

PART 3: ELECTRONIC RETURN ORIGINATOR (ERO) AND PREPARER DECLARATION

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO or Preparer Signature COPY ONLY	Date	ERO is (check all that apply) <input type="checkbox"/> Preparer <input type="checkbox"/> Self-Employed
Firm Name (or name of ERO if self-employed)		FEIN or PTIN
Firm's Address (Street, City, State, ZIP Code)		

Complete this form only if you are e-filing a Michigan or City of Detroit unlinked (standalone) return and 1029 you are not using the Electronic Signature Alternative (ESA). See instructions for more information.

8453D (2019)MI8453D-1WV 1.81



**H&R BLOCK® 2019 Federal Tax Return Filing Instructions
FOR THE YEAR ENDING
December 31, 2019**

Prepared for	MICHAEL R MCDERMOTT																
Tax Summary	<table> <tr> <td>Gross Income</td> <td>\$ 44,968</td> </tr> <tr> <td>Adjusted Gross Income</td> <td>\$ 44,968</td> </tr> <tr> <td>Total Deductions</td> <td>\$ 12,200</td> </tr> <tr> <td>Total Taxable Income</td> <td>\$ 32,768</td> </tr> <tr> <td>Total Tax</td> <td>\$ 3,727</td> </tr> <tr> <td>Total Payments</td> <td>\$ 4,595</td> </tr> <tr> <td>Refund Amount</td> <td>\$ 868</td> </tr> <tr> <td>Amount You Owe</td> <td>\$ 0</td> </tr> </table>	Gross Income	\$ 44,968	Adjusted Gross Income	\$ 44,968	Total Deductions	\$ 12,200	Total Taxable Income	\$ 32,768	Total Tax	\$ 3,727	Total Payments	\$ 4,595	Refund Amount	\$ 868	Amount You Owe	\$ 0
Gross Income	\$ 44,968																
Adjusted Gross Income	\$ 44,968																
Total Deductions	\$ 12,200																
Total Taxable Income	\$ 32,768																
Total Tax	\$ 3,727																
Total Payments	\$ 4,595																
Refund Amount	\$ 868																
Amount You Owe	\$ 0																
Make check payable to	United States Treasury																
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																

Instructions

STEP 1 - Once your e-filed return has been accepted, you will receive an e-mail
 STEP 2 - Keep a copy
 Print a copy of the return for your records.
 Please attach a copy of each W-2, W-2G, 1099G and 1099R to your return.

PART 3: ELECTRONIC RETURN ORIGINATOR (ERO) AND PREPARER DECLARATION

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO or Preparer Signature	Date	ERO is (check all that apply) <input type="checkbox"/> Preparer <input type="checkbox"/> Self-Employed
Firm Name (or name of ERO if self-employed)		FEIN or PTIN
Firm's Address (Street, City, State, ZIP Code)		

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MI-8453 (2019) MI8453-1WV 1.71
Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

1040 (99) Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return 2019 OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.
 Filing status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er)(QW)

Check only if you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is one box. a child but not your dependent.

Your first name and middle initial **MICHAEL R** Last name **MCDERMOTT** Your social security number
 If joint return, spouse's first name and middle initial Last name Spouse's social security no.

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign
 Check here if you, or your spouse

652 FOREST ST if filing jointly, want \$3 to go to this fund. Checking a box below will not
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). change your tax or refund.

WESTLAND, MI 48186 You Spouse
 Foreign country name Foreign province/county Foreign postal code If more than four dependents, see inst. and here

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were dual-status alien

Age/Blindness You: Were born before January 2, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind
Dependents (see instructions): (2) Social security no. (3) Relationship to you (4) if qualifies for (see inst.):
 (1) First name Last name Child tax credit Credit for other dependents

Standard Deduction for -	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	44,889.
	2a Tax-exempt interest	2a	
		b Taxable interest. Attach Sch.B if required	2b
	3a Qualified dividends	3a	74.
		b Ordinary div. Attach Sch. B if required	3b
	4a IRA distributions	4a	79.
		b Taxable amount	4b
	c Pension and annuities	4c	
		d Taxable amount	4d

<ul style="list-style-type: none"> Married filing jointly or Qualifying 6 \$24,400 	5a Social security benefits Capital gain or (loss). Attach Schedule D if required. If not required, check here 6 widow(er), 7a Other income from Schedule 1, line 9	5a 	b Taxable amount 	5b
Head of household <ul style="list-style-type: none"> \$18,350 	b Add lines 1, 2b, 3b, 4b, 5b, 6, and 7a. This is your total income 7b 44,968. household, 8a Adjustments to income from Schedule 1, line 22			7a 8a
If you checked b Subtract line 8a from line 7b. This is your adjusted gross income 8b 44,968. any box under Standard Deduction, 9 Standard deduction or itemized deductions (from Schedule A). 9 12,200. 10 Qualified business income deduction. Attach Form 8995 or Form 8995-A 10 see instructions.				
	11a Add lines 9 and 10 11a 12,200. b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- 11b			
	32,768.			

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2019)

1040 (2019) Form 1040 (2019) MICHAEL R MCDERMOTT	FD1040-1WV 1.25 Page 2
12a Tax (see inst.) Check if any from Form(s): 1 8814 2 4972 3 12a 3,727.	12b 3,727.
b Add Schedule 2, line 3, and line 12a and enter the total	
13a Child tax credit or credit for other dependents 13a b Add Schedule 3, line 7, and line 13a and enter the total 13b	
14 Subtract line 13b from line 12b. If zero or less, enter -0- 14 3,727.	
15 Other taxes, including self-employment tax, from Schedule 2, line 10 15	
16 Add lines 14 and 15. This is your total tax 16 3,727. 17 Federal income tax withheld from Forms W-2 and 1099 17	
4,595.	

If you have a qualifying child, 18 Other payments and refundable credits:	a Earned income credit (EIC) 18a	
attach Sch. EIC If you have non-taxable combat pay, see instructions.	b Additional child tax credit. Attach Schedule 8812 18b	
	c American opportunity credit from Form 8863, line 8 18c d	
	Schedule 3, line 14 18d	
	e Add lines 18a through 18d. These are your total other payments and refundable credits 18e	
Refund 19 Add lines 17 and 18e. These are your total payments 19 4,595.		
20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid 20 868.		
21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here 21a 868. Direct deposit?		
b Routing number 101089742 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		

See instructions.

d Account number **8116507183**

22 Amount of line 20 you want **applied to your 2020 estimated tax** **22**

Amount **23** **Amount you owe.** Subtract line 19 from line 16. For details on how to pay, see instructions **23**

You Owe **24** Estimated tax penalty (see instructions) **24**

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See inst. **Yes.** Complete below.

Third Party

Designee

No

(Other than paid preparer) Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

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

Joint return? See instructions. Keep a copy for your records. ▶	Your signature	Date	Your occupation RECRUITER	If the IRS sent you an ID Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an ID Protection PIN, enter it here (see inst.)

Phone no. Email address

Paid Preparers Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee
	Firm's name ▶	Phone no.			<input type="checkbox"/> self-employed
	Firm's address ▶			Firm's EIN ▶	

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

Form **1040** (2019)



H&R BLOCK®

2019 STATE TAX RETURN FILING INSTRUCTIONS

MICHIGAN FOR THE

YEAR ENDING

December 31, 2019

Prepared for	MICHAEL R MCDERMOTT																
Tax Summary	<table> <tr> <td>Gross Income</td> <td>\$ 44,968</td> </tr> <tr> <td>Adjusted Gross Income</td> <td>\$ 44,968</td> </tr> <tr> <td>Total Deductions</td> <td>\$ 4,400</td> </tr> <tr> <td>Total Taxable Income</td> <td>\$ 40,568</td> </tr> <tr> <td>Total Tax</td> <td>\$ 1,724</td> </tr> <tr> <td>Total Payments</td> <td>\$ 2,542</td> </tr> <tr> <td>Refund Amount</td> <td>\$ 698</td> </tr> <tr> <td>Amount You Owe</td> <td>\$ 0</td> </tr> </table>	Gross Income	\$ 44,968	Adjusted Gross Income	\$ 44,968	Total Deductions	\$ 4,400	Total Taxable Income	\$ 40,568	Total Tax	\$ 1,724	Total Payments	\$ 2,542	Refund Amount	\$ 698	Amount You Owe	\$ 0
Gross Income	\$ 44,968																
Adjusted Gross Income	\$ 44,968																
Total Deductions	\$ 4,400																
Total Taxable Income	\$ 40,568																
Total Tax	\$ 1,724																
Total Payments	\$ 2,542																
Refund Amount	\$ 698																
Amount You Owe	\$ 0																
Make check payable to	Not Applicable																
Mailing Address	Not Applicable																

**Special
Instructions**

KEEP A COPY

Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.

2019 MICHIGAN Individual Income Tax Return MI- 1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2020. Type or print in blue or black ink.

1. Filer's First Name MICHAEL		M.I. R	Last Name MCDERMOTT		2. Filer's Full Social Security No. (Example: 123- 45- 6789)	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123- 45- 6789)	
Home Address (Number, Street, or P.O. Box) 652 FOREST ST						
City or Town WESTLAND			State MI	ZIP Code 48186	4. School District Code (5 digits - see page 60) 82160	
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 b.Spouse reduce your refund. a. <input checked="" type="checkbox"/> Filer b. <input type="checkbox"/> your tax or				6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
7. 2019 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single <input type="checkbox"/> b. Married filing jointly <input type="checkbox"/> c. Married filing separately* *If you check box "c," complete line 3 and enter spouse's full name below: <input type="text"/>				8. 2019 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident* c. <input type="checkbox"/> Part-Year Resident* *If you check box "b" or "c," you must complete and include Schedule NR.		

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

a. Number of exemptions (see instructions) 9a.x \$4,400	1		4,400	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled 9b.x \$2,700		blind,		00
NON- REFUNDABLE CREDITS		AMOUNT	CREDIT	
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)	18a.18b.	0		00
c. Number of qualified disabled veterans	9c.		x \$400	00
d. Number of Certificates of Stillbirth from MDHHS (see instructions)	9d.		x \$4,400	00
e. Claimed as dependent, see line 9 NOTE above	9e.			00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.			4,400	00
10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions)	10.		44,968	00
11. Additions from Schedule 1, line 9 Include Schedule 1	11.		44,968	00
12. Total. Add lines 10 and 11.	12.			00
13. Subtractions from Schedule 1, line 28 Include Schedule 1	13.		44,968	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".	14.		4,400	00
15. Exemption allowance Enter amount from line 9f or Schedule NR, line 19	15.		40,568	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".	16.		1,724	00
17. Tax. Multiply line 16 by 4.25% (0.0425).	17.			
19. Michigan Historic Preservation Tax Credit carryforward (see instructions)		00		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"		00		00
			1,724	00

1029 2019 05 01 27 0 Continue on page 2. This form cannot be processed if page 2 is not completed and included.

2019 MI-1040, Page 2 of 2		MI-1040 (2019)	MI1040-1WV 1.22
Filer's Full Social Security Number			
21. Enter amount of Income Tax from line 20	21.	1,724	00
22. Voluntary Contributions from Form 4642, line 10 Include Form 4642	22.	120	00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23	24.	1,844	00

REFUNDABLE CREDITS AND PAYMENTS



25. Property Tax Credit. Include MI1040CR or MI-1040CR-2.	25.		574	00
26. Farmland Preservation Tax Credit. Include MI1040CR-5.	26.			00
		FEDERAL		
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.	27a.			00
	27b.			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.		1,968	00
30. Estimated tax, extension payments and 2018 credit forward.	30.			00
31. 2019 AMENDED RETURNS ONLY Taxpayers completing an original 2019 return should skip to line 32. Amended returns must include Schedule AMD (see instructions)				
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.				
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.				
31c.				00
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c.	32.		2,542	00

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.			00	00
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32	34.		698	00
35. Credit Forward. Amount of line 34 to be credited to your 2020 estimated tax for your 2020 tax return	35.			00
36. Subtract line 35 from line 34	REFUND 36.		698	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. <input checked="" type="checkbox"/> Checking 2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2018, enter dates below.

ENTER DATE OF DEATH ONLY. Example: 04- 15- 2019 (MM- DD- YYYY)

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

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

Preparer's PTIN, FEIN or SSN

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's Name (print or type)

Filer's Signature	Date
For Info Only - Do Not File	
Spouse's Signature	Date
For Info Only - Do Not File	

Preparer's Business Name, Address and Telephone Number

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

1029 2019 05 02 27 8

MI-1040 (2019)

MI1040-2WV 1.22





2019 MICHIGAN Homestead Property Tax Credit Claim MI- 1040CR

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

Type or print in blue or black ink.

Attachment 05

1. Filer's First Name MICHAEL	M.I. R	Last Name MCDERMOTT	2. Filer's Full Social Security No. (Example: 123- 45- 6789)
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123- 45- 6789)
Home Address (Number, Street, P.O. Box). If using a P.O. Box, you must complete line 45. 652 FOREST ST			
City or Town WESTLAND	State MI	ZIP Code 48186	4. School District Code (5 digits - see page 60) 82160

5. Check the box(es) for which you or your spouse qualify (excluding dependents). If you qualify for both, see instructions.

a.Age 65 or older; or an unremarried spouse of a person b.Deaf, blind, hemiplegic, paraplegic, quadriplegic, or who was 65 or older at the time of death. totally and permanently disabled.

6. 2019 FILING STATUS: Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately (Include Form 5049)	7. 2019 RESIDENCY STATUS: *If you checked box "c," enter dates of Michigan residency in 2019. Check all that apply. Enter dates as MM-DD-YYYY (Example: 04-15-2019). a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident c. <input type="checkbox"/> Part-Year Resident*	FROM: <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">FILER</th> <th style="width:50%;">SPOUSE</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </tbody> </table>	FILER	SPOUSE				
FILER	SPOUSE							

8. **Homestead Status**
 Check here if the taxable value of your homestead includes unoccupied farmland classified as agricultural by your local assessor.

9. **Homeowners:** Enter the 2019 **taxable value** of your homestead (see instructions). **If you did not check box 8 above and your taxable value is greater than \$135,000, STOP; you are not eligible.**

Farmers: enter the **taxable value** of your homestead, including eligible unoccupied farmland 9, 10. Property taxes levied on your home for 2019 (see instructions) or amount from line 51, 56 and/or 57 10.

	2,807	00
	2,395	00

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

	00
--	----

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

	00	
	2,395	00

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

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, 21. Social and SUB pay, 21.	44,889	00	Security, SSI, and/or etc. 14. railroad retirement benefits		00
15. All interest and dividend income (interest) 15. parent payments, net 23. Unemployment farm income). If	79	00	support and foster (including nontaxable 22. 16. Net business income (including negative enter "0" 16. compensation 23.		00
17. Net royalty or rent income. If negative enter "0" 17.24.		00	24. Gifts received or expenses paid on your behalf		00
18. Retirement pension, annuity; and IRA 25.		00	25. Other nontaxable income 18. Describe:		00
19. Capital gains less capital losses, (see 26.		00	Workers'/veterans' disability instructions) 19. compensation/pension		00
20. Alimony and other taxable income 27. FIP and other MDHHS benefits		00			00

28. **SUBTOTAL.** Add lines 14 through 27. **SUBTOTAL** 28. **44,96800**

Continue on page 2. This form cannot be processed if pages 2 and 3 are not completed and included.

1029 2019 25 01 27 8
2019 MI-1040CR, Page 2 of 3

Filer's Full Social Security Number

29. Enter subtotal from line 28.			29. 44,96800
30. Other adjustments (see instructions).		00	Describe: 30.
31. Medical insurance/HMO premiums you paid for you and your family		00	
32. Add lines 30 and 31.			00
33. TOTAL HOUSEHOLD RESOURCES Subtract line 32 from line 29. If more than \$60,000, STOP; you are not eligible for this credit			44,96800
34. Multiply line 33 by 3.2% (0.032) or by the percent in Table 2 (see instructions). If negative, enter "0".			1,43900
35. Subtract line 34 from line 33 and enter the amount here. If line 34 is greater than line 33, enter "0" and STOP ; you are not eligible for this credit (see instructions)			95600

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

	00
--	----

..... 39.

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

40. Enter amount from line 35 40.

	95600
--	-------

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

	57400
--	-------

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

42. Enter amount from line 38, 39 or 41, or from Worksheet 3 (see instructions) for FIP/MDHHS recipients

	57400
--	-------

100	%
-----	---

..... 42.

43. Percentage from Table B (see instructions) that applies to the amount on line 33 43.

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

	57400
--	-------

NOTE: Seniors who pay rent (including rent paid to adult care facilities): Complete Worksheet 4 in the MI- 1040 book and enter amount from worksheet on line 44 (maximum \$1,500).

Continue on page 3. This form cannot be processed if pages 2 and 3 are not completed and included.

1029 2019 25 02 27 6

2019 MI-1040CR, Page 3 of 3

Filer's Full Social Security Number

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PART 3: HOMEOWNERS WHO MOVED IN 2019. Report on lines 45 and 46 the addresses of the homesteads for which you are claiming a credit. **Homesteads with a taxable value greater than \$135,000 are not eligible for this credit.**

45. Address where you lived on December 31, 2019, if different than reported on line 1 (Number, Street, City, State, ZIP Code).	Taxable Value
652 FOREST ST WESTLAND MI 48186	2,80700
46. Address of homestead sold (moved from) during 2019 (Number, Street, City, State, ZIP Code).	Taxable Value
	00

HOMESTEAD			
A. Moved Into		B. Moved From	
	%		%
	00		00
	00		00
51.			00

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

47. Number of days occupied (total cannot be more than 365).....

48. Divide line 47 by 365 and enter percentage here

49. Property taxes levied for calendar year 2019

50. **Prorated property taxes.** Multiply line 49 by the percentages on line 48

51. **Taxes eligible for credit.** Add line 50, columns A and B. Enter here and on line 10.

+

PART 4: RENTERS

A Address of Homestead You Rented (Number, Street, Apt. #, City, State, ZIP Code)	B Landowner's Name and Address (City, State and ZIP Code)	C # Months Rented	D Monthly Rent	E Total Rent Paid	
				00	00
				00	00
Total rent you paid (not more than 12 months). Add total rent for each period. Enter here and on line 11				53.	00

PART 5: ALTERNATE HOUSING FACILITIES (see instructions)

54. If you lived in one of these types of facilities for all or part of 2019, check the appropriate box and see instructions.

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

55. Enter the total rent you paid in 2019 while a resident of an Alternate Housing Facility. Do not include amounts paid on your behalf by a government agency. 55.

	00
--	----

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

	00
--	----

57. **Special Housing:** If you lived in one of these types of facilities for all or part of 2019, check the appropriate box (see instructions).

- a. Cooperative Housing b. Home for the Aged c. Nursing Home
- d. Adult Foster Care Home e. Paid Room and Board
- type ≥ 10

	00
	00

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

DIRECT DEPOSIT <i>Deposit your refund directly to your financial institution! See instructions and complete parts a, b and c.</i>	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, 2018, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2019 (MM-DD-YYYY)

Filer Spouse

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

Preparer's PTIN, FEIN or SSN

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's Name (print or type)

Filer's Signature Date

For Info Only - Do Not File

Preparer's Business Name, Address and Telephone Number

Spouse's Signature Date

For Info Only - Do Not File

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**

1029 2019 25 03 27 4



2019 MICHIGAN Withholding Tax Schedule

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

Attachment 13

Type or print in blue or black ink.

INSTRUCTIONS: If you had Michigan income tax withheld in 2019, you must complete a *Withholding Tax Schedule (Schedule W)* to claim the withholding on your *Individual Income Tax Return (MI- 1040, line 29)*. Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI- 1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name MICHAEL	M.I. R	Last Name MCDERMOTT	2. Filer's Full Social Security No. (Example: 123- 45- 6789)
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123- 45- 6789)

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W- 2 FORMS

A Enter "X" for: Filer or Spouse		B Employer's identification number (Example: 38-1234567)	C Box c - Employer's name	D Box 1 - Wages, tips, other compensation		E Box 17 - Michigan income tax withheld	
X		383144240	SUN COMMUNITIES	44889	00	1968	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.	1968 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.	1968 00

+

2019 MICHIGAN Voluntary Contributions Schedule

INSTRUCTIONS: Use this schedule to make a donation from your refund to any of the organizations listed below. If you are not receiving a refund, your donation will increase your tax due. Check the box associated with the dollar amount you wish to contribute in columns A or B or enter a specific dollar amount greater than \$10 in the space provided in column C. Enter the total of your contribution for each line in column D. For detailed descriptions of each fund, see separate page. Include with Form MI-1040.

Attachment 18

Type or print in blue or black ink.

Filer's First Name MICHAEL	M.I. R	Last Name MCDERMOTT	Filer's Full Social Security No. (Example: 123- 45- 6789)
If a Joint Return, Spouse's First Name	M.I.	Last Name	Spouse's Full Social Security No. (Example: 123- 45- 6789)

	A.	B.	C. Other Amount (greater than \$10)		D. Total Contribution
1. American Red Cross Michigan Fund	<input type="checkbox"/> \$5	<input type="checkbox"/>	20 00	1.	20 00
2. Animal Welfare Fund	<input type="checkbox"/> \$5	<input type="checkbox"/>	00	2.	10 00
3. Children's Trust Fund - Prevent Child Abuse Michigan	<input type="checkbox"/> \$5	<input checked="" type="checkbox"/> \$10	00	3.	10 00
4. Fostering Futures Scholarship Trust Fund	<input type="checkbox"/> \$5	<input checked="" type="checkbox"/> \$10	00	4.	10 00
5. Kiwanis Fund	<input checked="" type="checkbox"/> \$5	<input type="checkbox"/>	00	5.	5 00
6. Lions of Michigan Foundation Fund	<input checked="" type="checkbox"/> \$5	<input type="checkbox"/>	00	6.	5 00
7. Michigan World War II Legacy Memorial Fund	<input type="checkbox"/> \$5	<input type="checkbox"/>	20 00	7.	20 00
8. Military Family Relief Fund	<input type="checkbox"/> \$5	<input type="checkbox"/>	20 00	8.	20 00
9. United Way Fund	<input type="checkbox"/> \$5	<input type="checkbox"/>	20 00	9.	20 00
		\$10	\$6.		120 00
		\$10	\$7.		
		\$10	\$8.		
		\$10	\$9.		

10. Add column D, lines 1 through 9. Enter total of column D here and carry amount to your MI- 1040, line 2210.

This form must be included with your MI- 1040 to ensure your contributions are properly credited to the designated fund(s).

Name(s) **MICHAEL R MCDERMOTT**

SSN

Qualified Dividends and Capital Gain Tax Worksheet - Line 12a

Keep for Your Records

Before you begin:

- ✓ See the earlier instructions for line 12a to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 or 1040- SR through line 11b.
- ✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040- SR, line 6.

1. Enter the amount from Form 1040 or 1040- SR, line 11b. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned

2. 74

Are you filing Schedule D?*

Yes. Enter the **smaller** of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-

No. Enter the amount from Form 1040 or 1040-SR, line 6.

3. 0

4. 74

If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form.

5. 0

Subtract line 5 from line 4. If zero or less, enter - 0- 6. 74

Subtract line 6 from line 1. If zero or less, enter - 0- 7. 32,694

\$39,375 if single or married filing separately,
\$78,750 if married filing jointly or qualifying widow(er),
\$52,750 if head of household.



8. 39,375

Enter the smaller of line 1 or line 8. 9. 32,768

10. Enter the smaller of line 7 or line 9. 10. 32,694

11. Subtract line 10 from line 9. This amount is taxed at 0% 11. 74

12. 74

13. 74

14. 0

FILE

•

• \$244,425 if married filing separately,
• \$488,850 if married filing joint or qualifying widow(er), or



15. 434,550

16. 32,768

17. 32,768

18. Subtract line 17 from line 16, if zero or less enter - 0- 18. 0

19. Enter the **smaller** of line 14 or 18. 19. 0

20. Multiply line 19 by 15% (.15) 20. 0

21. 74

22. 74

23. 74

24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. 24. 3,727

25. 3,727

26. 3,739

Income Tax Worksheet

1. 32,768

3.



4. Add lines 2 and 3 5.

Otherwise, enter -0-

6.

7.

8. Enter:

9.

12. Enter the smaller of line 1 or 6

13. Enter the amount from line 11 **14.** Subtract line 13 from line 12

15. Enter:

\$434,550 if single,

\$461,700 if head of household **16.**

Enter the **smaller** of line 1 or line 15

17. Add lines 7 and 11

21. Add lines 11 and 19

22. Subtract line 21 from line 12

23. Multiply line 22 by 20% (.20)

25. Add lines 20, 23, and 24

26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax

Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet

27. **Tax on all taxable income.** Enter the **smaller** of line 25 or line 26. Also include this amount on Form 1040 or 1040- SR, line 12a. If you are filing Form 2555, do not enter this amount on Form 1040 or 1040- SR, line 12a.

Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet **27.** 3,727

**If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.*