2017 MICHIGAN Individual Income Tax Declaration for e- file MI- 8453

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

NOTE: Do not send MI- 8453 to the Michigan Department of Treasury unless requested to do so.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123- 45- 6789)
MICHAEL	R	MCDERMOTT	
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)			
652 FOREST ST			
City or Town WESTLAND	State MI		ZIP Code 48186

PART 1: TAX RETURN INFORMATION.

The taxpayer should obtain and keep a copy of the return. **Form MI- 1040, *Individual Income Tax Return***

4. Total federal adjusted gross income from line 10	4.	40,348 00
		1,545 00
		1,819 00
		224 00
		00
City of Detroit Tax Return Information		498 00
5. Total Michigan income tax from line 20	5.	
6. Michigan tax withheld from line 29	6.	00
7. Tax due from line 33	7.	
8. Refund from line 36	8.	00
Form MI-1040CR, *Homestead Property Tax Credit Claim*		
9. Homestead Property Tax Credit from line 44	9.	00
Form MI-1040 CR-7, *Home Heating Credit Claim*		
10. Home Heating Credit Claim from line 44	10.	
11. Adjusted Gross Income or Wages from Form 5118, line 9, Form 5119, line 9, or Form 5120, line 10 (Column A)11.		
12. Tax Due from Form 5118, line 22e, Form 5119, line 24e, or Form 5120, line 41e 12. 13. Refund from Form 5118, line 25, Form 5119, line 27, or Form 5120, line 44 13.		

PART 2: DECLARATION AND E-FILE AUTHORIZATION

Under penalties of perjury, I declare that I have examined this return including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete. The tax return information in Part 1 agrees with the amounts on the corresponding lines of my Michigan tax return. I consent to allow my Intermediate Service Provider, transmitter or Electronic Return Originator (ERO) to send my return to IRS and subsequently by the IRS to the Michigan Department of Treasury and to receive an acknowledgment of receipt or reason for rejection of the transmission.

Filer's Signature	Date	Spouse's Signature	Date
COPY ONLY		COPY ONLY	

PART 3: ELECTRONIC RETURN ORIGINATOR (ERO) AND PREPARER DECLARATION

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

ERO or Preparer Signature **COPY ONLY**	Date	ERO is (check all that apply) ☐ Preparer ☐ Self-Employed
Firm Name (or name of ERO if self- employed)		FEIN or PTIN
Firm's Address (Street, City, State, ZIP Code)		

Complete this form only if you are e- filing a Michigan or City of Detroit unlinked (standalone) return and 1029 **you are not using the Electronic Signature Alternative (ESA). See instructions for more information.**

8453D (2017) **MI8453D-1WV 1.81**
Michigan Department of Treasury
2808 (Rev. 02- 17)

2017 MICHIGAN Individual Income Tax Declaration for e- file MI- 8453

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

NOTE: Do not send MI- 8453 to the Michigan Department of Treasury unless requested to do so.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123- 45- 6789)
MICHAEL	R	MCDERMOTT	
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)			
652 FOREST ST			
City or Town **WESTLAND**	State **MI**	ZIP Code **48186**	

PART 1: TAX RETURN INFORMATION.

The taxpayer should obtain and keep a copy of the return. **Form MI- 1040, *Individual Income Tax Return***

4.	Total federal adjusted gross income from line 10	4.	40,348 00
			1,545 00
			1,819 00
			224 00
			00
City of Detroit Tax Return Information			498 00
5.	Total Michigan income tax from line 20	5.	
6.	Michigan tax withheld from line 29	6.	00
7.	Tax due from line 33	7.	
8.	Refund from line 36	8.	00
Form MI-1040CR, *Homestead Property Tax Credit Claim*			
9.	Homestead Property Tax Credit from line 44	9.	00
Form MI-1040 CR-7, *Home Heating Credit Claim*			
10.	Home Heating Credit Claim from line 44	10.	
11.	Adjusted Gross Income or Wages from Form 5118, line 9, Form 5119, line 9, or Form 5120, line 10 (Column A)11.		
12.	Tax Due from Form 5118, line 22e, Form 5119, line 24e, or Form 5120, line 41e 12. 13. Refund from Form 5118, line 25, Form 5119, line 27, or Form 5120, line 44 13.		

PART 2: DECLARATION AND E-FILE AUTHORIZATION

Under penalties of perjury, I declare that I have examined this return including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete. The tax return information in Part 1 agrees with the amounts on the corresponding lines of my Michigan tax return. I consent to allow my Intermediate Service Provider, transmitter or Electronic Return Originator (ERO) to send my return to IRS and subsequently by the IRS to the Michigan Department of Treasury and to receive an acknowledgment of receipt or reason for rejection of the transmission.

Filer's Signature	Date	Spouse's Signature	Date

PART 3: ELECTRONIC RETURN ORIGINATOR (ERO) AND PREPARER DECLARATION

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO or Preparer Signature	Date	ERO is (check all that apply)
		☐ Preparer ☐ Self-Employed

Firm Name (or name of ERO if self- employed)	FEIN or PTIN

Firm's Address (Street, City, State, ZIP Code)

Complete this form only if you are e- filing a Michigan or City of Detroit unlinked (standalone) return and 1029 **you are not using the Electronic Signature Alternative (ESA). See instructions for more information.**

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

Form **1040** Department of the Treasury - Internal Revenue Service (99)

U.S. Individual Income Tax Return

2017 OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning , 2017, ending , 20

See separate instructions.

MICHAEL R MCDERMOTT
652 FOREST ST
WESTLAND, MI 48186

Your social security number

Spouse's social security number

▲ Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Foreign country name | Foreign province/state/county | Foreign postal code

Filing Status

Check only one box.

1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above & full name here. ▶
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) (see instructions)

Exemptions

6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.
b [ ] **Spouse**

Boxes checked on 6a and 6b: 1
No. of children on 6c who:
● lived with you
● did not live with you due to divorce or separation (see inst)
Dependents on 6c not entered above
Add numbers on lines above ▶: 1

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child <17 for qual. for child tax cr. (see inst)

If more than four dependents, see inst and check here ▶ [ ]

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	42,791.
8a	**Taxable** interest. Attach Schedule B if required	8a	
b	**Tax-exempt** interest. **Do not** include on line 8a — 8b		
9a	Ordinary dividends. Attach Schedule B if required	9a	57.
b	Qualified dividends — 9b: 54.		
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions — 15a — b Taxable amt	15b	
16a	Pensions and annuities — 16a — b Taxable amt	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits — 20a — b Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶	22	42,848.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	2,500.
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	▶	37	

Tax and Credits

Amount You Owe **Third Party Designee** **Sign Here** Joint return?

Standard Deduction for -

People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions.

All others:

Single or Married filing separately, $6,350

Married filing jointly or Qualifying widow(er), $12,700

Head of household, $9,350

38 Amount from line 37 (adjusted gross income) **38** 40,348.

39a Check **You** were born before January 2, 1953, Blind. **Total boxes** if:

Spouse was born before January 2, 1953, Blind. **checked 39a**

b If your spouse itemizes on a separate return or you were a dual- status alien, check here **39b**

40 **Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin) **40** 9,749.

41 Subtract line 40 from line 38 **41** 30,599.

42 **Exemptions.** If line 38 is $156,900 or less, multiply $4,050 by the number on line 6d. Otherwise, see instructions **42** 4,050.

43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0- **43** 26,549.

44 **Tax** (see inst.) Check if any from: **a** Form(s) 8814 **b** Form 4972 **c** **44** 3,505. **45** **Alternative minimum tax** (see instructions). Attach Form 6251 **45**

46 Excess advance premium tax credit repayment. Attach Form 8962 **46**

47 Add lines 44, 45, and 46 **47** 3,505.

48 Foreign tax credit. Attach Form 1116 if required **48**

49 Credit for child and dependent care expenses. Attach Form 2441 **49**

50 Education credits from Form 8863, line 19 **50**

51 Retirement savings contributions credit. Attach Form 8880 **51**

52 Child tax credit. Attach Schedule 8812, if required **52** **53** Residential energy credits. Attach Form 5695 **53**

Other Taxes

54 Other credits from Form: **a** 3800 **b** 8801 **c** **54**

55 Add ln 48 through 54. These are your **total credits** **55**

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter - 0- **56** 3,505.

57 Self-employment tax. Attach Schedule SE **57**

58 Unreported social security and Medicare tax from Form: **a** 4137 **b** 8919 **58**

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **59**

Payments

If you have a qualifying child, attach Schedule EIC.

60a Household employment taxes from Schedule H **60a** **b** First- time homebuyer credit repayment. Attach Form 5405 if required **60b**

61 Health care: individual responsibility (see instructions) Full-year coverage X **61** **62**

Taxes from: **a** Form 8959 **b** Form 8960 **c** Instructions; enter code(s) **62**

63 Add lines 56 through 62. This is your **total tax** **63** 3,505.

64 Federal income tax withheld from Forms W-2 and 1099 **64** 6,063.

65 2017 estimated tax payments and amount applied from 2016 return **65**

66a **Earned income credit (EIC)** **66a** **b** Nontaxable combat pay election **66b**

67 Additional child tax credit. Attach Schedule 8812 **67** **68** American opportunity credit from Form 8863, line 8 **68**

69 Net premium tax credit. Attach Form 8962 **69**

70 Amount paid with request for extension to file **70** **71** Excess social security and tier 1 RRTA tax withheld **71**

72 Credit for federal tax on fuels. Attach Form 4136 **72**

73 Credits from Form: **a** 2439 **b** Re-served **c** 8885 **d** **73**

74 Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** **74** 6,063.

Refund

Direct deposit? See instructions.

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid** **75** 2,558. **76a** Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here **76a** 2,558. **b** Routing number

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

2724 7938 8 c Type: Checking Savings d Account number

75 you [X] want **applied to your 2018 estimated tax** 77

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78

79 Estimated tax penalty (see instructions) **79**

Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes.** Complete below. [X] **No**

Designee's name | Phone no. | Personal ID number (PIN)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature | Date | Your occupation **RECRUITER** | Daytime phone number

77 Amount of line See instructions.

Spouse's signature. If a joint return, **both** must sign. Date | Spouse's occupation | If the IRS sent you an ID ProtectionPIN, enter it here (see inst.) | Keep a copy for your records.

Print/Type preparer's name | Preparer's signature | Date | Check if self-employed | PTIN

Paid

Preparer Use Only

Firm's name | Firm's EIN

Firm's address | Phone no.

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Go to *www.irs.gov/ScheduleA* for instructions and the latest information.
▶ Attach to Form 1040.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017

Attachment Sequence No. **07**

Name(s) shown on Form 1040: **MICHAEL R MCDERMOTT**

Your social security number

Medical and Dental Expenses	**Caution:** Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1			
	2 Enter amount from Form 1040, line 38 [2]				
	3 Multiply line 2 by 7.5% (0.075)	3			
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid	5 State and local **(check only one box):** a [X] Income taxes, **or** b [ ] General sales taxes	5	1,819.		
	6 Real estate taxes (see instructions)	6	2,236.		
	VIBE CREDIT UNION 2,236.				
	7 Personal property taxes	7	2,236.		
	8 Other taxes. List type and amount ▶	8			
	9 Add lines 5 through 8			9	6,291.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	3,458.		
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11			
Note: Your mortgage interest deduction may be limited (see instructions).	12 Points not reported to you on Form 1098. See instructions for special rules	12			
	13 Mortgage insurance premiums (see instructions)	13			
	14 Investment interest. Attach Form 4952 if required. See instructions	14			
	15 Add lines 10 through 14			15	3,458.
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	16 Gifts by cash or check. If you made any gift of $250 or more, see instructions	16			
	17 Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500.	17			
	18 Carryover from prior year	18			
	19 Add lines 16 through 18			19	
Casualty and Theft Losses	20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions			20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses -job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See inst. ▶	21			
	22 Tax preparation fees	22			
	23 Other expenses - investment, safe deposit box, etc. List type and amount ▶	23			
	24 Add lines 21 through 23	24			
	25 Enter amount from Form 1040, line 38 [25]				
	26 Multiply line 25 by 2% (0.02)	26			
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	
Other Miscellaneous Deductions	28 Other - from list in instructions. List type and amount ▶			28	
Total Itemized Deductions	29 Is Form 1040, line 38, over $156,900? [X] **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. [ ] **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			29	9,749.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ [ ]				
	36 Add lines 23 through 35			36	
	37			37	

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

H&R BLOCK®

2017 STATE TAX RETURN FILING INSTRUCTIONS MICHIGAN

FOR THE YEAR ENDING
December 31, 2017

Prepared for	MICHAEL R MCDERMOTT

Tax Summary

Gross Income	$	40,348
Adjusted Gross Income	$	40,348
Total Deductions	$	4,000
Total Taxable Income	$	36,348
Total Tax	$	1,545
Total Payments	$	2,043
Refund Amount	$	498
Amount You Owe	$	0

Make check payable to	Not Applicable
Mailing Address	Not Applicable

Special Instructions

KEEP A COPY
Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

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

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.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123- 45- 6789)
MICHAEL	R	MCDERMOTT	
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) 652 FOREST ST			
City or Town WESTLAND	State MI	ZIP Code 48186	4. School District Code (5 digits - see page 60) 82160

5. **STATE CAMPAIGN FUND**

Check if you (and/or your spouse, if a. ☐ Filer filing a joint return) want $3 of your taxes to go to this fund. This will b. ☐ Spouse not increase your tax or reduce your refund.

6. **FARMERS, FISHERMEN, OR SEAFARERS**

☐ Check this box if 2/3 of your income is from farming, fishing, or seafaring.

7. **2017 FILING STATUS.** Check one.

a. ☒ Single

b. ☐ Married filing jointly

c. ☐ Married filing separately*

*If you check box "c," complete line 3 and enter spouse's full name below:

8. **2017 RESIDENCY STATUS.** Check all that apply. a. ☒ Resident

b. ☐ Nonresident*

c. ☐ Year Resident*

*If you check box "b" or "c," you must complete and include **Schedule NR.** Part-

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.).

+

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

a. Number of exemptions claimed on 2017 federal return	9a. x $4,000	1		9a.	4,000 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. x $2,600			9b.	00
NON- REFUNDABLE CREDITS	**AMOUNT**		**CREDIT**	9c.	00
c. Number of qualified disabled veterans	9c.		x $400	9d.	00
d. Claimed as dependent, see line 9 NOTE above	9d. ☐			9e.	4,000 00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15					

10.	**Adjusted Gross Income** from your U.S. Forms *1040, 1040A, 1040EZ or 1040NR* (see instructions)	10.	40,348 00
11.	Additions from Schedule 1, line 9 **Include Schedule 1**	11.	00
12.	**Total.** Add lines 10 and 11	12.	40,348 00
13.	Subtractions from Schedule 1, line 27 **Include Schedule 1**	13.	00
14.	**Income subject to tax.** Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.	40,348 00
15.	**Exemption allowance** Enter amount from line 9e or Schedule NR, line 19	15.	4,000 00
16.	**Taxable income.** Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.	36,348 00
17.	**Tax.** Multiply line 16 by 4.25% (0.0425)	17.	1,545 00

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
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"		1,545	20. 00

1029 2017 05 01 27 4

Continue on page 2. This form cannot be processed if page 2 is not completed and included.

MI-1040 (2017) **MI1040-1WV 1.22**

Filer's Full Social Security Number

21.	Enter amount of Income Tax from line 20	21.	1,545 00
22.	Voluntary Contributions from Form 4642, line 7 **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.	1,545 00

REFUNDABLE CREDITS AND PAYMENTS

+

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

25.	**Property Tax Credit. Include MI- 1040CR or MI- 1040CR- 2** 25.	224	00
			00
26.	**Farmland Preservation Tax Credit. Include MI- 1040CR- 5** 26.		

	FEDERAL		
MICHIGAN			00
			00
		1,819	00
27b.			00
28.			
29.			
30.			
31c.			00
		2,043	00

33.	If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. Include interest 00 and penalty 00 ..... **YOU OWE** 33.	0	00
34.	**Overpayment.** If line 32 is greater than line 24, subtract line 24 from line 32 ..... 34.	498	00
35.	**Credit Forward.** 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 **REFUND** 36.	498	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
272479388		1. X Checking 2. 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

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
For Info Only - Do Not File	
Spouse's Signature	Date
For Info Only - Do Not File	

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

Preparer's Name (print or type)

Preparer's Business Name, Address and Telephone Number

+

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

☐ By checking this box, I authorize Treasury to discuss my return with my preparer.

27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b 27a.

28. Michigan Historic Preservation Tax Credit (refundable). **Include Form 3581**

30. Estimated tax, extension payments and 2016 credit forward

☐ 31. **2017 AMENDED RETURNS ONLY.** Taxpayers completing an original 2017 return should skip to line 32. Amended returns must include **Schedule AMD (see instructions)**.

☐ 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. 31a.

32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c 32.

REFUND OR TAX DUE

29. Michigan tax withheld from Schedule W, line 7. **Include Schedule W (do not submit W-2s)**

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**

☐ 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. 31b.

1029 2017 05 02 27 2

+

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

Amended Return

2017 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR

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

Type or print in blue or black ink. **Attachment 05**

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123- 45- 6789)
MICHAEL	R	MCDERMOTT	
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, P.O. Box). If using a P.O. Box, you must complete line 45.			
652 FOREST ST			
City or Town WESTLAND	State MI	ZIP Code 48186	4. School District Code (5 digits - see page 60) 82160

5. Check the box(es) for which you or your spouse qualify (excluding dependents). If you qualify for both, see instructions.

☐ a.Age 65 or older; or an unremarried spouse of a person at the time of death.totally and permanently disabled. ☐ b.Deaf, blind, hemiplegic, paraplegic, quadriplegic, or who was 65 or older

6. **2017 FILING STATUS:** Check one.

a. [X] Single

☐ b.Married filing jointly

☐ c.Married filing separately **(Include Form 5049)**

7. **2017 RESIDENCY STATUS:** *If you checked box "c," enter dates of Michigan residency in 2017. Check all that apply. Enter dates as MM-DD-YYYY (Example: 04-15-2017).

a. [X] Resident

☐ b.Nonresident

FROM:

TO:

c.Part-Year Resident*

FILER	SPOUSE

8. **Homestead Status**

☐ Check here if the taxable value of your homestead includes unoccupied farmland classified as agricultural by your assessor.

9. **Homeowners:** Enter the 2017 **taxable value** of your homestead (see instructions). **If you did not check box 8 above and your taxable value is greater than $135,000, STOP; you are not eligible.**

Farmers: enter the **taxable value** of your homestead, including eligible unoccupied farmland9. 10. Property Taxes levied on your home for 2017 (see instructions) or amount from line 51, 56 and/or 57 ..... 10.

46,000	00
1,786	00
	00

11. **Renters:** Enter rent you paid for 2017 from line 53 and/or 55 11. .....

	00
1,786	00

12. Multiply line 11 by 20% (0.20) 12.

13. **Total.** Add lines 10 and 12 ..... 13. .....

TOTAL HOUSEHOLD RESOURCES. If filing a joint return, include income from both spouses. If married filing separately, you must include Form 5049.

14. Wages, salaries, tips, sick, strike 21. Social and SUB pay, 21.

15. All interest and dividend income 22. Child interest) 15.parent payments .....

+

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

16.	Net business income (including net 23. enter "0" 16.compensation 23.	42,791 00	Security, SSI, and/or etc. 14.railroad retirement benefits		00
17.	Net royalty or rent income. If negative enter 24.	57 00	support and foster (including nontaxable 22.		00
18.	Retirement pension, annuity, and 25. Other IRA 25.	00	Unemployment farm income). If negative 24. Gifts or expenses paid on		00
19.	Capital gains less capital losses, (see benefits 26.	00	"0" 17.your behalf nontaxable income benefits 18.Describe:		00
		00	Workers'/veterans' disability instructions) 19.compensation/pension		00
20.	Alimony and other taxable income 27. FIP and	00	other MDHHS benefits Describe: 20.(Do not include food assistance)		00

27.

28. **SUBTOTAL.** Add lines 14 through 27 ..... **SUBTOTAL** 28. 42,848 00

Continue on page 2. This form cannot be processed if pages 2 and 3 are not completed and included.

1029 2017 25 01 27 2

Filer's Full Social Security Number

29.	Enter subtotal from line 28		29.	42,848 00
30.	Other adjustments (see instructions). Describe: STUDENT LOAN	2,500 00		
31.	Medical insurance/HMO premiums you paid for you and your family	00		
32.	Add lines 30 and 31		32.	2,500 00
33.	**TOTAL HOUSEHOLD RESOURCES.** Subtract line 32 from line 29. **If more than $50,000, STOP; you are not eligible for this credit**		33.	40,348 00
34.	Multiply line 33 by 3.5% (0.035) or by the percent in Table 2 (see instructions). If negative, enter "0"		34.	1,412 00
35.	Subtract line 34 from line 13 and enter the amount here. If line 34 is more than line 13, enter "0" and **STOP;** you are not eligible for this credit		35.	374 00

(see instructions)

PART 1: ALLOWABLE COMPUTATION Complete one of the sections below, either A, B, or C (see instructions). SECTION

A: SENIOR CLAIMANTS (if you checked only box 5a)

36.	Enter amount from line 35 36.			00
37.	Percentage from Table A (see instructions) that applies to the amount on line 33 37.	%		
38.	Multiply line 36 by line 37. Enter amount here and on line 42 (maximum $1,200)		38.	00

+

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

SECTION B: DISABLED CLAIMANTS (if you checked only box 5b, or both boxes 5a and 5b)

39. Enter amount from line 35 here and on line 42 (maximum $1,200) ..... 39. | 00

SECTION C: ALL OTHER CLAIMANTS (if you did not check box 5a or 5b)

40. Enter amount from line 35 ..... 40. | 374 00

Multiply amount on line 40 by 60% (0.60). Enter amount here and on line 42 (maximum $1,200) ..... 41. | 224 00

41.

PART 2: PROPERTY TAX CREDIT CALCULATION **All filers must complete this section.**

42. Enter amount from line 38, 39 or 41, or from Worksheet 3 (see instructions) for **FIP/MDHHS recipients** | 224 00

100 %

..... 42. | 224 00

43. Percentage from Table B (see instructions) that applies to the amount on line 33 ..... 43.

44. **PROPERTY TAX CREDIT.** Multiply amount on line 42 by percentage on line 43. Enter amount here and if you file an MI- 1040, carry this amount to MI- 1040, line 25 ..... 44.

NOTE: Seniors who pay rent (including rent paid to adult care facilities): Complete Worksheet 4 in the MI- 1040 book and enter amount from worksheet on line 44 (maximum $1,200).

Continue on page 3. This form cannot be processed if pages 2 and 3 are not completed and included.

Filer's Full Social Security Number

PART 3: HOMEOWNERS WHO MOVED IN 2017.

Report on lines 45 and 46 the addresses of the homesteads for which you are claiming a credit. **Homesteads with a taxable value greater than $135,000 are not eligible for this credit.**

45. Address where you lived on December 31, 2017, if different than reported on line 1 (Number, Street, City, State, ZIP Code).	Taxable Value	00
46. Address of homestead sold (moved from) during 2017 (Number, Street, City, State, ZIP Code).	Taxable Value	00

	HOMESTEAD	
	A. Moved Into	B. Moved From
Homeowners who moved during 2017, complete lines 47 through 51.		
47. Number of days occupied (total cannot be more than 365)	%	%
48. Divide line 47 by 365 and enter percentage here	00	00
49. Property taxes levied for calendar year 2017	00	00
50. **Prorated property taxes.** Multiply line 49 by the percentages on line 48	00	00
51. **Taxes eligible for credit.** Add line 50, columns A and B. Enter here and on line 10		

+

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

51.		00

PART 4: RENTERS

52. A Address of Homestead You Rented (Number, Street, Apt. #, City, State, ZIP Code)	B Landowner's Name and Address (City, State and ZIP Code)	C # Months Rented	D Monthly Rent		E Total Rent Paid	
				00		00
				00		00

53.	Total rent you paid (not more than 12 months). Add total rent for each period. Enter h line re and on 11	53.	00

PART 5: ALTERNATE HOUSING FACILITIES (see instructions)

54. If you lived in one of these types of facilities for all or part of 2017, check the appropriate box and see instructions.

a. ☐ Subsidized Housing: complete line 55. Enter result on line 11. b. ☐ Service Fee Housing: complete lines 55 and 56.

55.	Enter the total rent you paid in 2017 while a resident of an Alternate Housing Facility. Do not include amounts paid on your behalf by a government agency	55.	00
56.	If you checked box 54b, multiply line 55 by 10% (0.10) (see instructions). Enter here and on line 10	56.	00

57. **Special Housing:** If you lived in one of these types of facilities for all or part of 2017, check the appropriate box (see instructions).

☐ Cooperative Housing b. ☐ Home for the Aged c. Nursing Home ☐

d. ☐ Adult Foster Care Home e. ☐ Paid Room and Board

type
e 10

57. 00

58. Name and Address (including City, State and ZIP Code) of Housing Facility, Landowner, or Care Facility if you completed Part 5.

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

a. Routing Transit Number	b. Account Number	c. Type of Account
		1. ☐ Checking 2. ☐ 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

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
For Info Only - Do Not File	
Spouse's Signature	Date
For Info Only - Do Not File	

☐ By checking this box, I authorize Treasury to discuss my return with my preparer.

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

Preparer's Name (print or type)

Preparer's Business Name, Address and Telephone Number

a.

If you are also filing Form MI- 1040, include this form behind it. If not, mail this form to: **Michigan Department of Treasury, Lansing, MI 48956**

1029 2017 25 03 27 8

+

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

Schedule W 2017 MICHIGAN Withholding Tax Schedule

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

Attachment 13

Type or print in blue or black ink.

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

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123- 45- 6789)
MICHAEL	R	MCDERMOTT	
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 Enter "X" for: **Filer** or **Spouse**		B Employer's identification number (Example : 38-1234567)	C Box c - Employer's name	D Box 1 - Wages, tips, other compensation		E Box 17 - Michigan income tax withheld	
X		263305087	RANDSTAD PROFESSI	42791	00	1819	00
					00		00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable)							00
4. Enter total of Table 1, column E					4.	1819	

SUBTOTAL. 00

+

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

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

A Enter "X" for: Filer	A Spouse	B Payer's federal identification number (Example: 38-1234567)	C Payer's name	D Taxable pension distribution, misc. income, etc. (see inst.)		E 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
5. **SUBTOTAL.** Enter total of Table 2, column E					5.		00

1029 2017 57 01 275

Continue on page 2.

Name(s) **MICHAEL R MCDERMOTT** SSN

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

Before you begin:

- ✓ See the earlier instructions for line 44 to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 through line 43.
- ✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

1. Enter the amount from Form 1040, line 43. However, if you are filing Form 2555 or 2555- EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned

2. Enter the amount from Form 1040, line 9b* **2.** 54

☐ **Yes.** Enter the **smaller** of line 15 or 16 of Schedule D.If either line 15 or line 16 is blank or a loss, enter -0-

No. Enter the amount from Form 1040, line 13 **3.** 0

4. 54

If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form.

5. 0

Subtract line 5 from line 4. If zero or less, enter - 0- **6.** 54

Subtract line 6 from line 1. If zero or less, enter - 0- **7.** 26,495

$37,950 if single or married filing separately,
$75,900 if married filing jointly or qualifying widow(er),
$50,800 if head of household. **8.** 37,950

9. Enter the smaller of line 1 or line 8. . . . . **9.** 26,549

10. Enter the smaller of line 7 or line 9. . . . . **10.** 26,495

11. Subtract line 10 from line 9. This amount is taxed at 0% **11.** 54

12. 54

13. 54

14. 0

- $235,350 if married filing separately,
- $470,700 if married filing joint or qualifying widow(er), or

15. 418,400

16. 26,549

17. 26,549

18. Subtract line 17 from line 16, if zero or less enter - 0- **18.** 0

19. Enter the **smaller** of line 14 or 18. This amount is taxed at 15%. . . . . **19.**

20. Multiply line 19 by 15% (.15) **20.** 0

21. 54

22. Subtract line 21 from line 12. . . . . **22.**

23. Multiply line 22 by 20% (.20). This amount is taxed at 20% . . . . . **23.**

24. Figure the tax on the amount on line 7. If the amount on line 7 is less than $100,000, use the Tax Table to figure this tax. If the amount on line 7 is $100,000 or more, use the Tax Computation Worksheet. **24.** 3,505

25. 3,505

26. 3,513

Income Tax Worksheet **1.** 26,549

3. Are you filing Schedule D?*

4. Add lines 2 and 3 **5.**

Otherwise, enter -0-

6.

7.

DO NOT FILE

8. Enter:

12. Enter the smaller of line 1 or 6

13. Enter the amount from line 11 **14.** Subtract line 13 from line 12

15. Enter:

$418,400 if single,

$444,550 if head of household

16. Enter the **smaller** of line 1 or line 15

17. Add lines 7 and 11

21. Add lines 11 and 19

25. Add lines 20, 23, and 24

26. Figure the tax on the amount on line 1. If the amount on line 1 is less than $100,000, use the Tax Table to figure this tax. If the amount on line 1 is $100,000 or more, use the Tax Computation Worksheet

27. Tax on all taxable income. Enter the **smaller** of line 25 or line 26. Also include this amount on Form 1040, line 44. If you are filing Form 2555 or 2555- EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4

of the Foreign Earned Income Tax Worksheet **27.** 3,505

*If you are filing Form 2555 or 2555- EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

WS Sch D (2017) **FDD_WS-1WV 1.3**

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

Form 1040/1040A **Student Loan Interest Deduction Worksheet** 2017

Name **MICHAEL R MCDERMOTT** SSN

Total interest paid from Form 1098-E 2,637

Total interest paid in 2017 on qualified student loans . . . . . .

2,637

1. Enter the total interest you paid in 2017 on qualified student loans. **Do not enter more than $2,500** 1. 2,500

2. Enter your total income from Form 1040, line 22; 1040A, line 15 . . . . . 2. 42,848

3. Enter the total of amounts from 1040, lines 23 - 32; 1040A, lines 16-17 **3.**

4. Enter any amount you entered on the dotted line next to line 36, 1040 . . . . . 4.

5. Add the amounts on lines 3 and 4 . . . . . 5.

6. Subtract the amount on line 5 from the amount on line 2. . . . . 6. 42,848

7. Enter any foreign earned income exclusion and/or housing exclusion (Form 2555, line 45, or Form 2555-EZ, line 18) . . . . . 7.

8. Enter any housing deduction (Form 2555, line 50) . . . . . 8.

9. Enter the amount of income from Puerto Rico that you are excluding . . . . . 9.

10. Enter the amount of income from American Samoa that you are excluding (Form 4563, line 15) . . . . . 10.

11. Add the amounts on lines 6 through 10. This is your modified adjusted gross income 11. 42,848

12. Enter the amount shown below for your filing status 12. 65,000

- Single, head of household, or qualifying widow(er) - $65,000
- Married filing jointly - $135,000

13. Is the amount on line 11 more than the amount on line 12?

[X] **No.** Skip line 14, enter - 0- on line 15, and go to line 16.

[ ] **Yes.** Subtract line 12 from line 11 . . . . . 13.

14. Divide line 13 by $15,000 ($30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000 . . . . . 14.

15. Multiply line 1 by line 14 . . . . . 15. 0

16. **Student loan interest deduction.** Subtract line 15 from line 1. Enter the result here and on Form 1040, line 33; 1040A, line 18. **Do not** include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) 16. 2,500

DO NOT FILE

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.