

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

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

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) SCHEDULE C (BUSINESS PROFIT/LOSS) SCHEDULE EIC (EARNED INCOME CREDIT) SCHEDULE SE (SELF-EMPLOYMENT TAX) FORM W-2 (WAGES AND TAX) FORM 1099-R (RETIREMENT DISTRIBUTIONS) SSA WORKSHEET FORM 5329 (TAX ON EARLY RETIREMENT DISTRIBUTION) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) FORM 8812 (CHILD TAX CREDIT) FORM 8889 (HEALTH SAVINGS ACCOUNT) MI STATE RESIDENT RETURN		
	Total Invoice	\$0.00
	Amount Paid	\$0.00
	Balance Due	\$0.00

TAX YEAR: 2020

PROCESS DATE: 02/03/2021

CLIENT : 111-22-3333 TOOL CHECK
SPOUSE : 444-55-6666 BETTY CHECK

BIRTH DATE : 01/01/1980 Age:41
BIRTH DATE : 02/02/1983 Age:37

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 : Regular Tax
E-MAIL :

PREPARER FEE :
ELECTRONIC :
TOTAL FEES :

EFFECTIVE RATE: 0.00%

DEPENDENT NAME	BIRTH DATE	AGE	SSN	RELATIONSHIP	MONTHS
FIRST CHECK	03/03/1999	21	555-66-7777	DAUGHTER	12
SECOND CHECK	01/02/2011	9	777-88-9999	SON	12

LISTING OF FORMS FOR THIS RETURN

FORM 1040
SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
SCHEDULE 2 (ADDITIONAL TAXES)
FORM W-2
FORM SSA-1099 (SOCIAL SECURITY BENEFITS)
FORM 1099-R (RETIREMENT DISTRIBUTIONS)
SCHEDULE C (BUSINESS INCOME)
SCHEDULE EIC (EARNED INCOME CREDIT)
SCHEDULE SE (SELF EMPLOYMENT TAX)
FORM 5329 (TAX ON EARLY RETIREMENT DISTRIBUTIONS)
FORM 8812 (ADDITIONAL CHILD TAX CREDIT)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
FORM 8889 (HEALTH SAVINGS ACCOUNT)
MI STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	MI RESIDENT
FILING STATUS	2	2
TOTAL INCOME	20000	19417
TOTAL ADJUSTMENTS	583	283
ADJUSTED GROSS INCOME	19417	19700
DEDUCTIONS	24800	0
EXEMPTIONS	0	19000
TAXABLE INCOME	0	700
TAX	0	30
CREDITS	0	0
OTHER TAXES	680	0
PAYMENTS	5784	2115
REFUND	5104	2085
AMOUNT DUE	0	0
EARNED INCOME CREDIT	3584	215

CLIENT : TOOL CHECK
SPOUSE : BETTY CHECK

111-22-3333
444-55-6666

PREPARER : 995 DATE : 02/03/2021

* W-2 INCOME FORMS SUMMARY *

	<u>T/S</u>	<u>EMPLOYER</u>	<u>WAGES</u>	<u>FED WITH</u>	<u>FICA</u>	<u>MED TAX</u>	<u>STATE WITH ST</u>
1.	T	KROGER	15000	800	930	218	400 MI
		TOTALS.....	15000	800	930	218	400

* 1099-R INCOME FORMS SUMMARY *

	<u>[T/S]</u>	<u>PAYER</u>	<u>GROSS DIST</u>	<u>TAXABLE AMT</u>	<u>FED WITH</u>	<u>STATE WITH ST</u>
1.	T	VANGAURD	850	850	0	0 MI
		TOTALS.....	850	850	0	0

* FORM SSA-1099 INCOME FORMS SUMMARY *

	<u>[T/S]</u>	<u>PAYER</u>	<u>SSA BENEFITS</u>	<u>FED WITH</u>	<u>PREMIUMS</u>
1.	S	U.S.	6000	0	500
		TOTALS.....	6000	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 \$ 850		OMB No. 1545-0119 2020 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2a Taxable amount \$ 850					
				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) 1		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.		1 Gross distribution \$		OMB No. 1545-0119 2020 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2a Taxable amount \$					
				2b Taxable amount not determined <input type="checkbox"/>			Total distribution <input type="checkbox"/>
PAYER'S TIN		RECIPIENT'S TIN		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$	This information is being furnished to the IRS.
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$			
		7 Distribution code(s)		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.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$		15 State/Payer's state no.	
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

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

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

OMB No. 1545-0074

Submission Identification Number (SID) ►

Taxpayer's name TOOL CHECK	Social security number 111-22-3333
Spouse's name BETTY CHECK	Spouse's social security number 444-55-6666

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.

1	Adjusted gross income	1	19417
2	Total tax	2	680
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	800
4	Amount you want refunded to you	4	5104
5	Amount you owe	5	

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 signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
- ☐ 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 ► 02/03/2021

Spouse's PIN: check one box only

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

1	6	6	6	6
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
- ☐ 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 ► 02/03/2021

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 ► 02/03/2021

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

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

Form **8879** (Rev. 01-2021)

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 444-55-6666	
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	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

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
FIRST CHECK		555-66-7777	DAUGHTER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECOND CHECK		777-88-9999	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	15000
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
Standard Deduction for— <ul style="list-style-type: none">• Single or Married filing separately, \$12,400• Married filing jointly or Qualifying widow(er), \$24,800• Head of household, \$18,650• If you checked any box under <i>Standard Deduction</i>, see instructions.	4a	IRA distributions	4b	850
	5a	Pensions and annuities	5b	
	6a	Social security benefits 6000	6b	
	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	4150
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	20000
	10	Adjustments to income:		
	a	From Schedule 1, line 22 10a 583		
	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	583
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	19417
	12	Standard deduction or itemized deductions (from Schedule A)	12	24800
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
	14	Add lines 12 and 13	14	24800
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0

Form **1040** (2020)

QNA

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 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 & BETTY CHECK

111-22-3333

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ►		
3	Business income or (loss). Attach Schedule C	3	4000
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ► HSA	8	150
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	4150

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	300
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	283
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ►		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	583

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 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

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	565
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 .	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	85
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input checked="" type="checkbox"/> Instructions; enter code(s) <u>HSA</u>	8	30
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	680

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

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	3000
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	3000
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	3000
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	1000
7 Gross income. Add lines 5 and 6	7	4000

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

8 Advertising	8	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion	12	b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	23 Taxes and licenses	23	
16 Interest (see instructions):		24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	
b Other	16b	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	25 Utilities	25	
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48)	27a	
		b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28			
29 Tentative profit or (loss). Subtract line 28 from line 7	29			4000
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30			
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31			4000
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.				
		32a <input type="checkbox"/> All investment is at risk.		
		32b <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

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 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** 4000

3 Combine lines 1a, 1b, and 2 **3** 4000

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 3694

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** 3694

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** 3694

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** 15000

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** 15000

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 122700

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 458

11 Multiply line 6 by 2.9% (0.029) **11** 107

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 565

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** 283

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,460, **or (b)** your net farm profits² were less than \$6,107.

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

15 Enter the **smaller** of: two-thirds (²/₃) of gross farm income¹ (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 profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16**

17 Enter the **smaller** of: two-thirds (²/₃) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

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

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

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

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Additional Taxes on Qualified Plans
(Including IRAs) and Other Tax-Favored Accounts**

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

▶ Go to www.irs.gov/Form5329 for instructions and the latest information.

OMB No. 1545-0074

2020Attachment
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.

Your social security number

TOOL CHECK

111-22-3333

**Fill in Your Address Only
if You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

If this is an amended
return, check here ☐

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 6, without filing Form 5329. See the instructions for Schedule 2 (Form 1040), line 6.**Part I Additional Tax on Early Distributions.** Complete this part if you took a taxable distribution (other than a distribution related to a qualified disaster or a coronavirus-related distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040)—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions included in income. For Roth IRA distributions, see instructions	1	850
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	850
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 6 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.	4	85

Part II Additional Tax on Certain Distributions From Education Accounts and ABLER Accounts. Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8, from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLER account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLER account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 6	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2020 than is allowable or you had an amount on line 17 of your 2019 Form 5329.

9	Enter your excess contributions from line 16 of your 2019 Form 5329. See instructions. If zero, go to line 15	9	
10	If your traditional IRA contributions for 2020 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2020 traditional IRA distributions included in income (see instructions)	11	
12	2020 distributions of prior year excess contributions (see instructions)	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2020 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2020 (including 2020 contributions made in 2021). Include this amount on Schedule 2 (Form 1040), line 6	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2020 than is allowable or you had an amount on line 25 of your 2019 Form 5329.

18	Enter your excess contributions from line 24 of your 2019 Form 5329. See instructions. If zero, go to line 23	18	
19	If your Roth IRA contributions for 2020 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2020 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2020 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2020 (including 2020 contributions made in 2021). Include this amount on Schedule 2 (Form 1040), line 6	25	

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2020 were more than is allowable or you had an amount on line 33 of your 2019 Form 5329.

26	Enter the excess contributions from line 32 of your 2019 Form 5329. See instructions. If zero, go to line 31	26	
27	If the contributions to your Coverdell ESAs for 2020 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2020 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28	29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	
31	Excess contributions for 2020 (see instructions)	31	
32	Total excess contributions. Add lines 30 and 31	32	
33	Additional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2020 (including 2020 contributions made in 2021). Include this amount on Schedule 2 (Form 1040), line 6	33	

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2020 than is allowable or you had an amount on line 41 of your 2019 Form 5329.

34	Enter the excess contributions from line 40 of your 2019 Form 5329. See instructions. If zero, go to line 39	34	
35	If the contributions to your Archer MSAs for 2020 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	
36	2020 distributions from your Archer MSAs from Form 8853, line 8	36	
37	Add lines 35 and 36	37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	
39	Excess contributions for 2020 (see instructions)	39	
40	Total excess contributions. Add lines 38 and 39	40	
41	Additional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2020 (including 2020 contributions made in 2021). Include this amount on Schedule 2 (Form 1040), line 6	41	

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2020 than is allowable or you had an amount on line 49 of your 2019 Form 5329.

42	Enter the excess contributions from line 48 of your 2019 Form 5329. If zero, go to line 47	42	
43	If the contributions to your HSAs for 2020 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	
44	2020 distributions from your HSAs from Form 8889, line 16	44	
45	Add lines 43 and 44	45	
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	
47	Excess contributions for 2020 (see instructions)	47	
48	Total excess contributions. Add lines 46 and 47	48	
49	Additional tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs on December 31, 2020 (including 2020 contributions made in 2021). Include this amount on Schedule 2 (Form 1040), line 6	49	

Part VIII Additional Tax on Excess Contributions to an ABLE Account. Complete this part if contributions to your ABLE account for 2020 were more than is allowable.

50	Excess contributions for 2020 (see instructions)	50	
51	Additional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABLE account on December 31, 2020. Include this amount on Schedule 2 (Form 1040), line 6	51	

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

52	Minimum required distribution for 2020 (see instructions)	52	
53	Amount actually distributed to you in 2020	53	
54	Subtract line 53 from line 52. If zero or less, enter -0-	54	
55	Additional tax. Enter 50% (0.50) of line 54. Include this amount on Schedule 2 (Form 1040), line 6	55	

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Your signature _____ Date _____

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

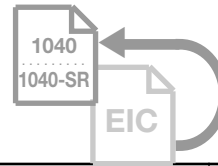
SCHEDULE EIC
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Earned Income Credit

Qualifying Child Information

- ▶ **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
▶ **Go to www.irs.gov/ScheduleEIC for the latest information.**



OMB No. 1545-0074

2020

Attachment
Sequence No. **43**

Name(s) shown on return

TOOL & BETTY CHECK

Your social security number

111-22-3333

Before you begin:

- See the instructions for Form 1040 or 1040-SR, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	SECOND CHECK					
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 27, unless the child was born and died in 2020. If your child was born and died in 2020 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	777-88-9999					
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>1</u> <u>1</u> <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4 a Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. <i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2020?	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	SON					
6 Number of months child lived with you in the United States during 2020 • If the child lived with you for more than half of 2020 but less than 7 months, enter "7." • If the child was born or died in 2020 and your home was the child's home for more than half the time he or she was alive during 2020, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

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

Schedule EIC (Form 1040) 2020

QNA

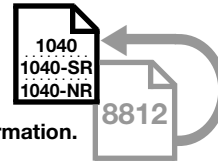
SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Additional Child Tax Credit

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

► Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2020

Attachment
Sequence No. **47**

Name(s) shown on return

TOOL & BETTY CHECK

Your social security number

111-22-3333

Part I All Filers

Caution: If you file Form 2555, **stop here;** you cannot claim the additional child tax credit.

1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise, enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet. (See the instructions for Forms 1040 and 1040-SR, line 19, or the instructions for Form 1040-NR, line 19.)	1	2500
2	Enter the amount from line 19 of your Form 1040, Form 1040-SR, or Form 1040-NR	2	
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	2500
4	Number of qualifying children under 17 with the required social security number: <u>1</u> x \$1,400. Enter the result. If zero, stop here; you cannot claim this credit	4	1400
5	Enter the smaller of line 3 or line 4	5	1400
6a	Earned income (see instructions)	6a	18717
b	Nontaxable combat pay (see instructions)	6b	
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7	16217
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	8	2433

Part II Certain Filers Who Have Three or More Qualifying Children

9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.	9	
10	Enter the total of the amounts from Schedule 1 (Form 1040), line 14, and Schedule 2 (Form 1040), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040), line 8	10	
11	Add lines 9 and 10	11	
12	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 10. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 10.	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	
14	Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15.	14	

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	1400
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Enter this amount on
Form 1040, line 28;
Form 1040-SR, line 28; or
Form 1040-NR, line 28.

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

Schedule 8812 (Form 1040) 2020

Health Savings Accounts (HSAs)▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **52**

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

TOOL CHECKSocial security number of HSA
beneficiary. If both spouses
have HSAs, see instructions ▶**111-22-3333****Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions ▶	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 300
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter	3 3550
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 3550
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6 3550
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 3550
9	Employer contributions made to your HSAs for 2020	9 400
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 400
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 3150
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 300

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a 600
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c 600
15	Qualified medical expenses paid using HSA distributions (see instructions)	15 450
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16 150
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b 30

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.


18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21

Child Tax Credit and Credit for Other Dependents Worksheet

Before you begin:

✓ Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4; Form 5695, line 30; Form 8910, line 15; Form 8936, line 23; or Schedule R.

Part 1

1. Number of qualifying children under 17 with the required social security number: 1 × \$2,000. Enter the result. 1 2000
2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: 1 × \$500. Enter the result. 2 500
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 1.
3. Add lines 1 and 2. 3 2500
4. Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR. 4 19417
5. **1040 and 1040-SR filers.** Enter the total of any—
 • Exclusion of income from Puerto Rico; and
 • Amounts from Form 2555, lines 45 and 50, and Form 4563, line 15. 5
1040-NR filers. Enter -0-.
6. Add lines 4 and 5. Enter the total. 6 19417
7. Enter the amount shown below for your filing status.
 • Married filing jointly—\$400,000
 • All other filing statuses—\$200,000 7 400000
8. Is the amount on line 6 more than the amount on line 7?
☒ **No.** Leave line 8 blank. Enter -0- on line 9.
☐ **Yes.** Subtract line 7 from line 6.
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.
 For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc. 8
9. Multiply the amount on line 8 by 5% (0.05). Enter the result. 9 0
10. Is the amount on line 3 more than the amount on line 9?
☐ **No.**  You cannot take the child tax credit or credit for other dependents on line 19 of your Form 1040, 1040-SR, or 1040-NR. You also cannot take the additional child tax credit on line 28 of your Form 1040, 1040-SR, or 1040-NR. Complete the rest of your Form 1040, 1040-SR, or 1040-NR.
☒ **Yes.** Subtract line 9 from line 3. Enter the result. 10 2500
 Go to Part 2 on the next page.

Child Tax Credit and Credit for Other Dependents Worksheet—Continued**Part 2**

11. Enter the amount from line 18 of your Form 1040, 1040-SR, or 1040-NR.

11

0

12. Add the following amounts (if applicable) from:

Schedule 3, line 1 + _____
 Schedule 3, line 2 + _____
 Schedule 3, line 3 + _____
 Schedule 3, line 4 + _____
 Form 5695, line 30 + _____
 Form 8910, line 15 + _____
 Form 8936, line 23 + _____
 Schedule R, line 22 + _____

Enter the total.

12

0

13. Subtract line 12 from line 11.

13

0

14. Are you claiming any of the following credits?

- Mortgage interest credit, Form 8396.
- Adoption credit, Form 8839.
- Residential energy efficient property credit, Form 5695, Part I.
- District of Columbia first-time homebuyer credit, Form 8859.

☐ **No.** Enter -0-.

☒ **Yes.** If you are filing Form 2555, enter -0-.
 Otherwise, complete the Line 14 Worksheet, later, to figure
 the amount to enter here.

14

0

15. Subtract line 14 from line 13. Enter the result.

15

0

16. Is the amount on line 10 of this worksheet more than the amount on line 15?

☐ **No.** Enter the amount from line 10.

☒ **Yes.** Enter the amount from line 15.
 See the **TIP** below.

**This is your child tax
 credit and credit for
 other dependents.**

16

0

Enter this amount on
 Form 1040, line 19;
 Form 1040-SR, line 19;
 or Form 1040-NR, line 19.



You may be able to take the **additional child tax** credit on line 28 of your Form 1040, 1040-SR, or 1040-NR, only if you answered "Yes" on line 16 and line 1 is more than zero.

- First, complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 10).
- Then, use Schedule 8812 to figure any additional child tax credit.



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? <input type="checkbox"/> No. None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. <input checked="" type="checkbox"/> Yes. Subtract line 6 from line 5</p> <p>8. If you are: • Married filing jointly, enter \$32,000 • Single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 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> <p>9. Is the amount on line 8 less than the amount on line 7? <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. <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>6000</u></p> <p>2. <u>3000</u></p> <p>3. <u>20000</u></p> <p>4. <u> </u></p> <p>5. <u>23000</u></p> <p>6. <u>583</u></p> <p>7. <u>22417</u></p> <p>8. <u>32000</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

Worksheet **A**—2020 EIC—Line 27

Keep for Your Records



Before you begin: ✓ Be sure you are using the correct worksheet. Use this worksheet only if you answered “No” to Step 5, question 2. Otherwise, use Worksheet B.

Part 1**All Filers Using Worksheet A**

1. Enter your earned income from Step 5.

1	
----------	--

2. Look up the amount on line 1 above in the EIC Table (right after Worksheet B) to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.

2	
----------	--

If line 2 is zero,



You can't take the credit.

Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 27.

3. Enter the amount from Form 1040 or 1040-SR, line 11.

3	
----------	--

4. Are the amounts on lines 3 and 1 the same?

☐ **Yes.** Skip line 5; enter the amount from line 2 on line 6.

☐ **No.** Go to line 5.

Part 2**Filers Who Answered “No” on Line 4**

5. If you have:

- No qualifying children, is the amount on line 3 less than \$8,800 (\$14,700 if married filing jointly)?
- 1 or more qualifying children, is the amount on line 3 less than \$19,350 (\$25,250 if married filing jointly)?

☐ **Yes.** Leave line 5 blank; enter the amount from line 2 on line 6.

☐ **No.** Look up the amount on line 3 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.
Look at the amounts on lines 5 and 2.
Then, enter the **smaller** amount on line 6.

5	
----------	--

Part 3**Your Earned Income Credit**

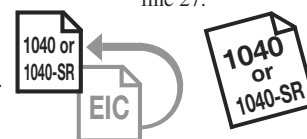
6. **This is your earned income credit.**

6	
----------	--

Enter this amount on Form 1040 or 1040-SR, line 27.

Reminder—

✓ If you have a qualifying child, complete and attach Schedule EIC.



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, *earlier*, to find out if you must file Form 8862 to take the credit for 2020.

Worksheet **B**—2020 EIC—Line 27

Keep for Your Records



Use this worksheet if you answered “Yes” to Step 5, question 2.

- ✓ Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- ✓ If you are married filing a joint return, include your spouse’s amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1
**Self-Employed,
Members of the
Clergy, and
People With
Church Employee
Income Filing
Schedule SE**

1a. Enter the amount from Schedule SE, Section A, line 3; or Section B, line 3, whichever applies.

b. Enter any amount from Schedule SE, Section B, line 4b and line 5a.

c. Combine lines 1a and 1b.

d. Enter the amount from Schedule SE, Section A, line 6; or Section B, line 13, whichever applies.

e. Subtract line 1d from line 1c.

1a	4000
+ 1b	
= 1c	4000
− 1d	283
= 1e	3717

Part 2
**Self-Employed
NOT Required
To File
Schedule SE**

For example, your net earnings from self-employment were less than \$400.

2. Don’t include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.

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

b. Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.

c. Combine lines 2a and 2b.

2a	
+ 2b	
= 2c	

*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A. Reduce the Schedule K-1 amounts as described in the Partner’s Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.

Part 3
**Statutory Employees
Filing Schedule C**

3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.

3	
---	--

Part 4
**All Filers Using
Worksheet B**

Note. If line 4b includes income on which you should have paid self-employment tax but didn’t, we may reduce your credit by the amount of self-employment tax not paid.

4a. Enter your earned income from Step 5.

b. Combine lines 1e, 2c, 3, and 4a. **This is your total earned income.**

4a	15000
4b	18717

If line 4b is zero or less, You can’t take the credit. Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 27.

5. If you have:

- 3 or more qualifying children, is line 4b less than \$50,954 (\$56,844 if married filing jointly)?
- 2 qualifying children, is line 4b less than \$47,440 (\$53,330 if married filing jointly)?
- 1 qualifying child, is line 4b less than \$41,756 (\$47,646 if married filing jointly)?
- No qualifying children, is line 4b less than \$15,820 (\$21,710 if married filing jointly)?

☒ **Yes.** If you want the IRS to figure your credit, see *Credit figured by the IRS*, earlier. If you want to figure the credit yourself, enter the amount from line 4b on line 6 of this worksheet.

☐ **No.** You can’t take the credit. Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 27.

**Part 5****All Filers Using Worksheet B**

6. Enter your total earned income from Part 4, line 4b. 6 18717

7. Look up the amount on line 6 above in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.

7 3584

If line 7 is zero, You can't take the credit.
Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 27.

8. Enter the amount from Form 1040 or 1040-SR, line 11. 8 19417

9. Are the amounts on lines 8 and 6 the same?

☐ **Yes.** Skip line 10; enter the amount from line 7 on line 11.

☒ **No.** Go to line 10.

Part 6**Filers Who Answered "No" on Line 9**

10. If you have:

- No qualifying children, is the amount on line 8 less than \$8,800 (\$14,700 if married filing jointly)?
- 1 or more qualifying children, is the amount on line 8 less than \$19,350 (\$25,250 if married filing jointly)?

☒ **Yes.** Leave line 10 blank; enter the amount from line 7 on line 11.

☐ **No.** Look up the amount on line 8 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.

10

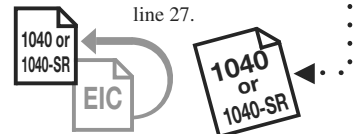
Look at the amounts on lines 10 and 7.
Then, enter the **smaller** amount on line 11.

Part 7**Your Earned Income Credit**

11. **This is your earned income credit.**

11 3584
Reminder—

✓ If you have a qualifying child, complete and attach Schedule EIC.



Enter this amount on Form 1040 or 1040-SR, line 27.



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2020.

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 BETTY		M.I.	Last Name CHECK		3. Spouse's Full Social Security No. (Example: 123-45-6789) 444-55-6666	
Home Address (Number, Street, or P.O. Box) 1234 WASHTENAW AVE APT 3					4. School District Code (5 digits – see page 60) 81020	
City or Town YPSILANTI			State MI	ZIP Code 48197		
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse				6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
7. 2020 FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input checked="" type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* <div style="border: 1px solid black; height: 20px; width: 200px; margin-top: 5px;"></div> <small>* If you check box "c," complete line 3 and enter spouse's full name below:</small>				8. 2020 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * <small>* If you check box "b" or "c," you must complete and include Schedule NR.</small>		

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

a. Number of exemptions (see instructions).....	9a.	4	x	\$4,750	9a.	19000	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.	19000	00
10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions).....	10.				10.	19417	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.				11.	283	00
12. Total. Add lines 10 and 11.....	12.				12.	19700	00
13. Subtractions from Schedule 1, line 29. Include Schedule 1	13.				13.		00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.				14.	19700	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.				15.	19000	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.				16.	700	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.				17.	30	00

NON-REFUNDABLE CREDITS

		AMOUNT				CREDIT	
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.			00	18b.		00
19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....	19a.			00	19b.		00
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0".....	20.				20.	30	00

Filer's Full Social Security Number

111-22-3333

21. Enter amount of Income Tax from line 20.....	21.	30	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.	30	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.	1500	00				
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.		00				
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> FEDERAL 27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. 27a. <table border="1" style="display: inline-table;"> <tr><td>3584</td><td>00</td></tr> </table> </div> <div style="text-align: center;"> MICHIGAN 27b. <table border="1" style="display: inline-table;"> <tr><td>215</td><td>00</td></tr> </table> </div> </div>				3584	00	215	00
3584	00						
215	00						
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00				
29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	29.	400	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) .							
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.							
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.							
31c.			00				
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c	32.	2115	00				

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.								
Include interest <table border="1" style="display: inline-table;"><tr><td></td><td>00</td></tr></table> and penalty <table border="1" style="display: inline-table;"><tr><td></td><td>00</td></tr></table>		00		00	YOU OWE	33.		00
	00							
	00							
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32	34.	2085	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.	2085	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	
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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
Spouse's Signature	Date
	02-03-21

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) 444-55-6666

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		111000000	KROGER	15000	00	400	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	400 00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

A Enter "X" for: Filer or Spouse		B Payer's federal identification number (Example: 38-1234567)	C Payer's name	D Taxable pension distribution, misc. income, etc. (see inst.)		E Michigan income tax withheld	
					00		00
					00		00
					00		00
					00		00
					00		00
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. SUBTOTAL. Enter total of Table 2, column E.						5.	00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 29.....						6.	400 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.	283	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.	283	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
		<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.			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.			00

2020 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR

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

Type or print in blue or black ink.

Attachment 05

1. Filer's First Name 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) 444-55-6666							
Home Address (Number, Street, P.O. Box). If using a P.O. Box, you must complete line 45. 1234 WASHTENAW AVE APT 3						4. School District Code (5 digits - see page 60) 81020						
City or Town YPSILANTI			State MI	ZIP Code 48197								
5. Check the box(es) for which you or your spouse qualify (excluding dependents). If you qualify for both, see instructions.												
a. <input type="checkbox"/> Age 65 or older; or an unmarried spouse of a person who was 65 or older at the time of death. b. <input type="checkbox"/> Deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.												
6. 2020 FILING STATUS: Check one.		7. 2020 RESIDENCY STATUS: Check all that apply.		*If you checked box "c," enter dates of Michigan residency in 2020. Enter dates as MM-DD-YYYY (Example: 04-15-2020).								
a. <input type="checkbox"/> Single		a. <input checked="" type="checkbox"/> Resident		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">FILER</th> <th style="width:50%;">SPOUSE</th> </tr> </thead> <tbody> <tr> <td>FROM: 2020</td> <td>2020</td> </tr> <tr> <td>TO: 2020</td> <td>2020</td> </tr> </tbody> </table>			FILER	SPOUSE	FROM: 2020	2020	TO: 2020	2020
FILER	SPOUSE											
FROM: 2020	2020											
TO: 2020	2020											
b. <input checked="" type="checkbox"/> Married filing jointly		b. <input type="checkbox"/> Nonresident										
c. <input type="checkbox"/> Married filing separately (Include Form 5049)		c. <input type="checkbox"/> Part-Year Resident *										

8. Homestead Status☐ Check here if the taxable value of your homestead includes unoccupied farmland classified as agricultural by your local assessor.9. **Homeowners:** Enter the 2020 **taxable value** of your homestead (see instructions). **If you did not check box 8 above and your taxable value is greater than \$135,000, STOP; you are not eligible.****Farmers:** enter the **taxable value** of your homestead, including eligible unoccupied farmland

	00
2700	00

10. Property taxes levied on your home for 2020 (see instructions) or amount from line 51, 56 and/or 57

11. **Renters:** Enter rent you paid for 2020 from line 53 and/or 55

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

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

1518	00
4218	00

TOTAL HOUSEHOLD RESOURCES. If filing a joint return, include income from both spouses.**If married filing separately, you must include Form 5049.**

14. Wages, salaries, tips, sick, strike and SUB pay, etc.	15000	00	21. Social Security, SSI, and/or railroad retirement benefits...	5500	00
15. All interest and dividend income (including nontaxable interest).....		00	22. Child support and foster parent payments.....		00
16. Net business income (including net farm income). If negative enter "0"	4000	00	23. Unemployment compensation.		00
17. Net royalty or rent income. If negative enter "0".		00	24. Gifts received or expenses paid on your behalf.		00
18. Retirement pension, annuity, and IRA benefits.	850	00	25. Other nontaxable income Describe:		00
19. Capital gains less capital losses, (see instructions).		00	26. Workers'/veterans' disability compensation/pension benefits		00
20. Alimony and other taxable income Describe: <u>OTHER FEDERAL</u>	150	00	27. FIP and other MDHHS benefits (Do not include food assistance)		00

28. **SUBTOTAL.** Add lines 14 through 27**SUBTOTAL** 28. **25500** 00

Filer's Full Social Security Number

111-22-3333

29. Enter subtotal from line 28.....	29.	25500	00
30. Other adjustments (see instructions). Describe: FED ADJUSTMENT	30.	583	00
31. Medical insurance/HMO premiums you paid for you and your family (see instructions)	31.	800	00
32. Add lines 30 and 31.....	32.	1383	00
33. TOTAL HOUSEHOLD RESOURCES. Subtract line 32 from line 29. If more than \$60,000, STOP; you are not eligible for this credit.	33.	24117	00
34. Multiply line 33 by 3.2% (0.032) or by the percent in Table 2 (see instructions). If negative, enter "0".	34.	772	00
35. Subtract line 34 from line 13 and enter the amount here. If line 34 is greater than line 13, enter "0" and STOP ; you are not eligible for this credit.	35.	3446	00

PART 1: ALLOWABLE COMPUTATION Complete one of the sections below, either A, B, or C (see instructions).**SECTION A: SENIOR CLAIMANTS (if you checked only box 5a)**

36. Enter amount from line 35	36.		00
37. Percentage from Table A (see instructions) that applies to the amount on line 33	37.		%
38. Multiply line 36 by line 37. Enter amount here and on line 42 (maximum \$1,500)	38.		00

SECTION B: DISABLED CLAIMANTS (if you checked only box 5b, or both boxes 5a and 5b)

39. Enter amount from line 35 here and on line 42 (maximum \$1,500)	39.		00
---	-----	--	----

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

40. Enter amount from line 35.	40.	3446	00
41. Multiply amount on line 40 by 60% (0.60). Enter amount here and on line 42 (maximum \$1,500).	41.	1500	00

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

42. Enter amount from line 38, 39 or 41, or from Worksheet 4 (see instructions) for FIP/MDHHS recipients	42.	1500	00
43. Percentage from Table B (see instructions) that applies to the amount on line 33	43.	100	%
44. PROPERTY TAX CREDIT. Multiply amount on line 42 by percentage on line 43. Enter amount here and if you file an MI-1040, carry this amount to MI-1040, line 25.....	44.	1500	00

NOTE: Seniors who pay rent (including rent paid to adult care facilities): Complete Worksheet 5 in the MI-1040 book and enter amount from worksheet on line 44 (maximum \$1,500).

Filer's Full Social Security Number

111-22-3333

PART 3: HOMEOWNERS WHO MOVED IN 2020. Report on lines 45 and 46 the addresses of the homesteads for which you are claiming a credit. **Homesteads with a taxable value greater than \$135,000 are not eligible for this credit.**

45. Address where you lived on December 31, 2020, if different than reported on line 1 (Number, Street, City, State, ZIP Code).	Taxable Value	00
46. Address of homestead sold (moved from) during 2020 (Number, Street, City, State, ZIP Code).	Taxable Value	00

Homeowners who moved during 2020, complete lines 47 through 51.

HOMESTEAD			
A. Moved Into		B. Moved From	
47. Number of days occupied (total cannot be more than 366).....			
48. Divide line 47 by 366 and enter percentage here	%		%
49. Property taxes levied for calendar year 2020	00		00
50. Prorated property taxes. Multiply line 49 by the percentages on line 48.....	00		00
51. Taxes eligible for credit. Add line 50, columns A and B. Enter here and on line 10.....	51.		00

PART 4: RENTERS

52.	A	B	C	D	E
	Address of Homestead You Rented (Number, Street, Apt. #, City, State, ZIP Code)	Landowner's Name and Address (City, State and ZIP Code)	# Months Rented	Monthly Rent	Total Rent Paid
	1234 WASHTENAW AVE APT 3 YPSILANTI MI 48197	NEW HOMES INC 445 MAIN ST ANN ARBOR MI 48103	12	550 00	6600 00
				00	00
53. Total rent you paid (not more than 12 months). Add total rent for each period. Enter here and on line 11.....	53.			6600	00

PART 5: ALTERNATE HOUSING FACILITIES (see instructions)

54. If you lived in one of these types of facilities for all or part of 2020, check the appropriate box and see instructions.

a. ☐ Subsidized Housing: complete line 55. Enter result on line 11. b. ☐ Service Fee Housing: complete lines 55 and 56.

55. Enter the total rent you paid in 2020 while a resident of an Alternate Housing Facility. Do not include amounts paid on your behalf by a government agency 55. 00

56. If you checked box 54b, multiply line 55 by 10% (0.10) (see instructions). Enter here and on line 10.... 56. 00

57. **Special Housing:** If you lived in one of these types of facilities for all or part of 2020, check the appropriate box (see instructions).a. ☒ Cooperative Housing b. ☐ Home for the Aged c. ☐ Nursing Homed. ☐ Adult Foster Care Home e. ☐ Paid Room and Board

Enter your prorated share of taxes from the type of facility checked on line 57 here and on line 10. 57. 2700 00

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

LANDLORD INC 123 STREET, YPSILANTI MI 48198

DIRECT DEPOSIT

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

a. Routing Transit Number	b. Account Number	c. Type of Account
		1. <input type="checkbox"/> Checking 2. <input type="checkbox"/> 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 02-03-2021Spouse's Signature Date 02-03-2021

Preparer's Signature

Preparer's Business Name, Address and Telephone Number
UNITED WAY OF WASHTENAW COUN
2305 PLATT ROAD
ANN ARBOR MI 48104
734-677-7205☐ By checking this box, I authorize Treasury to discuss my return with my preparer.

If you are also filing Form MI-1040, include this form behind it. If not, mail this form to: Michigan Department of Treasury, Lansing, MI 48956

2020 MICHIGAN Home Heating Credit Claim MI-1040CR-7Amended Return ☐

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

1. Filer's First Name 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) 444-55-6666
Home Address (Number, Street, or P.O. Box) 1234 WASHTENAW AVE APT 3			4. County Code (see instructions) 81
City or Town YPSILANTI	State MI	ZIP Code 48197	6. Heat Provider Name Code (see instructions) 0900257
5. Citizenship Status a. <input type="checkbox"/> Filer is a U.S. citizen or qualified alien b. <input type="checkbox"/> Spouse is a U.S. citizen or qualified alien			7. Heat Type Code (see instructions) 100

8. 2020 FILING STATUS: Check one. a. <input type="checkbox"/> Single b. <input checked="" type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately (Include Form 5049)	9. 2020 RESIDENCY STATUS: Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident c. <input type="checkbox"/> Part-Year Resident*	<p>*If you checked box "c," enter dates of Michigan residency in 2020. Enter dates as MM-DD-YYYY (Example: 04-15-2020).</p> <table border="1"> <thead> <tr> <th></th> <th>FILER</th> <th>SPOUSE</th> </tr> </thead> <tbody> <tr> <td>FROM:</td> <td>2020</td> <td>2020</td> </tr> <tr> <td>TO:</td> <td>2020</td> <td>2020</td> </tr> </tbody> </table>		FILER	SPOUSE	FROM:	2020	2020	TO:	2020	2020
	FILER	SPOUSE									
FROM:	2020	2020									
TO:	2020	2020									

10. Check the box if your heating costs are currently included in your rent (see instructions)..... <input type="checkbox"/>	16. Exemptions. Enter the number that applies to you, your spouse, or your dependents and complete line 17 below. See instructions if you are age 66 or older.		
11. Check the box if you want your name and address referred to other government assistance programs for which you may qualify. <input type="checkbox"/>	Personal Exemption (You and your spouse only) a. 2		
12. Check the box if you or your spouse now receive Supplemental Security Income (SSI)..... <input type="checkbox"/>	Deaf, Disabled or Blind b. 		
13. ENTER YOUR AGE if you are age 60 or older... <table border="1" style="display: inline-table;"><tr><td>Filer</td><td>Spouse</td></tr></table>	Filer	Spouse	Qualified Disabled Veteran c.
Filer	Spouse		
14. Amount you were billed for heat between 11/1/2019 and 10/31/2020 <table border="1" style="display: inline-table;"><tr><td></td><td>00</td></tr></table>		00	Number of children living with you: • Ages 2 and under d.
	00		
15. If you lived in one of these CARE facilities (not a senior apartment complex) for all of 2020, check the box and STOP here, see instructions. a. <input type="checkbox"/> Nursing Home b. <input type="checkbox"/> Adult Foster Care Home c. <input type="checkbox"/> Licensed Home for the Aged d. <input type="checkbox"/> Substance Abuse Center	• Ages 3-5 e. • Ages 6-18 f. 1 Dependent adults, other than your spouse, who live with you g. 1 Add lines 16a through 16g h. 4		
17. You MUST enter below the name, Social Security number and age of all household members. You MUST also check each box to indicate if the household member is a dependent and U.S. citizen or qualified alien.			

A. Household Member's Name	B. Social Security Number	C. Age in Years	D. Enter "X" for all that apply	
			Dependent	U.S. citizen or qualified alien
FIRST CHECK	555-66-7777	21	X	X
SECOND CHECK	777-88-9999	9	X	X

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

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

Filer's Full Social Security Number

111-22-3333

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

19. Wages, salaries, tips, sick, strike and SUB pay, etc.	19.	15000	00	26. Social Security, SSI, and/or railroad retirement benefits....	26.	5500	00
20. All interest and dividend income (including nontaxable interest).....	20.		00	27. Child support and foster parent payments.....	27.		00
21. Net business income (including net farm income). If negative, enter "0" ..	21.	4000	00	28. Unemployment compensation	28.		00
22. Net royalty or rent income. If negative, enter "0"	22.		00	29. Gifts received or expenses paid on your behalf.....	29.		00
23. Retirement pension, annuity, and IRA benefits.	23.	850	00	30. Other nontaxable income. Describe:	30.		00
24. Capital gains less capital losses (see instructions)	24.		00	31. Workers'/veterans' disability compensation/pension benefits...	31.		00
25. Alimony and other taxable income. Describe: OTHER FEDERAL INCOME	25.	150	00	32. FIP and other MDHHS benefits (Do not include food assistance)	32.		00
33. Add lines 19 through 32.....				SUBTOTAL	33.	25500	00
34. Other adjustments. Describe: FED ADJUSTMENT				34.	583	00	
35. Medical insurance or HMO premiums paid	35.	800	00				
36. Add lines 34 and 35.....				36.	1383	00	
37. Subtract line 36 from line 33.....				TOTAL HOUSEHOLD RESOURCES.	37.	24117	00

Standard and Alternate Home Heating Credit Computations

38. STANDARD CREDIT. Standard allowance from Table A (see instr.)	38.	1010	00
39. Multiply line 37 by 3.5% (0.035) (if negative, enter "0").....	39.	844	00
40. Subtract line 39 from line 38 for standard credit amount. If line 39 is greater than line 38, enter "0"	40.	166	00
41. If you checked the box on line 10, multiply the amount on line 40 by 50% (0.50). Enter here and on line 46. (If approved, the final amount as shown on line 47 is issued as a check.).....	41.		00
42. ALTERNATE CREDIT. Total heating costs from line 14 or \$2,870 (whichever is less)	42.		00
43. Multiply line 37 by 11% (0.11) (if negative, enter "0")	43.		00
44. Subtract line 43 from line 42. If line 43 is greater than line 42, enter "0".	44.		00
45. Multiply line 44 by 70% (0.70) for alternate credit amount	45.		00
46. If you completed line 41 enter that amount here. Otherwise enter the larger of lines 40 or 45 here..	46.	166	00
47. HOME HEATING CREDIT. Multiply line 46 by 85% (0.85)	47.	141	00

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
-------	--------

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
Spouse's Signature	Date
	02-03-21

☐ By checking this box, I authorize Treasury to discuss my return with my preparer.**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
S22015384
Preparer's Name (print or type)
Preparer's Signature
Preparer's Business Name, Address and Telephone Number
UNITED WAY OF WASHTENAW COUNTY - VITA
2305 PLATT ROAD
ANN ARBOR MI 48104

**File (postmark) your claim by September 30, 2021. Mail your claim to: Michigan Department of Treasury
Lansing, MI 48956**