

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 KIRAN KUMAR	M.I.	Last Name VARIKUTI	2. Filer's Full Social Security No. (Example: 123-45-6789) 745 — 55 — 6225
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —
Home Address (Number, Street, or P.O. Box) 600 SW 5TH COURT			4. School District Code (5 digits – see page 60) 10000
City or Town RENTON	State WA	ZIP Code 98057	

<p>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.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p>	<p>6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p>
<p>7. 2018 FILING STATUS. 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>8. 2018 RESIDENCY STATUS. Check all that apply.</p> <p>a. <input 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 checked="" 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; height:20px;" 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; height:20px;" type="text"/>	x	\$2,700	9b.		00
c. Number of qualified disabled veterans.....	9c.	<input style="width:30px; height:20px;" 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
10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions).....	10.					29912	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.						00
12. Total. Add lines 10 and 11.....	12.					29912	00
13. Subtractions from Schedule 1, line 27. Include Schedule 1	13.					19912	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.					10000	00
15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19.....	15.					1354	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.					8646	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.					367	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; height:20px;" type="text"/>			18b.	<input style="width:30px; height:20px;" type="text" value="00"/>	
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a.	<input style="width:100px; height:20px;" type="text"/>			19b.	<input style="width:30px; height:20px;" type="text" value="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.					367	00

Filer's Full Social Security Number

745 — 55 — 6225

21. Enter amount of Income Tax from line 20.....	21.	367	00
22. Voluntary Contributions from Form 4642, line 10. 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.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23	24.	367	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.		00
	27b.		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.	368	00
30. Estimated tax, extension payments and 2017 credit forward.....	30.		00
31. 2018 AMENDED RETURNS ONLY. Taxpayers completing an original 2018 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.	368	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"/>	YOU OWE	33.		00
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32.....		34.	1	00
35. Credit Forward. 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.....	REFUND	36.	1	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	
062000080	3698734609	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.

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Name (print or type)

Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
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 Schedule 1 Additions and Subtractions

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: Ø 1 4 7
Include with Form MI-1040.

Attachment 01

Filer's First Name KIRAN KUMAR	M.I.	Last Name VARIKUTI	Filer's Full Social Security No. (Example: 123-45-6789) 745 — 55 — 6225
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Additions to Income (all entries must be positive numbers)

1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....	1.		00
2. Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions).....	2.		00
3. Gains from Michigan column of MI-1040D and MI-4797	3.		00
4. Losses attributable to other states (see instructions)	4.		00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797	5.		00
6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI).....	6.		00
7. Federal Net Operating Loss deduction included in AGI.....	7.		00
8. Other (see instructions). Describe: _____	8.		00
9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11.....	9.	0	00

**Continue on page 2.
If subtractions do not apply, only submit page 1 of the Schedule 1 with your return.**

2018 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name KIRAN KUMAR	M.I.	Last Name VARIKUTI	Filer's Full Social Security No. (Example: 123-45-6789) 745 — 55 — 6225
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Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....	10.		00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits	11.		00
12. Gains from federal column of Michigan MI-1040D and MI-4797	12.		00
13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u>	13.	19912	00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.		00
15. Income earned while a resident of a Renaissance Zone (see instructions)	15.		00
16. Michigan state and local income tax refunds received in 2018 and included on MI-1040, line 10.....	16.		00
17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.....	17.		00
18. Michigan Education Trust	18.		00
19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI.....	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i>	20.		00
21. Michigan Net Operating Loss	21.		00
22. Miscellaneous subtractions (see instructions). Describe:	22.		00

Deduction Based on Year of Birth

Complete this section if you are eligible to claim the Michigan Standard Deduction, the deduction for retirement benefits or the deduction for senior investment income on lines 24, 25 or 26. If you complete line 24, 25 or 26, lines 23A through 23F must be completed for you and your spouse, if married.

NOTE: See instructions before continuing with this section.

23.	FILER			SPOUSE		
	A. Year of Birth (19xx)	B. Age (as of 12-31-2018)	C. Check if SSA Exempt	D. Year of Birth (19xx)	E. Age (as of 12-31-2018)	F. Check if SSA Exempt
	1993	25	<input type="checkbox"/>			<input type="checkbox"/>

24. Michigan Standard Deduction. Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1946 through January 1, 1952, and reached age 67 on or before December 31, 2018. Do not complete lines 25 and 26	24.		00
25. Retirement benefits. Enter amount from line 16, 27, 28 or 29 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884	25.		00
26. Dividend/interest/capital gains deduction for taxpayers 73 years and older . Deduction is limited to \$11,495 for single or married filing separately filers and \$22,991 for joint filers, less any deduction for retirement benefits (see instructions).....	26.		00

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

27. Total subtractions. Add lines 10 through 26. Enter here and on MI-1040, line 13	27.	19912	00
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If additions do not apply, only submit page 2 of the Schedule 1 with your return.

2018 MICHIGAN Nonresident and Part-Year Resident 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

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

1. Filer's First Name KIRAN KUMAR	M.I.	Last Name VARIKUTI	2. Filer's Full Social Security No. (Example: 123-45-6789) 745 — 55 — 6225
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

4. 2018 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.

Enter dates of Michigan residency in 2018*

*Dates of Michigan residency in 2018 (Enter dates as MM-DD-YYYY, Example: 04-15-2018)

	FILER	SPOUSE
FROM:	01 — 01 — 2018	— — 2018
TO:	07 — 15 — 2018	— — 2018

Income Allocation

	A. Total Income	B. Michigan Income	C. Other State(s) Income
5. Wages, salaries, other payments (tips, etc.)	31080 00	10000 00	21080 00
6. Interest and dividends	00	00	00
7. Business and farm income (include U.S. Schedules C and F).....	00	00	00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S Form 4797.....	00	00	00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....	-1168 00	0 00	-1168 00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884).....	00	00	00
11. Other (see instructions)	00	00	00
12. Total income. Add lines 5 through 11.....	29912 00	10000 00	19912 00
13. Enter the total adjustments from U.S. Form 1040. Describe:	00	00	00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	29912 00	10000 00	19912 00

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

15. Enter amount from MI-1040, line 9e	15. <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:80%; text-align:right;">4050</td><td style="width:20%; text-align:center;">00</td></tr></table>	4050	00
4050	00		
16. Enter Michigan source income from line 14, column B	16. <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:80%; text-align:right;">10000</td><td style="width:20%; text-align:center;">00</td></tr></table>	10000	00
10000	00		
17. Enter total income from line 14, column A.....	17. <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:80%; text-align:right;">29912</td><td style="width:20%; text-align:center;">00</td></tr></table>	29912	00
29912	00		
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....	18. <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:80%; text-align:right;">33.43</td><td style="width:20%; text-align:center;">%</td></tr></table>	33.43	%
33.43	%		
19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 5 and enter here and on MI-1040, line 15.....	19. <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:80%; text-align:right;">1354</td><td style="width:20%; text-align:center;">00</td></tr></table>	1354	00
1354	00		

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: 0147

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 KIRAN KUMAR	M.I.	Last Name VARIKUTI	2. Filer's Full Social Security No. (Example: 123-45-6789) 745 — 55 — 6225
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

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		45-2305376	ERP GLOBAL INC	10000	00	368	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	368 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
5. SUBTOTAL. Enter total of Table 2, column E.						5.	00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 29.....						6.	368 00

Michigan Information Worksheet

2018

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last Name VARIKUTI
 First Name KIRAN KUMAR
 Middle Initial _____ Suffix _____
 Social Security No. 745-55-6225
 Date of Birth 03/29/1993 (mm/dd/yyyy)
 Age as of 12/31/2018 25
 Date of death _____
 Occupation SOFTWARE ENGINEER
 Work Phone (251) 321-4187
 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 600 SW 5TH COURT Apt No. _____
 City RENTON State . . . WA ZIP Code 98057
 Foreign province/county _____ Foreign postal code _____
 Foreign country _____
 School District Code ▶ 10000

Part II – Main Form

Taxpayer	Spouse (if different)	Form MI-1040: Full-Year Resident ▶ _____
<input type="checkbox"/>	<input type="checkbox"/>	Form MI-1040: Nonresident ▶ _____
<input checked="" 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 01/01/2018 To 07/15/2018

Spouse residency dates . . . From _____ To _____

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

Detroit	Full-year resident	Nonresident	Part-year resident
	<input 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) _____

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

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) _____

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

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 _____

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 . . . Wells Fargo
Account type . . . Checking Savings
Routing number 062000080
Account number 3698734609

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:

Taxpayer	Spouse	
<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 ▶ _____

QuickZoom to Form MI-1040: Individual Income Tax Return ▶ _____

Total Household Resources Worksheet

2018

▶ Keep for your records

Name as Shown on Return
KIRAN KUMAR VARIKUTI

Social Security Number
745-55-6225

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. QuickZoom to Schedule NR before completing column B . . . ▶ _____		
1 Wages, salaries, tips, sick, strike and SUB pay ▶ 1	31,080.	10,000.
Interest and dividends:		
2 a Taxable interest and dividend income		
less: interest and dividend income from Schedules K-1		
b Nontaxable interest		
Interest and dividends (including nontaxable interest) ▶ 2		
Net business and farm income:		
3 a U.S. Schedule C income or loss		
b Net farm income or loss		
c Other gains or losses		0.
d Income from Schedules K-1		
Net business and farm income ▶ 3		0.
Net royalty and rent income:		
4 U.S. Schedule E income (if negative, enter 0) ▶ 4	0.	0.
Retirement pension and annuity benefits:		
5 a Pension and IRA distributions		
b Lump-sum distribution		
Name of payer: _____		
Retirement pension and annuity benefits ▶ 5		
Capital gains or (losses):		
6 a Capital gains less capital losses		
b Excluded gain on sale of residence		
Combine lines 6a and 6b ▶ 6		
Alimony and other taxable income:		
7 a Gambling/lottery winnings		
b Prizes and awards from Form 1099-MISC		
c Combine lines 7a and 7b		
d Line 7c minus \$300		
e Other income from Form 1099-MISC		
f Alimony received		
g Other taxable income		
h Combine lines 7d through 7g		
less: prior year Michigan Property Tax Credit (see tax help)		
Total. Describe: _____ ▶ 7		
Social security, SSI and railroad retirement benefits:		
8 a Social security or railroad retirement benefits		
b Less deductions for medicare premiums		
c Supplemental security income		
d Death benefits and amounts received for minor children or other dependent adults who live with you		
Combine lines 8a through 8d ▶ 8		
9 Child support and foster parent payments ▶ 9		
10 Unemployment compensation ▶ 10		
11 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 ▶ 11		

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 <i>Tax Help</i>). 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	31,080.	10,000.
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Adjustments:

16 a IRA deduction		
b Moving expenses		0.
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 <i>Help</i>). (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	31,080.	10,000.
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- 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 KIRAN KUMAR VARIKUTI	Social Security Number 745-55-6225
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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		
Additional Payments			
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	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	368.
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	Total income tax withheld	14	368.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2018 Michigan Tax Return

SMART WORKSHEET FOR: Form 1040 Schedule 1: Additions and Subtractions

Other States Income Smart Worksheet	
Full year residents:	
A	Apportioned income from MI-1040H, line 11 _____
B	Business income (including rents and royalties) derived solely in another state _____
C	Apportioned Allowable Business Loss from MI-461 _____
Part-year or nonresidents:	
D	Enter the amount of income from Schedule NR, line 14, column C <u>19,912.</u>

SMART WORKSHEET FOR: Form 1040 Schedule NR: Nonresident and Part-Year Resident Schedule

Income Allocation Smart Worksheet		
	Column A Total Income	Column B Michigan Income
1 Wages, salaries, tips, sick, strike and SUB pay	31,080.	10,000.
2 Interest and dividends from U.S. Schedule B		
3 Business income or loss from U.S. Schedule C		
4 Farm income or loss from U.S. Schedule F		
5 Capital gains/losses from U.S. Schedule D		
6 Income reported on U.S. Schedule E	-1,168.	0.
7 Pension and IRA distributions		
8 Taxable Social Security benefits		
9 State and local tax refunds		
10 Alimony received		
11 Unemployment compensation		
12 Other gains or losses from U.S. Form 4797		
13 Other income		
14 Total income. Add lines 1 through 13	29,912.	10,000.
15 Educator expenses		
16 Certain business expenses of reservists, performing artists, and fee-basis government officials		
17 IRA deduction		
18 Student loan interest deduction		
19 Tuition and fees deduction		
20 Health savings account deduction		
21 Moving expenses		0.
22 One-half of self-employment tax		
23 Self-employment health insurance deduction		
24 Self-Employed SEP, SIMPLE or qualified plans		
25 Penalty for early withdrawal of savings		
26 Alimony paid		
27 Domestic production activities deduction		
28 Archer MSA deduction		
29 Jury duty pay given to employer		
30 Other adjustments to income		
31 Total adjustments. Add lines 15 through 30		
32 Adjusted gross income. Subtract line 31 from line 14	29,912.	10,000.