

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

TOOL CHECK
1234 WASHTENAW AVE APT 3
YPSILANTI MI 48197

INVOICE

Description		Amount
PREPARATION OF 2020 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040-SR (TAX RETURN FOR SENIORS) RECOVERY REBATE CREDIT WORKSHEET FORM 1099-R (RETIREMENT DISTRIBUTIONS) (2) SSA WORKSHEET FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) MI STATE RESIDENT RETURN		
	Total Invoice	\$0.00
	Amount Paid	\$0.00
	Balance Due	\$0.00

TAX YEAR: 2020
OFFICE : 7Q00402389D3

PROCESS DATE: 02/03/2021

CLIENT : 111-22-3333 TOOL CHECK

BIRTH DATE : 01/01/1945 Age:76

ADDRESS : 1234 WASHTENAW AVE APT 3
: YPSILANTI MI 48197

PREPARER : 995

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

PREPARER FEE :
ELECTRONIC :
TOTAL FEES :

EFFECTIVE RATE: 0.00%

LISTING OF FORMS FOR THIS RETURN

FORM 1040-SR
RECOVERY REBATE CREDIT WORKSHEET
FORM SSA-1099 (SOCIAL SECURITY BENEFITS)
FORM 1099-R (RETIREMENT DISTRIBUTIONS)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
MI STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	MI RESIDENT
FILING STATUS	1	1
TOTAL INCOME	13500	13500
TOTAL ADJUSTMENTS	0	13500
ADJUSTED GROSS INCOME	13500	0
DEDUCTIONS	14050	0
EXEMPTIONS	0	4750
TAXABLE INCOME	0	0
TAX	0	0
CREDITS	0	0
PAYMENTS	1800	0
REFUND	1800	0
AMOUNT DUE	0	0

* 1099-R INCOME FORMS SUMMARY *

	[T/S]	PAYER	GROSS DIST	TAXABLE AMT	FED WITH	STATE WITH ST
1.	T	VANGAURD	8500	8500	0	0 MI
2.	T	VANGAURD	5000	5000	0	0 MI
TOTALS.....			13500	13500	0	0

CLIENT : TOOL CHECK

111-22-3333

PREPARER : 995 DATE : 02/03/2021

* FORM SSA-1099 INCOME FORMS SUMMARY *

	[T/S]	PAYER	SSA BENEFITS	FED WITH	PREMIUMS
1.	T	U.S.	14000	0	500
		TOTALS.....	14000	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 \$ 8500		OMB No. 1545-0119 2020 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2a Taxable amount \$ 8500					
				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 \$	This information is being furnished to the IRS.
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 \$			
		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	
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 \$ 5000		OMB No. 1545-0119 2020 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2a Taxable amount \$ 5000					
				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 \$	This information is being furnished to the IRS.
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 \$			
		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	
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: _____

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.

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: _____

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.

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	Last name	Spouse's social security number
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

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 Schedule B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	14000
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8 Other income from Schedule 1, line 9	8	
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . ▶	9	13500
	10 Adjustments to income:		
a From Schedule 1, line 22	10a		
b Charitable contributions if you take the standard deduction. See instructions	10b		
c Add lines 10a and 10b. These are your total adjustments to income ▶	10c		
11 Subtract line 10c from line 9. This is your adjusted gross income . . ▶	11	13500	

Standard Deduction

See *Standard Deduction Chart* on the last page of this form.

12	Standard deduction or itemized deductions (from Schedule A)	12	14050
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	14050
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0
16	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____	16	
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	
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	0
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0
24	Add lines 22 and 23. This is your total tax ►	24	0
25	Federal income tax withheld from: a Form(s) W-2 25a _____ b Form(s) 1099 25b _____ c Other forms (see instructions) 25c _____ d Add lines 25a through 25c 25d _____		
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) 27 NO		
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 1800		
31	Amount from Schedule 3, line 13 31 _____		
32	Add lines 27 through 31. These are your total other payments and refundable credits ►	32	1800
33	Add lines 25d, 26, and 32. These are your total payments ►	33	1800

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

Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ► <input type="checkbox"/> Direct deposit? ► b Routing number <u> X X X X X X X X X X </u> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings See ► d Account number <u> X X X X X X X X X X X X X X X X </u> instructions. 36 Amount of line 34 you want applied to your 2021 estimated tax ►		34	1800
		35a	1800
Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe now . . . ► For details on how to pay, see instructions. Note: 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) ►		37	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ▶			<input type="checkbox"/> Yes. Complete below.	<input checked="" type="checkbox"/> No				
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

Sign Here

Joint return? See instructions. Keep a copy for your records.

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 02/03/21	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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.)
Phone no. (734) 333-4567	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date 02/03/21	PTIN S22015384	Check if: <input type="checkbox"/> 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 ▶ -	

Standard Deduction Chart*Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1 ► 1

IF your filing status is. . .	AND the number of boxes checked is. . .	THEN your standard deduction is. . .
Single	1	\$14,050
	2	15,700
Married filing jointly	1	\$26,100
	2	27,400
	3	28,700
	4	30,000
Qualifying widow(er)	1	\$26,100
	2	27,400
Head of household	1	\$20,300
	2	21,950
Married filing separately**	1	\$13,700
	2	15,000
	3	16,300
	4	17,600

* Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

** You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

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.

<p>1. Enter the total amount from box 5 of all your Forms SSA-1099 and RRB-1099. Also enter this amount on Form 1040 or 1040-SR, line 6a</p> <p>2. Multiply line 1 by 50% (0.50)</p> <p>3. Combine the amounts from Form 1040 or 1040-SR, lines 1, 2b, 3b, 4b, 5b, 7, and 8</p> <p>4. Enter the amount, if any, from Form 1040 or 1040-SR, line 2a</p> <p>5. Combine lines 2, 3, and 4</p> <p>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</p> <p>7. Is the amount on line 6 less than the amount on line 5?</p> <p><input type="checkbox"/> No. None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b.</p> <p><input checked="" type="checkbox"/> Yes. Subtract line 6 from line 5</p> <p>8. If you are:</p> <ul style="list-style-type: none"> • Married filing jointly, enter \$32,000 • Single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2020, enter \$25,000 • 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 <p>9. Is the amount on line 8 less than the amount on line 7?</p> <p><input checked="" type="checkbox"/> No. 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 lived apart from your spouse for all of 2020, be sure you entered “D” to the right of the word “benefits” on line 6a.</p> <p><input type="checkbox"/> Yes. Subtract line 8 from line 7</p> <p>10. Enter: \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2020</p> <p>11. Subtract line 10 from line 9. If zero or less, enter -0-</p> <p>12. Enter the smaller of line 9 or line 10</p> <p>13. Enter one-half of line 12</p> <p>14. Enter the smaller of line 2 or line 13</p> <p>15. Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0-</p> <p>16. Add lines 14 and 15</p> <p>17. Multiply line 1 by 85% (0.85)</p> <p>18. Taxable social security benefits. Enter the smaller of line 16 or line 17. Also enter this amount on Form 1040 or 1040-SR, line 6b</p>	<p>1. <u>14000</u></p> <p>2. <u>7000</u></p> <p>3. <u>13500</u></p> <p>4. <u></u></p> <p>5. <u>20500</u></p> <p>6. <u></u></p> <p>7. <u>20500</u></p> <p>8. <u>25000</u></p> <p>9. <u></u></p> <p>10. <u></u></p> <p>11. <u></u></p> <p>12. <u></u></p> <p>13. <u></u></p> <p>14. <u></u></p> <p>15. <u></u></p> <p>16. <u></u></p> <p>17. <u></u></p> <p>18. <u></u></p>
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TIP 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

Recovery Rebate Credit Worksheet—Line 30

- 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"/> No. Go to line 2.						
	<input type="checkbox"/> Yes.  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"/> Yes. Skip lines 3 and 4, and go to line 5.						
	<input type="checkbox"/> No. 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"/> Yes. Your credit is not limited. Go to line 5.						
	<input type="checkbox"/> No. 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"/> Yes. Your credit is limited. Go to line 5.						
	<input type="checkbox"/> No.  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>1200</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>1200</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>600</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>600</u>					
11.	Enter the amount from line 11 of Form 1040 or 1040-SR	11. <u>13500</u>					
12.	Enter the amount shown below for your filing status:						
	<table border="0"> <tr> <td>• \$150,000 if married filing jointly or qualifying widow(er)</td> <td rowspan="3">}</td> <td rowspan="3">.....</td> </tr> <tr> <td>• \$112,500 if head of household</td> </tr> <tr> <td>• \$75,000 if single or married filing separately</td> </tr> </table>	• \$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>75000</u>
• \$150,000 if married filing jointly or qualifying widow(er)	}					
• \$112,500 if head of household							
• \$75,000 if single or married filing separately							
13.	Is the amount on line 11 more than the amount on line 12?						
	<input checked="" type="checkbox"/> No. Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.						
	<input type="checkbox"/> Yes. 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>1200</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 IRS.gov/Account for the amount to enter here	16. _____					
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. <u>1200</u>					
18.	Subtract line 14 from line 10. If zero or less, enter -0-	18. <u>600</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 IRS.gov/Account for the amount to enter here	19. _____					
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. <u>600</u>					
21.	Recovery rebate credit. Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR	21. <u>1800</u>					

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 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	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)
Home Address (Number, Street, or P.O. Box) 1234 WASHTENAW AVE APT 3			
City or Town YPSILANTI		State MI	ZIP Code 48197

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.	13500	00
5. Total Michigan income tax from line 20	5.		00
6. Michigan tax withheld from line 29	6.		00
7. Tax due from line 33	7.		00
8. Refund from line 36	8.		00

Form MI-1040CR, Homestead Property Tax Credit Claim

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

10. Home Heating Credit Claim from line 47	10.		00
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City of Detroit Tax Return Information

11. Adjusted Gross Income or Wages from Form 5118, line 9, Form 5119, line 9, or Form 5120, line 10 (Column A)	11.		00
12. Tax Due from Form 5118, line 22e, Form 5119, line 24e, or Form 5120, line 41e	12.		00
13. Refund from Form 5118, line 25, Form 5119, line 27, or Form 5120, line 44	13.		00

PART 2: 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 02-03-21	Spouse's Signature	Date
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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 02-03-21	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) UNITED WAY OF WASHTENAW COUNTY - VITA		FEIN	
Firm's Address (Street, City, State, ZIP Code) 2305 PLATT ROAD, ANN ARBOR, MI 48104		Firm's Telephone Number 734-677-7205	

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 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	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)
Home Address (Number, Street, or P.O. Box) 1234 WASHTENAW AVE APT 3			
City or Town YPSILANTI		State MI	ZIP Code 48197
4. School District Code (5 digits – see page 60) 81020			
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse </div>			6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.
7. 2020 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 150px; margin-top: 5px;"></div> b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately*			8. 2020 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident * If you check box "b" or "c," you must complete and include Schedule NR. b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident *

9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions).....	9a.	1	x	\$4,750	9a.	4750	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.....	9b.		x	\$2,800	9b.		00
c. Number of qualified disabled veterans.....	9c.		x	\$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.		x	\$4,750	9d.		00
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>			9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.				9f.	4750	00
10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions).....							
						13500	00
11. Additions from Schedule 1, line 9. Include Schedule 1							
						13500	00
12. Total. Add lines 10 and 11.....							
						13500	00
13. Subtractions from Schedule 1, line 29. Include Schedule 1							
						13500	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....							
						4750	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....							
						4750	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....							
						4750	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....							
						4750	00

NON-REFUNDABLE CREDITS

		AMOUNT				CREDIT	
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.				18b.		00
19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....	19a.				19b.		00
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0".....	20.				20.		00

Filer's Full Social Security Number

111-22-3333

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

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.		00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.	27a.	FEDERAL	00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.	MICHIGAN	00
29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	29.		00
30. Estimated tax, extension payments and 2019 credit forward.....	30.		00
31. 2020 AMENDED RETURNS ONLY. Taxpayers completing an original 2020 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) .	31c.		00
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.			
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.			
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c	32.		00

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.	33.		00
Include interest <input type="text"/> and penalty <input type="text"/>		YOU OWE	
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32	34.		00
35. Credit Forward. 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.	REFUND	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

Spouse

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

Preparer's PTIN, FEIN or SSN

S22015384

Preparer's Name (print or type)

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature

Date

02-03-21

Preparer's Signature

Spouse's Signature

Date

Preparer's Business Name, Address and Telephone Number

UNITED WAY OF WASHTENAW COUN
2305 PLATT ROAD
ANN ARBOR MI 48104-☐ By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 33 (see instructions). Mail your check and return to:

Michigan Department of Treasury, Lansing, MI 48929

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.		00
3. Gains from Michigan column of MI-1040D and MI-4797	3.		00
4. Losses attributable to other states (see instructions)	4.		00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797	5.		00
6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI).....	6.		00
7. Federal Net Operating Loss deduction included in AGI.....	7.		00
8. Other (see instructions). Describe:	8.		00
9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11	9.		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. Explain type and source:	13.		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). Describe:	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
1945	75	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
23. Tier 2 Michigan Standard Deduction. Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67 before December 31, 2020. Do not complete lines 24, 25 or 26				23.			00
24. Tier 3 Michigan Standard Deduction. Complete this line ONLY 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. Do not complete lines 23, 25 or 26. Enter amount from line 6 of Worksheet 2.....				24.			00
25. Retirement benefits. Enter amount from line 16, 27, 28 or 29 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884				25.	13500		00
26. Dividend/interest/capital gains deduction for taxpayers 75 years and older . 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. Total Subtractions. Add lines 10 through 28. Enter here and on MI-1040, line 13.....				29.	13500		00

Generally, if the filer and spouse were born after 1945, STOP; you are not entitled to a retirement and pension benefits subtraction. **For exceptions**, refer to the instructions and the questionnaire *“Which Section of Form 4884 Should I Complete?”* for additional assistance.

Attachment 23

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

4. Primary Filer Year of Birth (ex. 19xx) 1945		5. If a Joint Return, Spouse Year of Birth (ex. 19xx)	
6. <input type="checkbox"/> Check here if you were born after 1953, were retired as of January 1, 2013, and received retirement benefits from SSA exempt employment.			
7. If you are receiving retirement and pension benefits from a deceased spouse who was born prior to January 1, 1953, complete lines 7a through 7d.			
7a. Deceased Spouse Name		7b. Deceased Spouse Full Social Security No.	
		7c. Deceased Spouse Year of Birth (ex. 19xx)	
7d. <input type="checkbox"/> Surviving spouse. Check here if you elect to subtract retirement and pension benefits based on the year of birth of your deceased spouse. You must be the surviving spouse who (1) has reached age 67, (2) has not remarried, and (3) claimed a subtraction for retirement and pension benefits on a return jointly filed with the decedent in the year they died. See instructions.			

8. Retirement and pension benefits. List all that apply for filer (and spouse if filing jointly) including benefits from a deceased spouse.

A		B	C	D	E	F	
Enter "X" for Private or Public		Enter "X" for Deceased Spouse	Payer FEIN (from 1099-R) (Example: 38-1234567) (see instructions)	Distribution Code	Name of Payer	Pension Amount Included in AGI	
X			11-1200000	7	VANGAURD	8500	00
X			10-2000000	7	VANGAURD	5000	00
							00
							00
							00
							00
							00
							00
							00
							00

☐ Check here and complete the *Michigan Pension Continuation Schedule (Form 4973)* if you have more than ten sources of Retirement and Pension Benefits.

+ 1038 2020 04 01 27 0

111-22-3333

PART 3: To determine which section below to complete, review the questionnaire: "Which Section of Form 4884 Should I Complete?" in the MI-1040 book. Complete only one of the sections below.

SECTION A:

9. Enter \$53,759 if single or \$107,517 if filing jointly. Reduce this amount by any military or railroad retirement benefits from Schedule 1, line 11	9.	53759	00
10. Enter total public retirement and pension benefits (including public benefits received from a deceased spouse if deceased spouse was born prior to January 1, 1946 and died prior to 2020) .	10.		00
11. Subtotal. Subtract line 10 from line 9. If line 10 is more than line 9, enter "0"	11.	53759	00
12. Enter total private retirement and pension benefits (including private benefits received from a deceased spouse if deceased spouse was born prior to January 1, 1946 and died prior to 2020) .	12.	13500	00
13. If deceased spouse was born between January 1, 1946 and December 31, 1952 and died prior to 2020, enter deceased spouse retirement and pension benefits (maximum \$20,000 if single or \$40,000 if filing jointly).	13.		00
14. Add lines 12 and 13.....	14.	13500	00
15. Enter the smaller of lines 11 or 14	15.	13500	00
16. Total Retirement and Pension Benefits Subtraction. Add lines 10 and 15. Carry this amount to Schedule 1, line 25	16.	13500	00

SECTION B:

17. Enter \$53,759 if single or \$107,517 if filing jointly. Reduce this amount by any military or railroad retirement benefits from Schedule 1, line 11	17.		00
18. Enter public benefits received from a deceased spouse born prior to January 1, 1946 and died prior to 2020	18.		00
19. Subtotal. Subtract line 18 from line 17. If line 18 is more than line 17, enter "0"	19.		00
20. Enter private benefits received from a deceased spouse born prior to January 1, 1946 and died prior to 2020	20.		00
21. Enter the smaller of lines 19 or 20.....	21.		00
22. Add lines 18 and 21	22.		00
23. Enter total filer and spouse retirement and pension benefits	23.		00
24. Maximum Allowable Pension Deduction. See instructions	24.		00
25. Subtract line 22 from line 24. If line 22 is more than line 24, enter "0"	25.		00
26. Enter the smaller of lines 23 or 25.....	26.		00
27. Total Retirement and Pension Benefits Subtraction. Add lines 22 and 26. Carry this amount to Schedule 1, line 25	27.		00

SECTION C:

28. Total Retirement and Pension Benefits Subtraction. Enter total retirement and pension benefits, including benefits received from a deceased spouse who died prior to 2020 (maximum \$20,000 if single or \$40,000 if filing jointly). If you checked box 22C and/or 22G on Schedule 1 or have military or railroad retirement benefits reported on Schedule 1, line 11, see instructions. Carry this amount to Schedule 1, line 25.....	28.		00
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SECTION D:

29. Total Retirement and Pension Benefits Subtraction. If you checked box 22C and/or 22G on Schedule 1 and the older of you or your spouse was born after January 1, 1954 but before January 2, 1959, enter retirement and pension benefits you received, up to \$15,000 per eligible taxpayer. If you have military or railroad retirement benefits reported on Schedule 1, line 11, see instructions. Carry this amount to Schedule 1, line 25	29.		00
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