



2019 Income Tax Return

Michigan Return

Thank you for using
FreeTaxUSA.com to prepare your
2019 income tax return.

You can view the status of your e-filed tax return by
signing in to your account at www.freetaxusa.com.

2020 tax preparation on FreeTaxUSA.com will be
available starting in January of 2021.

We look forward to preparing your 2020 tax return.

2019 MICHIGAN Individual Income Tax Return MI-1040**Amended Return** ☐
(Include Schedule AMD)**Return is due April 15, 2020.** Type or print in blue or black ink.

1. Filer's First Name MICHELLE	M.I.	Last Name KOHN	2. Filer's Full Social Security No. (Example: 123-45-6789) 375-98-1217	
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) 2950 MONROE ST			4. School District Code (5 digits – see page 60) 73030	
City or Town SAGINAW		State MI	ZIP Code 48604	
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. 2019 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* <div style="border: 1px solid black; height: 20px; width: 200px; margin-top: 5px;"></div> <small>* If you check box "c," complete line 3 and enter spouse's full name below:</small>			8. 2019 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * <small>* If you check box "b" or "c," you must complete and include Schedule NR.</small>	

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.).

a. Number of exemptions (see instructions).....	9a.	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>	x	\$4,400	9a.	4,400	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	\$2,700	9b.		00
c. Number of qualified disabled veterans.....	9c.		x	\$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.		x	\$4,400	9d.		00
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>			9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.				9f.	4,400	00
10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions).....	10.				10.	13,734	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.				11.	0	00
12. Total. Add lines 10 and 11.....	12.				12.	13,734	00
13. Subtractions from Schedule 1, line 28. Include Schedule 1	13.				13.	0	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.				14.	13,734	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.				15.	4,400	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.				16.	9,334	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.				17.	397	00

NON-REFUNDABLE CREDITS

		AMOUNT				CREDIT	
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>		00	18b.	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	00
19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....	19a.	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>		00	19b.	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	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.				20.	397	00

Filer's Full Social Security Number

375-98-1217

21. Enter amount of Income Tax from line 20.....	21.	397	00
22. Voluntary Contributions from Form 4642, line 10. 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.	397	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.	0	00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.	0	00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.	27a.	141	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.	397	00
30. Estimated tax, extension payments and 2018 credit forward	30.	0	00
31. 2019 AMENDED RETURNS ONLY. Taxpayers completing an original 2019 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) .			
31a. <input type="checkbox"/> 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. <input type="checkbox"/> 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.		0	00
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c	32.	405	00

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.			
Include interest <input type="text"/> 00 and penalty <input type="text"/> 00	YOU OWE	33.	0
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32	34.	8	00
35. Credit Forward. Amount of line 34 to be credited to your 2020 estimated tax for your 2020 tax return ...	35.		00
36. Subtract line 35 from line 34.	REFUND	36.	8

DIRECT DEPOSIT

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

a. Routing Transit Number

272484441

b. Account Number

10100000223091

c. Type of Account

1. ☐ Checking 2. ☒ Savings**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2018, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2019 (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) SELF - PREPARED

Preparer's Business Name, Address and Telephone Number

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

Spouse's Signature

Date

☐ 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

2019 MICHIGAN Home Heating Credit Claim MI-1040CR-7Amended Return ☐

Issued under authority of Public Act 281 of 1967, as amended. Type or print in blue or black ink.

1. Filer's First Name MICHELLE	M.I.	Last Name KOHN	2. Filer's Full Social Security No. (Example: 123-45-6789) 375-98-1217
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) 2950 MONROE ST			4. County Code (see instructions) 73
City or Town SAGINAW		State MI	ZIP Code 48604
5. Citizenship Status a. <input checked="" type="checkbox"/> Filer is a U.S. citizen or qualified alien b. <input type="checkbox"/> Spouse is a U.S. citizen or qualified alien			6. Heat Provider Name Code (see instructions)
			7. Heat Type Code (see instructions)

8. 2019 FILING STATUS: Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately (Include Form 5049)	9. 2019 RESIDENCY STATUS: Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident c. <input type="checkbox"/> Part-Year Resident*	*If you checked box "c," enter dates of Michigan residency in 2019. Enter dates as MM-DD-YYYY (Example: 04-15-2019). <table border="1"> <thead> <tr> <th></th> <th>FILER</th> <th>SPOUSE</th> </tr> </thead> <tbody> <tr> <td>FROM:</td> <td></td> <td></td> </tr> <tr> <td>TO:</td> <td></td> <td></td> </tr> </tbody> </table>		FILER	SPOUSE	FROM:			TO:		
	FILER	SPOUSE									
FROM:											
TO:											

10. Check the box if your heating costs are currently included in your rent (see instructions)..... <input type="checkbox"/>	16. Exemptions. Enter the number that applies to you, your spouse, or your dependents and complete line 17 below. See instructions if you are age 66 or older.		
11. Check the box if you want your name and address referred to other government assistance programs for which you may qualify. <input type="checkbox"/>	Personal Exemption (You and your spouse only) a. 1		
12. Check the box if you or your spouse now receive Supplemental Security Income (SSI)..... <input type="checkbox"/>	Deaf, Disabled or Blind b.		
13. ENTER YOUR AGE if you are age 60 or older... <table border="1"> <tr> <td>Filer</td> <td>Spouse</td> </tr> </table>	Filer	Spouse	Qualified Disabled Veteran c.
Filer	Spouse		
14. Amount you were billed for heat between 11/1/2018 and 10/31/2019 <table border="1"> <tr> <td></td> <td>00</td> </tr> </table>		00	Number of children living with you: • Ages 2 and under d.
	00		
15. If you lived in one of these CARE facilities (not a senior apartment complex) for all of 2019, check the box and STOP here, see instructions. a. <input type="checkbox"/> Nursing Home b. <input type="checkbox"/> Adult Foster Care Home c. <input type="checkbox"/> Licensed Home for the Aged d. <input type="checkbox"/> Substance Abuse Center	• Ages 3-5 e. • Ages 6-18 f. Dependent adults, other than your spouse, who live with you g.		
17. You MUST enter below the name, Social Security number and age of all household members. You MUST also check each box to indicate if the household member is a dependent and U.S. citizen or qualified alien.	Add lines 16a through 16g h. 1		

A. Household Member's Name	B. Social Security Number	C. Age in Years	D. Enter "X" for all that apply	
			Dependent	U.S. citizen or qualified alien

If you have more than four (4) household members, complete Home Heating Credit Claim MI-1040CR-7 Supplemental (Form 4976).

18. ☐ You must check this box to receive a refund from your heat provider for any overpayment to your heat account, if eligible (see instructions).

Filer's Full Social Security Number

375-98-1217

TOTAL HOUSEHOLD RESOURCES. If filing a joint return, include income from both spouses. If married filing separately, you must include Form 5049 available on Treasury's Web site.

19. Wages, salaries, tips, sick, strike and SUB pay, etc.	19.	13,734	00	26. Social Security, SSI, and/or railroad retirement benefits....	26.	0	00
20. All interest and dividend income (including nontaxable interest).....	20.	0	00	27. Child support and foster parent payments.....	27.	0	00
21. Net business income (including net farm income). If negative, enter "0" ..	21.	0	00	28. Unemployment compensation	28.	0	00
22. Net royalty or rent income. If negative, enter "0"	22.	0	00	29. Gifts received or expenses paid on your behalf	29.	0	00
23. Retirement pension, annuity, and IRA benefits.	23.	0	00	30. Other nontaxable income. Describe:	30.		00
24. Capital gains less capital losses (see instructions)	24.	0	00	31. Workers'/veterans' disability compensation/pension benefits...	31.	0	00
25. Alimony and other taxable income. Describe:	25.		00	32. FIP and other MDHHS benefits (Do not include food assistance)	32.	0	00
33. Add lines 19 through 32.....				SUBTOTAL	33.	13,734	00
34. Other adjustments. Describe:	34.		00				
35. Medical insurance or HMO premiums paid	35.	0	00				
36. Add lines 34 and 35.....	36.	0	00				
37. Subtract line 36 from line 33.....	37.	13,734	00				

Standard and Alternate Home Heating Credit Computations

38. STANDARD CREDIT. Standard allowance from Table A (see instr.)	38.	482	00
39. Multiply line 37 by 3.5% (0.035) (if negative, enter "0").....	39.	481	00
40. Subtract line 39 from line 38 for standard credit amount. If line 39 is greater than line 38, enter "0"	40.	1	00
41. If you checked the box on line 10, multiply the amount on line 40 by 50% (0.50). Enter here and on line 46. (If approved, the final amount as shown on line 47 is issued as a check.).....	41.		00
42. ALTERNATE CREDIT. Total heating costs from line 14 or \$2,741 (whichever is less)	42.	0	00
43. Multiply line 37 by 11% (0.11) (if negative, enter "0")	43.		00
44. Subtract line 43 from line 42. If line 43 is greater than line 42, enter "0".	44.		00
45. Multiply line 44 by 70% (0.70) for alternate credit amount	45.		00
46. If you completed line 41 enter that amount here. Otherwise enter the larger of lines 40 or 45 here..	46.	1	00
47. HOME HEATING CREDIT. Multiply line 46 by 80% (0.80)	47.	1	00

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2018, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2019 (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
Spouse's Signature	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)

SELF-PREPARED

Preparer's Business Name, Address and Telephone Number

**File (postmark) your claim by September 30, 2020. Mail your claim to: Michigan Department of Treasury
Lansing, MI 48956**

2019 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 2019, 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 MICHELLE	M.I.	Last Name KOHN	2. Filer's Full Social Security No. (Example: 123-45-6789) 375-98-1217
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		38-2687736	MORLEY COMPANIE	13,734	00	397	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....						0	00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	397 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 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.	0 00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 29.....						6.	397 00