

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Joseph D		Last name Kodos		Your social security number 371-13-1928	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 26075 Clear St				Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Harrison Township MI 48045-3206				Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/county		Foreign postal code	
				If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>	

Standard Deduction **Someone can claim:** ☒ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
c Pensions and annuities	4c	
5a Social security benefits	5a	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9	7a	
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	1.
8a Adjustments to income from Schedule 1, line 22	8a	
b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	1.
9 Standard deduction or itemized deductions (from Schedule A)	9	1,100.
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10	11a	1,100.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	0.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	0 .
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	0 .
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	0 .
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0 .
16	Add lines 14 and 15. This is your total tax	16	0 .
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Other payments and refundable credits:		
a	Earned income credit (EIC) NO	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	
19	Add lines 17 and 18e. These are your total payments	19	
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	
	21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	
Direct deposit? See instructions.	b Routing number 1 2 4 0 0 3 1 1 6 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 1 0 4 6 9 9 4 3 5 4		
	22 Amount of line 20 you want applied to your 2020 estimated tax	22	
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	0 .
	24 Estimated tax penalty (see instructions)	24	

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) 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 QA Engineer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name Self-Prepared	Phone no.		Firm's EIN <input type="text"/>	
Firm's address <input type="text"/>				

Go to www.irs.gov/Form1040 for instructions and the latest information.**BAA**

REV 04/05/20 Intuit.cq.cfp.sp

Form **1040** (2019)

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 JOSEPH	M.I. D	Last Name KODOS	2. Filer's Full Social Security No. (Example: 123-45-6789) 371 — 13 — 1928
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) 26075 CLEAR ST			4. County Code (see instructions)
City or Town HARRISON TOWNSHIP		State MI	
ZIP Code 48045-3206			6. Heat Provider Name Code (see instructions)
5. Citizenship Status a. <input type="checkbox"/> Filer is a U.S. citizen or qualified alien b. <input type="checkbox"/> Spouse is a U.S. citizen or qualified alien			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" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:30%;">FILER</th> <th style="width:30%;">SPOUSE</th> </tr> </thead> <tbody> <tr> <td>FROM:</td> <td>— — 2019</td> <td>— — 2019</td> </tr> <tr> <td>TO:</td> <td>— — 2019</td> <td>— — 2019</td> </tr> </tbody> </table>		FILER	SPOUSE	FROM:	— — 2019	— — 2019	TO:	— — 2019	— — 2019
	FILER	SPOUSE									
FROM:	— — 2019	— — 2019									
TO:	— — 2019	— — 2019									

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. <input type="text"/>		
12. Check the box if you or your spouse now receive Supplemental Security Income (SSI)..... <input type="checkbox"/>	Deaf, Disabled or Blind b. <input type="text"/>		
13. ENTER YOUR AGE if you are age 60 or older... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width:50%;">Filer</td> <td style="width:50%;">Spouse</td> </tr> </table>	Filer	Spouse	Qualified Disabled Veteran c. <input type="text"/>
Filer	Spouse		
14. Amount you were billed for heat between 11/1/2018 and 10/31/2019 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align: center;">00</td> </tr> </table>		00	Number of children living with you: • Ages 2 and under d. <input type="text"/>
	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. <input type="text"/> • Ages 6-18..... f. <input type="text"/> Dependent adults, other than your spouse, who live with you..... g. <input type="text"/> Add lines 16a through 16g..... h. <input type="text"/>		
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.			

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).

+ 1555 2019 37 01 27 8

Filer's Full Social Security Number

371 — 13 — 1928

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.		00	26. Social Security, SSI, and/or railroad retirement benefits....	26.		00
20. All interest and dividend income (including nontaxable interest).....	20.	1	00	27. Child support and foster parent payments.....	27.		00
21. Net business income (including net farm income). If negative, enter "0" ..	21.		00	28. Unemployment compensation	28.		00
22. Net royalty or rent income. If negative, enter "0"	22.		00	29. Gifts received or expenses paid on your behalf	29.		00
23. Retirement pension, annuity, and IRA benefits.	23.		00	30. Other nontaxable income. Describe:	30.		00
24. Capital gains less capital losses (see instructions)	24.		00	31. Workers'/veterans' disability compensation/pension benefits...	31.		00
25. Alimony and other taxable income. Describe:	25.		00	32. FIP and other MDHHS benefits (Do not include food assistance)	32.		00
33. Add lines 19 through 32.....				SUBTOTAL	33.	1	00
34. Other adjustments. Describe:	34.		00				
35. Medical insurance or HMO premiums paid	35.		00				
36. Add lines 34 and 35.....	36.		00				
37. Subtract line 36 from line 33.....	37.		1	TOTAL HOUSEHOLD RESOURCES.	37.	1	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.	0	00		
40. Subtract line 39 from line 38 for standard credit amount. If line 39 is greater than line 38, enter "0"	40.	482	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.		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.	482	00		
47. HOME HEATING CREDIT. Multiply line 46 by 80% (0.80)	47.	386	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	— —
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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**