Michigan Department of Treasury
2808 (Rev. 08- 18)

2018 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		State	ZIP Code
WESTLAND		MI	48186

The taxpayer should obtain and keep a copy of the return.

Form MI- 1040, *Individual Income Tax Return*

Total federal adjusted gross income from line 10		27,303 00
Total Michigan income tax from line 20	5.	988 00
Michigan tax withheld from line 29	6.	1,208 00
Tax due from line 33	7.	817 00
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.	972 00

PART 1: TAX RETURN INFORMATION.

4. 5.
6.
7. 8.

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. 13. Refund from Form 5118, line 25, Form 5119, line 27, or Form 5120, line 44 13.		00
		00

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 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 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 **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 (2018) **MI8453D-1WV 1.81**

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H&R BLOCK®

2018 Federal Tax Return Filing Instructions

FOR THE YEAR ENDING

December 31, 2018

Prepared for MICHAEL R MCDERMOTT

Tax Summary

Adjusted Gross Income	$ 29,383
Total Deductions	$ ~~27,303~~
Total Taxable Income	$ 12,000
Total Tax	$ 12,000 $
Total Payments	15,303 $ ~~1,637~~
Refund Amount	~~3,205~~
Amount You Owe	$ ~~1,568~~
Gross Income	$ 0

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

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.

Checklist (2018) **FDCHECKE-1WV 1.0**
Michigan Department of Treasury
2808 (Rev. 08- 18)

2018 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		State	ZIP Code
WESTLAND		**MI**	**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	27,303 00
5. Total Michigan income tax from line 20	988 00
6. Michigan tax withheld from line 29	1,208 00
7. Tax due from line 33	817 00
8. Refund from line 36	00
Form MI-1040CR, *Homestead Property Tax Credit Claim*	
9. Homestead Property Tax Credit from line 44	972 00
Form MI-1040 CR-7, *Home Heating Credit Claim*	
10. Home Heating Credit Claim from line 44	10.4.

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. 13. Refund from Form 5118, line 25, Form 5119, line 27, or Form 5120, line 44 13.	00
	00

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 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 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.**

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

RM **U.S. Individual Income Tax Return** | 2018 | 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 | Head of household | Qualifying widow(er)

Your first name and initial	Last name	Your social security number
MICHAEL R	MCDERMOTT	

Your standard deduction: Someone can claim you as a dependent | You were born before January 2, 1954 | You are blind

If joint return, spouse's first name and initial	Last name	Spouse's social security no.

Spouse standard deduction: Someone can claim your spouse as a dependent | Spouse was born before January 2, 1954 | X Full- year health care coverage or exempt (see inst.) | Spouse is blind

Spouse itemizes on a separate return or you were dual- status alien

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Presidential Election Campaign (see inst.)
652 FOREST ST		✓ X You ✓ Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6		If more than four dependents, see inst. and here
WESTLAND, MI 48186		

Dependents (see instructions):	**(2)** Social security no.	**(3)** Relationship to you	**(4)** if qualifies for (see inst.):
(1) First name Last name			Child tax credit / Credit dependentsfor other

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.

Sign Here

Joint return? See instructions.	Your signature	Date	Your occupation	If the IRS sent you an ID Protection PIN, enter it here (see inst.)
Keep a copy for your records.	If the IRS sent you an ID Protection PIN, enter it here (see inst.)	Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation
			RECRUITER	

Paid Preparers Use Only	Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if: 3rd Party Designee
	Firm's name Firm's address		Phone no.		self- employed

KBA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.** Form **1040** (2018) **1040 (2018)**
FD1040S-1WV 1.25

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

	2a Tax-exempt interest	2a		**b** Taxable interest		2b	
	3a Qualified dividends	3a	74.	**b** Ordinary dividends	3b	79.	**4a** IRAs, pensions, and annuities 4a
	b Taxable amount 4b						
Standard	**5a** Social security benefits	5a		**b** Taxable amount		5b	
Deduction for -	**6** Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22					6	29,383.
Single or married filing separately, $12,000	**7** Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6					7	27,303.
● Married filing jointly or Qualifying widow(er), $24,000	**8** **Standard deduction or itemized deductions** (from Schedule A)					8	12,000.
● Head of household, $18,000	**9** Qualified business income deduction (see instructions)					9	
● If you checked any box under Standard deduction,	**10** Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter - 0-					10	15,303.
	11 **a** Tax (see inst) 1,637. (check if any from: 1 Form(s) 8814 2 Form 4972 3)						
	b **Add** any amount from Schedule 2 and check here					11	1,637.
	12 **a** Child tax credit/credit for other dependents			**b** Add any amount from Schedule 3 and check here		12	
	13 Subtract line 12 from line 11. If zero or less, enter - 0-					13	1,637.
	14 Other taxes. Attach Schedule 4					14	
	15 Total tax. Add lines 13 and 14					15	1,637.
	16 Federal income tax withheld from Forms W-2 and 1099					16	3,205.
	17 Refundable credits: ~~**a** EIC (see inst.)~~ ~~**b** Sch 8812~~ **c** Form 8863 **Add** any amount from Schedule 5					17	
	18 Add lines 16 and 17. These are your total payments					18	3,205.
Refund	**19** If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you **overpaid**						
	20a Amount of line 19 you want **refunded to you.** If Form 8888 is attached, check here					20a	1,568.
Direct deposit?	**b** Routing number 272479388			**c** Type: [X] Checking	[ ] Savings		
	1 Wages, salaries, tips, etc. Attach Form(s) W-2					1	29,304.

19 1,568.

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See instructions.

d Account number

21 Amount of line 19 you want **applied to your 2019 estimated tax** 21

Amount You Owe

22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions 22

23 Estimated tax penalty (see instructions) 23

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form **1040** (2018)

SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► Attach to Form 1040.
► Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment Sequence No. **01**

Name(s) shown on Form 1040

MICHAEL R MCDERMOTT

Your social security number

Additional Income	1-9b	Reserved	1-9b	
	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	Reserved	15b	
	16a	Reserved	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	Reserved	20b	
	21	Other income. List type and amount ►	21	
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. 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	2,080.
	34	Reserved	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	2,080.

KBA For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 1 (Form 1040) 2018 1040 (2018) FD1040S-3WV 1.25

H&R BLOCK®

2018 STATE TAX RETURN FILING INSTRUCTIONS

MICHIGAN

FOR THE YEAR ENDING

December 31, 2018

Prepared for	MICHAEL R MCDERMOTT

Tax Summary	Gross Income	$	27,303
	Adjusted Gross Income	$	27,303
	Total Deductions	$	4,050
	Total Taxable Income	$	23,253
	Total Tax	$	988
	Total Payments $ Refund Amount $		2,025
	Amount You Owe $		972
			0
Make check payable to	Not Applicable		
Mailing Address	Not Applicable		

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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.

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

2018 MICHIGAN Individual Income Tax Return MI- 1040

Amended Return ☐
(Include Schedule AMD)

Return is due April 15, 2019.

Type or print in blue or black ink.

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 refund.

a. [X] Filer

b. [ ] Spouse

your tax or reduce

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

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

7. **2018 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. **2018 RESIDENCY STATUS.** Check all that apply. a. [X] 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.).

a. Number of exemptions (see instructions) 9a. x $4,050 b. Number of individuals who qualify for one of the following special

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exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	1	9b.x $2,700	4,050	00
				00
9a.				00
9b.				
9c.				00
9d.				
9e.			4,050	00
			27,303	00
				00
			27,303	00
				00
			27,303	00
			4,050	00
			23,253	00
			988	00

c. Number of qualified disabled veterans ..... 9c. x $400

..... 9d. ☐

e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15 .....

10. **Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions)** ..... 10.

11. Additions from Schedule 1, line 9 **Include Schedule 1** ..... 11.

12. **Total.** Add lines 10 and 11 ..... 12.

13. Subtractions from Schedule 1, line 27 **Include Schedule 1** ..... 13.

14. **Income subject to tax.** Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" ..... 14.

15. **Exemption allowance** Enter amount from line 9e or Schedule NR, line 19 ..... 15.

16. **Taxable income.** Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" ..... 16.

17. **Tax.** Multiply line 16 by 4.25% (0.0425) ..... 17. d. Claimed as dependent, see line 9 NOTE above

NON- REFUNDABLE CREDITS	AMOUNT	CREDIT
18. Income Tax Imposed by government units outside Michigan.		

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Include a copy of the return (see instructions)	18a.	18 b.		00	00
19. Michigan Historic Preservation Tax Credit carryforward and/or Business Investment Tax Credit (see instructions)	19 a.	00		Small	00
				19 b.	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.	988 00

1029 2018 05 01 27 2 **Continue on page 2. This form cannot be processed if page 2 is not completed and included.**

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Filer's Full Social Security Number

21.	Enter amount of Income Tax from line 20	21.	988 00
22.	Voluntary Contributions from Form 4642, line 10 **Include Form 4642**	22.	65 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.	1,053 00

REFUNDABLE CREDITS AND PAYMENTS

25.	**Property Tax Credit. Include MI-1040CR or MI-1040CR-2**	25.	817 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.	1,208 00
30.	Estimated tax, extension payments and 2017 credit forward			30.	00

31. **2018 AMENDED RETURNS ONLY.** Taxpayers completing an original 2018 return should skip to line 32. Amended returns must **include Schedule AMD (see instructions)**

31a. ☐ 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.	2,025 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.	972 00
35.	**Credit Forward.** Amount of line 34 to be credited to your 2019 estimated tax for your 2019 tax return	35.	00
36.	Subtract line 35 from line 34 **REFUND** 36.		972 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, 2017, enter dates below. ***ENTER DATE OF DEATH ONLY.*** Example: 04- 15- 2018 (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

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

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☐ 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**

1029 2018 05 02 27 0

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 Amended Return ☐

2018 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	State	ZIP Code	4. School District Code (5 digits - see page 60)
WESTLAND	MI	48186	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. ☐ b.Deaf, blind, totally and permanently disabled. ☐ hemiplegic, paraplegic, quadriplegic, or who was 65 or older

6. **2018 FILING STATUS:** Check one.
a. ☒ Single
☐ b.Married filing jointly
☐ c.Married filing separately **(Include Form 5049)**

7. **2018 RESIDENCY STATUS:** *If you checked box "c," enter dates of Michigan residency in 2018. Check all that apply. Enter dates as MM-DD-YYYY (Example: 04-15-2018).
a. ☒ Resident
☐ b.Nonresident FROM:
c.Part-Year Resident*TO:

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 2018 **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 farmland	9.	46,600 00
10. Property taxes levied on your home for 2018 (see instructions) or amount from line 51, 56 and/or 57	10.	2,236 00
11. **Renters:** Enter rent you paid for 2018 from line 53 and/or 55	11.	00
12. Multiply line 11 by 23% (0.23)	12.	2,236 00

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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.	29,304 00	Security, SSI, and/or etc. 14.railroad retirement benefits	00
15. All interest and dividend income 22. Child interest) 15.parent payments net 23.	79 00	support and foster (including nontaxable 22. 16. Net business income (including	00
Unemployment farm income). If 17. Net royalty or rent income. 24.	00	negative enter "0" 16.compensation 23. ..... Gifts or	00
If negative enter "0" 17.your behalf24.		expenses paid	00
18. Retirement pension, annuity, and 25. Other IRA benefits ..... 18.Describe:25.	00	on ..... nontaxable	00
19. Capital gains less capital losses,26. (see benefits ..... 26.	00	income _____	00
20. Alimony and other taxable income27. FIP _____		Workers'/veterans' disability instructions) 19.compensation/pension	00
27.	00	and other MDHHS benefits	00
28. **SUBTOTAL.** Add lines 14 through 27	00	Describe:20.(Do not include food assistance)	00

1029 2018 25 01 27 0

Filer's Full Social Security Number

28. 29,383 00 **SUBTOTAL**

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

29. Enter subtotal from line 28.		29.	29,383 00
30. Other adjustments (see instructions). _____	2,080 00	Describe: STUDENT	
31. Medical insurance/HMO premiums you paid for you and your family	31. 00		
32. Add lines 30 and 31		32.	2,080 00
33. **TOTAL HOUSEHOLD RESOURCES.** Subtract line 32 from line 29. **If more than $60,000, STOP; you are not eligible for this credit**		33.	27,303 00
34. Multiply line 33 by 3.2% (0.032) or by the percent in Table 2 (see instructions). If negative, enter "0"		34.	874 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.	1,362 00

LOAN 30.

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(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 — 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 $1,500) — 38. 00

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 $1,500) — 00

39.

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

40. Enter amount from line 35 — 1,362 00

40. 817 00

41. Multiply amount on line 40 by 60% (0.60).

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

100 %

42. Enter amount from line 38, 39 or 41, or from Worksheet 3 (see instructions) for **FIP/MDHHS recipients** — 817 00

817 00

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42.

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 $1,500).

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

1029 2018 25 02 27 8

Filer's Full Social Security Number

PART 3: HOMEOWNERS WHO MOVED IN 2018.

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, 2018, if different than reported on line 1 (Number, Street, City, State, ZIP Code).	Taxable Value	00
46. Address of homestead sold (moved from) during 2018 (Number, Street, City, State, ZIP Code).	Taxable Value	00

Homeowners who moved during 2018, complete lines 47 through 51.

	HOMESTEAD A. Moved Into		HOMESTEAD B. Moved From	
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 2018		00		00
50. **Prorated property taxes.** Multiply line 49 by the percentages on line 48				
51. **Taxes eligible for credit.** Add line 50, columns A and B. Enter here and on line 10			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

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53. Total rent you paid (not more than 12 months). Add total rent for each period. Enter here and on line 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 2018, 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 2018 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 2018, check the appropriate box (see instructions).

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

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

ype
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, 2017, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04- 15- 2018 (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 eparer.
p

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

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 2018 25 03 27 6

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Schedule W

2018 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 2018, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI- 1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI- 1040 where applicable. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	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	19904	00	808	00
X		381323848	DEMOCRATIC STATE	9400	00	400	00
					00		00
					00		00
					00		00
							00

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

4. **SUBTOTAL.** Enter total of Table 1, column E	4.	1208 00

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

A Enter "X" for: **Filer** or **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. Add lines 4 and 5. Enter here and carry to MI- 1040, line 29	6.	1208	
TOTAL.			00

2018 HRB Tax Group, Inc.

1029 2018 57 01 27 3

MI-1040-SchW (2018) **MIW-1WV 1.0**

Michigan Department of Treasury
4642 (Rev. 11- 18)

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

2018 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.

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123- 45- 6789)
MICHAEL	R	MCDERMOTT	[illegible]
If a Joint Return, Spouse's First Name	M.I.	Last Name	Spouse's Full Social Security No. (Example: 123- 45- 6789)

Type or print in blue or black ink.

Attachment 18

5	00
5	00

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Contribution	A.	B.	C. Other Amount (greater than $10)	D. Total
1. American Red Cross Michigan Fund		X	00	5 00
2. Animal Welfare Fund	X		00	5 00
3. Children's Trust Fund - Prevent Child	X		00	00
			00	00
5. Kiwanis Fund	$5		00	5 00
6. Lions of Michigan Foundation Fund	$5		00	20 00
7. Michigan World War II Legacy Memorial	X $5		00	20 00
8. Military Family Relief Fund	$5		00	65 00
9. United Way Fund	$5			

$5 $10 $2. 20 00

20 00

$5 $10 $1.

Abuse Michigan $5 $10 $3.

4. Fostering Futures Scholarship Trust Fund X $5 $10 $4.

$10 $5.

$10 $6.

Fund $10 $7.

$10 $8.

$10 $9.

10. Add column D, lines 1 through 9. Enter total of column D here and carry amount to your MI- 1040, line 2210.

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

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

Qualified Dividends and Capital Gain Tax Worksheet - Line 11a

Keep for Your Records

Before you begin:

- ✓ See the earlier instructions for line 11a to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 through line 10.
- ✓ 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 Schedule 1.

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1. Enter the amount from Form 1040, line 10. 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 3a*	**2.** 74	
☐	**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-	**3.** 0	
	No. Enter the amount from Schedule 1, line 13	**4.** 74	
	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.** 74	
	Subtract line 6 from line 1. If zero or less, enter - 0-	**7.** 15,229	
	$38,600 if single or married filing separately, $77,200 if married filing jointly or qualifying widow(er), $51,700 if head of household.	**8.** 38,600	
9.	Enter the smaller of line 1 or line 8.	**9.** 15,303	
10.	Enter the smaller of line 7 or line 9.	**10.** 15,229	
11.	Subtract line 10 from line 9. This amount is taxed at 0%	**11.** 74	
		12. 74	
		13. 74	
		14. 0	
	• $239,500 if married filing separately, • $479,000 if married filing joint or qualifying widow(er), or •	**15.** 425,800	
		16. 15,303	
		17. 15,303	
18.	Subtract line 17 from line 16, if zero or less enter - 0-	**18.** 0	
19.	Enter the **smaller** of line 14 or 18	**19.**	
20.	Multiply line 19 by 15% (.15)	**20.** 0	
		21. 74	
22.	Subtract line 21 from line 12.	**22.**	
		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.** 1,637	
		25. 1,637	
		26. 1,649	

DO NOT FILE

Income Tax Worksheet

1. 15,303

3. Are you filing Schedule D?*

☒

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

Otherwise, enter -0-

6.

7.

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:
$425,800 if single,

$452,400 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

23. Multiply line 22 by 20% (.20)

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 11a. If you are filing Form 2555 or 2555- EZ, do not enter this amount on Form 1040, line 11a. Instead, enter it on line 4

of the Foreign Earned Income Tax Worksheet..... _____

27. 1,637

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

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Form 1040

Student Loan Interest Deduction Worksheet

2018

Name MICHAEL R MCDERMOTT SSN

Total interest paid from Form 1098-E 2,080

Total interest paid in 2018 on qualified student loans 2,080

1. Enter the total interest you paid in 2018 on qualified student loans. **Do not enter more than $2,500** 1. 2,080
2. Enter your total income from Form 1040, line 6 . . . . . 2. 29,383
3. Enter the total of amounts from Schedule 1, lines 23 -32 . . . . 3.
4. Enter any amount you entered on the dotted line next to Schedule 1, line 36 . . . . . 4.
5. . . . . 5.
6. Subtract the amount on line 5 from the amount on line 2. . . . . 6. 29,383
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. 29,383
12. Enter the amount shown below for your filing status 12. 65,000
    - Single, head of household, or qualifying widow(er) - $65,000
    -
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.
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. 0

5. Add the amounts on lines 3 and 4

DO NOT FILE

Married filing jointly - $135,000



15. Multiply line 1 by line 14

16. Student loan interest deduction. Subtract line 15 from line 1. Enter the result here and on Schedule 1, line 33. **Do not** include this amount in figuring any other deduction on your return (such as

on Schedule A, C, E, etc.) **16.** 2,080

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