

**FAKE PERSON
2666 SUNSHINE AVE
FAKE CITY, MI 49236
2019 INCOME TAX RETURN**

UNITED WAY OF WASHTENAW COUNTY
2305 PLATT ROAD
ANN ARBOR MI 48104
(734) 677-7234

FAKE PERSON
2666 SUNSHINE AVE
FAKE CITY MI 49236
(517) 902-2551

Preparer No.: 995
Client No. : XXX-XX-3471
Invoice Date: 02/05/2020

INVOICE

Description		Amount
PREPARATION OF 2019 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS FORM 1040 SCHEDULE 2 (ADDITIONAL TAXES) SCHEDULE C (BUSINESS PROFIT/LOSS) SCHEDULE SE (SELF-EMPLOYMENT TAX) FORM W-2 (WAGES AND TAX) FORM 1099-R (RETIREMENT DISTRIBUTIONS) (2) SSA WORKSHEET FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) FORM 8995 (QUALIFIED BUSINESS INCOME DEDUCTION - SIMPLI STUDENT LOAN INTEREST WORKSHEET FORM 1040 V MI STATE RESIDENT RETURN		
		Total Invoice
		\$0.00
		Amount Paid
		\$0.00
		Balance Due
		\$0.00

TAX YEAR: 2019
OFFICE : 7Q00309989D3

PROCESS DATE: 02/05/2020

CLIENT : 111-22-3471 FAKE PERSON

BIRTH DATE : 03/12/1990 Age:29

ADDRESS : 2666 SUNSHINE AVE
: FAKE CITY MI 49236

PREPARER : 995

Home : (517) 902-2551
Work : -
Cell : -
STATUS : 1
FED TYPE: Electronic Mail
ST TYPE : Electronic Mail
E-MAIL :

PREPARER FEE :
ELECTRONIC :
TOTAL FEES :

EFFECTIVE RATE: 12.15%

LISTING OF FORMS FOR THIS RETURN

FORM 1040
SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
SCHEDULE 2 (TAX)
FORM W-2
FORM SSA-1099 (SOCIAL SECURITY BENEFITS)
FORM 1099-R (RETIREMENT DISTRIBUTIONS)
SCHEDULE C (BUSINESS INCOME)
SCHEDULE SE (SELF EMPLOYMENT TAX)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
FORM 8995 (QUALIFIED BUSINESS INCOME DEDUCTION)
STUDENT LOAN INTEREST DEDUCTION WORKSHEET
PAYMENT VOUCHER
MI STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	MI RESIDENT
FILING STATUS	1	1
TOTAL INCOME	26197	25691
TOTAL ADJUSTMENTS	506	803
ADJUSTED GROSS INCOME	25691	25100
DEDUCTIONS	12200	0
EXEMPTIONS	0	7100
TAXABLE INCOME	13212	18000
TAX	1393	765
CREDITS	0	0
OTHER TAXES	212	0
PAYMENTS	1200	1372
REFUND	0	607
AMOUNT DUE	405	0

CLIENT : FAKE PERSON

111-22-3471

PREPARER : 995 DATE : 02/05/2020

* W-2 INCOME FORMS SUMMARY *

	<u>T/S</u>	<u>EMPLOYER</u>	<u>WAGES</u>	<u>FED WITH</u>	<u>FICA</u>	<u>MED TAX</u>	<u>STATE WITH ST</u>
1.	T	JSA ACQUISITION HOL	20000	1000	1240	290	300 MI
		TOTALS.....	20000	1000	1240	290	300

* 1099-R INCOME FORMS SUMMARY *

	<u>[T/S]</u>	<u>PAYER</u>	<u>GROSS DIST</u>	<u>TAXABLE AMT</u>	<u>FED WITH</u>	<u>STATE WITH ST</u>
1.	T	NORTHVILLE DOWNS	1000	1000	200	0 MI
2.	T	TEMP PAYER	4000	3000	0	0
		TOTALS.....	5000	4000	200	0

* FORM SSA-1099 INCOME FORMS SUMMARY *

	<u>[T/S]</u>	<u>PAYER</u>	<u>SSA BENEFITS</u>	<u>FED WITH</u>	<u>PREMIUMS</u>
1.	T	U.S.	2000	0	0
		TOTALS.....	2000	0	0

a Employee's social security number 111-22-3471		OMB No. 1545-0008		Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 22-2234554				1 Wages, tips, other compensation 20000		2 Federal income tax withheld 1000	
c Employer's name, address, and ZIP code JSA ACQUISITION HOLDINGS LLC 47570 AVANTE DR WIXOM MI 48393				3 Social security wages 20000		4 Social security tax withheld 1240	
				5 Medicare wages and tips 20000		6 Medicare tax withheld 290	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. FAKE PERSON 2666 SUNSHINE AVE FAKE CITY MI 49236				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number MI 38111111234		16 State wages, tips, etc. 6328		17 State income tax 300		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement **2019** Department of the Treasury — Internal Revenue Service

a Employee's social security number		OMB No. 1545-0008		Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. 				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Consent to Disclose Tax Return Information to VITA/TCE Tax Prep Sites

Federal Disclosure

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

I FAKE PERSON do not authorize United Way of Washtenaw County:

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software-to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season.

This means-you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year.

This consent is valid-through November 13, 2021

The tax return information that will be disclosed includes, but is not limited to,-demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return.

This information includes-your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return.

The tax return information that will be disclosed also includes-the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year- Carry Forward will assist you only if you visit a different VITA or TCE partner next year.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent-of the disclosure of tax return information to a date earlier than presented above (November 13, 2021). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I will deny consent.

Limitation on the Scope of Disclosure:-I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Taxpayer PIN:

PIN Date 1/28/2020

Signature: _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email to: complaints@tigta.treas.gov.

Consent to Disclose/Use Information to the VITA/TCE programs Relational Offices

Federal Disclosure

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

I FAKE PERSON do not authorize United Way of Washtenaw County:

3 Years-Disclosure: Tax Preparer will disclose the Personal Information to the Software Developer through Software Developer's tax preparation software. The software Developer will disclose the Personal Information to the VITA/TCE program Relational Offices.

3 Years-Purpose: The purpose of the Disclosures is for the Software Developer to make available the Taxpayer's Personal Information to the VITA/TCE program Relational Offices in order for them to provide support and administrative assistance to the Tax Preparer.

Taxpayer PIN: 12244

PIN Date 1/28/2020

Signature: _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email to: complaints@tigta.treas.gov.

IRS e-file Signature Authorization

OMB No. 1545-0074

2019

► ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ►

Taxpayer's name FAKE PERSON	Social security number 111-22-3471
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2019 (Whole dollars only)

1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	25691
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	1605
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	1200
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	405

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize UNITED WAY OF WASHTENAW COUNTY to enter or generate my PIN

1	3	4	7	1
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 as my signature on my tax year 2019 electronically filed income tax return.
ERO firm name **Enter five digits, but don't enter all zeros**

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► 02/05/2020

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN

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 as my signature on my tax year 2019 electronically filed income tax return.
ERO firm name **Enter five digits, but don't enter all zeros**

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

4	0	4	4	2	6	9	8	7	6	5
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Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► UNITED WAY OF WASHTENAW COUNTY Date ► 02/05/2020

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (2019)

2019 Form 1040-V



Department of the Treasury
Internal Revenue Service

What Is Form 1040-V

It's a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2019 Form 1040, 1040-SR, or 1040-NR.

Consider Making Your Tax Payment Electronically—It's Easy

You can make electronic payments online, by phone, or from a mobile device. Paying electronically is safe and secure. When you schedule your payment you will receive immediate confirmation from the IRS. Go to www.irs.gov/Payments to see all your electronic payment options.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN).

If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order. If paying at IRS.gov don't complete this form.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to "**United States Treasury.**" Don't send cash. If you want to pay in cash, in person, see *Pay by cash.*
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2019 Form 1040," "2019 Form 1040-SR," or "2019 Form 1040-NR," whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Don't use dashes or lines (for example, don't enter "\$ XXX—" or "\$ XXX ^{xx}/₁₀₀").

Notice to taxpayers presenting checks. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

No checks of \$100 million or more accepted. The IRS can't accept a single check (including a cashier's check) for amounts of \$100,000,000 (\$100 million) or more. If you are sending \$100 million or more by check, you will need to spread the payments over two or more checks, with each check made out for an amount less than \$100 million.

Pay by cash. This is an in-person payment option for individuals provided through retail partners with a maximum of \$1,000 per day per transaction. To make a cash payment, you must first be registered online at www.officialpayments.com/fed, our Official Payment provider.

How To Send In Your 2019 Tax Return, Payment, and Form 1040-V

- Don't staple or otherwise attach your payment or Form 1040-V to your return. Instead, just put them loose in the envelope.
- Mail your 2019 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

How To Pay Electronically

Pay Online

Paying online is convenient, secure, and helps make sure we get your payments on time. You can pay using either of the following electronic payment methods. To pay your taxes online or for more information, go to www.irs.gov/Payments.

IRS Direct Pay

Pay your taxes directly from your checking or savings account at no cost to you. You receive instant confirmation that your payment has been made, and you can schedule your payment up to 30 days in advance.

Debit or Credit Card

The IRS doesn't charge a fee for this service; the card processors do. The authorized card processors and their phone numbers are all on www.irs.gov/Payments.

Form **1040-V** (2019)

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V**

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

OMB No. 1545-0074

2019

► Do not staple or attach this voucher to your payment or return.

Print or type	1 Your social security number (SSN) (if a joint return, SSN shown first on your return)		2 If a joint return, SSN shown second on your return		3 Amount you are paying by check or money order. Make your check or money order payable to " United States Treasury "		Dollars	Cents	
	111-22-3471						405		
	4 Your first name and middle initial FAKE				Last name PERSON				
	If a joint return, spouse's first name and middle initial				Last name				
	Home address (number and street) 2666 SUNSHINE AVE		Apt. no.		City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below.) FAKE CITY MI 49236				
Foreign country name				Foreign province/state/county				Foreign postal code	

For Paperwork Reduction Act Notice, see your tax return instructions.

IF you live in . . .**THEN use this address to send in your payment . . .**

Alabama, Florida, Louisiana, Mississippi, North Carolina, South Carolina, Texas

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

Alaska, California, Hawaii, Washington

Internal Revenue Service
P.O. Box 7704
San Francisco, CA 94120-7704

Arizona, Colorado, Idaho, Illinois, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, South Dakota, Utah, Wisconsin, Wyoming

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

Arkansas, Connecticut, District of Columbia, Georgia, Indiana, Iowa, Kentucky, Maryland, Missouri, New Jersey, Oklahoma, Rhode Island, Tennessee, Virginia, West Virginia

Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000

Delaware, Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont

Internal Revenue Service
P.O. Box 37008
Hartford, CT 06176-7008

A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands

Internal Revenue Service
P.O. Box 1303
Charlotte, NC 28201-1303

QNA

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 FAKE		Last name PERSON		Your social security number 111-22-3471	
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. 2666 SUNSHINE AVE				Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). FAKE CITY, MI 49236				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 20000
2a Tax-exempt interest	2a	2b
3a Qualified dividends	3a	3b
4a IRA distributions	4a	4b 1000
c Pensions and annuities	4c 4000	4d 3000
5a Social security benefits	5a 2000	5b 697
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 1500
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶		7b 26197
8a Adjustments to income from Schedule 1, line 22		8a 506
b Subtract line 8a from line 7b. This is your adjusted gross income ▶		8b 25691
9 Standard deduction or itemized deductions (from Schedule A)	9 12200	
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10 279	
11a Add lines 9 and 10		11a 12479
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b 13212

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	1393																		
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	1393																		
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	1393																		
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	212																		
16	Add lines 14 and 15. This is your total tax	16	1605																		
17	Federal income tax withheld from Forms W-2 and 1099 FORM 1099	17	1200																		
18	Other payments and refundable credits:																				
a	Earned income credit (EIC)	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	1200																		
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 <table border="1" style="display: inline-table; text-align: center;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X										
X	X	X	X	X	X	X	X	X	X												
	d Account number <table border="1" style="display: inline-table; text-align: center;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	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	405																		
	24 Estimated tax penalty (see instructions)	24																			
Third Party Designee	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No																				
(Other than paid preparer)	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																		
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation																		
	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)																				
	Phone no. (517) 902-2551	Email address																			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date																		
			02/05/20																		
	Firm's name UNITED WAY OF WASHTENAW COUNTY	PTIN	S22015384																		
	Firm's address 2305 PLATT ROAD ANN ARBOR MI 48104	Phone no. 734-677-7234	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed																		
		Firm's EIN	-																		

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

Form 1040 (2019)

QNA

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

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

Your social security number

FAKE PERSON

111-22-3471

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes ☒ No

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	1500
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 or 1040-SR, line 7a	9	1500

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	106
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	400
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	506

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040 or 1040-SR) 2019

QNA

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **02**

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

FAKE PERSON

Your social security number

111-22-3471

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	212
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	8	
9	Section 965 net tax liability installment from Form 965-A	9	0
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	212

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71478U

Schedule 2 (Form 1040 or 1040-SR) 2019

QNA

SCHEDULE C
(Form 1040 or 1040-SR)Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**
(Sole Proprietorship)▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019
Attachment
Sequence No. **09**

Name of proprietor

FAKE PERSON

Social security number (SSN)

111-22-3471

A Principal business or profession, including product or service (see instructions)
UBER**B** Enter code from instructions

▶

C Business name. If no separate business name, leave blank.**D** Employer ID number (EIN) (see instr.)

| | | | | | | |

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**G** Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2019, check here ☐**I** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No**J** If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	1500
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	1500
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	1500
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6 ▶	7	1500

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions).	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
18				26	Wages (less employment credits)	26	
19				27a	Other expenses (from line 48)	27a	
20				b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28					
29	Tentative profit or (loss). Subtract line 28 from line 7	29	1500				
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30					
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	1500				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

QNA

Link ID - 1000

Schedule C (Form 1040 or 1040-SR) 2019

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

FAKE PERSON

Social security number of person
with **self-employment** income ▶

111-22-3471

Section B—Long Schedule SE**Part I Self-Employment Tax****Note:** If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ▶ <input type="checkbox"/>	
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b ()
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note: Skip this line if you use the nonfarm optional method (see instructions)	2 1500
3	Combine lines 1a, 1b, and 2	3 1500
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a 1385
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b
c	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue ▶	4c 1385
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b
6	Add lines 4c and 5b	6 1385
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2019	7 132,900
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$132,900 or more, skip lines 8b through 10, and go to line 11	8a 20000
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b
c	Wages subject to social security tax (from Form 8919, line 10)	8c
d	Add lines 8a, 8b, and 8c	8d 20000
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9 112900
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10 172
11	Multiply line 6 by 2.9% (0.029)	11 40
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55	12 212
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	13 106

Part II Optional Methods To Figure Net Earnings (see instructions)**Farm Optional Method.** You may use this method **only** if (a) your gross farm income¹ wasn't more than \$8,160, or (b) your net farm profits² were less than \$5,891.

14	Maximum income for optional methods	14 5,440
15	Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$5,440. Also include this amount on line 4b above	15

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$5,891 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16
17	Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Qualified Business Income Deduction
Simplified Computation**

► Attach to your tax return.

► Go to www.irs.gov/Form8995 for instructions and the latest information.**2019**Attachment
Sequence No. **55**

Name(s) shown on return

FAKE PERSON

Your taxpayer identification number

111-22-3471

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	UBER	111-22-3471	1394
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	1394	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	1394	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		279
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		279
11	Taxable income before qualified business income deduction	11	13491	
12	Net capital gain (see instructions)	12		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	13491	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		2698
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ►	15		279
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	()	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995** (2019)

QNA

Social Security Benefits Worksheet—Lines 5a and 5b

Keep for Your Records



Before you begin:

- ✓ Figure any write-in adjustments to be entered on the dotted line next to Schedule 1, line 22 (see the instructions for Schedule 1, line 22).
- ✓ If you are married filing separately and you lived apart from your spouse for all of 2019, enter "D" to the right of the word "benefits" on line 5a. If you don't, you may get a math error notice from the IRS.
- ✓ Be sure you have read the **Exception** in the line 5a and 5b instructions to see if you can use this worksheet instead of a publication to find out if any of your benefits are taxable.

1. Enter the total amount from **box 5** of **all** your **Forms SSA-1099** and **RRB-1099**. Also, enter this amount on Form 1040 or 1040-SR, line 5a **1.** 2000
2. Multiply line 1 by 50% (0.50) **2.** 1000
3. Combine the amounts from Form 1040 or 1040-SR, lines 1, 2b, 3b, 4b, 4d, and Schedule 1, line 9 **3.** 25500
4. Enter the amount, if any, from Form 1040 or 1040-SR, line 2a **4.**
5. Combine lines 2, 3, and 4 **5.** 26500
6. Enter the total of the amounts from Schedule 1, lines 10 through 19, plus any write-in adjustments you entered on the dotted line next to Schedule 1, line 22 **6.** 106
7. Is the amount on line 6 less than the amount on line 5?
 - ☐ **No.** None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 5b.
 - ☒ **Yes.** Subtract line 6 from line 5 **7.** 26394
8. If you are:
 - Married filing jointly, enter \$32,000
 - Single, head of household, qualifying widow(er), or married filing separately and you **lived apart** from your spouse for all of 2019, enter \$25,000
 - Married filing separately and you lived with your spouse at any time in 2019, skip lines 8 through 15; multiply line 7 by 85% (0.85) and enter the result on line 16. Then, go to line 17
 **8.** 25000
9. Is the amount on line 8 less than the amount on line 7?
 - ☐ **No.** None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 5b. If you are married filing separately and you **lived apart** from your spouse for all of 2019, be sure you entered "D" to the right of the word "benefits" on line 5a.
 - ☒ **Yes.** Subtract line 8 from line 7 **9.** 1394
10. Enter: \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you **lived apart** from your spouse for all of 2019 **10.** 9000
11. Subtract line 10 from line 9. If zero or less, enter -0- **11.**
12. Enter the **smaller** of line 9 or line 10 **12.** 1394
13. Enter one-half of line 12 **13.** 697
14. Enter the **smaller** of line 2 or line 13 **14.** 697
15. Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0- **15.**
16. Add lines 14 and 15 **16.** 697
17. Multiply line 1 by 85% (0.85) **17.** 1700
18. **Taxable social security benefits.** Enter the **smaller** of line 16 or line 17. Also enter this amount on Form 1040 or 1040-SR, line 5b **18.** 697



If any of your benefits are taxable for 2019 and they include a lump-sum benefit payment that was for an earlier year, you may be able to reduce the taxable amount. See Lump-Sum Election in Pub. 915 for details.

QNA

Worksheet 4-1. **Student Loan Interest Deduction Worksheet**

Keep for Your Records



Use this worksheet instead of the worksheet in the Form 1040 or 1040-SR instructions if you are filing **Form 2555** or **4563**, or you are excluding income from sources within Puerto Rico. Before using this worksheet, you must complete **Form 1040 or 1040-SR**, line 7b, and Schedule 1 (Form 1040 or 1040-SR), lines 10 through 19, plus any amount to be entered on the dotted line next to line 22.

1. Enter the total interest you paid in 2019 on qualified student loans. Don't enter more than \$2,500	1. <u>400</u>
2. Enter the amount from Form 1040 or 1040-SR, line 7b	2. <u>26197</u>
3. Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), lines 10 through 19	3. <u>106</u>
4. Enter the total of any amounts entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22, other than any amount identified as "DPAD"	4. _____
5. Add lines 3 and 4	5. <u>106</u>
6. Subtract line 5 from line 2	6. <u>26091</u>
7. Enter any foreign earned income exclusion and/or housing exclusion (Form 2555, line 45)	7. _____
8. Enter any foreign housing deduction (Form 2555, line 50)	8. _____
9. Enter the amount of income from Puerto Rico you are excluding	9. _____
10. Enter the amount of income from American Samoa you are excluding (Form 4563, line 15)	10. _____
11. Add lines 6 through 10. This is your modified adjusted gross income	11. <u>26091</u>
12. Enter the amount shown below for your filing status	12. <u>70000</u>
<ul style="list-style-type: none"> • 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?	
<input checked="" type="checkbox"/> No. Skip lines 13 and 14, enter -0- on line 15, and go to line 16.	
<input type="checkbox"/> Yes. Subtract line 12 from line 11	
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. <u>.</u>
15. Multiply line 1 by line 14	15. _____
16. Student loan interest deduction. Subtract line 15 from line 1. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 20. Don't include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	16. <u>400</u>

QNA

2019 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 FAKE	M.I.	Last Name PERSON	2. Filer's Full Social Security No. (Example: 123-45-6789) 111-22-3471
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) 2666 SUNSHINE AVE			
City or Town FAKE CITY		State MI	ZIP Code 49236

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.	25691	00
5. Total Michigan income tax from line 20	5.	765	00
6. Michigan tax withheld from line 29	6.	300	00
7. Tax due from line 33	7.		00
8. Refund from line 36	8.	607	00

Form MI-1040CR, Homestead Property Tax Credit Claim

9. Homestead Property Tax Credit from line 44	9.	1072	00
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Form MI-1040 CR-7, Home Heating Credit Claim

10. Home Heating Credit Claim from line 47	10.		00
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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: 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 02-05-20	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 02-05-20	ERO is (check all that apply) <input type="checkbox"/> Preparer <input type="checkbox"/> Self-Employed
Firm Name (or name of ERO if self-employed) UNITED WAY OF WASHTENAW COUNTY	FEIN or PTIN S22015384	
Firm's Address (Street, City, State, ZIP Code) 2305 PLATT ROAD ANN ARBOR MI 48104-		

Complete this form only if you are e-filing a Michigan or City of Detroit unlinked (standalone) return and you are not using the Electronic Signature Alternative (ESA). See instructions for more information.

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 FAKE	M.I.	Last Name PERSON	2. Filer's Full Social Security No. (Example: 123-45-6789) 111-22-3471		
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) 2666 SUNSHINE AVE					
City or Town FAKE CITY		State MI	ZIP Code 49236	4. School District Code (5 digits – see page 60) 81010	
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. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse </div>			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; width: 200px; height: 20px; margin-top: 5px;"></div>			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 * <div style="margin-top: 10px;">* If you check box "b" or "c," you must complete and include Schedule NR.</div>		

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; line-height: 20px; margin: 0 auto;">1</div>	x	\$4,400	9a.	4400	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.	<div style="border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin: 0 auto;">1</div>	x	\$2,700	9b.	2700	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.	7100	00
10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions).....	10.				10.	25691	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.				11.	106	00
12. Total. Add lines 10 and 11.....	12.				12.	25797	00
13. Subtractions from Schedule 1, line 28. Include Schedule 1	13.				13.	697	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.				14.	25100	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.				15.	7100	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.				16.	18000	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.				17.	765	00

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 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".....	20.				20.	765	00

Filer's Full Social Security Number

111-22-3471

21. Enter amount of Income Tax from line 20.....	21.	765	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.		00
24. Total Tax Liability. Add lines 21, 22 and 23	24.	765	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.	1072	00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.	27a.		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.	300	00
30. Estimated tax, extension payments and 2018 credit forward.....	30.		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.			
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c	32.	1372	00

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.	33.		00
Include interest <input type="text"/> and penalty <input type="text"/>			
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32	34.	607	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.....	36.	607	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. ☐ 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

S22015384

Preparer's Name (print or type)

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

02-05-20

Spouse's Signature

Date

Preparer's Business Name, Address and Telephone Number

UNITED WAY OF WASHTENAW COUN
2305 PLATT ROAD
ANN ARBOR MI 48104-☐ 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 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 FAKE	M.I. 	Last Name PERSON	2. Filer's Full Social Security No. (Example: 123-45-6789) 111-22-3471
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		222234554	JSA ACQUISITION HOLDI	20000	00	300	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	300 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.	00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 29.....						6.	300 00

2019 MICHIGAN Schedule 1 Additions and Subtractions

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

Attachment 01

Include with Form MI-1040. 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)
FAKE		PERSON	111-22-3471

Additions to Income (all entries must be positive numbers)

1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....	1.		00
2. Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions).....	2.	106	00
3. Gains from Michigan column of MI-1040D and MI-4797	3.		00
4. Losses attributable to other states (see instructions)	4.		00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797	5.		00
6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI).....	6.		00
7. Federal Net Operating Loss deduction included in AGI.....	7.		00
8. Other (see instructions). Describe: _____	8.		00
9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11	9.	106	00

Continue on page 2.
If subtractions do not apply, only submit page 1 of the Schedule 1 with your return.

2019 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
FAKE		PERSON	111-22-3471

Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....	10.		00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits	11.		00
12. Gains from federal column of Michigan MI-1040D and MI-4797	12.		00
13. Income attributable to another state. Explain type and source:	13.		00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.	697	00
15. Income earned while a resident of a Renaissance Zone (see instructions).	15.		00
16. Michigan state and local income tax refunds received in 2019 and included on MI-1040, line 10.....	16.		00
17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.....	17.		00
18. Michigan Education Trust	18.		00
19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i>	20.		00
21. Miscellaneous subtractions (see instructions). Describe:	21.		00

Deduction Based on Year of Birth

Complete 22A through 22F if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 23, 24 or 25. Check box(es) 22C and/or 22F **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

22.	<table border="1"> <thead> <tr> <th colspan="3">FILER</th> </tr> <tr> <th>A. Year of Birth (19xx)</th> <th>B. Age (as of 12-31-2019)</th> <th>C. Check if filer received benefits from SSA exempt employment</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			FILER			A. Year of Birth (19xx)	B. Age (as of 12-31-2019)	C. Check if filer received benefits from SSA exempt employment			<input type="checkbox"/>	<table border="1"> <thead> <tr> <th colspan="3">SPOUSE</th> </tr> <tr> <th>D. Year of Birth (19xx)</th> <th>E. Age (as of 12-31-2019)</th> <th>F. Check if spouse received benefits from SSA exempt employment</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			SPOUSE			D. Year of Birth (19xx)	E. Age (as of 12-31-2019)	F. Check if spouse received benefits from SSA exempt employment			<input type="checkbox"/>
FILER																								
A. Year of Birth (19xx)	B. Age (as of 12-31-2019)	C. Check if filer received benefits from SSA exempt employment																						
		<input type="checkbox"/>																						
SPOUSE																								
D. Year of Birth (19xx)	E. Age (as of 12-31-2019)	F. Check if spouse received benefits from SSA exempt employment																						
		<input type="checkbox"/>																						
23. Michigan Standard Deduction. Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67 on or before December 31, 2019. Do not complete lines 24 and 25.	23.		00																					
24. Retirement benefits. Enter amount from line 16, 27, 28 or 29 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884	24.		00																					
25. Dividend/interest/capital gains deduction for taxpayers 74 years and older . Deduction is limited to \$11,771 for single or married filing separately filers and \$23,542 for joint filers, less any deduction for retirement benefits (see instructions).....	25.		00																					
<input type="checkbox"/> Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.																								
26. Subtotal. Add lines 10 through 25	26.	697	00																					
27. 2019 Michigan NOL Deduction. Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net Operating Loss Deduction</i> . Include Form 5674	27.		00																					
28. Total Subtractions. Add lines 26 and 27. Enter here and on MI-1040, line 13.....	28.	697	00																					

If additions do not apply, only submit page 2 of the Schedule 1 with your return.

2019 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 FAKE		M.I.	Last Name PERSON		2. Filer's Full Social Security No. (Example: 123-45-6789) 111-22-3471							
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. 2666 SUNSHINE AVE						4. School District Code (5 digits - see page 60) 81010						
City or Town FAKE CITY			State MI	ZIP Code 49236								
5. Check the box(es) for which you or your spouse qualify (excluding dependents). If you qualify for both, see instructions.												
a. <input type="checkbox"/> Age 65 or older; or an unmarried spouse of a person who was 65 or older at the time of death. b. <input checked="" type="checkbox"/> Deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.												
6. 2019 FILING STATUS: Check one.		7. 2019 RESIDENCY STATUS: Check all that apply.		*If you checked box "c," enter dates of Michigan residency in 2019. Enter dates as MM-DD-YYYY (Example: 04-15-2019).								
a. <input checked="" type="checkbox"/> Single		a. <input checked="" type="checkbox"/> Resident		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">FILER</th> <th style="width:50%;">SPOUSE</th> </tr> </thead> <tbody> <tr> <td>FROM: 2019</td> <td>2019</td> </tr> <tr> <td>TO: 2019</td> <td>2019</td> </tr> </tbody> </table>			FILER	SPOUSE	FROM: 2019	2019	TO: 2019	2019
FILER	SPOUSE											
FROM: 2019	2019											
TO: 2019	2019											
b. <input type="checkbox"/> Married filing jointly		b. <input type="checkbox"/> Nonresident										
c. <input type="checkbox"/> Married filing separately (Include Form 5049)		c. <input type="checkbox"/> Part-Year Resident *										

8. Homestead Status☐ Check here if the taxable value of your homestead includes unoccupied farmland classified as agricultural by your local assessor.9. **Homeowners:** Enter the 2019 **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

	00
	00

10. Property taxes levied on your home for 2019 (see instructions) or amount from line 51, 56 and/or 57

11. **Renters:** Enter rent you paid for 2019 from line 53 and/or 55

12. Multiply line 11 by 23% (0.23).....

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

1932	00
1932	00

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 and SUB pay, etc.....	14.	20000	00	21. Social Security, SSI, and/or railroad retirement benefits...	21.	2000	00
15. All interest and dividend income (including nontaxable interest).....	15.		00	22. Child support and foster parent payments.....	22.		00
16. Net business income (including net farm income). If negative enter "0"	16.	1500	00	23. Unemployment compensation.....	23.		00
17. Net royalty or rent income. If negative enter "0".	17.		00	24. Gifts received or expenses paid on your behalf.....	24.		00
18. Retirement pension, annuity, and IRA benefits.....	18.	4000	00	25. Other nontaxable income Describe:	25.		00
19. Capital gains less capital losses, (see instructions).....	19.		00	26. Workers'/veterans' disability compensation/pension benefits	26.		00
20. Alimony and other taxable income Describe:	20.		00	27. FIP and other MDHHS benefits (Do not include food assistance)	27.		00

28. **SUBTOTAL.** Add lines 14 through 27**SUBTOTAL** 28. **27500** 00

Filer's Full Social Security Number

111-22-3471

29. Enter subtotal from line 28.....	29.	27500	00
30. Other adjustments (see instructions). Describe: <u>FED ADJUSTMENT</u>	30.	506	00
31. Medical insurance/HMO premiums you paid for you and your family (see instructions)	31.	130	00
32. Add lines 30 and 31.....	32.	636	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.	26864	00
34. Multiply line 33 by 3.2% (0.032) or by the percent in Table 2 (see instructions). If negative, enter "0".	34.	860	00
35. Subtract line 34 from line 13 and enter the amount here. If line 34 is greater than line 13, enter "0" and STOP ; you are not eligible for this credit.	35.	1072	00

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	36.		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)	39.	1072	00
---	-----	------	----

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

40. Enter amount from line 35.	40.		00
41. Multiply amount on line 40 by 60% (0.60). Enter amount here and on line 42 (maximum \$1,500).....	41.		00

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

42. Enter amount from line 38, 39 or 41, or from Worksheet 3 (see instructions) for FIP/MDHHS recipients	42.	1072	00
43. Percentage from Table B (see instructions) that applies to the amount on line 33.....	43.	100	%
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.	1072	00

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).

Filer's Full Social Security Number

111-22-3471

PART 3: HOMEOWNERS WHO MOVED IN 2019. 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, 2019, if different than reported on line 1 (Number, Street, City, State, ZIP Code).	Taxable Value	00
46. Address of homestead sold (moved from) during 2019 (Number, Street, City, State, ZIP Code).	Taxable Value	00

Homeowners who moved during 2019, complete lines 47 through 51.

HOMESTEAD	
A. Moved Into	B. Moved From
47. Number of days occupied (total cannot be more than 365).....	
48. Divide line 47 by 365 and enter percentage here	%
49. Property taxes levied for calendar year 2019	00
50. Prorated property taxes. Multiply line 49 by the percentages on line 48.....	00
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
2666 SUNSHINE AVE FAKE CITY MI 49236	LANDLORD INC 123 STREET Ann Arbor MI 48103	12	700 00	8400 00
			00	00
53. Total rent you paid (not more than 12 months). Add total rent for each period. Enter here and on line 11.....				53. 8400 00

PART 5: ALTERNATE HOUSING FACILITIES (see instructions)

54. If you lived in one of these types of facilities for all or part of 2019, 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 2019 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 2019, 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

Enter your prorated share of taxes from the type of facility checked on line 57 here and on line 10. 57. 00

58. Name and Address (including City, State and ZIP Code) of Housing Facility, Landowner, or Care Facility if you completed lines 54 through 57.

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, 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

S22015384

Preparer's Name (print or type)

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
	02-05-2020
Spouse's Signature	Date

Preparer's Business Name, Address and Telephone Number
UNITED WAY OF WASHTENAW COUN
2305 PLATT ROAD
ANN ARBOR MI 48104
734-677-7234

☐ By checking this box, I authorize Treasury to discuss my return with my preparer.

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**

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 FAKE	M.I.	Last Name PERSON	2. Filer's Full Social Security No. (Example: 123-45-6789) 111-22-3471
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) 2666 SUNSHINE AVE			4. County Code (see instructions) 81
City or Town FAKE CITY		State MI	ZIP Code 49236
5. Citizenship Status a. <input checked="" type="checkbox"/> Filer is a U.S. citizen or qualified alien			6. Heat Provider Name Code (see instructions) 0900213
b. <input type="checkbox"/> Spouse is a U.S. citizen or qualified alien			7. Heat Type Code (see instructions) 300

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).

	FILER	SPOUSE
FROM:	2019	2019
TO:	2019	2019

10. Check the box if your heating costs are currently included in your rent (see instructions)..... ☐11. Check the box if you want your name and address referred to other government assistance programs for which you may qualify. ☐12. Check the box if you or your spouse now receive Supplemental Security Income (SSI)..... ☐

13. ENTER YOUR AGE if you are age 60 or older...

Filer	Spouse
-------	--------

14. Amount you were billed for heat between 11/1/2018 and 10/31/2019

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. ☐ Nursing Home b. ☐ Adult Foster Care Home
- c. ☐ Licensed Home for the Aged d. ☐ Substance Abuse Center

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).

Filer's Full Social Security Number

111-22-3471

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.	20000	00	26. Social Security, SSI, and/or railroad retirement benefits....	26.	2000	00
20. All interest and dividend income (including nontaxable interest).....	20.		00	27. Child support and foster parent payments.....	27.		00
21. Net business income (including net farm income). If negative, enter "0" ..	21.	1500	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.	4000	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.	27500	00
34. Other adjustments. Describe: FED ADJUSTMENT				34.	506	00	
35. Medical insurance or HMO premiums paid	35.			35.	130	00	
36. Add lines 34 and 35.....				36.	636	00	
37. Subtract line 36 from line 33.....				TOTAL HOUSEHOLD RESOURCES.	37.	26864	00

Standard and Alternate Home Heating Credit Computations

38. STANDARD CREDIT. Standard allowance from Table A (see instr.)	38.		00
39. Multiply line 37 by 3.5% (0.035) (if negative, enter "0").....	39.	940	00
40. Subtract line 39 from line 38 for standard credit amount. If line 39 is greater than line 38, enter "0"	40.		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 41 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.		00
47. HOME HEATING CREDIT. Multiply line 46 by 80% (0.80)	47.		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
	02-05-20
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

S22015384

Preparer's Name (print or type)

Preparer's Business Name, Address and Telephone Number

 UNITED WAY OF WASHTENAW COUNTY
 2305 PLATT ROAD
 ANN ARBOR MI 48104-

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