

**TOOL & BETTY CHECK  
1234 WASHTENAW AVE APT 3  
YPSILANTI, MI 48197  
2020 INCOME TAX RETURN**

UNITED WAY OF WASHTENAW COUNTY - VITA  
2305 PLATT ROAD  
ANN ARBOR MI 48104  
(734) 677-7205

TOOL CHECK &  
BETTY CHECK  
1234 WASHTENAW AVE APT 3  
YPSILANTI MI 48197

Preparer No.: 995  
Client No. : XXX-XX-3333  
Invoice Date: 02/06/2021

**INVOICE**

Description		Amount
PREPARATION OF 2020 FEDERAL/STATE FORMS & WORKSHEETS:  FORM 1040 FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS FORM 1040 SCHEDULE 2 (ADDITIONAL TAXES) RECOVERY REBATE CREDIT WORKSHEET 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 FORM 8917 (TUITION & FEES DEDUCTION) FORM 8962 (PREMIUM TAX CREDIT) OTHER INCOME MI STATE PART-YEAR RESIDENT RETURN		
		<b>Total Invoice</b>
		\$0.00
		<b>Amount Paid</b>
		\$0.00
		<b>Balance Due</b>
		\$0.00

TAX YEAR: 2020  
OFFICE : 7Q00402389D3

PROCESS DATE: 02/06/2021

CLIENT : 111-22-3333 TOOL CHECK  
SPOUSE : 333-34-4444 BETTY CHECK

BIRTH DATE : 01/01/1961 Age:60  
BIRTH DATE : 01/02/1966 Age:54

ADDRESS : 1234 WASHTENAW AVE APT 3  
: YPSILANTI MI 48197

PREPARER : 995

Home : (734) 333-4567  
Work : -  
Cell : -  
STATUS : MARRIED JOINT  
FED TYPE: Electronic Mail  
ST TYPE : Electronic Mail  
E-MAIL :

PREPARER FEE :  
ELECTRONIC :  
TOTAL FEES :

EFFECTIVE RATE: 20.56%

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LISTING OF FORMS FOR THIS RETURN

FORM 1040  
SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)  
SCHEDULE 2 (ADDITIONAL TAXES)  
RECOVERY REBATE CREDIT WORKSHEET  
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 8917 (TUITION & FEES DEDUCTION)  
FORM 8962 (PREMIUM TAX CREDIT)  
FORM 8995 (QUALIFIED BUSINESS INCOME DEDUCTION)  
PAYMENT VOUCHER  
MI STATE PART YEAR RETURN

\* QUICK SUMMARY \*

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SUMMARY	FEDERAL	MI PART YEAR
FILING STATUS	2	2
TOTAL INCOME	45400	41336
TOTAL ADJUSTMENTS	4064	6400
ADJUSTED GROSS INCOME	41336	35064
DEDUCTIONS	24800	0
EXEMPTIONS	0	10415
TAXABLE INCOME	16369	24649
TAX	3238	1048
CREDITS	0	0
OTHER TAXES	127	0
PAYMENTS	2500	1000
REFUND	0	0
AMOUNT DUE	865	48

CLIENT : TOOL CHECK  
SPOUSE : BETTY CHECK

111-22-3333  
333-34-4444

PREPARER : 995 DATE : 02/06/2021

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\* W-2 INCOME FORMS SUMMARY \*

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	<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	KROGER	35000	2500	2170	508	1000 MI
		TOTALS.....	35000	2500	2170	508	1000

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\* 1099-R INCOME FORMS SUMMARY \*

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	<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	VANGAURD	4000	3500	0	0 MI
2.	T	VANGAURD	500	450	0	0 MI
		TOTALS.....	4500	3950	0	0

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\* FORM SSA-1099 INCOME FORMS SUMMARY \*

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	<u>[T/S]</u>	<u>PAYER</u>	<u>SSA BENEFITS</u>	<u>FED WITH</u>	<u>PREMIUMS</u>
1.	T	U.S.	1000	0	500
		TOTALS.....	1000	0	500



☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.  VANGAURD 123 STREET ST ANN ARBOR MI 48103		1 Gross distribution \$ 4000		OMB No. 1545-0119  <b>2020</b>  Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>		
		2a Taxable amount \$ 3500						
				2b Taxable amount not determined <input type="checkbox"/>			Total distribution <input type="checkbox"/>	
PAYER'S TIN  11-1200000		RECIPIENT'S TIN  111-22-3333		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		
RECIPIENT'S name TOOL CHECK  Street address (including apt. no.) 1234 WASHTENAW AVE  City or town, state or province, country, and ZIP or foreign postal code YPSILANTI MI 48197		5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		This information is being furnished to the IRS.		
		7 Distribution code(s) 7		IRA/ SEP/ SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %			
		9a Your percentage of total distribution %		9b Total employee contributions \$				
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. 0	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$		15 State/Payer's state no. MI		16 State distribution \$ 3500
Account number (see instructions)		13 Date of payment		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.  VANGAURD 123 STREET ST ANN ARBOR MI 48103		1 Gross distribution \$ 500		OMB No. 1545-0119  <b>2020</b>  Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>		
		2a Taxable amount \$ 450						
				2b Taxable amount not determined <input type="checkbox"/>			Total distribution <input type="checkbox"/>	
PAYER'S TIN  10-2000000		RECIPIENT'S TIN  111-22-3333		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		
RECIPIENT'S name TOOL CHECK  Street address (including apt. no.) 1234 WASHTENAW AVE  City or town, state or province, country, and ZIP or foreign postal code YPSILANTI MI 48197		5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		This information is being furnished to the IRS.		
		7 Distribution code(s) 7		IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$ %			
		9a Your percentage of total distribution %		9b Total employee contributions \$				
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. 0	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$		15 State/Payer's state no. MI 20200000		16 State distribution \$ 450
Account number (see instructions)		13 Date of payment		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

## **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 authorize UNITED WAY OF WASHTENAW COUNTY - VITA:

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 12, 2022

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 12, 2022). 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: 11111

PIN Date 2/3/2021

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse PIN: 11111

PIN Date 2/3/2021

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## **Consent to Disclose/Use Information to the VITA programs Relational Office**

### **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 authorize UNITED WAY OF WASHTENAW COUNTY - VITA:

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 program Relational Office.

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

Taxpayer PIN: 11111

PIN Date 2/3/2021

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse PIN: 11111

PIN Date 2/3/2021

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



**IRS e-file Signature Authorization**

OMB No. 1545-0074

- **ERO must obtain and retain completed Form 8879.**  
 ► **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ►

Taxpayer's name <b>TOOL CHECK</b>	Social security number <b>111-22-3333</b>
Spouse's name <b>BETTY CHECK</b>	Spouse's social security number <b>333-34-4444</b>

**Part I Tax Return Information — Tax Year Ending December 31, 2020** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

<b>1</b>	Adjusted gross income . . . . .	<b>1</b>	41336
<b>2</b>	Total tax . . . . .	<b>2</b>	3365
<b>3</b>	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	2500
<b>4</b>	Amount you want refunded to you . . . . .	<b>4</b>	
<b>5</b>	Amount you owe . . . . .	<b>5</b>	865

**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 the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. 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 the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

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

1	3	3	3	3
---	---	---	---	---

 as my  
ERO firm name  
signature on the income tax return (original or amended) I am now authorizing.
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 ► 02/06/2021**Spouse's PIN: check one box only**

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

1	4	4	4	4
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 as my  
ERO firm name  
signature on the income tax return (original or amended) I am now authorizing.
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 ► 02/06/2021**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
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above 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 - VITA Date ► 02/06/2021

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

# 2020 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 2020 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](http://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 "2020 Form 1040," "2020 Form 1040-SR," or "2020 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 <sup>xx</sup>/<sub>100</sub>").

**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](http://www.officialpayments.com/fed), our Official Payment provider.

## How To Send In Your 2020 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 2020 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](http://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](http://www.irs.gov/Payments).

Form **1040-V** (2020)

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V**

Department of the Treasury  
Internal Revenue Service (99)

## Payment Voucher

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

Go to [www.irs.gov/Payments](http://www.irs.gov/Payments) for payment options and information.

OMB No. 1545-0074

**2020**

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	
	111-22-3333		333-34-4444				865			
	4 Your first name and middle initial				Last name					
	TOOL				CHECK					
	If a joint return, spouse's first name and middle initial				Last name					
BETTY				CHECK						
Home address (number and street)				Apt. no.		City, town, or post office. If you have a foreign address, also complete spaces below.			State	ZIP code
1234 WASHTEAW AVE APT 3						YPSILANTI			MI	48197
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, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas

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

Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin

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

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming

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

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 your 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 TOOL		Last name CHECK		Your social security number 111-22-3333	
If joint return, spouse's first name and middle initial BETTY		Last name CHECK		Spouse's social security number 333-34-4444	
Home address (number and street). If you have a P.O. box, see instructions. 1234 WASHTENAW AVE				Apt. no. 3	
City, town, or post office. If you have a foreign address, also complete spaces below. YPSILANTI			State MI		ZIP code 48197
Foreign country name		Foreign province/state/county		Foreign postal code	
<b>Presidential Election Campaign</b> 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					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

**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, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . <b>SCH=3500</b> . . . . .	<b>1</b>	38500
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2b</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4b</b>	3500
<b>Standard Deduction for—</b> <ul style="list-style-type: none"><li>• Single or Married filing separately, \$12,400</li><li>• Married filing jointly or Qualifying widow(er), \$24,800</li><li>• Head of household, \$18,650</li><li>• If you checked any box under <b>Standard Deduction</b>, see instructions.</li></ul>	<b>5a</b>	Pensions and annuities . . . . .	<b>5b</b>	450
	<b>6a</b>	Social security benefits . . . . .	<b>6b</b>	850
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .	<b>8</b>	2100
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	45400
	<b>10</b>	Adjustments to income:		
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>	4064
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions	<b>10b</b>	
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>	4064
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	41336
<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	24800	
<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>	167	
<b>14</b>	Add lines 12 and 13 . . . . .	<b>14</b>	24967	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	16369	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2020)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	1638
17	Amount from Schedule 2, line 3	17	1600
18	Add lines 16 and 17	18	3238
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3238
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	127
24	Add lines 22 and 23. This is your <b>total tax</b>	24	3365
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	2500
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	2500
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	2500
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
Direct deposit? See instructions.	► b Routing number <u>X X X X X X X X X</u> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
► d	Account number <u>X X X X X X X X X X X X X X X X</u>		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	
Amount You Owe	37 Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	865
For details on how to pay, see instructions.	<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
38	Estimated tax penalty (see instructions)	38	

Third Party  
DesigneeDo you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ NoDesignee'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.

Your signature

Date

Your occupation

If the IRS sent you an Identity  
Protection PIN, enter it here

(see inst.) ►

02/06/21

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.) ►

02/06/21

Phone no. (734) 333-4567

Email address

Paid  
Preparer  
Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

02/06/21

S22015384

☐ Self-employed

Firm's name ► UNITED WAY OF WASHTENAW COUNTY - VITA

Phone no. 734-677-7205

Firm's address ► 2305 PLATT ROAD ANN ARBOR MI 48104

Firm's EIN ► -

**SCHEDULE 1**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Additional Income and Adjustments to Income**▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**Attachment  
Sequence No. **01**

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

**Your social security number**

TOOL &amp; BETTY CHECK

111-22-3333

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	900
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ SCHOLARSHIP	<b>8</b>	1200
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	2100

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	64
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	4000
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	4064

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

Schedule 1 (Form 1040) 2020

**SCHEDULE 2**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

► **Attach to Form 1040, 1040-SR, or 1040-NR.**  
► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **02**

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

TOOL & BETTY CHECK

**Your social security number**

111-22-3333

**Part I Tax**

<b>1</b> Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b> Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	1600
<b>3</b> Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . .	<b>3</b>	1600

**Part II Other Taxes**

<b>4</b> Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	127
<b>5</b> Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 .	<b>5</b>	
<b>6</b> Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b> Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b> Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b> Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)_____	<b>8</b>	
<b>9</b> Section 965 net tax liability installment from Form 965-A . . .	<b>9</b>	
<b>10</b> Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .	<b>10</b>	127

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

Schedule 2 (Form 1040) 2020

QNA

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
**(Sole Proprietorship)**

► Go to [www.irs.gov/ScheduleC](http://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

**2020**  
Attachment  
Sequence No. **09**

Name of proprietor <b>TOOL CHECK</b>		Link: 1000	Social security number (SSN) <b>111-22-3333</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>UBER</b>		<b>B</b> Enter code from instructions ►	
<b>C</b> Business name. If no separate business name, leave blank.		<b>D</b> Employer ID number (EIN) (see instr.) :	
<b>E</b> Business address (including suite or room no.) ► City, town or post office, state, and ZIP code			
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►			
<b>G</b> Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>H</b> If you started or acquired this business during 2020, check here <input type="checkbox"/>			
<b>I</b> Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Part I Income**

<b>1</b> 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"/>	<b>1</b>	500
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	500
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	500
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	400
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	900

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

<b>8</b> Advertising	<b>8</b>	<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>	<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>	<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>	<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>	<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest (see instructions):		<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>	<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>	<b>b</b> Deductible meals (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>	<b>25</b> Utilities	<b>25</b>	
		<b>26</b> Wages (less employment credits)	<b>26</b>	
		<b>27a</b> Other expenses (from line 48)	<b>27a</b>	
		<b>b</b> <b>Reserved for future use</b>	<b>27b</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>28</b>			
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>			900
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> 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	<b>30</b>			
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>			900
<b>32</b> 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 <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.				
		<b>32a</b> <input type="checkbox"/> All investment is at risk.		
		<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2020



**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **17**

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

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

111-22-3333

TOOL CHECK

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and 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 . . . . . ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . . **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** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order . . . . . **2** 900

**3** Combine lines 1a, 1b, and 2 . . . . . **3** 900

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . . . . . **4a** 831

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**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** 831

**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** 831

**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 2020 . . . . . **7** 137,700

**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 \$137,700 or more, skip lines 8b through 10, and go to line 11 . . . . . **8a** 35000

**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** 35000

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . . **9** 102700

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) . . . . . **10** 103

**11** Multiply line 6 by 2.9% (0.029) . . . . . **11** 24

**12 Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** . . . . . **12** 127

**13 Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 14** . . . . . **13** 64

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$8,460, **or (b)** your net farm profits<sup>2</sup> were less than \$6,107.

**14** Maximum income for optional methods . . . . . **14** 5,640

**15** Enter the **smaller** of: two-thirds (<sup>2</sup>/<sub>3</sub>) of gross farm income<sup>1</sup> (not less than zero) **or** \$5,640. Also, include this amount on line 4b above . . . . . **15**

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$6,107 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **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 (<sup>2</sup>/<sub>3</sub>) of gross nonfarm income<sup>4</sup> (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above . . . . . **17**

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>2</sup> 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.

<sup>4</sup> 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](http://www.irs.gov/Form8995) for instructions and the latest information.**2020**Attachment  
Sequence No. **55**

Name(s) shown on return

TOOL &amp; BETTY CHECK

Your taxpayer identification number

111-22-3333

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

<b>1</b>	<b>(a)</b> Trade, business, or aggregation name	<b>(b)</b> Taxpayer identification number	<b>(c)</b> Qualified business income or (loss)
<b>i</b>	UBER	111-22-3333	836
<b>ii</b>			
<b>iii</b>			
<b>iv</b>			
<b>v</b>			

<b>2</b>	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	<b>2</b>	836	
<b>3</b>	Qualified business net (loss) carryforward from the prior year	<b>3</b>	( )	
<b>4</b>	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	<b>4</b>	836	
<b>5</b>	Qualified business income component. Multiply line 4 by 20% (0.20)	<b>5</b>		167
<b>6</b>	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b>		
<b>7</b>	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	<b>7</b>	( )	
<b>8</b>	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	<b>8</b>		
<b>9</b>	REIT and PTP component. Multiply line 8 by 20% (0.20)	<b>9</b>		
<b>10</b>	Qualified business income deduction before the income limitation. Add lines 5 and 9	<b>10</b>		167
<b>11</b>	Taxable income before qualified business income deduction	<b>11</b>	16536	
<b>12</b>	Net capital gain (see instructions)	<b>12</b>		
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	16536	
<b>14</b>	Income limitation. Multiply line 13 by 20% (0.20)	<b>14</b>		3307
<b>15</b>	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ►	<b>15</b>		167
<b>16</b>	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	<b>16</b>	( )	
<b>17</b>	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	<b>17</b>	( )	

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

Form **8995** (2020)

QNA

# Tuition and Fees Deduction

OMB No. 1545-0074

► **Attach to Form 1040 or 1040-SR.**  
► **Go to [www.irs.gov/Form8917](http://www.irs.gov/Form8917) for the latest information.**

Attachment  
Sequence No. **60**

Name(s) shown on return

Your social security number

TOOL & BETTY CHECK

111-22-3333



Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

## Before you begin:

- ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.
- ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
  - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
  - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
  - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

1	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)
	First name Last name		
	BETTY CHECK	333-34-4444	10000
2	Add the amounts on line 1, column (c), and enter the total . . . . .		10000
3	Enter the amount from your "total income" line of Form 1040 or 1040-SR . . . . .	3 45400	
4	<ul style="list-style-type: none"> <li>• For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36.</li> <li>• For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.</li> <li>• For later years: See <a href="http://www.irs.gov/Form8917">www.irs.gov/Form8917</a> to find out if the line references above for 2019 have changed . . . . .</li> </ul>	4 64	
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), <b>stop</b> ; you can't take the deduction for tuition and fees . . . . . * If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970 to figure the amount to enter on line 5.	5	45336
6	<b>Tuition and fees deduction.</b> Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)?  <input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 2, or \$2,000. } <input checked="" type="checkbox"/> <b>No.</b> Enter the smaller of line 2, or \$4,000. }	6	4000

**Also enter** this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See [www.irs.gov/Form8917](http://www.irs.gov/Form8917) to find out if the line references above for 2019 have changed.

**Premium Tax Credit (PTC)**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to [www.irs.gov/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.

TOOL CHECK

Your social security number

111-22-3333

You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

<b>1</b>	Tax family size. Enter your tax family size. See instructions . . . . .	<b>1</b>	<b>2</b>
<b>2a</b>	Modified AGI. Enter your modified AGI. See instructions . . . . .	<b>2a</b>	41486
<b>b</b>	Enter the total of your dependents' modified AGI. See instructions . . . . .	<b>2b</b>	
<b>3</b>	Household income. Add the amounts on lines 2a and 2b. See instructions . . . . .	<b>3</b>	41486
<b>4</b>	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. <b>a</b> <input type="checkbox"/> Alaska <b>b</b> <input type="checkbox"/> Hawaii <b>c</b> <input checked="" type="checkbox"/> Other 48 states and DC	<b>4</b>	16910
<b>5</b>	Household income as a percentage of federal poverty line (see instructions) . . . . .	<b>5</b>	245 %
<b>6</b>	Did you enter 401% on line 5? (See instructions if you entered less than 100%). <input checked="" type="checkbox"/> <b>No.</b> Continue to line 7. <input type="checkbox"/> <b>Yes.</b> You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
<b>7</b>	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions . . . . .	<b>7</b>	0.0811
<b>8a</b>	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	<b>8a</b>	3365
	<b>b</b> Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	<b>8b</b>	280

**Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.  
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
☒ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12–23 and continue to line 24.  
☐ **No.** Continue to lines 12–23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
<b>11</b> Annual Totals	5500	5500	3365	2135	2135	5500
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21–32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21–32, column C)
<b>12</b> January						
<b>13</b> February						
<b>14</b> March						
<b>15</b> April						
<b>16</b> May						
<b>17</b> June						
<b>18</b> July						
<b>19</b> August						
<b>20</b> September						
<b>21</b> October						
<b>22</b> November						
<b>23</b> December						
<b>24</b> Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					<b>24</b>	2135
<b>25</b> Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					<b>25</b>	5500
<b>26</b> Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 8. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27 . . . . .					<b>26</b>	

**Part III Repayment of Excess Advance Payment of the Premium Tax Credit**

<b>27</b>	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	<b>27</b>	3365
<b>28</b>	Repayment limitation (see instructions) . . . . .	<b>28</b>	1600
<b>29</b>	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2 . . . . .	<b>29</b>	1600

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

## Social Security Benefits Worksheet—Lines 6a and 6b

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 2020, enter “D” to the right of the word “benefits” on line 6a. If you don’t, you may get a math error notice from the IRS.
- ✓ Be sure you have read the **Exception** in the line 6a and 6b 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 <b>box 5</b> of <b>all</b> your <b>Forms SSA-1099</b> and <b>RRB-1099</b> . Also enter this amount on Form 1040 or 1040-SR, line 6a .....	1.	<u>1000</u>
2.	Multiply line 1 by 50% (0.50) .....	2.	<u>500</u>
3.	Combine the amounts from Form 1040 or 1040-SR, lines 1, 2b, 3b, 4b, 5b, 7, and 8 .....	3.	<u>44550</u>
4.	Enter the amount, if any, from Form 1040 or 1040-SR, line 2a .....	4.	<u>        </u>
5.	Combine lines 2, 3, and 4 .....	5.	<u>45050</u>
6.	Enter the total of the amounts from Form 1040 or 1040-SR, line 10b, Schedule 1, lines 10 through 19, plus any write-in adjustments you entered on the dotted line next to Schedule 1, line 22 .....	6.	<u>64</u>
7.	Is the amount on line 6 less than the amount on line 5? <input type="checkbox"/> <b>No.</b> None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 6 from line 5 .....	7.	<u>44986</u>
8.	If you are: <ul style="list-style-type: none"> <li>• Married filing jointly, enter \$32,000</li> <li>• Single, head of household, qualifying widow(er), or married filing separately and you <b>lived apart</b> from your spouse for all of 2020, enter \$25,000</li> <li>• Married filing separately and you lived with your spouse at any time in 2020, skip lines 8 through 15; multiply line 7 by 85% (0.85) and enter the result on line 16. Then, go to line 17</li> </ul>	8.	<u>32000</u>
9.	Is the amount on line 8 less than the amount on line 7? <input type="checkbox"/> <b>No.</b> None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. If you are married filing separately and you <b>lived apart</b> from your spouse for all of 2020, be sure you entered “D” to the right of the word “benefits” on line 6a. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 8 from line 7 .....	9.	<u>12986</u>
10.	Enter: \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you <b>lived apart</b> from your spouse for all of 2020 .....	10.	<u>12000</u>
11.	Subtract line 10 from line 9. If zero or less, enter -0- .....	11.	<u>986</u>
12.	Enter the <b>smaller</b> of line 9 or line 10 .....	12.	<u>12000</u>
13.	Enter one-half of line 12 .....	13.	<u>6000</u>
14.	Enter the <b>smaller</b> of line 2 or line 13 .....	14.	<u>500</u>
15.	Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0- .....	15.	<u>838</u>
16.	Add lines 14 and 15 .....	16.	<u>1338</u>
17.	Multiply line 1 by 85% (0.85) .....	17.	<u>850</u>
18.	<b>Taxable social security benefits.</b> Enter the <b>smaller</b> of line 16 or line 17. Also enter this amount on Form 1040 or 1040-SR, line 6b .....	18.	<u>850</u>



If any of your benefits are taxable for 2020 **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

TOOL & BETTY CHECK  
**Recovery Rebate Credit Worksheet—Line 30**

111-22-3333

**Before you begin:** ✓ See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.  
 ✓ If you received Notice 1444 and Notice 1444-B, have them available.

Don't include on line 16 or 19 any amount you received but later returned to the IRS.

1.	Can you be claimed as a dependent on another person's 2020 return? If filing a joint return, go to line 2. <input checked="" type="checkbox"/> <b>No.</b> Go to line 2. <input type="checkbox"/> <b>Yes.</b>  You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.	
2.	Does your 2020 return include a valid social security number (defined under <i>Valid social security number</i> , earlier) for you and, if filing a joint return, your spouse? <input checked="" type="checkbox"/> <b>Yes.</b> Skip lines 3 and 4, and go to line 5. <input type="checkbox"/> <b>No.</b> If you are filing a joint return, go to line 3. If you aren't filing a joint return,  you can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.	
3.	Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number (defined under <i>Valid social security number</i> , earlier)? <input type="checkbox"/> <b>Yes.</b> Your credit is not limited. Go to line 5. <input type="checkbox"/> <b>No.</b> Go to line 4.	
4.	Does one of you have a valid social security number (defined under <i>Valid social security number</i> , earlier)? <input type="checkbox"/> <b>Yes.</b> Your credit is limited. Go to line 5. <input type="checkbox"/> <b>No.</b>  You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.	
5.	If your EIP 1 was \$1,200 (\$2,400 if married filing jointly) plus \$500 for each qualifying child you had in 2020, skip lines 5 and 6, enter zero on lines 7 and 16, and go to line 8. Otherwise, enter: • \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3. ....	5. <u>2400</u>
6.	Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number .....	6. _____
7.	Add lines 5 and 6 .....	7. <u>2400</u>
8.	If your EIP 2 was \$600 (\$1,200 if married filing jointly) plus \$600 for each qualifying child you had in 2020, skip lines 8 and 9, enter zero on lines 10 and 19, and go to line 11. Otherwise, enter: • \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3. ....	8. <u>1200</u>
9.	Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number .....	9. _____
10.	Add lines 8 and 9 .....	10. <u>1200</u>
11.	Enter the amount from line 11 of Form 1040 or 1040-SR .....	11. <u>41336</u>
12.	Enter the amount shown below for your filing status: • \$150,000 if married filing jointly or qualifying widow(er) • \$112,500 if head of household • \$75,000 if single or married filing separately } .....	12. <u>150000</u>
13.	Is the amount on line 11 more than the amount on line 12? <input checked="" type="checkbox"/> <b>No.</b> Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18. <input type="checkbox"/> <b>Yes.</b> Subtract line 12 from line 11.	13. _____
14.	Multiply line 13 by 5% (0.05) .....	14. _____
15.	Subtract line 14 from line 7. If zero or less, enter -0- .....	15. <u>2400</u>
16.	Enter the amount, if any, of EIP 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at <a href="https://www.irs.gov/Account">IRS.gov/Account</a> for the amount to enter here .....	16. <u>2400</u>
17.	Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15, you don't have to pay back the difference .....	17. _____
18.	Subtract line 14 from line 10. If zero or less, enter -0- .....	18. <u>1200</u>
19.	Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at <a href="https://www.irs.gov/Account">IRS.gov/Account</a> for the amount to enter here .....	19. <u>1200</u>
20.	Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18, you don't have to pay back the difference .....	20. _____
21.	<b>Recovery rebate credit.</b> Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR .....	21. _____

## 2020 MICHIGAN Individual Income Tax Certification for e-file MI-8453

**NOTE: Do not send MI-8453 to the Michigan Department of Treasury unless requested to do so.**

1. Filer's First Name <b>TOOL</b>	M.I.	Last Name <b>CHECK</b>	2. Filer's Full Social Security No. (Example: 123-45-6789)  <b>111-22-3333</b>
If a Joint Return, Spouse's First Name <b>BETTY</b>	M.I.	Last Name <b>CHECK</b>	3. Spouse's Full Social Security No. (Example: 123-45-6789)  <b>333-34-4444</b>
Home Address (Number, Street, or P.O. Box) <b>1234 WASHTENAW AVE APT 3</b>			
City or Town <b>YPSILANTI</b>		State <b>MI</b>	ZIP Code <b>48197</b>

### 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.	<b>41336</b>	<b>00</b>
5. Total Michigan income tax from line 20 .....	5.	<b>1048</b>	<b>00</b>
6. Michigan tax withheld from line 29 .....	6.	<b>1000</b>	<b>00</b>
7. Tax due from line 33 .....	7.	<b>48</b>	<b>00</b>
8. Refund from line 36 .....	8.		<b>00</b>

#### Form MI-1040CR, Homestead Property Tax Credit Claim

9. Homestead Property Tax Credit from line 44 .....	9.		<b>00</b>
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#### Form MI-1040 CR-7, Home Heating Credit Claim

10. Home Heating Credit Claim from line 47 .....	10.		<b>00</b>
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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.		<b>00</b>
12. Tax Due from Form 5118, line 22e, Form 5119, line 24e, or Form 5120, line 41e .....	12.		<b>00</b>
13. Refund from Form 5118, line 25, Form 5119, line 27, or Form 5120, line 44 .....	13.		<b>00</b>

### PART 2: CERTIFICATION 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 <b>02-06-21</b>	Spouse's Signature	Date <b>02-06-21</b>
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### PART 3: ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER CERTIFICATION

*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 Signature	Date <b>02-06-21</b>	ERO is (check all that apply) <input type="checkbox"/> Paid Preparer <input type="checkbox"/> Self-Employed	ERO's SSN or PTIN
Firm's Name (or yours if self-employed) <b>UNITED WAY OF WASHTENAW COUNTY - VITA</b>		FEIN	
Firm's Address (Street, City, State, ZIP Code) <b>2305 PLATT ROAD, ANN ARBOR, MI 48104</b>		Firm's Telephone Number <b>734-677-7205</b>	

Preparer's Name (print or type)		Check if self-employed <input type="checkbox"/>	
Preparer's Signature	Date	PTIN	
Firm's Name		Firm's EIN	
Firm's Address (Street, City, State, ZIP Code)		Firm's Telephone Number	

**Complete this form only if you are e-filing a Michigan or City of Detroit unlinked (standalone) return.**



**2020 MICHIGAN Individual Income Tax Return MI-1040****Amended Return** ☐  
(Include Schedule AMD)**Return is due April 15, 2021.** Type or print in blue or black ink.

1. Filer's First Name <b>TOOL</b>		M.I.	Last Name <b>CHECK</b>		2. Filer's Full Social Security No. (Example: 123-45-6789)  <b>111-22-3333</b>	
If a Joint Return, Spouse's First Name <b>BETTY</b>		M.I.	Last Name <b>CHECK</b>		3. Spouse's Full Social Security No. (Example: 123-45-6789)  <b>333-34-4444</b>	
Home Address (Number, Street, or P.O. Box) <b>1234 WASHTENAW AVE APT 3</b>					4. School District Code (5 digits – see page 60) <b>81020</b>	
City or Town <b>YPSILANTI</b>			State <b>MI</b>	ZIP Code <b>48197</b>		
5. <b>STATE CAMPAIGN FUND</b> Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse				6. <b>FARMERS, FISHERMEN, OR SEAFARERS</b>  <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
7. <b>2020 FILING STATUS.</b> Check one. a. <input type="checkbox"/> Single b. <input checked="" type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 200px;"></div>				8. <b>2020 RESIDENCY STATUS.</b> Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input checked="" type="checkbox"/> Part-Year Resident * * If you check box "b" or "c," you must complete and include Schedule NR.		

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; display: inline-block; padding: 2px 10px;">2</div> x \$4,750 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; display: inline-block; padding: 2px 10px;">1</div> x \$2,800 c. Number of qualified disabled veterans ..... 9c. <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div> x \$400 d. Number of Certificates of Stillbirth from MDHHS (see instructions) ..... 9d. <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div> x \$4,750 e. Claimed as dependent, see line 9 NOTE above ..... 9e. <input type="checkbox"/> f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15 ..... 9f.	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">9500</div> 00 <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">2800</div> 00 <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div> 00 <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div> 00 <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div> 00 <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">12300</div> 00 <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">41336</div> 00 <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">64</div> 00 <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">41400</div> 00 <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">6336</div> 00 <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">35064</div> 00 <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">10415</div> 00 <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">24649</div> 00 <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">1048</div> 00
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**NON-REFUNDABLE CREDITS**

	AMOUNT		CREDIT	
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)..... 18a.	00		00	18b.
19. Michigan Historic Preservation Tax Credit carryforward (see instructions)..... 19a.	00		00	19b.
20. <b>Income Tax.</b> 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" .....			1048	20.



Filer's Full Social Security Number

111-22-3333

21. Enter amount of Income Tax from line 20.....	21.	1048	00
22. Voluntary Contributions from Form 4642, line 6. <b>Include Form 4642</b> .....	22.		00
23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.		00
24. <b>Total Tax Liability.</b> Add lines 21, 22 and 23 .....	24.	1048	00

**REFUNDABLE CREDITS AND PAYMENTS**

25. <b>Property Tax Credit.</b> Include MI-1040CR or MI-1040CR-2 .....	25.		00
26. <b>Farmland Preservation Tax Credit.</b> 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.	FEDERAL	00
27b.	27b.	MICHIGAN	00
28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....	28.		00
29. Michigan tax withheld from Schedule W, line 6. <b>Include Schedule W (do not submit W-2s)</b> .....	29.	1000	00
30. Estimated tax, extension payments and 2019 credit forward.....	30.		00
31. <b>2020 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2020 return should skip to line 32. Amended returns must <b>include Schedule AMD (see instructions)</b> .	31.		
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.	31a.		
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.	31b.		
31c.	31c.		00
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c .....	32.	1000	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.		
Include interest <input type="text"/> and penalty <input type="text"/> .....			
<b>YOU OWE</b>		48	00
34. <b>Overpayment.</b> If line 32 is greater than line 24, subtract line 24 from line 32 .....	34.		00
35. <b>Credit Forward.</b> Amount of line 34 to be credited to your 2021 estimated tax for your 2021 tax return ...	35.		00
36. Subtract line 35 from line 34. ....	36.		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, 2019, enter dates below.  
**ENTER DATE OF DEATH ONLY.** Example: 04-15-2020 (MM-DD-YYYY)

Filer	<input type="text"/>	Spouse	<input type="text"/>
-------	----------------------	--------	----------------------

**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
	02-06-21
Spouse's Signature	Date
	02-06-21

Preparer's Signature

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

**2020 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 2020, 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  TOOL	M.I.  	Last Name  CHECK	2. Filer's Full Social Security No. (Example: 123-45-6789)  111-22-3333
If a Joint Return, Spouse's First Name  BETTY	M.I.  	Last Name  CHECK	3. Spouse's Full Social Security No. (Example: 123-45-6789)  333-34-4444

**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		111200000	KROGER	35000	00	1000	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. <b>SUBTOTAL.</b> Enter total of Table 1, column E. ....						4.	1000 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. <b>SUBTOTAL.</b> Enter total of Table 2, column E. ....						5.	00
6. <b>TOTAL.</b> Add lines 4 and 5. Enter here and carry to MI-1040, line 29.....						6.	1000 00

## 2020 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)
TOOL		CHECK	111-22-3333

### 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.	64	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. <b>Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11</b> .....	9.	64	00

### 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. <b>Explain type and source:</b> <u>SCHEDULE NR</u> .....	13.	6336	00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.		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 2020 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). <b>Describe:</b> .....	21.		00

**2020 MICHIGAN Schedule 1 Additions and Subtractions**

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
TOOL		CHECK	111-22-3333

**Deduction Based on Year of Birth**

Complete 22A through 22H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 23, 24, 25, or 26. Check box(es) 22C and/or 22G **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. FILER				SPOUSE			
A. Year of Birth (19xx)	B. Age as of 12-31-2020	C. Check if filer received benefits from SSA exempt employment	D. Check if retired as of 01-01-2013 and born after 1952	E. Year of Birth (19xx)	F. Age as of 12-31-2020	G. Check if spouse received benefits from SSA exempt employment	H. Check if retired as of 01-01-2013 and born after 1952
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
23. <b>Tier 2 Michigan Standard Deduction.</b> Complete this line <b>ONLY</b> 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 before December 31, 2020. <b>Do not complete lines 24, 25 or 26</b> .....				23.			00
24. <b>Tier 3 Michigan Standard Deduction.</b> Complete this line <b>ONLY</b> if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1954, and reached age 67 on or before December 31, 2020. <b>Do not complete lines 23, 25 or 26.</b> Enter amount from line 6 of Worksheet 2.....				24.			00
25. <b>Retirement benefits.</b> Enter amount from line 16, 27, 28 or 29 of Form 4884, <i>Michigan Pension Schedule</i> . <b>Include Form 4884</b> .....				25.			00
26. Dividend/interest/capital gains deduction for taxpayers <b>75 years and older</b> . Deduction is limited to \$11,983 for single or married filing separately filers and \$23,966 for joint filers, less any deduction for retirement benefits (see instructions).....				26.			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.							
27. Reserved. Skip to line 28.....				27.	X X X X X X X X X		00
28. Michigan Net Operating Loss .....				28.			00
29. <b>Total Subtractions.</b> Add lines 10 through 28. Enter here and on MI-1040, line 13.....				29.		6 3 3 6	00

**2020 MICHIGAN Nonresident and Part-Year Resident Schedule**

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

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

**Attachment 02**

1. Filer's First Name <b>TOOL</b>	M.I.	Last Name <b>CHECK</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>111-22-3333</b>
If a Joint Return, Spouse's First Name <b>BETTY</b>	M.I.	Last Name <b>CHECK</b>	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>333-34-4444</b>

**4. 2020 RESIDENCY STATUS:**

Check all that apply.

a. ☐ Nonresidentb. ☒ Part-Year Resident of Michigan.

Enter dates of Michigan residency in 2020\*

\*Dates of Michigan residency in 2020 (Enter dates as MM-DD-YYYY, Example: 04-15-2020)

	FILER	SPOUSE
FROM:	07-01-2020	04-01-2020
TO:	12-31-2020	12-31-2020

**Income Allocation**

	A. Total Income		B. Michigan Income		C. Other State(s) Income	
5. Wages, salaries, other payments (tips, etc.) .....	38500	00	35000	00	3500	00
6. Interest and dividends .....		00		00		00
7. Business and farm income (include U.S. Schedules C and F) .....	900	00		00	900	00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S Form 4797 .....		00		00		00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....		00		00		00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884) .....	4800	00		00	4800	00
11. Other (see instructions) .....	1200	00		00	1200	00
12. Total income. Add lines 5 through 11 .....	45400	00	35000	00	10400	00
13. Enter the total adjustments from U.S. 1040, Schedule 1 Describe: .....	4064	00		00	4064	00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	41336	00	35000	00	6336	00

**Exemption Allowance** (If one spouse is a full-year resident, and the other is not, see instructions.)

15. Enter amount from MI-1040, line 9f .....	15.	12300	00
16. Enter Michigan source income from line 14, column B .....	16.	35000	00
17. Enter total income from line 14, column A .....	17.	41336	00
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%) .....	18.	84.672	%
19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 6 and enter here and on MI-1040, line 15 .....	19.	10415	00

# Instructions for Form MI-1040-V

## 2020 Michigan Individual Income Tax Payment Voucher

### Important Information

Use this voucher only if making your payment after you file your MI-1040 return.

**Do not** use this voucher to do any of the following:

- Make any other payments to the State of Michigan
- Make estimated income tax payments. Estimated income tax payments should be made using the MI-1040ES
- Pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

**Failure to provide a complete Social Security number on Form MI-1040-V will result in processing delays.**

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 33.

Your payment and MI-1040-V are due April 15, 2021. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit [www.michigan.gov/taxes](http://www.michigan.gov/taxes).

If you do not owe any tax on your MI-1040, do not file this form.

### Electronic Payments

You may choose to make your individual income tax payment electronically. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card.

You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider.

If you choose to make your payment electronically, you do not need to mail the MI-1040-V to Treasury. Visit [www.michigan.gov/iit](http://www.michigan.gov/iit) for more information.

### Mailing Instructions

- Make your check payable to the **"State of Michigan."** Print **"2020 MI-1040-V"** and the last four digits of your **Social Security number** on the check. If paying on behalf of another filer, write the filer's name and the last four digits of the filer's Social Security number on the check.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:  
**Michigan Department of Treasury**  
**P.O. Box 30774**  
**Lansing, MI 48909**
- Do not attach a copy of your return to the MI-1040-V. Attaching a copy of your return will delay the application of payment to your account.
- Do not write notes on the MI-1040-V or submit the voucher without payment.
- If you mail your payment with your paper filed return, you do not need to mail the MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit [www.michigan.gov/taxes](http://www.michigan.gov/taxes) for additional information.

**Mail this form with payment for your MI-1040 return. Do not file with your paper return.**

*Detach here and mail with your payment. Do not fold or staple the voucher.*

Michigan Department of Treasury (Rev. 03-20)

## 2020 MICHIGAN Individual Income Tax Payment Voucher

# MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you file your MI-1040 return.

Do not use this form to make any other payments to the State of Michigan.

Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code)	Filer's Full Social Security Number	Spouse's Full Social Security Number
TOOL CHECK BETTY CHECK 1234 WASHTENAW AVE APT 3 YPSILANTI MI 48197	111-22-3333	333-34-4444
<b>WRITE PAYMENT AMOUNT HERE</b> ➡ \$		48.00
<b>MAIL TO:</b> Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909		Make check payable to <b>"State of Michigan."</b> Write the last four digits of filer's <b>Social Security number</b> and <b>"2020 MI-1040-V"</b> on the check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE