

2005 MICHIGAN Individual Income Tax Return MI-1040

Return is due April 17, 2006.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0147


PLACE LABEL HERE	1. Filer's First Name		M.I.	Last Name		2. Filer's Social Security No. (Example: 123-45-6789)		
	If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Social Security No. (Example: 123-45-6789)		
	Home Address (No., Street, P.O. Box or Rural Route)						4. School District Code (5 digits - see p. 45)	
	City or Town				State	ZIP Code		

MILITARY FAMILY RELIEF FUND CHILDREN'S TRUST FUND You may contribute to the Military Family Relief Fund and the Children's Trust Fund on line 29 and 30 of this form.

<p>5. STATE CAMPAIGN FUND Check this box if you (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.</p> <p>a. You <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>6. FARMERS, FISHERMEN OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing or seafaring.</p>
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<p>7. FILING STATUS. Check one.</p> <p>a. <input type="checkbox"/> Single</p> <p>b. <input type="checkbox"/> Married, filing jointly</p> <p>c. <input type="checkbox"/> Married, filing separately*</p> <p>*If you check box "c," complete line 3 and enter spouse's name below: <input type="text"/></p>	<p>8. RESIDENCY. Check all that apply.</p> <p>a. <input type="checkbox"/> Resident</p> <p>b. <input type="checkbox"/> Nonresident*</p> <p>c. <input type="checkbox"/> Part-Year Resident*</p> <p>* If you check box "b" or "c," you must complete and attach Schedule NR.</p>
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9. EXEMPTIONS				
a. Number of exemptions you claimed on your 2005 federal return	▶ 9a.	<input type="text"/>	x \$3,200	<input type="text"/> 00
b. Number of individuals 65 or older who qualify for a special exemption	▶ 9b.	<input type="text"/>	x \$2,000	<input type="text"/> 00
c. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	▶ 9c.	<input type="text"/>	x \$2,000	<input type="text"/> 00
d. Number of children ages 18 and under you claimed as Michigan exemptions	▶ 9d.	<input type="text"/>	x \$600	<input type="text"/> 00
e. If your unemployment compensation is 50% or more of your Adjusted Gross Income (amount claimed on line 10) check the box and enter \$2,000	▶ 9e.	<input type="checkbox"/> (✓)	\$2,000	<input type="text"/> 00
f. If someone else can claim you as a dependent, check the box, complete Worksheet 2 on p.10, and enter the amount from the worksheet	▶ 9f.	<input type="checkbox"/> (✓)		<input type="text"/> 00
g. Add lines 9a, 9b, 9c, 9d, 9e, and 9f. Enter here and on line 15	▶ 9g.	<input type="text"/>		<input type="text"/> 00
10. Adjusted gross income from your U.S. 1040, 1040A, 1040EZ or 1040NR (see p. 10)	▶ 10.	<input type="text"/>		<input type="text"/> 00
11. Additions from MI-1040 Schedule 1, line 7	▶ 11.	<input type="text"/>		<input type="text"/> 00
12. Total. Add lines 10 and 11	▶ 12.	<input type="text"/>		<input type="text"/> 00
13. Subtractions from MI-1040 Schedule 1, line 20	▶ 13.	<input type="text"/>		<input 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 type="text"/>		<input type="text"/> 00
15. Exemption allowance. Enter the amount from line 9g or Schedule NR, line 20	▶ 15.	<input type="text"/>		<input type="text"/> 00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	▶ 16.	<input type="text"/>		<input type="text"/> 00
17. Tax. Multiply line 16 by 3.9% (.039). Enter here and carry amount to line 18	▶ 17.	<input type="text"/>		<input type="text"/> 00

 <p>DIRECT DEPOSIT Deposit your refund directly into your bank account! See pg. 13 and complete a, b and c.</p>	a. Routing Number	▶ <input type="text"/>	b. Account Type:	(1) <input type="checkbox"/> Checking	(2) <input type="checkbox"/> Savings
	c. Account Number	▶ <input type="text"/>			