

# 2017 MICHIGAN Individual Income Tax Return MI-1040

**Amended Return**   
(Include Schedule AMD)

**Return is due April 17, 2018.**

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>AFROZ</b>	M.I.	Last Name <b>MOHAMMED</b>	2. Filer's Full Social Security No. (Example: 123-45-6789)  <b>283 — 91 — 8175</b>
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) <b>31 FRANKLIN AVE</b>			4. School District Code (5 digits – see page 60) <b>81010</b>
City or Town <b>FLOURTOWN</b>	State <b>PA</b>	ZIP Code <b>19031</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. 2017 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. 2017 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 claimed on 2017 federal return.....	9a.	<input style="width:30px; text-align: center;" type="text" value="1"/>	x	\$4,000	9a.	4000	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	\$2,600	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.	4000	00
<b>10. Adjusted Gross Income</b> from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions).....	10.					70075	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.					70075	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.					70075	00
<b>15. Exemption allowance.</b> Enter amount from line 9e or Schedule NR, line 19.....	15.					4000	00
<b>16. Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" .....	16.					66075	00
<b>17. Tax.</b> Multiply line 16 by 4.25% (0.0425) .....	17.					2808	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 and/or Small Business Investment Tax Credit (see instructions).....	19a.	00	19b.	00
<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.			2808 00

Filer's Full Social Security Number

283 — 91 — 8175

21. Enter amount of Income Tax from line 20.....	21.	2808	00
22. Voluntary Contributions from Form 4642, line 7. <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
<b>24. Total Tax Liability.</b> Add lines 21, 22 and 23 .....	24.	2808	00

**REFUNDABLE CREDITS AND PAYMENTS**

25. <b>Property Tax Credit.</b> Include MI-1040CR or MI-1040CR-2 .....	25.		00
26. <b>Farmland Preservation Tax Credit.</b> 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	00
	27b.	MICHIGAN	00
28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....	28.		00
29. Michigan tax withheld from Schedule W, line 7. <b>Include Schedule W (do not submit W-2s)</b> .....	29.		3064 00
30. Estimated tax, extension payments and 2016 credit forward .....	30.		00
31. <b>2017 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2017 return should skip to line 32. Amended returns must include <b>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
<b>32. Total refundable credits and payments.</b> Add lines 25, 26, 27b, 28, 29, 30 and 31c .....	32.		3064 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"/> 00 and penalty <input type="text"/> <input type="text"/> 00 .....	<b>YOU OWE</b>		
34. <b>Overpayment.</b> If line 32 is greater than line 24, subtract line 24 from line 32 .....	34.	256	00
35. <b>Credit Forward.</b> Amount of line 34 to be credited to your 2018 estimated tax for your 2018 tax return ...	35.		00
36. Subtract line 35 from line 34 .....	<b>REFUND</b>	256	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>	
011400495	003881065753	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2016, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2017 (MM-DD-YYYY)

Filer	— —	Spouse	— —
-------	-----	--------	-----

**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)  
APPANA RUPA VENKATA SATYA SAI

Preparer's Business Name, Address and Telephone Number  
GLOBAL TAXES LLC  
2530 PEBBLE CREEK LN  
CUMMING GA 30041  
646-727-7157

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**

**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: 0123456789 - NOT like this: 0147

**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 <b>AFROZ</b>	M.I.	Last Name <b>MOHAMMED</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>283 — 91 — 8175</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		65-1218462	RELIABLE SOFTWARE	36718	00	1561	00
X		65-1218462	RELIABLE SOFTWARE	35357	00	1503	00
					00		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>	3064 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
					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

# Michigan Information Worksheet

2017

▶ Keep for your records

## Part I – Personal Information

**Taxpayer:**

Last Name . . . . . MOHAMMED  
 First Name . . . . . AFROZ  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . 283-91-8175  
 Date of Birth . . . . . 06/18/1991 (mm/dd/yyyy)  
 Age as of 12/31/2017 26  
 Date of death . . . . . \_\_\_\_\_  
 Occupation . . . . . SOFTWARE PROFESSIONAL  
 Work Phone . . . . . \_\_\_\_\_  
 Home Phone . . . . . \_\_\_\_\_

**Spouse:**

Last Name . . . . . \_\_\_\_\_  
 First Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Age as of 12/31/2017 \_\_\_\_\_  
 Date of death . . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Work Phone . . . . . \_\_\_\_\_

Print phone number on city returns  Home  TP work  Spouse work

c/o Name . . . . . \_\_\_\_\_  
 Address . . . . . 31 FRANKLIN AVE Apt No. \_\_\_\_\_  
 City . . . . . FLOURTOWN State . . . . . PA ZIP Code . . . . . 19031  
 Foreign province/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Foreign country . . . . . \_\_\_\_\_  
 School District Code . . . . . ▶ 81010

## Part II – Main Form

**Taxpayer**

**Spouse (if different)**

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Form MI-1040: Full-Year Resident . . . . . ▶ \_\_\_\_\_  
 Form MI-1040: Nonresident . . . . . ▶ \_\_\_\_\_  
 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 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      • Big Rapids      • Flint      • Grand Rapids      • Grayling
- Hamtramck      • Highland Park      • Ionia      • Jackson      • Lansing      • Lapeer
- Muskegon      • Muskegon Heights      • Pontiac      • Portland      • 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 2017 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) . . . . . \_\_\_\_\_

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 . . . . . ▶ \_\_\_\_\_

Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information

Note: Direct Deposit is only available on an original return and may not be used to issue a refund 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 . . . . . BANK OF AMERICA

Account type . . . . . Checking  Savings

Routing number . . . . . 011400495

Account number . . . . . 003881065753

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

- Blind
- Deaf
- Paraplegic/Hemiplegic/Quadriplegic
- Totally and Permanently Disabled
- Disabled Veteran
- 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

2017

▶ Keep for your records

Name as Shown on Return  
AFROZ MOHAMMED

Social Security Number  
283-91-8175

## 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>	72,075.	
<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>		



<b>Other nontaxable income:</b>			
<b>12 a</b>	Compensation for damages to character or for personal injury or sickness . . . . .		
<b>b</b>	An inheritance or life insurance proceeds (from other than spouse) . . . . .		
<b>c</b>	Death benefits paid by or on behalf of an employer . . . . .		
<b>d</b>	Minister's housing allowance . . . . .		
<b>e</b>	Forgiveness of debt to the extent not included in income less: exception for 'workout' loan modification . . . . .		
<b>f</b>	Adoption subsidies . . . . .		
<b>g</b>	Combat pay from W-2, box 12 code Q . . . . .		
<b>h</b>	Nongovernmental scholarship, stipend, grant, or GI bill benefits and payments made directly to an educational institution . . . . .		
<b>i</b>	Reimbursement from dependent care and/or medical care spending accounts . . . . .		
<b>j</b>	If you are married, filing separately include your spouse's income unless you maintained separate homesteads. Complete and attach Form 5049 . . . . .		
<b>k</b>	Other (see <i>Tax Help</i> ). Enter description: . . . . .		
	Total. Describe: _____ ▶ <b>12</b>		
<b>13</b>	Workers' compensation, veterans' disability compensation . . . . . ▶ <b>13</b>		
<b>14</b>	FIP and other MDHHS benefits . . . . . ▶ <b>14</b>		
<b>15</b>	<b>Subtotal.</b> Add lines 1 through 14. . . . . ▶ <b>15</b>	72,075.	
<b>Adjustments:</b>			
<b>16 a</b>	IRA deduction . . . . .		
<b>b</b>	Moving expenses . . . . .	2,000.	
<b>c</b>	One half of self-employment tax . . . . .		
<b>d</b>	Self-employment health insurance deduction . . . . .		
<b>e</b>	SEP, SIMPLE or qualified plans . . . . .		
<b>f</b>	Penalty for early withdrawal . . . . .		
<b>g</b>	Alimony paid . . . . .		
<b>h</b>	Student loan interest deduction . . . . .		
<b>i</b>	Health savings account deduction . . . . .		
<b>j</b>	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- . . . . .		
<b>k</b>	Educator expenses . . . . .		
<b>l</b>	Tuition and fees deduction . . . . .		
<b>m</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . .		
<b>n</b>	Domestic production activities deduction . . . . .		
<b>o</b>	Archer MSA deduction . . . . .		
<b>p</b>	Jury duty pay given to employer . . . . .		
<b>q</b>	Other adjustments . . . . .		
<b>16</b>	Total adjustments. Describe: <u>Moving expenses</u> . . . . . ▶ <b>16</b>	2,000.	
<b>17 a</b>	Medical insurance or HMO premiums you paid for you and your family (after tax premiums only) . . . . .		
<b>b</b>	Automobile insurance premiums (medical care portion only) . . . . .		
<b>17</b>	Total medical insurance (line 17a plus line 17b) . . . . . ▶ <b>17</b>		
<b>18</b>	Add lines 16 and 17 . . . . . ▶ <b>18</b>	2,000.	
<b>19</b>	<b>Total Household Resources.</b> Subtract line 18 from line 15. . . . . ▶ <b>19</b>	70,075.	

- 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

**2017**

► Keep for your records

Name AFROZ MOHAMMED	Social Security Number 283-91-8175
------------------------	---------------------------------------

## 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	3,064.
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	3,064.
15	Date return will be filed and balance paid . . . . .	15	