

2014 MICHIGAN Individual Income Tax Return MI-1040 FINAL DRAFT 5-28-14

Return is due April 15, 2015.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0147

1. Filer's First Name		M.I.	Last Name		2. Filer's Full Social Security No. (Example: 123-45-6789)	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789)	
Home Address (Number, Street, or P.O. Box)					4. School District Code (5 digits - see page 60)	
City or Town			State	ZIP Code		

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.	a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse	6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.
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7. 2014 FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately*	* If you check box "c." complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 200px;"></div>	8. 2014 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident *	* If you check box "b" or "c," you must complete and attach Schedule NR.
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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 2014 federal return.....	9a.	<input type="text"/>	x	\$4,000	9a.	<input type="text"/>	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 type="text"/>	x	\$2,500	9b.	<input type="text"/>	00
c. Number of qualified disabled veterans	9c.	<input type="text"/>	x	\$400	9c.	<input type="text"/>	00
d. Claimed as dependent, see line 9 NOTE above	9d.	<input type="checkbox"/>			9d.	<input type="text"/>	00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15	9e.	<input type="text"/>			9e.	<input type="text"/>	00

10. Adjusted Gross Income from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions).....	10.	<input type="text"/>	00
11. Additions from Schedule 1, line 9. Attach Schedule 1	11.	<input type="text"/>	00
12. Total. Add lines 10 and 11	12.	<input type="text"/>	00
13. Subtractions from Schedule 1, line 27. Attach Schedule 1.....	13.	<input type="text"/>	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.	<input type="text"/>	00
15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19.....	15.	<input type="text"/>	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.	<input type="text"/>	00
17. Tax. Multiply line 16 by 4.25% (0.0425)	17.	<input type="text"/>	00

	AMOUNT	CREDIT
18. Income Tax Imposed by government units outside Michigan. Attach a copy of the return (see instructions)..... 18a.	<input type="text"/>	00
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions)..... 19a.	<input type="text"/>	00
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"	20.	00

