MICHAEL R MCDERMOTT

Tax Return Signature/Consent to Disclosure
On-Line Self Select PIN without Direct Debit

Perjury Statement

Under penalties for 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.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgement of receipt or reason for rejection of transmission; b) an indication of any refund offset; c) the reason for any delay in processing or refund; and, d) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self Select PIN below.

Taxpayer's PIN:	
Taxpayer's Date of Birth:	01/30/1987
Taxpayer's Prior Year Adjusted Gross Income:	44,968.
Taxpayer's Prior year PIN	
Taxpayer's Electronic Filing PIN	
Spouse's PIN:	
Spouse's Date of Birth:	
Spouse's Prior Year Adjusted Gross Income:	
Spouse's Prior year PIN	
Spouse's Electronic Filing PIN	

Date: 02/09/2021

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

8453OL(D) (2020) FD8453OD-1WV 1.0

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

Michigan Department of Treasury
2808 (Rev. 07- 20)

2020 MICHIGAN Individual Income Tax Certification for e- file MI- 8453

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.	75,421 00
5. Total Michigan income tax from line 20	5.	3,004 00
6. Michigan tax withheld from line 29	6.	3,215 00
7. Tax due from line 33	7.	00
8. Refund from line 36	8.	00

Form MI- 1040CR, *Homestead Property Tax Credit Claim*

9. Homestead Property Tax Credit from line 44	9.	86 00

Form MI- 1040 CR- 7, *Home Heating Credit Claim*

10. Home Heating Credit Claim from line 47	10.	00

4.

City of Detroit Tax Return Information

11. Adjusted Gross Income or Wages from Form 5118, line 9, Form 5119, line 9, or Form 5120, line 10 (Column A)	11.	00
12. Tax Due from Form 5118, line 22e, Form 5119, line 24e, or Form 5120, line 41e	12.	00
13. Refund from Form 5118, line 25, Form 5119, line 27, or Form 5120, line 44	13.	00

PART 2: CERTIFICATION 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 and/or City of Detroit 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 PAID PREPARER CERTIFICATION

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 Signature	Date	ERO is (check all that apply)	ERO's SSN or PTIN
COPY ONLY		☐ Paid Preparer ☐ Self-Employed	

Firm's Name (or yours if self- employed)	FEIN

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

Preparer's Name (print or type)	Check if self- employed ☐

Preparer's Signature	Date	PTIN

Firm's Name	Firm's EIN

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

1029 **Complete this form only if you are e- filing a Michigan or City of Detroit unlinked (standalone) return.**

8453D (2020) **MI8453D-1WV 1.81**

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

H&R BLOCK®

2020 Federal Tax Return Filing Instructions

FOR THE YEAR ENDING

December 31, 2020

Prepared for	MICHAEL R MCDERMOTT
Tax Summary	Gross Income ..... $ 75,633 Adjusted Gross Income ..... $ 75,421 Total Deductions ..... $ 12,400 Total Taxable Income ..... $ 63,021 Total Tax ..... $ 9,656 Total Payments ..... $ 8,137 Refund Amount ..... $ 0 Amount You Owe ..... $ 1,519
Make check payable to	United States Treasury
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.

Instructions

STEP 1 - Once your e-filed return has been accepted, you will receive an e-mail STEP 2 - Keep a copy

Print a copy of the return for your records.

Please attach a copy of each W-2, W-2G, 1099G and 1099R to your return.

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

STEP 3 - Pay the balance due on your taxes

If you elected to pay your balance due amount with an Easy Pay Line of Credit or with your credit card, you do not need to mail any payment.

Otherwise, make your check or money order for $1519 payable to the United States Treasury. Do not send cash.

Write the following on your check or money order:
2020 Form 1040
MICHAEL R MCDERMOTT's name and address
MICHAEL R MCDERMOTT's daytime phone number
MICHAEL R MCDERMOTT's Social Security Number Mail your check or money order along with the Form 1040-V voucher to the address below by May 17, 2021. Do not staple or otherwise attach the payment to the voucher. Instead, just place it loose in the envelope with the Form 1040-V voucher.

Internal Revenue
Service
P.O. Box 802501
Cincinnati, OH 45280-2501

Checklist (2020) **FDCHECKE-1WV 1.0**

Ver 0341

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

Michigan Department of Treasury
2808 (Rev. 07- 20)

2020 MICHIGAN Individual Income Tax Certification for e- file MI- 8453

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*

75,421	00
3,004	00
3,215	00
	00
86	00

4. Total federal adjusted gross income from line 10 . . . . . 4.
5. Total Michigan income tax from line 20 . . . . . 5.
6. Michigan tax withheld from line 29 . . . . . 6.
7. Tax due from line 33 . . . . . 7.
8. Refund from line 36 . . . . . 8.

Form MI-1040CR, *Homestead Property Tax Credit Claim*

9. Homestead Property Tax Credit from line 44 . . . . . 9.

Form MI-1040 CR-7, *Home Heating Credit Claim*

10. Home Heating Credit Claim from line 47 . . . . . 10.

City of Detroit Tax Return Information

11. Adjusted Gross Income or Wages from Form 5118, line 9, Form 5119, line 9, or Form 5120, line 10 (Column A) 11.	00
12. Tax Due from Form 5118, line 22e, Form 5119, line 24e, or Form 5120, line 41e . . . . 12.	00
13. Refund from Form 5118, line 25, Form 5119, line 27, or Form 5120, line 44 13.	00

PART 2: CERTIFICATION 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 and/or City of Detroit 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 PAID PREPARER CERTIFICATION

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 Signature	Date	ERO is (check all that apply) ☐ Paid Preparer ☐ Self-Employed	ERO's SSN or PTIN

Firm's Name (or yours if self- employed)	FEIN

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

Preparer's Name (print or type)	Check if self- employed ☐

Preparer's Signature	Date	PTIN

Firm's Name	Firm's EIN

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

1029 **Complete this form only if you are e- filing a Michigan or City of Detroit unlinked (standalone) return.**

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

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

O Department of the Treasury - Internal Revenue Service (99) **2020**

R **1040**

M **U.S. Individual Income Tax Return** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er)(QW)

F

Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person

Your first name and middle initial	Last name	**Your social security number**
MICHAEL R	**MCDERMOTT**	
If joint return, spouse's first name and middle initial	Last name	**Spouse's social security no.**

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Presidential Election Campaig
652 FOREST ST		Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will no change your tax or refund.
City, town, or post office. If you have a foreign address, also complete spaces below.	State / ZIP code	
WESTLAND	**MI** **48186**	
Foreign country name / Foreign province/state/county / Foreign postal code		[X] **You** [ ] **Spouse**

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] **Yes** [X] **No**

one box. is a child but not your dependent▶

t

Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent

a separate return or you were d

alien

[ ]

Standard Deduction

Age/Blindness **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instrs. and check here ▶ ☐	**(1)** First name Last name	**(2)** Social security no.	**(3)** Relationship to you	**(4)** ✓ if qualifies for (see inst.): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Attach Sch. B if required.

Standard Deduction for -
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- If you checked any box under *Standard Deduction*, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	75,633.
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐				7	
8	Other income from Schedule 1, line 9				8	0.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶				9	75,633.
10	Adjustments to income:					
a	From Schedule 1, line 22		10a	212.		
b	Charitable contributions if you take the standard deduction. See instr.		10b			
c	Add lines 10a and 10b. These are your **total adjustments to income** ▶				10c	212.
11	Subtract line 10c from line 9. This is your **adjusted gross income** ▶				11	75,421.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	12,400.
13	Qualified business income deduction. Attach Form 8995 or Form 8995- A				13	
14	Add lines 12 and 13				14	12,400.
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter - 0-				15	63,021.

Form **1040** (2020)

KBA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.**

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

	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	9,656.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,656.
	19	Child tax credit or credit for other dependents	19	
	20	Amount from Schedule 3, line 7	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	9,656.
	23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
	24	Add lines 22 and 23. This is your **total tax** ▶	24	9,656.
	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 8,137.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	8,137.
● If you have a qualifying child, attach Sch. EIC	26	2020 estimated tax payments and amount applied from 2019 return	26	
	27	Earned income credit (EIC) — 27:		
● If you have nontaxable combat pay, see instructions.	28	Additional child tax credit. Attach Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Recovery rebate credit. See instructions — 30:		
	31	Amount from Schedule 3, line 13 — 31:		
	32	Add lines 27 through 31. These are your **total other payments and refundable credits** ▶	32	
	33	Add lines 25d, 26, and 32. These are your **total payments** ▶	33	8,137.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	35a	
Direct deposit? See instructions.	▶b	Routing number _____ ▶ c Type: ☐ Checking ☐ Savings		
	▶d	Account number _____		
	36	Amount of line 34 you want **applied to your 2021 estimated tax** ▶ 36:		
Amount You Owe For details on how to pay, see instructions.	37	Subtract line 33 from line 24. This is the **amount you owe now** ▶	37	1,519.
		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	38	Estimated tax penalty (see instructions) ▶ 38:		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ▶ ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an ID Protection PIN, enter it here (see inst.)
		RECRUITER	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an ID Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparers Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name ▶			Phone no.	
Firm's address ▶			Firm's EIN ▶	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to *www.irs.gov/Form1040* for instructions and the latest information.**

OMB No. 1545-0074

2020

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

MICHAEL R MCDERMOTT

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040- SR, or 1040- NR, line 8	9	0.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee- basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	212.
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	212.

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

H&R BLOCK®

2020 STATE TAX RETURN FILING INSTRUCTIONS

MICHIGAN **FOR THE**

YEAR ENDING

December 31, 2020

Prepared for	MICHAEL R MCDERMOTT
Tax Summary	Gross Income ..... $ 75,421 Adjusted Gross Income ..... $ 75,421 Total Deductions ..... $ 4,750 Total Taxable Income ..... $ 70,671 Total Tax ..... $ 3,004 Total Payments ..... $ 3,215 Refund Amount ..... $ 86 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.

2020 MICHIGAN Individual Income Tax Return MI- 1040

Amended Return ☐
(Include Schedule AMD)

Return is due April 15, 2021. 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	State	ZIP Code	4. School District Code (5 digits - see page 60)
WESTLAND	MI	48186	82160

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. [X] Filer

b. Spouse ☐

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

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

7. **2020 FILING STATUS.** Check one.

a. [X] 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. **2020 RESIDENCY STATUS.** Check all that apply.

a. [X] Resident

b. ☐ Nonresident*

c. ☐ Part-Year Resident*

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

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

+

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

a. Number of exemptions (see instructions)	9a.	x $4,750	1	9a.	4,750 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 $2,800		9b.	00
NON- REFUNDABLE CREDITS		**AMOUNT**		**CREDIT**	
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)	18a.	18b.	0		
c. Number of qualified disabled veterans	9c.	x $400		9c.	00
d. Number of Certificates of Stillbirth from MDHHS (see instructions)	9d.	x $4,750		9d.	00
e. Claimed as dependent, see line 9 NOTE above	9e.	☐		9e.	00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15				9f.	4,750 00
10. **Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions)**				10.	75,421 00
11. Additions from Schedule 1, line 9 **Include Schedule 1**				11.	00
12. **Total.** Add lines 10 and 11				12.	75,421 00
13. Subtractions from Schedule 1, line 29 **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.	75,421 00
15. **Exemption allowance** Enter amount from line 9f or Schedule NR, line 19				15.	4,750 00
16. **Taxable income.** Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"				16.	70,671 00
17. **Tax.** Multiply line 16 by 4.25% (0.0425)				17.	3,004 00
19. Michigan Historic Preservation Tax Credit carryforward (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"		00		00	20. 3,004 00

1029 2020 05 01 27 7 **Continue on page 2. This form cannot be processed if page 2 is not completed and included.**

MI-1040 (2020) **MI1040-1WV 1.22**

Filer's Full Social Security Number

21. Enter amount of Income Tax from line 20	21.	3,004	00
22. Voluntary Contributions from Form 4642, line 6 **Include Form 4642**	22.	125	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.	3,129	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.	00
26.	**Farmland Preservation Tax Credit. Include MI-1040CR-5**		26.	00
		FEDERAL		**MICHIGAN**
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.	3,215 00
30.	Estimated tax, extension payments and 2019 credit forward		30.	00
31.	**2020 AMENDED RETURNS ONLY.** Taxpayers completing an original 2020 return should skip to line 32. Amended returns must **include Schedule AMD (see instructions)**			
31a.	☐ 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.	☐ 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.	3,215 00

REFUND OR TAX DUE

33.	If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. 00 Include penalty and interest **YOU OWE** 33. 00		0 00
34.	**Overpayment.** If line 32 is greater than line 24, subtract line 24 from line 32 34.		86 00
35.	**Credit Forward.** Amount of line 34 to be credited to your 2021 estimated tax for your 2021 tax return	35.	00
36.	Subtract line 35 from line 34 **REFUND** 36.		86 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
		1. [X] Checking 2. [ ] Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2019, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04- 15- 2020 (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: **For Info Only - Do Not File** | Date

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

☐ 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 Signature

Preparer's Business Name, Address and Telephone Number

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**

1029 2020 05 02 27 5

+

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

2020 MICHIGAN Withholding Tax Schedule

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

Type or print in blue or black ink. **Attachment 13**

INSTRUCTIONS: If you had Michigan income tax withheld in 2020, 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 (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI- 1040. 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	A 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		38-3144240	SUN COMMUNITIES	58935	00	2505	00
X		38-1810301	CITY OF WESTLAND	16698	00	710	00
					00		00
					00		00
					00		00
							00

Enter Table 1 Subtotal from additional Schedule W forms (if applicable) 3215

SUBTOTAL. Enter total of Table 1, column E 4. 00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) 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

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. 3215 00

+

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

1029 2020 57 01 27 8

Michigan Department of Treasury
4642 (Rev. 05- 20)

MI-1040-SchW (2020) **MIW-1WV 1.0**
Issued under authority of Public Act 281 of 1967, as amended.

2020 MICHIGAN Voluntary Contributions Schedule

INSTRUCTIONS: Use this schedule to make a donation from your refund to any of the organizations listed below. If you are not receiving a refund, your donation will increase your tax due. Check the box associated with the dollar amount you wish to contribute in columns A or B or enter a specific dollar amount greater than $10 in the space provided in column C. Enter the total of your contribution for each line in column D. For detailed descriptions of each fund, see separate page. Include with Form MI-1040.

Attachment 18

Type or print in blue or black ink.

Filer's First Name	M.I.	Last Name	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	Spouse's Full Social Security No. (Example: 123- 45- 6789)

		A.	B.	C. Other Amount (greater than $10)	D. Total Contribution
1.	American Red Cross Michigan Fund	☐ $5	☐ $10	$1. 25 00	25 00
2.	Animal Welfare Fund	☐ $5	☐ $10	$2. 25 00	25 00
3.	Children's Trust Fund - Prevent Child Abuse Michigan	☐ $5	☐ $10	25 00	25 00
4.	Military Family Relief Fund	☐ $5	☐ $10	25 00	25 00
5.	United Way Fund	☐ $5	☐ $10	$3. 25 00	25 00
				$4.	125 00
				$5.	

6. Add column D, lines 1 through 5. Enter total of column D here and carry amount to your MI- 1040, line 226.

This form must be included with your MI- 1040 to ensure your contributions are properly credited to the designated fund(s).

+

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

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

Standard Deduction Worksheet- Line 12

Use this worksheet **only** if someone can claim you, or your spouse if filing jointly, as a dependent.

1. Check if:
- ☐ **You** were born before January 2, 1956
- ☐ You are blind
- ☐ **Spouse** was born before January 2, 1956
- ☐ Spouse is blind

Total number of boxes checked . . . . . **1.** _____

2. Enter the amount shown below for your filing status. Single or married filing separately - $12,400
- Married filing jointly - $24,800
- Head of household - $18,650

. . . . . **2.** _____

3. Can you (or your spouse if filing jointly) be claimed as a dependent?
- ☐ **No.** Skip line 4; enter the amount from line 2 on line 5a.
- ☐ **Yes.** Go to line 4.

4. Is your **earned income*** more than $750?
- ☐ **Yes.** Add $350 to your earned income. Enter the total
- ☐ **No.** Enter $1,100

. . . . . **4.** _____

5. Standard deduction.

a. Enter the **smaller** of line 2 or 4 as indicated. If born after January 1, 1956, and not blind, **stop here** and enter this amount on Form 1040 or 1040- SR, line 12. Otherwise, go to line 5b **5a.** _____

b. If born before January 2, 1956, or blind, multiply the number on line 1 by $1,300 ($1,650 if single or head of household) . **5b.** _____

c. Add lines 5a and 5b. Enter the total here and on Form 1040 or 1040- SR, line 12 . . **5c.** _____

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040- SR, line 1,and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.*

DO NOT FILE

Form 1040 **Student Loan Interest Deduction Worksheet** 2020

Name MICHAEL R MCDERMOTT SSN _____

Total interest paid from Form 1098-E 339

Total interest paid in 2020 on qualified student loans 339

1. Enter the total interest you paid in 2020 on qualified student loans. **Do not enter more than $2,500** **1.** 339

2. If you are not excluding unemployment compensation from income, enter the amount from Form 1040 or 1040-SR, line 9.
If you are excluding unemployment compensation from income, enter the amount from Form 1040 or 1040- SR, lines 1, 2b, 3b, 4b, 5b, 6b, 7, Schedule 1, lines 1 through 7, and line 3 of the Unemployment Compensation Exclusion Worksheet **2.** 75,633

3. Enter the total of amounts from Form 1040 or 1040- SR, line 10b, and Schedule 1, lines 10 through 19 **3.** _____

4. Enter any amount you entered on the dotted line next to Schedule 1, line 22 . . . . . **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.** 75,633

7. Enter any foreign earned income exclusion and/or housing exclusion (Form 2555, line 45) **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.** 75,633

12. Enter the amount shown below for your filing status **12.** 70,000
- Single, head of household, or qualifying widow(er) - $70,000
- ☐ Married filing jointly - $140,000

13. Is the amount on line 11 more than the amount on line 12?
- **No.** Skip line 14, enter - 0- on line 15, and go to line 16.
- ☒ **Yes.** Subtract line 12 from line 11 . . . . . **13.** 5,633

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.** 0.3755

15. Multiply line 1 by line 14 **15.** 127

16. Student loan interest deduction. Subtract line 15 from line 1. Enter the result here and on Schedule 1, line 20.

Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) **16.** 212

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

MICHAEL R MCDERMOTT

Recovery Rebate Credit Worksheet- Line 30

1. Can you be claimed as a dependent on another person's 2020 return? If filing a joint return, go to line 2.

[X] **No.** Go to line 2.

[ ] **Yes.** You can't take the credit. **Stop** here. Don't complete the rest of this worksheet and don't enter any amount on line 30.

2. Does your 2020 return include a valid social security number (defined under Valid social security number; earlier) for you and, if filing a joint return, your spouse?

[X] **Yes.** Skip lines 3 and 4, and go to line 5.

[ ] **No.** If you are filing a joint return, go to line 3.

If you aren't filing a joint return, **Stop** you can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.

3. Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number (defined under Valid social security number, earlier)?

[ ] **Yes.** Your credit is not limited. Go to line 5.

[ ] **No.** Go to line 4.

4. Does one of you have a valid social security number (defined under Valid social security number, earlier)?

[ ] **Yes.** Your credit is limited. Go to line 5.

[ ] **No. Stop** here. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.

5. If your EIP 1 was $1,200 ($2,400 if married filing jointly) plus $500 for each qualifying child you had in 2020, skip lines 5 and 6, enter zero on lines 7 and 16, and go to line 8. Otherwise, enter:

- $1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or
- $2,400 if married filing jointly and you answered "Yes" to question 2 or 3 . . . . . **5.**

6. Multiply $500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040- SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number **6.**

7. Add lines 5 and 6 . . . **7.** 0 . . . . . **7.**

8. If your EIP 2 was $600 ($1,200 if married filing jointly) plus $600 for each qualifying child you had in 2020, skip lines 8 and 9, enter zero on lines 10 and 19, and go to line 11. Otherwise, enter:

- $600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or
- $1,200 if married filing jointly and you answered "Yes" to question 2 or 3 . . . . . **8.**

9. Multiply $600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040- SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number **9.**

10. Add lines 8 and 9 **10.** 0 . . . . . **10.**

11. Enter the amount from line 11 of Form 1040 or 1040- SR **11.** 75,421 . . . . . **11.**

12. Enter the amount shown below for your filing status:

- $150,000 if married filing jointly or qualifying widow(er)
- $112,500 if head of household
- $75,000 if single or married filing separately **12.** 75,000

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

[ ] **No.** Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.

[X] **Yes.** Subtract line 12 from line 11 **13.** 421 . . . . . **13.**

14. Multiply line 13 by 5% (0.05) **14.** 21 . . . . . **14.**

15. Subtract line 14 from line 7. If zero or less, enter - 0- **15.** 0

16. Enter the amount, if any, of the EIP 1 that was issued to you (before offset for any past- due child support payment). . . .

You may refer to Notice 1444 on your tax account information at *IRS.gov/Account* for the amount to enter here **16.** 0

17. Subtract line 16 from line 15. If zero or less, enter - 0- . If line 16 is more than line 15, you don't have to pay back . . . . . **17.**

DO NOT FILE

the difference	**17.**	0
18. Subtract line 14 from line 10. If zero or less, enter - 0-	**18.**	0
19. Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444- B or your tax account information at *IRS.gov/Account* for the amount to enter here	**19.**	0
20. Subtract line 19 from line 18. If zero or less, enter - 0- . If line 19 is more than line 18, you don't have to pay back the difference	**20.**	0
21. Recovery rebate credit. Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR	**21.**	0

WS 1040 (2020) **FD1040WS-1WV 1.0**

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

2020 Form 1040-V Department of the Treasury **Internal Revenue Service**

Detach Coupon Below

Before Mailing

Make your check payable to the 'United States Treasury'.
Include in the check's memo section '2020 FORM 1040' and your SSN.

Mail payment voucher to:

INTERNAL REVENUE SERVICE
P. O. BOX 802501
CINCINNATI, OH 45280-2501

▼ **Detach Here and Mail With Your Payment and Return KBA** Form **1040- V** (2020) **Internal**

Revenue Service Department of the Treasury OMB No. 1545- **2020** 0074 **Form 1040-V Payment**

Voucher

you are paying by check or Dollars Form 1040, Form 1040SR, or Form 1040NR. **or**

money order. Make your check or

Enter your SSN on your check or money orderIf your name, address, or SSN is incorrect, see instructions.money order payable to **"United States Treasury"** **1,519.**

1029

MICHAEL R MCDERMOTT
652 FOREST ST
WESTLAND MI 48186

INTERNAL REVENUE SERVICE
P O BOX 802501
CINCINNATI OH 45280-2501