

2024 MICHIGAN Individual Income Tax Return MI-1040
Amended Return
 (Include Schedule AMD)
Return is due April 15, 2025. 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) — — —
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)			
City or Town		State	ZIP Code
4. School District Code (5 digits)			
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.		a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse	6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.
7. 2024 FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately*		8. 2024 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident *	

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

a. Number of exemptions (see instructions).....	9a. <input type="checkbox"/>	x \$5,600	9a. <input type="checkbox"/>	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9b. <input type="checkbox"/>	x \$3,300	9b. <input type="checkbox"/>	00
c. Number of qualified disabled veterans.....	9c. <input type="checkbox"/>	x \$500	9c. <input type="checkbox"/>	00
d. Number of Certificates of Stillbirth from MDHHS (see instructions)	9d. <input type="checkbox"/>	x \$5,600	9d. <input type="checkbox"/>	00
e. Claimed as dependent, see line 9 NOTE above	9e. <input type="checkbox"/>		9e. <input type="checkbox"/>	00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15			9f. <input type="checkbox"/>	00
10. Adjusted Gross Income from your U.S. Form 1040 (see instructions)	10. <input type="checkbox"/>			00
11. Additions from Schedule 1, line 9. Include Schedule 1	11. <input type="checkbox"/>			00
12. Total. Add lines 10 and 11	12. <input type="checkbox"/>			00
13. Subtractions from Schedule 1, line 31. Include Schedule 1	13. <input type="checkbox"/>			00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14. <input type="checkbox"/>			00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15. <input type="checkbox"/>			00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16. <input type="checkbox"/>			00
17. Tax. Multiply line 16 by 4.25% (0.0425)	17. <input type="checkbox"/>			00

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

NON-REFUNDABLE CREDITS

	AMOUNT	CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a. _____ 00	18b. _____ 00
19. Michigan Historic Preservation Tax Credit (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"	20. _____ 00	
21. Voluntary Contributions from Form 4642, line 6. Include Form 4642	21. _____ 00	
22. Penalty for nonqualified withdrawal from Form 5792, <i>Michigan First-Time Home Buyer Savings Program</i> , line 5	22. _____ 00	
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23. _____ 00	
24. Total Tax Liability. Add lines 20 through 23	24. _____ 00	

REFUNDABLE CREDITS AND PAYMENTS

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 30% (0.30) and enter result on line 27b.....	27a. _____ 00	27b. _____ 00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28. _____ 00	
29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....	29. _____ 00	
30. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	30. _____ 00	
31. Estimated tax, extension payments and 2023 credit forward	31. _____ 00	
32. 2024 AMENDED RETURNS ONLY. Taxpayers completing an original 2024 return should skip to line 33. Amended returns must include Schedule AMD (see instructions) .		
32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.		
32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.	32c. _____ 00	
33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c	33. _____ 00	

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

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REFUND OR TAX DUE

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.

Include interest

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00

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00

YOU OWE

34.

00

35. **Overpayment.** If line 33 is greater than line 24, subtract line 24 from line 33

35.

00

36. **Credit Forward.** Amount of line 35 to be credited to your 2025 estimated tax for your 2025 tax return ...

36.

00

37. Subtract line 36 from line 35.....

REFUND

37.

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. <input type="checkbox"/> Checking 2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2023, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2024 (MM-DD-YYYY)

Filer

— —

Spouse

— —

Preparer Certification. *I declare under penalty of perjury that this return is based on all information of which I have any knowledge.*

Preparer's PTIN, FEIN or SSN

Preparer's Name (print or type)

Preparer's Signature

Preparer's Business Name, Address and Telephone Number

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 34 (see instructions).** Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**