

MICHIGAN Amended Income Tax Return MI-1040X

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

▶ 1. ENTER TAX YEAR you are amending (YYYY)				
▶ 2. Filer's First Name	M.I.	Last Name	▶ 3. Filer's Social Security Number (Example: 123-45-6789) <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">— —</div>	
If a Joint Return, Spouse's First Name	M.I.	Last Name		
Home Address (No., Street, P.O. Box or Rural Route)			▶ 4. Spouse's Social Security Number (Example: 123-45-6789) <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">— —</div>	
City or Town				
			State	ZIP Code

FILING STATUS

Single

Married -
Filing JointlyMarried -
Filing Separately *5. On Original Return..... ☐ ☐ ☐6. On This Return ☐ ☐ ☐

* If married, filing separately, enter Spouse's name:

INCOME, ADDITIONS and DEDUCTIONS

	A. On Original Return	B. Net Change	C. Correct Amount
7. Adjusted gross income. Explain changes on line 49	7.		
8. Additions to adjusted gross income	8.		
9. Total income. Add lines 7 and 8	9.		
10. Subtractions from adjusted gross income	10.		
11. Balance. Subtract line 10 from line 9	11.		
12. Multiply number of exemptions by applicable amount (see instructions) ..	12.		
13. Taxable income. Subtract line 12 from line 11	13.		
14. Tax. Multiply line 13 by tax rate (see instructions)	14.		

NONREFUNDABLE CREDITS

15. City Income Tax Credit	15.		
16. Public Contribution Credit	16.		
17. Community Foundation Credit	17.		
18. Homeless Shelter/Food Bank Credit	18.		
19. Credit for Income Tax Imposed by Government Units Outside Michigan ..	19.		
20. Historic Preservation Tax Credit (nonrefundable, attach Form 3581) ..	20.		
21. College Tuition and Fees Credit (if amending, attach Schedule CT) ..	21.		
22. Vehicle Donation Credit (if amending, attach vehicle donation certificate)	22.		
23. Individual or Family Development Account Credit and/or Small Business Investment Tax Credit (attach applicable certificate)	23.		
24. Renewable Energy Surcharge Credit	24.		
25. Total nonrefundable credits. Add lines 15 through 24	25.		
26. Subtract line 25 from line 14. If line 25 is more than line 14, enter "0"	26.		
27. Voluntary Contributions (see instructions)	27.		
28. Use tax due (see instructions)	28.		
29. Add lines 26, 27 and 28	29.		

REFUNDABLE CREDITS AND PAYMENTS

30. Property Tax Credit (attach MI-1040CR or MI-1040CR-2)	30.	▶	00
31. Farmland Preservation Credit (attach MI-1040CR-5)	31.	▶	00
32. Qualified Adoption Expenses (if amending, attach Form MI-8839)	32.	▶	00
33. Stillbirth Credit (if amending, attach Stillbirth Certificate)	33.	▶	00
34. Michigan Earned Income Tax Credit	34.	▶	00
35. Energy Efficient Qualified Home Improvement Credit (attach Form 4764)	35.	▶	00
36. Historic Preservation Credit (refundable, attach Form 3581)	36.	▶	00
37. Michigan tax withheld (if amending, attach Schedule W)	37.		
38. Estimated tax, extension payments and credit forward	38.		
39. Amount paid with original return, plus additional tax paid after filing (do not include interest or penalty) ...	39.		00
40. Total refundable credits and payments. Add lines 30 through 39 of column C	40.		00

Filer's Social Security Number

REFUND or BALANCE DUE

41. Overpayment, if any, on original return (see instructions) 41. 00
42. Subtract line 41 from line 40 (if negative, see instructions.) 42. 00
43. If line 29, column C, is greater than line 42, enter **BALANCE DUE**
Include interest and penalty (if applicable, see instructions) ▶ 43. 00
44. If line 29, column C, is less than line 42, enter **REFUND** to be received ▶ 44. 00

RESIDENCY STATUS

Resident Nonresident Part-year Resident *

*Enter dates of Michigan residency only for tax year being amended.
Enter dates as MM-DD-YYYY (Example: 04-15-2011)

45. On Original Return ☐ ☐ ☐ FROM TO
46. On This Return ☐ ☐ ☐ FROM TO

EXEMPTIONS

47. Complete only if changing the number of exemptions. Check a box and/or enter a number for all that apply (see instructions).

Enter the number of exemptions claimed:

A. On Your **Original Return**B. On **This Return**

- a. Number of federal exemptions a.
- b. Number of children 18 and under b.
- c. Number of qualified disabled veterans c.
- SPECIAL EXEMPTIONS**
- d. Age 65 or older d.
- e. Deaf, blind or disabled * e.
- f. TOTAL. Enter total of (d) and (e) f.

9. Check the box if unemployment compensation was 50% or more of AGI g. ☐

*Applies to people who are hemiplegic, paraplegic, quadriplegic or classified as totally and permanently disabled under Social Security guidelines.

48. List all your dependents and answer all questions for each dependent (E-H answer "Yes" or "No"). Attach separate sheet if necessary.

A	B	C	D	E	F	G	H
Name	Social Security Number	Relationship	Age	Did the dependent file a federal return and claim exemption for self?	Did you provide more than half the dependent's support?	Did the dependent live with you more than 6 months during the year?	Was this dependent claimed on your original return?

EXPLANATIONS OF CHANGES

49. Explain change in number of dependents and changes to income, deductions and credits. Show computations in detail and attach applicable schedules.

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.		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
Filer's Signature		Date	
Spouse's Signature		Date	
▶ I authorize Treasury to discuss my return with my preparer. <input type="checkbox"/> Yes <input type="checkbox"/> No		▶ Preparer's PTIN, FEIN or SSN <input type="text"/>	
		▶ Preparer's Business Name (print or type) <input type="text"/>	
		Preparer's Business Address (print or type) <input type="text"/>	

Refund, Credit or zero returns. Mail your return to **Michigan Department of Treasury, Lansing, MI 48956**Pay amount on line 43. Mail your check and return to **Michigan Department of Treasury, Lansing, MI 48929**

Make your check payable to "State of Michigan." Print your **Social Security number**, the **tax year you are amending**, and "**MI-1040X**" on the front of your check. If paying on behalf of another taxpayer, **write the taxpayer's name and Social Security number** on the check. Do not staple your check to the return. Keep a copy of your return and all supporting schedules for six years from the date filed or the due date, whichever is later.

Instructions for Form MI-1040X

Amended Michigan Income Tax Return

General Instructions

Use this form to correct income tax returns, credit claims and schedules. Make sure you are using the most recent version of this form. Visit www.michigan.gov/taxes to locate current forms.

To Amend Credit Claims

If amending any of the following credit claims, file Form MI-1040X and attach the document indicated:

- *Michigan Historic Preservation Tax Credit* (Attach a corrected Form 3581.)
- *Vehicle Donation Credit* (Attach a vehicle donation certificate.)
- *Individual or Family Development Account Credit* (Attach Michigan State Housing Development Authority certificate.)
- *Small Business Investment Tax Credit* (Attach Michigan Strategic Fund certificate.)
- *Qualified Adoption Expenses* (Attach a corrected Form MI-8839.)
- *Stillbirth Credit* (Attach a Michigan Department of Community Health Certificate of Stillbirth.)
- *Energy Efficient Qualified Home Improvement Credit* (Attach Form 4764.)

If you are amending the following credits and have no adjustments to MI-1040 write "Amended" on the top of the corrected credit form and do **not** file amended Form MI-1040X:

- *Farmland Preservation Tax Credit Claim* (Attach a corrected MI-1040CR-5 to a corrected MI-1040.)
- *Michigan Homestead Property Tax Credit Claim* (MI-1040CR)
- *Michigan Homestead Property Tax Credit Claim for Veterans and Blind People* (MI-1040CR-2)

Important note for MI-1040CR-7 credit form filers. If amending Form MI-1040CR-7, file a CR-7 for the appropriate year and write "amended" at the top. An amended claim requesting an additional refund will **not** be accepted after September 30 following the year of the claim.

To Amend Schedules

To avoid processing delays, if the change on your income tax return is the result of a change to a schedule, attach a copy of the corrected schedule to Form MI-1040X. This applies to federal schedules as well as Michigan schedules.

Income and Deductions

If you have questions about what income is taxable or what is deductible, see the instructions for Form MI-1040 (and related schedules and forms) for the year you are amending. If you need forms or assistance, visit our Web site at www.michigan.gov/taxes or call (517) 636-4486.

When to File

File Form MI-1040X only after your original return or claim has been filed and completed processing. If you are claiming a refund on your amended return, you must file it within four years of the due date of your original return. For example, if you wish to amend a 2007 return, Form MI-1040X must be postmarked by April 17, 2012.

Interest and Penalty

If your amended return results in tax due, include interest with your payment. Interest is 1 percent above the prime rate which is adjusted on July 1 and January 1. For information on interest rates, visit our Web site at www.michigan.gov/taxes or call (517) 636-4486. Penalty, if applicable, is 10 percent of the tax due (minimum \$10).

Rounding Dollar Amounts

Round down all amounts less than 50 cents. Round up all amounts of 50 through 99 cents. Do **not** enter cents.

Line-by-Line Instructions

Lines not listed are explained on the form.

Line 1: Enter the tax year you are amending (calendar year or fiscal year). Your return cannot be processed without this information.

Lines 7 through 38: Enter an explanation of changes to these lines on line 49. See special instructions for amending use tax on line 28. Attach copies of corrected or new schedules.

Column A: Enter the amounts shown on your original return or as adjusted due to an examination of your original return.

Column C: Report the corrected totals after taking into account the amounts of the increases or decreases shown in column B. If there are no changes, enter the amount reported in column A.

Line 7: If you are correcting the amount of wages or other employee compensation, attach Schedule W.

Line 12: Enter the exemption allowance for the year being amended based on the number of exemptions claimed on line 47.

<u>Year</u>	<u>Federal Exemption</u>	<u>Special Exemptions</u>	<u>Children 18 and under</u>	<u>Disabled Veteran</u>
2007	\$ 3,400	\$ 2,200	\$ 600	\$ 0
2008	\$ 3,500	\$ 2,200	\$ 600	\$ 250
2009	\$ 3,600	\$ 2,300	\$ 600	\$ 300
2010	\$ 3,600	\$ 2,300	\$ 600	\$ 300
2011	\$ 3,700	\$ 2,400	\$ 600	\$ 300

Filers who can be claimed as a dependent on someone else's return follow special rules. Refer to the instructions for the year being amended.

Line 14: Your taxable income must be multiplied by the tax rate in effect for the year you are amending.

<u>Year</u>	<u>Tax Rate</u>
2007	4.01%
2008	4.35%
2009	4.35%
2010	4.35%
2011	4.35%

If you are amending a return for a year not listed, contact Treasury for the correct rate.

Lines 15 through 24: Enter changes in your nonrefundable credits. See instructions for the years you are amending to determine the amount of your credit. Attach a copy of Form 3581 if you are amending or claiming a new Historic Preservation Tax Credit.

Line 27: Amended amounts for voluntary contribution funds or programs will not be accepted.

Line 28: Amended use tax amounts will not be accepted on the MI-1040X. To amend your Use Tax, write a letter to Michigan Department of Treasury, Customer Contact Division, P.O. Box 30427, Lansing, MI 48909.

Lines 30 through 36: Enter changes in your property tax credit, farmland preservation credit, qualified adoption expenses, stillbirth credit, earned income tax credit, energy efficient qualified home improvement credit, and/or historic preservation tax credit. Attach the appropriate amended claim documentation: Michigan Department of Community Health Certificate of Stillbirth, Forms MI-1040CR, MI-1040CR-2, MI-1040CR-5, MI-8839, 3581, or 4764.

Line 37: Enter the amended tax withheld by your employer. Attach a corrected Schedule W and provide an explanation to support your claim, including the circumstances that created the corrected Schedule W if it is corrected.

If you are claiming a repayment credit for tax paid on income reported in a previous year, add the amount of the credit to the Michigan tax withheld. Write the words "Claim of Right/Repayments" next to line 37.

Line 38: Enter total Michigan estimated tax payments, amounts credited forward from prior years, and any payment made with requests for extension.

Line 39: Enter the amount paid with your original return, and any additional tax paid after you filed your original return. Do **not** include interest or penalty payments.

Line 41: Enter the amount of refund you received (or expect to receive) from your original return. If you received more than one refund from the original return, include the total amount of refunds on this line, also include the amount to be credited to next year. Do **not** include interest received on your refunds.

Lines 42 and 43: If line 42 is negative, treat it as a positive amount and add it to the amount on line 29, column C. Enter the result on line 43. This is the amount you owe. Include interest with your payment. (See "Interest and Penalty" on the previous page.) Make check payable to "**State of Michigan**" and write your **Social Security number**, the **tax year(s)** and the words "**MI-1040X**" on the front of the check. If paying on behalf of another taxpayer, **write the taxpayer's name and Social Security number** on the check. Payment is not required if the tax due is less than \$1. To ensure accurate processing of your return, send one check for each return type.

Line 44, REFUND: If line 42 is greater than line 29, column C, subtract line 29, column C, from line 42 and enter this amount as your refund.

Exemptions

Line 47: Enter the number of federal exemptions and Michigan special exemptions claimed on your original return and claimed on this return.

Review the instruction booklet for the year that you are amending if you need definitions or more information.

Complete lines 47 through 49 if you are changing the number of exemptions or exemption allowance you originally claimed. On line 47, enter the number of exemptions you claimed on your original return in column A and the number of exemptions you wish to claim on this amended return in Column B.

Child Deduction: A deduction of \$600 may be taken for each child 18 and under who is claimed as a dependent.

Age 65 or older: This exemption is for individuals who reached age 65 on or before December 31 of the year you are amending. If you claim this exemption, you may **not** claim an exemption as a totally and permanently disabled person.

Deaf, Blind or Disabled: You qualify for the deaf exemption if the primary way you receive messages is through a sense other than hearing, for example: lip reading or sign language. You qualify for the blind or disabled exemption if you are blind, hemiplegic, paraplegic, quadriplegic or totally and permanently disabled. Blind means your better eye permanently has 20/200 vision or less with corrective lenses, or your peripheral field of vision is 20 degrees or less. Totally and permanently disabled means disabled as defined under Social Security Guidelines 42 USC 416. Individuals 65 or older may **not** claim an exemption as totally and permanently disabled.

Qualified Disabled Veteran: A taxpayer may claim an exemption in addition to the taxpayer's other exemptions if (a) the taxpayer or spouse is a qualified disabled veteran, or (b) a dependent of the taxpayer is a qualified disabled veteran. To be eligible for the additional exemption an individual must be a veteran of the active military, naval, marine, coast guard, or air service who received an honorable or general discharge and has a disability incurred or aggravated in the line of duty as described in 38 USC 101(16). This additional exemption may not be claimed on more than one tax return. See the instruction for line 12, page 3.

Unemployment compensation: Check this box if 50 percent or more of your combined adjusted gross income on line 7, column C, is from unemployment compensation.

Line 49: Enter the line reference from page 1 for each line where a change is reported and give a detailed explanation of the reasons for the change. If an explanation is not provided, the processing of your return will be delayed.

When You Are Finished

Refund, Credit or Zero Return. Mail your **return** to:

**Michigan Department of Treasury
Lansing, MI 48956**

Pay amount on line 43. Mail your **check and return** to:

**Michigan Department of Treasury
Lansing, MI 48929**

Do not staple multiple prior year returns together.