Reset Form

Issued under authority of P.A. 281 of 1967.

2006 MICHIGAN Individual Income Tax Return MI-1040

Click on the (i) for instructions.

Return is due April 16, 2007.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: Ø1 4 7

PLACE LABEL HERE

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

MILITARY FAMILY RELIEF FUND
CHILDREN'S TRUST FUND
CHILDREN OF VETERANS TUITION GRANT PROGRAM

You may contribute to the Military Family Relief Fund, Children's Trust Fund and the Children of Veterans Tuition Grant Program on lines 29, 30 and 31 of this form.

5. STATE CAMPAIGN FUND
(i) 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.

	Yes	No
a. You	☐	☐
b. Spouse	☐	☐

6. FARMERS, FISHERMEN OR SEAFARERS
(i) ☐ Check this box if 2/3 of your income is from farming, fishing or seafaring.

7. FILING STATUS. Check one.
(i)
a. ☐ Single
b. ☐ Married, filing jointly
c. ☐ Married, filing separately*

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

8. RESIDENCY. Check all that apply.
(i)
a. ☐ Resident
b. ☐ Nonresident*
c. ☐ Part-Year Resident*

* If you check box "b" or "c," you must complete and attach Schedule NR.

(i) **9. EXEMPTIONS**

(i) a. Number of exemptions you claimed on your 2006 federal return	9a.		x $3,300		00
(i) b. Number of individuals 65 or older who qualify for a special exemption	9b.		x $2,100		00
(i) c. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9c.		x $2,100		00
(i) d. Number of children ages 18 and under you claimed as Michigan exemptions	9d.		x $600		00
(i) e. If your unemployment compensation is 50% or more of your Adjusted Gross Income (amount claimed on line 10) check the box and enter $2,100	9e.	☐	(✔) $2,100		00
(i) 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.	☐	(✔)		00
g. Add lines 9a, 9b, 9c, 9d, 9e, and 9f. Enter here and on line 15				9g.	00

(i) **10. Adjusted gross income** from your U.S. *1040, 1040A, 1040EZ* or *1040NR* (see p. 10)	10.		00
11. Additions from MI-1040 Schedule 1, line 7. Attach Schedule 1	11.		00
12. *Total.* Add lines 10 and 11	12.		00
13. Subtractions from MI-1040 Schedule 1, line 20. Attach Schedule 1	13.		00
14. *Income subject to tax.* Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.		00
15. Exemption allowance. Enter the amount from line 9g or Schedule NR, line 20	15.		00
16. *Taxable income.* Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.		00
(i) 17. ***Tax.*** Multiply line 16 by 3.9% (.039). Enter here and carry amount to line 18	17.		00

DIRECT DEPOSIT (i)
Deposit your refund directly into your bank account! See p. 13 and complete a, b and c.

(i) a. Routing Number ▶
(i) b. Account Type: ▶ (1) ☐ Checking (2) ☐ Savings
(i) c. Account Number ▶

+ 0000 2006 05 01 27 8

Continue and sign on page 2.

Filer's Social Security Number

— —

18. Enter amount of tax from line 17 ..... 18. 00

NONREFUNDABLE CREDITS

(i)	19.	Income tax paid to Michigan cities (see p.10)	▶ 19a.	(i) 00	19b.	(i) 00	
(i)	20.	Public contributions (see p. 10)	▶ 20a.	(i) 00	20b.	(i) 00	
(i)	21.	Community foundations. Enter code from p. 44 ▶	▶ 21a.	(i) 00	21b.	(i) 00	
(i)	22.	Homeless Shelter/Food Bank cash contributions (see p. 11)	▶ 22a.	(i) 00	22b.	(i) 00	
(i)	23.	Income tax paid to another state. Attach a copy of the return...	23a.	(i) 00	▶ 23b.	(i) 00	
(i)	24.	Michigan Historic Preservation Tax Credit. Attach Form 3581	▶ 24a.	(i) 00	▶ 24b.	(i) 00	
(i)	25.	College Tuition and Fees Credit. Attach Schedule CT			▶ 25.	00	
(i)	26.	Vehicle Donation Credit. Enter code from p. 12 ▶	▶ 26a.	(i) 00	26b.	(i) 00	
	27.	Total nonrefundable credits. Add lines 19b, 20b, 21b, 22b, 23b, 24b, 25 and 26b			27.	00	
	28.	Income tax. Subtract line 27 from line 18. If line 27 is greater than line 18, enter "0"			▶ 28.	00	
(i)	29.	Military Family Relief Fund. Enter your contribution amount ($1 minimum) here			▶ 29.	00	
(i)	30.	Children's Trust Fund. Enter your contribution amount ($5 minimum) here			▶ 30.	00	
(i)	31.	Children of Veterans Tuition Grant Program. Enter your contribution amount ($2 minimum) here			▶ 31.	00	
(i)	32.	Use Tax. ▶ a. ☐ No use tax due ▶ b. ☐ Use tax due. Enter amount from Worksheet 1, line 3, p. 9			▶ 32.	00	
	33.	Add lines 28, 29, 30, 31 and 32			33.	00	

REFUNDABLE CREDITS AND PAYMENTS

(i)	34.	Property Tax Credit. Attach MI-1040CR or MI-1040CR-2	▶ 34.	00
(i)	35.	Farmland Preservation Credit. Attach MI-1040CR-5	▶ 35.	00
(i)	36.	Qualified Adoption Expenses. Attach U.S. *8839* and MI-8839	▶ 36.	00
(i)	37.	Stillbirth Credit. Enter amount from Worksheet 4, p. 13	▶ 37.	00
(i)	38.	Michigan tax withheld from Schedule W, line 3. **Attach Schedule W**	▶ 38.	00 ◀
(i)	39.	Estimated tax, extension payments and 2005 credit forward	▶ 39.	00
	40.	Total refundable credits and payments. Add lines 34 through 39	40.	00

REFUND OR TAX DUE

(i) **41.** If line 40 is less than line 33, enter TAX DUE ▶ Office Use Only

Include interest _____ and penalty _____ if applicable (see p. 13) ..... **PAY** ▶ **41.** 00

42. If line 40 is greater than line 33, subtract line 33 from line 40. You overpaid this amount 42. 00

43. Amount of line 42 to be credited to your 2007 estimated tax ..... ▶ **43.** 00

(i) **44.** Subtract line 43 from line 42 ..... **REFUND** ▶ **44.** 00

Deceased Taxpayers. If Filer and/or Spouse died after December 31, 2005, check the appropriate box below.

▶ ☐ Filer is Deceased ▶ ☐ Spouse is Deceased

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.*

(i) Filer's Signature | Date

Spouse's Signature | Date

▶ I authorize Treasury to discuss my return with my preparer. ☐ Yes ☐ No

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

▶ Preparer's Business Name (print or type)

Preparer's Business Address (print or type)

Refund, Credit or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**

Pay amount on line 41. 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** and "**2006 income tax**" on the front of your check. Do not staple your check to the return. Keep a copy of your return and all supporting schedules for six years.

+ 0000 2006 05 02 27 6