

2024 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2025. Type or print in blue or black ink.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
If a Joint Return, Spouse's First Name	M.I.	Last Name	____
Home Address (Number, Street, or P.O. Box)			3. Spouse's Full Social Security No. (Example: 123-45-6789)
City or Town			____
State		ZIP Code	4. School District Code (5 digits)
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.			6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.
7. 2024 FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately*			8. 2024 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident *

* If you check box "c," complete line 3 and enter spouse's full name below:

* 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.	<input style="width:40px; height:20px;" type="text"/>	x	\$5,600	9a.	<input style="width:40px; height:20px;" type="text"/>	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.	<input style="width:40px; height:20px;" type="text"/>	x	\$3,300	9b.	<input style="width:40px; height:20px;" type="text"/>	00
c. Number of qualified disabled veterans.....	9c.	<input style="width:40px; height:20px;" type="text"/>	x	\$500	9c.	<input style="width:40px; height:20px;" type="text"/>	00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.	<input style="width:40px; height:20px;" type="text"/>	x	\$5,600	9d.	<input style="width:40px; height:20px;" type="text"/>	00
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>			9e.	<input style="width:40px; height:20px;" type="text"/>	00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.	<input style="width:40px; height:20px;" type="text"/>			9f.	<input style="width:40px; height:20px;" type="text"/>	00
10. Adjusted Gross Income from your U.S. Form 1040 (see instructions).....	10.	<input style="width:100px; height:20px;" type="text"/>			10.	<input style="width:40px; height:20px;" type="text"/>	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.	<input style="width:100px; height:20px;" type="text"/>			11.	<input style="width:40px; height:20px;" type="text"/>	00
12. Total. Add lines 10 and 11.....	12.	<input style="width:100px; height:20px;" type="text"/>			12.	<input style="width:40px; height:20px;" type="text"/>	00
13. Subtractions from Schedule 1, line 31. Include Schedule 1	13.	<input style="width:100px; height:20px;" type="text"/>			13.	<input style="width:40px; height:20px;" type="text"/>	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.	<input style="width:100px; height:20px;" type="text"/>			14.	<input style="width:40px; height:20px;" type="text"/>	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.	<input style="width:100px; height:20px;" type="text"/>			15.	<input style="width:40px; height:20px;" type="text"/>	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.	<input style="width:100px; height:20px;" type="text"/>			16.	<input style="width:40px; height:20px;" type="text"/>	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.	<input style="width:100px; height:20px;" type="text"/>			17.	<input style="width:40px; height:20px;" type="text"/>	00

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

Filer's Full Social Security Number

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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 (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.	00
21. Voluntary Contributions from Form 4642, line 6. Include Form 4642			21.	00
22. Penalty for nonqualified withdrawal from Form 5792, <i>Michigan First-Time Home Buyer Savings Program</i> , line 5			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 20 through 23	24.			00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2			25.	00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5			26.	00
	FEDERAL			
27. Earned Income Tax Credit. Multiply line 27a by 30% (0.30) and enter result on line 27b.....	27a.	00	27b.	00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581			28.	00
29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....			29.	00
30. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)			30.	00
31. Estimated tax, extension payments and 2023 credit forward			31.	00
32. 2024 AMENDED RETURNS ONLY. Taxpayers completing an original 2024 return should skip to line 33. Amended returns must include Schedule AMD (see instructions) .				
32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.				
32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.			32c.	00
33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c	33.			00

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

Filer's Full Social Security Number

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REFUND OR TAX DUE

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.

Include interest 00 and penalty 00 **YOU OWE**

35. **Overpayment.** If line 33 is greater than line 24, subtract line 24 from line 33

36. **Credit Forward.** Amount of line 35 to be credited to your 2025 estimated tax for your 2025 tax return ...

37. Subtract line 36 from line 35..... **REFUND**

34.			00
35.			00
36.			00
37.			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 type="checkbox"/> Checking 2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2023, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2024 (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

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
Spouse's Signature	Date

Preparer's Name (print or type)

Preparer's Signature

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 34 (see instructions). Mail your check and return to:

Michigan Department of Treasury, Lansing, MI 48929