

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	Last name	Your social security number
First Name Goes Here	Last Name Goes Here	1 1 1 1 1 1 1 1
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Address Goes Here

City, town, or post office. If you have a foreign address, also complete spaces below.

City Goes Here

Foreign country name

Foreign province/state/county

Foreign postal code

Apt. no.

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.

☐ You ☐ 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) ☒ if qualifies for (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

If more than four dependents, see instructions and check here ▶ ☐

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	76,817
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
8	Other income from Schedule 1, line 9	8	76,817
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	0
10	Adjustments to income:		
a	From Schedule 1, line 22	10a	
b	Charitable contributions if you take the standard deduction. See instructions	10b	
c	Add lines 10a and 10b. These are your total adjustments to income	10c	0
11	Subtract line 10c from line 9. This is your adjusted gross income	11	76,817
12	Standard deduction or itemized deductions (from Schedule A)	12	
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	0
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	

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

Cat. No. 11320B

Form 1040 (2020)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax	24	
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	10,931
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	10,931
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	10,931
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	10,931
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	10,931
Direct deposit? See instructions.			
b	Routing number 1 1 1 1 1 1 1 1 1 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	
37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

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

Refund

Direct deposit? See instructions.

Amount You Owe

For details on how to pay, see instructions.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ No

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.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name Self-Prepared	Phone no.			
Firm's address	Firm's EIN			

2020 California Resident Income Tax Return**540**☐ Check here if this is an AMENDED return.

Fiscal year filers only: Enter month of year end: month _____ year 2021.

Your first name First Name	Initial <input type="checkbox"/>	Last name Last Name	Suffix <input type="checkbox"/>	Your SSN or ITIN 111-11-1111	<input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> RP
If joint tax return, spouse's/RDP's first name <input type="checkbox"/>	Initial <input type="checkbox"/>	Last name <input type="checkbox"/>	Suffix <input type="checkbox"/>	Spouse's/RDP's SSN or ITIN <input type="checkbox"/>	
Additional information (see instructions) <input type="checkbox"/>				PBA code <input type="checkbox"/>	
Street address (number and street) or PO box Street Address Goes Here				Apt. no./sle. no. <input type="checkbox"/>	PMB/private mailbox <input type="checkbox"/>
City (If you have a foreign address, see instructions) City				State CA	ZIP code Zip Code
Foreign country name <input type="checkbox"/>		Foreign province/state/county <input type="checkbox"/>		Foreign postal code <input type="checkbox"/>	

Date of Birth	Your DOB (mm/dd/yyyy) ● 11/11/1900	Spouse's/RDP's DOB (mm/dd/yyyy) ● <input type="checkbox"/>
	Prior Name ● <input type="checkbox"/>	Spouse's/RDP's prior name (see instructions) ● <input type="checkbox"/>

Principal Residence	Enter your county at time of filing (see instructions) ● <input type="checkbox"/>	
	If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . ● <input type="checkbox"/>	
	If not, enter below your principal/physical residence address at the time of filing.	
	Street address (number and street) (If foreign address, see instructions.) ● <input type="checkbox"/>	Apt. no./sle. no. ● <input type="checkbox"/>
City ● <input type="checkbox"/>	State ● <input type="checkbox"/>	ZIP code ● <input type="checkbox"/>

Filing Status	If your California filing status is different from your federal filing status, check the box here <input type="checkbox"/>	
	1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). See instructions.
	2 <input type="checkbox"/> Married/RDP filing jointly. See inst.	5 <input type="checkbox"/> Qualifying widow(er). Enter year spouse/RDP died. <input type="checkbox"/>
	See instructions. <input type="checkbox"/>	
3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. <input type="checkbox"/>		
6 <input type="checkbox"/> If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst ● 6 <input type="checkbox"/>		

Exemptions	▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. Whole dollars only	
	7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ● 7 <input type="checkbox"/> X \$124 = ● \$ <input type="checkbox"/>	
	8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. ● 8 <input type="checkbox"/> X \$124 = ● \$ <input type="checkbox"/>	
	9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ● 9 <input type="checkbox"/> X \$124 = ● \$ <input type="checkbox"/>	

Your name: Your SSN or ITIN:

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Exemptions

Total dependent exemptions 10 X \$383 = 11 \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 11 \$

Taxable Income

12	State wages from your federal Form(s) W-2, box 16	12	<input type="text" value="76,817"/>	<input type="text" value="00"/>
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	13	<input type="text" value="76,817"/>	<input type="text" value="00"/>
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B.	14	<input type="text"/>	<input type="text" value="00"/>
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	<input type="text" value="0"/>	<input type="text" value="00"/>
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C.	16	<input type="text" value="76,817"/>	<input type="text" value="00"/>
17	California adjusted gross income. Combine line 15 and line 16	17	<input type="text" value="0"/>	<input type="text" value="00"/>
18	Enter the larger of <div>• Your California itemized deductions from Schedule CA (540), Part II, line 30; OR • Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$4,601 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$9,202 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions</div>	18	<input type="text" value="4,601"/>	<input type="text" value="00"/>
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-	19	<input type="text" value="0"/>	<input type="text" value="00"/>

Tax

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule	31	<input type="text" value="0"/>	<input type="text" value="00"/>
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions.	32	<input type="text"/>	<input type="text" value="00"/>
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	<input type="text" value="0"/>	<input type="text" value="00"/>
34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	34	<input type="text"/>	<input type="text" value="00"/>
35	Add line 33 and line 34.	35	<input type="text" value="0"/>	<input type="text" value="00"/>

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	40	<input type="text"/>	<input type="text" value="00"/>
43	Enter credit name <input type="text"/> code <input type="text"/> and amount.	43	<input type="text"/>	<input type="text" value="00"/>
44	Enter credit name <input type="text"/> code <input type="text"/> and amount.	44	<input type="text"/>	<input type="text" value="00"/>

Your name:

Name Goes Here

Your SSN or ITIN:

111-11-1111

Special Credits

- 45 To claim more than two credits. See instructions. Attach Schedule P (540). ● 45 .00
- 46 Nonrefundable Renter's Credit. See instructions ● 46 .00
- 47 Add line 40 through line 46. These are your total credits. ● 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 0 .00

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) ● 61 .00
- 62 Mental Health Services Tax. See instructions ● 62 .00
- 63 Other taxes and credit recapture. See instructions ● 63 .00
- 64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. ● 64 .00
- 65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax ● 65 .00

Payments

- 71 California income tax withheld. See instructions ● 71 4,145 .00
- 72 2020 CA estimated tax and other payments. See instructions ● 72 .00
- 73 Withholding (Form 592-B and/or 593). See instructions ● 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions ● 74 .00
- 75 Earned Income Tax Credit (EITC) ● 75 .00
- 76 Young Child Tax Credit (YCTC). See instructions ● 76 .00
- 77 Net Premium Assistance Subsidy (PAS). See instructions. ● 77 .00
- 78 Add line 71 through line 77. These are your total payments. See instructions ● 78 4,145 .00

Use Tax

- 91 Use Tax. Do not leave blank. See instructions ● 91 0 .00
- If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.

ISR Penalty

- 92 Individual Shared Responsibility (ISR) Penalty. See instructions. ● 92 .00
- ☐ Full-year health care coverage.

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 ● 93 4,145 .00
- 94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 ● 94 .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. ● 95 4,145 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92. ● 96 .00

Your name:

Name Goes Here

Your SSN or ITIN:

111-11-1111

Overpaid Tax/Tax Due

97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95.	97	<input type="text" value="4,145"/>	.00
98	Amount of line 97 you want applied to your 2021 estimated tax	98	<input type="text"/>	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	99	<input type="text" value="4,145"/>	.00
100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65	100	<input type="text"/>	.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	400	<input type="text"/> .00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401	<input type="text"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	403	<input type="text"/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund	405	<input type="text"/> .00
California Firefighters' Memorial Voluntary Tax Contribution Fund	406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund	407	<input type="text"/> .00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	408	<input type="text"/> .00
California Sea Otter Voluntary Tax Contribution Fund	410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund	413	<input type="text"/> .00
School Supplies for Homeless Children Fund	422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund	425	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	431	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	439	<input type="text"/> .00
Rape Kit Backlog Voluntary Tax Contribution Fund	440	<input type="text"/> .00
Schools Not Prisons Voluntary Tax Contribution Fund	443	<input type="text"/> .00
Suicide Prevention Voluntary Tax Contribution Fund	444	<input type="text"/> .00
110 Add code 400 through code 444. This is your total contribution	110	<input type="text"/> .00

Your name:

Name Goes Here

Your SSN or ITIN:

111-11-1111

Amount
You Owe**111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111**Pay Online – Go to ftb.ca.gov/pay for more information.Interest and
Penalties**112** Interest, late return penalties, and late payment penalties **112****113** Underpayment of estimated tax.Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● **113****114** Total amount due. See instructions. Enclose, but **do not** staple, any payment **114****115 REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **115**

4,145

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number
111111111● Type
☒ Checking
☐ Savings● Account number
1111111111111111● **116** Direct deposit amount

4,145

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number
● Type
☐ Checking
☐ Savings● Account number
● **117** Direct deposit amount**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal tax return.To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for **1131**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

03/04/2021

Spouse's/RDP's signature (if a joint tax return, both must sign)

**Sign
Here**It is unlawful
to forge a
spouse's/
RDP's
signature.Joint tax
return?
(See
instructions)

● Your email address. Enter only one email address.

● Preferred phone number

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)

● PTIN

Firm's address

● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. ● ☐ Yes ☐ No

Print Third Party Designee's Name

Telephone Number

Form 1040

Department of the Treasury—Internal Revenue Service

(99)

U.S. Individual Income Tax Return

2020

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 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		Last name		Your social security number	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below.				State	
				MI	
Foreign country name				Foreign province/state/county	
				Foreign postal code	
				ZIP 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 alienAge/Blindness You: ☐ Were born before January 2, 1956 ☐ Are blind Spouse: ☐ Was born before January 2, 1956 ☐ Is blind

(1) First name		Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
						Child tax credit	Credit for other dependents
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	42000
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
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	[42000]
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	0
10	Adjustments to income:		
a	From Schedule 1, line 22	10a	
b	Charitable contributions if you take the standard deduction. See instructions	10b	
c	Add lines 10a and 10b. These are your total adjustments to income	10c	0
11	Subtract line 10c from line 9. This is your adjusted gross income	11	0
12	Standard deduction or itemized deductions (from Schedule A)	12	0
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	0
14	Add lines 12 and 13	14	0
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0

Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form 1040 (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 [REDACTED]	M.I. [REDACTED]	Last Name [REDACTED]	2. Filer's Full Social Security No. (Example: 123-45-6789) [REDACTED] — [REDACTED] — [REDACTED]
If a Joint Return, Spouse's First Name [REDACTED]	M.I. [REDACTED]	Last Name [REDACTED]	3. Spouse's Full Social Security No. (Example: 123-45-6789) [REDACTED] — [REDACTED]
Home Address (Number, Street, or P.O. Box) [REDACTED]			4. School District Code (5 digits — see page 60) [REDACTED]
City or Town [REDACTED]	State MI	ZIP Code [REDACTED]	
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 checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: [REDACTED]			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* * 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. [REDACTED]	x \$4,750	9a. [REDACTED]	0 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. [REDACTED]	x \$2,800	9b. [REDACTED]	0 00
c. Number of qualified disabled veterans.....	9c. [REDACTED]	x \$400	9c. [REDACTED]	0 00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d. [REDACTED]	x \$4,750	9d. [REDACTED]	0 00
e. Claimed as dependent, see line 9 NOTE above.....	9e. <input type="checkbox"/>		9e. [REDACTED]	0 00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f. [REDACTED]		9f. [REDACTED]	0 00
10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions).....	10. [REDACTED]		42000	00
11. Additions from Schedule 1, line 9. Include Schedule 1.....	11. [REDACTED]		0	00
12. Total. Add lines 10 and 11.....	12. [REDACTED]		0	00
13. Subtractions from Schedule 1, line 29. Include Schedule 1.....	13. [REDACTED]		0	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14. [REDACTED]		0	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15. [REDACTED]		42000	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16. [REDACTED]		0	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17. [REDACTED]		0	00

NON-REFUNDABLE CREDITS

	AMOUNT	CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a. [REDACTED]	18b. [REDACTED]
19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....	19a. [REDACTED]	19b. [REDACTED]
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. [REDACTED]	20. [REDACTED]

Redeemed Lawful Money
by Demand pursuant to
Title 12 USC §411