent of the tax due, and increases by an additional one percent per month, or fraction thereof (e.g., penalty on a \$500 tax due will be \$30 if the tax is unpaid for six months).

The interest rate is 1 percent above the adjusted prime rate and is adjusted on January 1 and July 1 of each year. Interest is charged from the original due date of the return to the date the balance of the tax is paid. The interest rate through June 30, 2019 is **X.XX** percent annually (.XXXXXXX daily rate). For interest rates after June 30, 2019 visit [www.michigan.gov/citytax](http://www.michigan.gov/citytax) or call 517-636-5829.

If you do not include penalty and interest with your payment when required, Treasury will send you a bill for the additional amount due.

### Mailing Instructions

- Make your check payable to the “**State of Michigan - Detroit**”. Print “**2018 CITY-V**” and the **last four digits of your Social Security number** on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s Social Security number on the check. For accurate processing of your payment, do not combine this payment with any other payments.
- Detach Form 5122 - CITY-V along the dotted line.
- Do not attach your payment to Form 5122 - CITY-V. Place both items separately in the envelope and mail to:

**Michigan Department of Treasury  
P.O. Box 30738  
Lansing, MI 48909**

- Do not attach a copy of your return or payment to Form 5122 - CITY-V. Attaching either item will delay the application of payment to your account.
- Do not write notes on Form 5122 - CITY-V or submit the voucher without payment.

If you have questions, you may call the Michigan Department of Treasury’s City Income Tax Section at 517-636-5829. Assistance is also available using TTY through the Michigan Relay Service by calling 711.

Visit [www.michigan.gov/citytax](http://www.michigan.gov/citytax) for additional information.

**Mail this form with payment for your e-filed city return. Do not file with your paper return.**

*Detach here and mail with your payment. Do not fold or staple the voucher.*

Michigan Department of Treasury - City Tax Administration  
5122 (Rev. 06-18)

## CITY Income Tax e-file Payment Voucher - 2018

## CITY-V

Issued under authority of Public Act 284 of 1964, as amended. See instructions for filing guidelines.

Mail Form 5122 - CITY-V with your payment after you e-file your City Income Tax return.

**Do not use this form to make any other payments to the State of Michigan.**

Filer's Name(s) (First Name, Middle Initial, Last Name) <b>HIMA SAI RAM BORRA</b>	Filer's Full Social Security Number <b>170-47-2801</b>	Spouse's Full Social Security Number
Address (Street, City, State, ZIP Code) <b>100 RIVERFRONT DR APT 1505 DETROIT MI 48226</b>	Payment for the City of: <b>DETROIT</b>	City Code <b>170</b>
	<b>WRITE PAYMENT AMOUNT HERE</b>	\$ <b>217</b>

Make check payable to “**State of Michigan - Detroit**.” Write the last four digits of filer’s **Social Security number** and “**2018 City-V**” on the check. Do not fold or staple. **Mail to: Michigan Department of Treasury, P.O. Box 30738, Lansing, MI 48909.**



# Michigan Information Worksheet

**2018**

▶ Keep for your records

## Part I – Personal Information

**Taxpayer:**

Last Name . . . . . BORRA  
 First Name . . . . . HIMA SAI RAM  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . 170-47-2801  
 Date of Birth . . . . . 08/23/1995 (mm/dd/yyyy)  
 Age as of 12/31/2018 23  
 Date of death . . . . . \_\_\_\_\_  
 Occupation . . . . . SOFTWARE DEVELOPER  
 Work Phone . . . . . \_\_\_\_\_  
 Home Phone . . . . . \_\_\_\_\_

**Spouse:**

Last Name . . . . . \_\_\_\_\_  
 First Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Age as of 12/31/2018 \_\_\_\_\_  
 Date of death . . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Work Phone . . . . . \_\_\_\_\_

Print phone number on city returns  Home  TP work  Spouse work

c/o Name . . . . . \_\_\_\_\_  
 Address . . . . . 100 RIVERFRONT DR Apt No. 1505  
 City . . . . . DETROIT State . . MI ZIP Code . . . . . 48226  
 Foreign province/country \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Foreign country . . . . . \_\_\_\_\_  
 School District Code . . . . . ▶ 82010

## Part II – Main Form

<b>Taxpayer</b>	<b>Spouse</b> (if different)	Form MI-1040: Full-Year Resident . . . . . ▶ _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form MI-1040: Nonresident . . . . . ▶ _____
<input type="checkbox"/>	<input type="checkbox"/>	Form MI-1040: Part-Year Resident . . . . . ▶ _____

Enter Nonresident and Part-Year Resident allocations on Schedule NR. . . . . ▶ \_\_\_\_\_

Taxpayer residency dates . . . . . From \_\_\_\_\_ To \_\_\_\_\_

Spouse residency dates . . . . . From \_\_\_\_\_ To \_\_\_\_\_

**City Resident Status** (complete if filing a city income tax return):

<b>Detroit</b>	Full-year resident	Nonresident	Part-year resident
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____
Spouse's residency if different	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____

**Other cities:**

Caution: ProSeries does not support filing of city returns for Hudson or Port Huron (see tax help)

**Important:** Complete the table below to indicate the residency status and activate the income tax return(s) for any of the following cities: (The program will prepare **Form(s) CF-1040** for you)

- Albion      • Battle Creek      • Benton Harbor      • Big Rapids      • Flint      • Grand Rapids
- Grayling      • Hamtramck      • Highland Park      • Ionia      • Jackson      • Lansing
- Lapeer      • Muskegon      • Muskegon Heights      • Pontiac      • Portland      • Port Huron
- Saginaw      • Springfield      • Walker

City name	Residency Status				Part-year residents only:		
	Full year	Non res	Part-year	Do Not File	Taxpayer's Former address	Dates of residency	
					Spouse's Former address	From	To
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Part III – Filing Status

- Single
- Married, filing jointly
- Married, filing separately

Part IV – Dependent Information

Full Name	Relationship	Age	Disabled Veteran	Special exemption code	Filing a 2018 Michigan tax return
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

Part V – Homeowner/Renter Information

Taxpayer's status:

- Homeowner who paid property tax
- Renter (including alternate housing facilities)
- Mobile home park resident

QuickZoom to Property Tax Information Worksheet . . . . . ▶ \_\_\_\_\_

Part VI – Electronic Filing Information

- File state return electronically

Electronic PDF Attachments

PDF's that you have selected to attach to state e-file return are listed below.

Description	Filename

Fed/State (F/S) Return:

- Yes No
- Use Federal Signature (PIN) in place of MI-8453 (See Help)

State-Only (SO) Return:

- Yes No
- Use Electronic Signature Alternative, (ESA) (Shared Secrets) in place of MI-8453 (See Help)

Michigan EF Signature:

TP's Prior Year Adjusted Gross Income or Household Income (See Help) . . . . . 0.

TP's Prior Year Refund or Tax Due Amount (See Help) . . . . . 0.

Spouse's Prior Year Adjusted Gross Income or Household Income (See Help) . . . . . \_\_\_\_\_

Spouse's Prior Year Refund or Tax Due Amount (See Help) . . . . . \_\_\_\_\_

Detroit EF Signature:

TP's Prior Year Adjusted Gross Income (See Help) . . . . . 0.

TP's Prior Year Refund or Tax Due Amount (See Help) . . . . . 0.

Spouse's Prior Year Adjusted Gross Income (See Help) . . . . . \_\_\_\_\_

Spouse's Prior Year Refund or Tax Due Amount (See Help) . . . . . \_\_\_\_\_

EF Status Dates:

Date return was EFiled . . . . . 02/28/2019

Date return was accepted by state . . . . . \_\_\_\_\_

Date Form MI-1040-V was given to client. . . . . \_\_\_\_\_

QuickZoom to Form MI-8453 Additional Information Smart Worksheet . . . . . ▶ \_\_\_\_\_

Electronic Filing of Amended Return:

- The amended return will be filed electronically
- Date amended return was EFiled . . . . . \_\_\_\_\_
- Date amended return was accepted by the state. . . . . \_\_\_\_\_

Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information

Note: Direct Deposit or Direct Debit is only available on an original return and may not be used to issue a refund or a payment on an amended return.

State Information:

- Yes No
- Use direct deposit for any state tax refund
  - Use Electronic Funds Withdrawal for state tax payment (Electronic Filing Only)?

State balance-due amount from this return . . . . . \_\_\_\_\_

Enter the payment date to withdraw from the account below . . . . . \_\_\_\_\_

City Information:

- Use direct deposit for any city tax refund (see help)
- Use electronic funds withdrawal for any city tax due (see help)

Enter the payment date to withdraw from the account below . . . . . \_\_\_\_\_

Bank Information (State and City):

For any of the above options, fill out information below:

For direct deposit or electronic funds withdrawal, fill out information below:

Name of financial institution . . . CHASE BANK  
Account type . . . Checking  Savings   
Routing number . . . . . 111000614  
Account number . . . . . 916692689

**International ACH Transactions**

**Yes No**  
  Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part VIII – Additional Return Information**

**Exemptions:**

<b>Taxpayer</b>	<b>Spouse</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Blind
<input type="checkbox"/>	<input type="checkbox"/>	Deaf
<input type="checkbox"/>	<input type="checkbox"/>	Paraplegic/Hemiplegic/Quadriplegic
<input type="checkbox"/>	<input type="checkbox"/>	Totally and Permanently Disabled
<input type="checkbox"/>	<input type="checkbox"/>	Disabled Veteran
<input type="checkbox"/>	<input type="checkbox"/>	Can be claimed as a dependent on someone else's return

**Person Filing on Behalf of Deceased:**

Use federal Form 1310 in place of Form MI-1310  
 Personal Representative  
 Claimant  
First Name . . . \_\_\_\_\_ Middle Initial . . . \_\_\_\_\_ Last Name . . . \_\_\_\_\_  
Address . . . . . \_\_\_\_\_  
City . . . . . \_\_\_\_\_ State . . . \_\_\_\_\_ ZIP Code . . . \_\_\_\_\_

**Address Change for CF-1040 city returns only (excludes Detroit):**

Address is same as last year

**State Campaign Fund:**

**Yes No**  
  Does TP want \$3 to go to State Campaign Fund?  
  Does spouse want \$3 to go to State Campaign Fund?

**Part IX – Preparer Information**

Enter Preparer Code from Firm/Preparer Info . . . 1

**QuickZoom** to Firm/Preparer Info . . . . . ▶ \_\_\_\_\_

If not signing as preparer, have following printed instead of firm information:

self-prepared or  
 prepared by a non-paid preparer

**Third Party Designee (See Help):**

**Yes No**  
  TP authorizes Michigan Department of Treasury to discuss return with preparer (**MI-1040 and Detroit returns only**)?  
  TP authorizes another person (designee) to discuss return with **city** Income Tax Department (**CF-1040 only**)?  
  Preparer is third party designee (**CF-1040 only**)?

**Third party designee information for CF-1040 city returns only (excludes Detroit):**

Designee's name (other than preparer) . . . . . \_\_\_\_\_  
Designee's phone number (other than preparer) . . . . . \_\_\_\_\_  
Personal identification number . . . . . \_\_\_\_\_

**Part X – Extension Status**

**State Extension:**

**Yes No**  
  Tax return due date extended?  
Extended due date . . . \_\_\_\_\_

**QuickZoom** to Form 4: Application for extension to file tax returns . . . . . ▶ \_\_\_\_\_

**City Extensions (excludes Detroit):**

**Yes No**  
  Tax return due date extended?  
Extended due date . . . \_\_\_\_\_

**QuickZoom** to Form CF-4868: Application for extension to file **Michigan city** tax returns . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form CF-4868-EFT: Application for extension to file **Michigan city** tax returns . . . . . ▶ \_\_\_\_\_

**Detroit City Extensions:**

**Yes No**

Tax return due date extended?

Extended due date . . . \_\_\_\_\_

**QuickZoom** to Form 5209: Application for extension to file **Detroit city** tax return . . . . . ▶ \_\_\_\_\_

Spouse, if **Yes No**

different   Tax return due date extended?

residency Extended due date . . . \_\_\_\_\_

**QuickZoom** to Form 5209: Application for extension to file spouse's **Detroit city** tax return . . . . . ▶ \_\_\_\_\_

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**QuickZoom** to Form MI-1040: Individual Income Tax Return . . . . . ▶ \_\_\_\_\_

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# Total Household Resources Worksheet

**2018**

▶ Keep for your records

Name as Shown on Return  
HIMA SAI RAM BORRA

Social Security Number  
170-47-2801

## Household Income Computation (for full year and part-year residents)

	Column A	Column B
Full year residents: Complete column A only.	Total Amount	Received during Michigan residency
Part-year residents: Complete columns A and B. <b>QuickZoom</b> to Schedule NR before completing column B . . . ▶ _____		
<b>1</b> Wages, salaries, tips, sick, strike and SUB pay . . . . . ▶ <b>1</b>	48,328.	
<b>Interest and dividends:</b>		
<b>2 a</b> Taxable interest and dividend income . . . . .		
less: interest and dividend income from Schedules K-1 . . . . .		
<b>b</b> Nontaxable interest . . . . .		
Interest and dividends (including nontaxable interest) . . . . . ▶ <b>2</b>		
<b>Net business and farm income:</b>		
<b>3 a</b> U.S. Schedule C income or loss . . . . .		
<b>b</b> Net farm income or loss . . . . .		
<b>c</b> Other gains or losses . . . . .		
<b>d</b> Income from Schedules K-1 . . . . .		
Net business and farm income . . . . . ▶ <b>3</b>		
<b>Net royalty and rent income:</b>		
<b>4</b> U.S. Schedule E income (if negative, enter 0) . . . . . ▶ <b>4</b>		
<b>Retirement pension and annuity benefits:</b>		
<b>5 a</b> Pension and IRA distributions . . . . .		
<b>b</b> Lump-sum distribution . . . . .		
Name of payer: _____		
Retirement pension and annuity benefits . . . . . ▶ <b>5</b>		
<b>Capital gains or (losses):</b>		
<b>6 a</b> Capital gains less capital losses . . . . .		
<b>b</b> Excluded gain on sale of residence . . . . .		
Combine lines 6a and 6b . . . . . ▶ <b>6</b>		
<b>Alimony and other taxable income:</b>		
<b>7 a</b> Gambling/lottery winnings . . . . .		
<b>b</b> Prizes and awards from Form 1099-MISC . . . . .		
<b>c</b> Combine lines 7a and 7b . . . . .		
<b>d</b> Line 7c minus \$300 . . . . .		
<b>e</b> Other income from Form 1099-MISC . . . . .		
<b>f</b> Alimony received . . . . .		
<b>g</b> Other taxable income . . . . .		
<b>h</b> Combine lines 7d through 7g . . . . .		
less: prior year Michigan Property Tax Credit (see tax help) . . . . .		
Total. Describe: _____ . . . . . ▶ <b>7</b>		
<b>Social security, SSI and railroad retirement benefits:</b>		
<b>8 a</b> Social security or railroad retirement benefits . . . . .		
<b>b</b> Less deductions for medicare premiums . . . . .		
<b>c</b> Supplemental security income . . . . .		
<b>d</b> Death benefits and amounts received for minor children or other dependent adults who live with you . . . . .		
Combine lines 8a through 8d . . . . . ▶ <b>8</b>		
<b>9</b> Child support and foster parent payments . . . . . ▶ <b>9</b>		
<b>10</b> Unemployment compensation . . . . . ▶ <b>10</b>		
<b>11</b> Cash or merchandise received or expenses paid on your behalf (rents, taxes, utilities, food, medical care, etc.) by parents, relatives or friends in excess of \$300 . . . . . ▶ <b>11</b>		

**Other nontaxable income:**

- 12 a** Compensation for damages to character or for personal injury or sickness . . . . .
  - b** An inheritance or life insurance proceeds (from other than spouse) . . . . .
  - c** Death benefits paid by or on behalf of an employer . . . . .
  - d** Minister's housing allowance . . . . .
  - e** Forgiveness of debt to the extent not included in income less: exception for 'workout' loan modification . . . . .
  - f** Adoption subsidies . . . . .
  - g** Combat pay from W-2, box 12 code Q . . . . .
  - h** Nongovernmental scholarship, stipend, grant, or GI bill benefits and payments made directly to an educational institution . . . . .
  - i** Reimbursement from dependent care and/or medical care spending accounts . . . . .
  - j** If you are married, filing separately include your spouse's income unless you maintained separate homesteads. Complete and attach Form 5049 . . . . .
  - k** Other (see *Tax Help*). Enter description: . . . . .
- Total. Describe: \_\_\_\_\_ ► **12**

- 13** Workers' compensation, veterans' disability compensation . . . . . ► **13**
- 14** FIP and other MDHHS benefits . . . . . ► **14**

**15 Subtotal.** Add lines 1 through 14. . . . . ► **15**

48,328.

**Adjustments:**

- 16 a** IRA deduction . . . . .
  - b** Moving expenses . . . . .
  - c** One half of self-employment tax . . . . .
  - d** Self-employment health insurance deduction . . . . .
  - e** SEP, SIMPLE or qualified plans . . . . .
  - f** Penalty for early withdrawal . . . . .
  - g** Alimony paid . . . . .
  - h** Student loan interest deduction . . . . .
  - i** Health savings account deduction . . . . .
  - j** Net operating loss deduction:
    - (1) Federal net operating loss deduction . . . . .
    - (2) Federal modified taxable income (see *Help*). . . . .
    - (3) Enter the smaller of (1) or (2). If less than zero, enter -0- . . . . .
  - k** Educator expenses . . . . .
  - l** Tuition and fees deduction . . . . .
  - m** Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . .
  - n** Domestic production activities deduction . . . . .
  - o** Archer MSA deduction . . . . .
  - p** Jury duty pay given to employer . . . . .
  - q** Other adjustments . . . . .
- 16** Total adjustments. Describe: \_\_\_\_\_ ► **16**

- 17 a** Medical insurance or HMO premiums you paid for you and your family (after tax premiums only) . . . . .
- b** Automobile insurance premiums (medical care portion only) . . . . .
- 17** Total medical insurance (line 17a plus line 17b) . . . . . ► **17**
- 18** Add lines 16 and 17 . . . . . ► **18**

**19 Total Household Resources.** Subtract line 18 from line 15. . . . . ► **19**

48,328.

- QuickZoom** to Form MI-1040CR (Homestead Property Tax Credit) . . . . . ► \_\_\_\_\_
- QuickZoom** to Form MI-1040CR2 (Property Tax Credit for Veterans and Blind People) . . . . . ► \_\_\_\_\_
- QuickZoom** to Form MI-1040CR7 (Home Heating Credit) . . . . . ► \_\_\_\_\_

# Tax Payments Worksheet

**2018**

► Keep for your records

Name HIMA SAI RAM BORRA	Social Security Number 170-47-2801
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## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
5	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
6	Overpayment from previous year applied to current year . . . . .	6	
7	Amount paid with current year extension . . . . .	7	
8	<b>Total tax payments</b> . . . . .	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	2,054.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-G . . . . .	b	
c	State withholding on Forms 1099-K . . . . .	c	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	2,054.
15	Date return will be filed and balance paid . . . . .	15	