Steps to Complete your Michigan Tax Return:

- 1. Start with your completed U.S. 1040-NR. You will also need any W-2, 1042s, or 1099 forms that you received for 2022.
- 2. Fill out the MI-1040, lines 1-10. STOP.
- 3. Fill out Michigan Schedule NR.

Note: Line 11 should include only the amount of scholarship and/or fellowship that is included in AGI; that is, only the portion of your gross income that was not exempted when filing out the U.S. 1040-NR.

- 4. Fill out Michigan Schedule 1.
- 5. Fill out Michigan Schedule W (if applicable). This is where W-2 and 1099 form information is reported.
- 6. Return to the MI-1040 and complete the rest of the form.
- 7. Print, sign, date, and mail your returns.

Example 1: Abigail Smith

10	042-S	Fore	gn Pe	ers on'	s U.S	. Sou	rce in	come 5	ubject to	With	holding	202	2		OMB	No.	1545-0096
Departmen	t of the Treasur, venue Service		to ww	w.irs.go	v/Form	1042		structions FORMIDE	and the lat	est info		AMENDME		3			/ A for enue Service
1 Income	2 Gross inco	ome 3	hapter	indicato	r. Ente	er "3" o	r"4"		13e Recip	ient's L	J.S. TIN, if	any	131	Ch.	3 status	eboo	
16	20,000	20.0	vamedi.	co o cio	ě,	As Ex	emption	code					13(g Ch	4 change	norio	100
10	20,000	36 T	ax rate		200	4b Ta	x rate		13h Recip	ient's C	SIIN	13i Recipie number			tax identifi	cation	13j LOB code
5 Withhol	ding allowano	9			0	18			I			numbe		×			
6 Net ince	ome								1			Sec. 1					
7a Federa	al tax withheld	Į.						2,800	13k Recip	ient's a	occunt nur	nber					115
7b Check	if federal tax	withheld w	as not o	deposite	ed with	the IR	S becau	Be -	101 Pecip	ent su	late of birth	(mmmm)	D)				
	if withholding ership interest			equent		th resp	ect to a	١									
8 Tax with	hheld by other	agents							14a Prima	y Withh	olding Agent	's Name (if ap	plicab	ile)			
9 Overwith	held tax repaid	to recipient	pursuan	to adjus	siment p	rocedu	es (see	instructions	<u></u>								
. ()	14b Prima	ry With	holding Ag	ent's EIN		Earnin.	1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		25 - 25 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
10 Total v	withholding are	klit (combi	ne box	es 7a, 8	and 9	1			I				15	Chec	k if pro-mi	th bine	is reporting
									15a Intern	ediary o	r flow-throug	h emity's EN.	if any	15b	Ch. 3 status	0008	15c Ch. 4 status code
11 Tax pa	aid by withhold	ling agent	(amoun	ts not v	ithheld) (see i	instructi	ons)									
e:						XX			15d Intern	ediaryo	or flow-throu	gh entity's nar	me				
12a Withi	nolding agent)	BEIN	8	12b Ch.	1 status	code 1	2c Ch.	4 status code									
	98-765432											och entity's C					
	holding agent: riversity of		an						15f Goun	ry code	159	Foreign tax	(iden	tificat	ion numb	er, if	any
12e Withi	nolding agent's	s Global In	termedi	iary kier	ntificati	on Nun	nber (GI	IIN)	15h Addr	as hur	mber and st	(teer)					
121 Coun	try code	12g For	eign tax	cidentifi	cation	numbe	r, if any		15i Ctyo	town,	state or pro	vince, coun	try, ZI	Port	oreign po	stal c	ode
12h Addr	ess (number a	nd street)							16a Paye	's name	6				16b F	ayer	s TIN
12 i City o	r town, state o	ar province	, count	y, ZP	or foreig	gn post	al code		16c Paye	's GIIN			160	d Ch.:	3 status eo d	0 16	ie Ch. 4 status encia
	olent's name ail Smith			1	3b Re		's count	try code	17a State	income	e tax withhe	ld 17b P	ayer's	slati	e tax no.	17¢	Name of state
_	party Lane	1.5															
0.000 0.000 0.000 0.000	or town, state Arbor, MI	* 2011 A. C. SALL - DALLAN	a, count	try, ZIP	or tore	gn pos	tal code	0									
7	CONTRACTOR CONTRACTOR		-									12 24 2 C 2 C					

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

Cat. No. 11386R

Form 1042-S (2022)

55555	VOID		e's social security number $00\text{-}4567$	For Offic OMB No			>				
b Employer idea 38-987	ntification number 6543	(EIN)				1 Wa	ges, thes, other compensa 13,250		2 Feder	al income ta 1	3x withheld ,855
	ame, address, and nterprise	ZIP code				3 So	cial security wages		4 Social	l security ta	x withheld
	n Arbor R		5 Medicare wages and tips 6 Medicare tax withheld					nheld			
Ann A	rbor, MI 4	8123				7 So	cial security tips		8 Alloca	ted tips	
d Control numb	er					9			10 Deper	ndent care I	oenefits
e Employee's fi	rst name and initia	Last	name		Suff.	11 No	nqualified plans		12a See i	nstructions 	for box 12
						13 Stat	utory Retirement Third ployee plan sick	l-party pay	12b		
						14 Oth	er		12c		
									12d		
f Employee's ad	ldress and ZIP co	de									
	ver's state ID numb 9876543	per	State wages, tips, etc. 13,250	State 5	incom	ne tax	18 Local wages, tips,	etc. 1	9 Local inc	ome tax	20 Locality name
-						_					

Form W-2 Wage and Tax Statement
Copy A-For Social Security Administration. Send this entire page with

5055

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see the separate instructions.

Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page

<u>1040</u>	/	U.S. Nonresident Ali	en In	come Tax Re	turn 🔼	022 on	/IB No. 15	45-0074	or staple	nly-Do not write in this space.
For the year Jar	ո. 1–Ը	Dec. 31, 2022, or other tax year beginn	ing	, 2	2022, ending	J	,	20		separate tructions.
Filing Status Check only one box.	1	Single Married filing sepa you checked the QSS box, enter the ch		•		iving spouse (C hild but not you	-	☐ Esta dent:	te	☐ Trust
Your first name	and	middle initial	Last na	ame				Your ide	ntifying	number
								(see instr	uctions	5)
Abigail			Smi					123	00	4567
567 Spart	y L								,	Apt. no.
		ffice. If you have a foreign address, al	so comp	lete spaces below.			State		IP cod	
Ann Arb							<u>MI</u>		<u> 1812</u>	3
Foreign country	nam	e	Foreigr	n province/state/co	unty		Foreign p	ostal code)	
Digital Assets	At a	ny time during 2022, did you: (a) recei erwise dispose of a digital asset (or a f	ve (as a inancial	reward, award, or p	payment for	property or ser	vices); o	r (b) sell, ex	chang	e, gift, or
Danandanta	1	crwise dispose of a digital asset (of a f	ii iai ioiai	microst in a digital	1	instructions.;	_			s for (see inst.)
Dependents (see instructions)	1	(1) First name Last name		(2) Dependent's identifying number		elationship to you	Chil	d tax credit	Cre	edit for other ependents
If more than four										
dependents, see										
instructions and							-			
check here	4-	Tatal are such forms Farme(s) W.O. have							1	► 13,250
Income	1a	Total amount from Form(s) W-2, box		· · ·						15,250
Effectively Connected	b	Household employee wages not rep Tip income not reported on line 1a (
With U.S.	d	Medicaid waiver payments not repo		· ·				1d		
Trade or	е	Taxable dependent care benefits fro			·			. 1e		
Business	f	Employer-provided adoption benefit						. 1f		
	g	Wages from Form 8919, line 6						. 1g		
Attach Form(s) W-2,	h	Other earned income (see instructio						. 1h		
1042-S,	i	Reserved for future use				1i				
SSA-1042-S, RRB-1042-S,	j	Reserved for future use						. <u>1j</u>		
and 8288-A here. Also	k	Total income exempt by a treaty from line 1(e)		ule OI (Form 1040-i	NR), item L,	1k				
attach Form(s)	Z	Add lines 1a through 1h	1					. 1z		
1099-R if	2a 3a	Tax-exempt interest 2a Qualified dividends 3a				terest lividends		. 2b . 3b		
tax was withheld.	4a	IRA distributions 4	_		-	mount		. 3b		
If you did not	5a	Pensions and annuities 5a				mount		. 5b		
get a Form	6	Reserved for future use						. 6		
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu						7		
mondonono.	8	Other income from Schedule 1 (For	n 1040),	line 10				. 8	>	6,000
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	3. This is	your total effectiv	ely connec	ted income .		. 9		19,250
	10	Adjustments to income:								
	а	From Schedule 1 (Form 1040), line 2				10a				
	b	Reserved for future use				10b				
	C	Reserved for future use				10c		404		
	d 11	Subtract line 10d from line 9. This is	-	-						19,250
	12	Itemized deductions (from Schedu	-	_						
		deduction (see instructions)						. 12		563
	13a b	Exemptions for estates and trusts of				13a 13b				
	-		, 10001							

Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income

c Add lines 13a and 13b

Add lines 12 and 13c

14

563

13c

14

15

Form 1040-NR (2022)									Page 2
Tax and	16	Tax (see instructions). Check if ar	ny from Fo	rm(s): 1 🗌 88	314 2 🗌 497	'2 3 [16	2,036
Credits	17	Amount from Schedule 2 (Form							17	,
	18	Add lines 16 and 17	•						18	2,036
	19	Child tax credit or credit for other	er depende	ents from Sched	ule 8812 (Form 10	40)			19	
	20	Amount from Schedule 3 (Form	1040), line	8					20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If z							22	2,036
	23a	Tax on income not effectively co	nnected w	vith a U.S. trade	or business from					
		Schedule NEC (Form 1040-NR),				23a				
	b	Other taxes, including self-emplo	ovment ta	x, from Schedul	e 2 (Form 1040),					
		line 21	-			23b				
	С	Transportation tax (see instruction	ons)			23c				
	d	Add lines 23a through 23c							23d	
	24	Add lines 22 and 23d. This is you							24	2,036
Payments	25	Federal income tax withheld from								
	а	Form(s) W-2				25a		1,855		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions) .				25c				
	d	Add lines 25a through 25c							25d	1,855
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	2,800
	26	2022 estimated tax payments ar							26	, , , , , ,
	27	Reserved for future use		• •		27				
	28	Additional child tax credit from S				28				
	29	Credit for amount paid with Form		•	•	29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3 (Form				31				
	32	Add lines 28, 29, and 31. These				$\overline{}$	ts		32	
	33	Add lines 25d, 25e, 25f, 25g, 26,							33	4,655
Refund	34	If line 33 is more than line 24, su							34	2,619
Horana	35a	Amount of line 34 you want refu				-	-		35a	2,619
Direct deposit?	b	Routing number	,		c Type:					
See instructions.		Account number					-	g-		
	e	If you want your refund check m			te the United Stat	es not sho	_ wn on	page 1.		
	•									
	36	enter it here. Amount of line 34 you want app le	lied to vo	ur 2023 estimat	ed tax	36				
Amount	37	Subtract line 33 from line 24. Thi				1 1				
You Owe	-	For details on how to pay, go to		•					37	
100 0110	38	Estimated tax penalty (see instru	-	-		38				
Third		ou want to allow another person to					Пу	es. Compl	ete be	low. No
Party	_	inee's		Phone				nal identifi		
Designee	name			no				er (PIN)	CallOII	
		penalties of perjury, I declare that I have						_ ` _ ′	e best c	of mv knowledge and
		they are true, correct, and complete. D								
Sign	Your	signature		Date	Your occupation			If the	RS s	ent you an Identity
Here					·					PIN, enter it here
								(see	inst.)	
	Phon		-	Email address		Is :		· ·	,	
Paid	Prepa	arer's name	Preparer	's signature		Date		PTIN		Check if:
Preparer										Self-employed
Use Only		s name						Phone n		
OSE OTHY	Firm's	s address						Firm's E	N	

Amended Return

2022 MICHIGAN Individual Income Tax Return MI-1040

	ırn is due April 18, 2023. Ty	/pe o	print in blue or bla	ack ir	nk.					(Inclu	ide Schedule AMD)	
	er's First Name	M.I.	Last Name				2. Filer's	s Full	Social Sec	urity	No. (Example: 123-45-6789	9)
	ABIGAIL bint Return, Spouse's First Name	M.I.	SMITH Last Name				- 1	23	(00	4567	
							3. Spou	se's l	Full Social S	Secur	ity No. (Example: 123-45-6	789)
56	e Address (Number, Street, or P.O. Box) 7 SPARTY LANE											
City o	or Town NN ARBOR		Sta M		ZIP Code 48123		4. Scho	ol Dis	strict Code	(5 dig	its – see page 60)	
	STATE CAMPAIGN FUND Check if you (and/or your spouse, filing a joint return) want \$3 of your to go to this fund. This will not increyour tax or reduce your refund.	taxes	a. Filer	se				box	if 2/3 of yo		AFARERS ncome is from farming,	
7. a. b.	2022 FILING STATUS. Check one Single Married filing jointly Married filing separately*	* If y	ou check box "c," cor 3 and enter spouse's w:	•		a b. <u>X</u>	RESIDENO Resident Nonreside Part-Year	nt *		Chec	k all that apply. * If you check box "b" or "c," you must complete and include Schedule NR.	r
9.	EXEMPTIONS. NOTE: If someo	ne els	e can claim you as a	dene	andent che	ck hoy 9e e	nter () on l	ina C	and ent	or \$1	1 500 on line 9e (see ins	etr \
٥.	EXEMIT FIGHS. NOTE. II SOMEO	ile els	e can ciaim you as a	uepe	snaent, one	JK DOX 36, 6	inter o on i		a and em	ισι ψ 		J. J.
	a. Number of exemptions (see in	structi	ons)			9a.	1	х	\$5,000	9a.	5,000	00
	 b. Number of individuals who quablind, hemiplegic, paraplegic, c c. Number of qualified disabled v d. Number of Certificates of Stillb 	quadri eterar	olegic, or totally and _l	perma	anently disa	abled 9b. 9c.		x x x	\$2,900 \$400 \$5,000	9b. 9c. 9d.		00 00 00
	e. Claimed as dependent, see lin	e 9 N	OTE above			9e.				9e.		00
	f. Add lines 9a, 9b, 9c, 9d and 9e	e. Ent	er here and on line 1	5						9f.	5,000	00
10.	Adjusted Gross Income from yo	our U.S	6. Form <i>1040</i> (see ins	structi	ions)				10.		19,250	00
11.	Additions from Schedule 1, line 9	. Inclu	de Schedule 1						11.			00
12.	Total. Add lines 10 and 11								12.		19,250	00
13.	Subtractions from Schedule 1, lin	e 30.	Include Schedule 1						13.	_	6,000	00
14.	Income subject to tax. Subtract	line 1	3 from line 12. If line	13 is	greater tha	ın line 12, er	nter "0"		14.		13,250	00
15.	Exemption allowance. Enter am	ount f	rom line 9f or Schedu	ule NF	R, line 19				15.	_	3,450	00
16.	Taxable income. Subtract line 15	5 from	line 14. If line 15 is o	greate	er than line	14, enter "0'	,		16.		9,800	00
	Tax. Multiply line 16 by 4.25% (0REFUNDABLE CREDITS	0425)				AMOUN			17.		417 CREDIT	00
18.	Income Tax Imposed by governm Include a copy of the return (see		•		3a.			00	18b.			00
19.	Michigan Historic Preservation Ta	x Cre	dit (see instructions)	19)a.			00	19b.			00
20.	Income Tax. Subtract the sum of If the sum of lines 18b and 19b is	lines	18b and 19b from line	e 17.					Γ		417	00

2022 N	I-1040, Page 2 of 2	r's Full Social S	Security Numb	er			
21.	Enter amount of Income Tax from line 20					417	00
22.	Voluntary Contributions from Form 4642, line 6. Include	Form 4642			22.		00
23.	Worksheet 1 (see instructions)	•			23.		00
24	Total Tay Liability Add lines 24, 22 and 22			24		417	00
	Total Tax Liability. Add lines 21, 22 and 23 NDABLE CREDITS AND PAYMENTS			24	··		100
25.	Property Tax Credit. Include MI-1040CR or MI-1040CF	₹-2			25.		00
26.	Farmland Preservation Tax Credit. Include MI-1040CF	R-5		EDERAL	26.	MICHIGAN	00
27.	Earned Income Tax Credit. Multiply line 27a by 6% (0.06 enter result on line 27b.			00	27b.	MICHICAN	00
28.	Michigan Historic Preservation Tax Credit (refundable). II	_	1 3581				00
29.	Credit for allocated share of tax paid by an electing flow-						00
30.	Michigan tax withheld from Schedule W, line 6. Include \$	Schedule W	(do not sub	omit W-2s)	30.	563	00
24	Estimated toy, outaging nayments and 2021 gradit famula	and			31.	•	00
31. 32.	Estimated tax, extension payments and 2021 credit forwards						100
32.	2022 AMENDED RETURNS ONLY. Taxpayers completing Amended returns must include Schedule AMD (see instance)		2022 Telum	should skip to line 3	55.		
	32a. If you had a refund and/or credit forward on the original negative number on line 32c.	ginal return, ch	ieck box 32a a	nd enter this amount a	s a		
	32b. If you paid with the original return, check box 32b a any additional tax paid after filing, as a positive nur				lus 32c.		00
33.	Total refundable credits and payments. Add lines 25, 26,	27b, 28, 29,	30, 31 and 3	32c 33	s	563	00
REFL	ND OR TAX DUE						
34.	If line 33 is less than line 24, subtract line 33 from line 24	1. If applicabl	e, see instru	ctions.			
	Include interest 00 and penalty	00		YOU OWE 34	٠		00
35.	Overpayment. If line 33 is greater than line 24, subtract	line 24 from	line 33	35	i.	146	00
36.	Credit Forward. Amount of line 35 to be credited to your	r 2023 estima	ated tax for y	our 2023 tax return	36.		00
37	Subtract line 36 from line 35			REFUND 37	,	146	00
	ECT DEPOSIT a. Routing Transi			Account Number	· <u> </u>	c. Type of Account	100
	it your refund directly to your financial ion! See instructions and complete a, b				1.	Checking 2. Savi	ngs
	ased Taxpayer. If Filer and/or Spouse died after December 3 R DATE OF DEATH ONLY. Example: 04-15-2022 (MM-DD-Y		dates below.			are under penalty of perjury of which I have any knowled	
Filer	— — Spouse -		-	Preparer's PTIN, FE	IN or SSN		
	ayer Certification. I declare under penalty of perjury that the achments is true and complete to the best of my knowledge.	ne information i	in this return	Preparer's Name (pr	int or type)		
	Signature	Date		Preparer's Signature	;		
Spous	e's Signature	Date		Preparer's Business	Name, Address	and Telephone Number	
	By checking this box, I authorize Treasury to discuss my	return with m	ny 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

2022 MICHIGAN Schedule 1 Additions and Subtractions

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

Inclu	de with Form MI-1040. Type o	r print	in blue or black ink.			Attachment 01
Filer	's First Name	M.I.	Last Name	Filer's Full Soc	ial Security No. (E	xample: 123-45-6789)
	litions to Income (all entrie		t he positive numbers)			
	Gross interest and dividends	from c	• •		1.	00
2.	Deduction for taxes on or measured return, and allocated shapes	sured	by income, including self-emplo	oyment tax, taken on your	2.	00
3.	Gains from Michigan column	of MI-	1040D and MI-4797		3.	00
4.	Losses attributable to other st	ates (see instructions)		4.	00
5.	Net loss from federal column	of you	r Michigan MI-1040D or MI-47	'97	5.	00
	Oil, gas, and nonferrous meta Adjusted Gross Income (AGI)	llic mi	neral expenses (Michigan sou	rced) deducted to arrive at	6.	00
7.	Federal Net Operating Loss d	educt	on included in AGI		7.	00
8.	Other (see instructions). Desc	ribe: _			8.	00
9.	Total additions. Add lines 1	throu	gh 8. Enter here and on MI-1	1040, line 11	9.	00
Sub	tractions from Income (all	entri	es must be positive number	s)		
	Income from U.S. governmen	t bond		ncluded in MI-1040, line 10.	10.	00
11.	Amount included in MI-1040, I U.S. Armed Forces or Michiga				11.	00
12.	Gains from federal column of	Michi	gan MI-1040D and MI-4797		12.	00
13.	Income attributable to another	r state	. Explain type and source: So	CHOLARSHIP-SCH NR	13.	6,000 00
14.	Taxable Social Security benef	its or	military pay (not retirement) in	cluded on MI-1040, line 10	14.	00
15.	Income earned while a reside	nt of a	Renaissance Zone (see instr	uctions)	15	00
16.	Michigan state and local income		refunds received in 2022 and s)		16.	00
17.	Michigan Education Savings I	Progra	•	Michigan Achieving a Better	17.	00
18.	Michigan Education Trust				18.	00
19.	Oil, gas, and nonferrous meta	llic mi	nerals income (Michigan sour	ced) included in AGI	19.	00
20.	Resident Tribal Member incorpursuant to Revenue Adminis		empted under a State/Tribal ta e <i>Bulletin 1</i> 988-47	_	20.	00
21.	First-Time Home Buyer Savin First-Time Home Buyer Savin		ogram. Enter amount from line ogram. Include Form 5792		21.	00
22	Miscellaneous subtractions (s	ee ins	tructions) Describe:		22.	00

2022 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)

Deduction Based on Year of Birth

Complete 23A through 23H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 24, 25, 26, or 27. Check box(es) 23C and/or 23G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing**.

befo	efore continuing.												
23.		FI	LER					SPO	USE				
	A. Year of Birth (19xx)	B. Age as of 12-31-2022	C. Check if filer received benefits from SSA exempt	D. Check if filer retired as of 01-01-2013 and		E. Year of Birth (19xx)	F. Age as of 12-31-2022		G. Check if spouse received benefits from SSA exempt	H. Check if sporetired as 01-01-2013	of and		
		12-31-2022	employment	born after 1952	2	employment	born after 1	952					
	24. Tier 2 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67. Do not complete lines 25, 26 or 27												
	25. Tier 3 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1956, and reached age 67 on or before December 31, 2022. Do not complete lines 24, 26 or 27. Enter amount from line 6 of Worksheet 2												
			nount from line 16					26.			00		
	limited to \$12,6	697 for single or	deduction for taxp married filing sepa enefits (see instruc	arately filers an	d \$2	25,394 for joint	filers, less	27.			00		
			unremarried survivin born before 1946 wl										
29.	28. Subtotal. Add lines 10 through 27												
	Operating Loss Deduction. Include Form 5674												

2. Filer's Full Social Security No. (Example: 123-45-6789)

2022 MICHIGAN Nonresident and Part-Year Resident Schedule

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

Type or print in blue or black ink.

1. Filer's First Name

Include with Form MI-1040. Read all instructions before completing this form.

M.I. Last Name

Attachment 02

AI	BIGAIL		SMITH				123 —	_	00 — 4567	
If a Jo	oint Return, Spouse's First Name	M.I.	Last Name				3. Spouse's Full S	ocial	Security No. (Example: 123-45-6	3789)
L							<u></u>			
4.	2022 RESIDENCY STATUS: Check all that apply.		*Date	es of Michigan res	idenc	y in 2022 FILE		M-D	D-YYYY, Example: 04-15-20 SPOUSE)22)
	a. X Nonresident			FROM:	_		— 2022		— <u> </u>	22
	b. Part-Year Resident of M Enter dates of Michigan			то:	_	_	— 2022			22
Incor	ne Allocation		A	Total Income		В. Д	Michigan Incom	e	C. Other State(s) Inco	me
5.	Wages, salaries, other payments	(tips, e	etc.)	13,250	00		13,250	00		00
6.	Interest and dividends				00			00		00
7.	Business and farm income (included U.S. Schedules C and F)	de		-	00			00		00
8.	Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. Form 4797				00			00		00
9.		<i>le E</i> (in	clude		00			00		00
10.	Pensions, IRA distributions, annu and Social Security (see Form 48				00			00		00
11.	Other (see instructions)			6,000	00			00	6,000	00
12.	Total income. Add lines 5 through	11		19,250	00		13,250	00	6,000	00
13.	Enter the total adjustments from l Describe:	J.S. 10	940		00			00		00
14.	Subtract line 13 from line 12. The a column A should equal MI-1040, lin amount in column C on Schedule 1 a negative amount, enter as a posi Schedule 1, line 4.	ne 10. E 1, line 1	nter 3 or, if	19,250	00		13,250	00	6,000	00
Exem	nption Allowance (If one spou	use is a	a full-year resi	ident, and the oth	ner is	not, see	e instructions.)	_		
15.	Enter amount from MI-1040, line	9f				<u></u>		15.	5,000	00
16.	Enter Michigan source income from	m line	14, column B	16.			13,250 00			
17.	Enter total income from line 14, c	olumn /	Α	17.			19,250 00	Г		
18.	Divide line 16 by line 17 (if line 16	is gre	ater than line 17	7, enter 100%)				18.	69	%
19.	If both spouses are part-year or n here and on MI-1040, line 15. If o here and on MI-1040, line 15	one spo	ouse is a full-yea	ar resident, comple	te Wo	rksheet 6	3 and enter	19.	3,450	00

Schedule W

2022 MICHIGAN Withholding Tax Schedule

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

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). 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	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	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

Α	В	С	D	E							
Enter "X" for: Filer or Spouse	Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation	Box 17 — Michigan income tax withheld							
X	38-9876543	ABC ENTERPRISE	13,250	563 00							
			00	00							
			00	00							
			00	00							
			00	00							
Enter Table	Enter Table 1 Subtotal from additional Schedule W forms (if applicable)										
4. SUB	4. SUBTOTAL. Enter total of Table 1, column E										

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	C	D	E					
Enter "X" for: Filer or Spouse		Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld					
			00	00					
			00	00					
			00	00					
			00	00					
			00	00					
Enter Table	e 2 Subtotal from additional Sched	dule W forms (if applicable)		00					
5. SUE	SUBTOTAL. Enter total of Table 2, column E								
6. TOT	AL. Add lines 4 and 5. Enter here	563							

Example 2: John Wolverine

	a Employee's social security number 987-00-4321	OMB No. 1545-	-0008	Safe, accurate, FAST! Use	≁ file	Visit the IRS website at www.irs.gov/efile
b Employer identification number (65-9876543	EIN)		1 Waq	ges, tips, other compensation 17,200	2 Feder	al income tax withheld 2,408
c Employer's name, address, and West Coast Movie:			3 So	cial security wages	4 Socia	security tax withheld
456 Yellow Lane	4	5 Me	dicare wages and tips	6 Medic	are tax withheld	
Anytown, CA 4965	4		7 Soc	cial security tips	8 Alloca	ted tips
d Control number			9		10 Depe	ndent care benefits
e Employee's first name and initial John Wolverine	Last name	Suff.		nqualified plans	12a See i	nstructions for box 12
111 Campus Lane Everytown, MI 48 ²			13 State	utory Retirement Third-party loyee plan sick pay	12b Coge	
everyterm, im 18	.20		14 Oth	er	12c	
					12d Coge	
f Employee's address and ZIP cod	le					
15 State Employer's state ID numb CA 65-9876543	er State wages, tips, etc.	17 State income 515	tax	18 Local wages, tips, etc.	19 Local inc	ome tax 20 Locality name

Form **W-2** Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

	a Employee's social security number 987-00-4321	OMB No. 154	5-0008	This information is being furni are required to file a tax return may be imposed on you if this	shed to the Inte n, a negligence s income is taxa	ernal Revenu penalty or of able and you	e Service. If you ther sanction fail to report it.
b Employer identification number (38-1234567	EIN)		1 Wag	ges, tips, other compensation 12,750	2 Federa	al income ta 1,	x withheld 785
c Employer's name, address, and Sunny Side Diner			3 Soc	cial security wages	4 Social	security tax	x withheld
123 Blue Lane		5 Med	dicare wages and tips	6 Medic	are tax with	held	
Everytown, MI 48	123		7 500	cial security tips	8 Alloca	tad tipa	
			7 300	cial security tips	6 Alloca	teu tips	
d Control number			9		10 Deper	ndent care b	penefits
e Employee's first name and initial	Last name	Suff.	11 Nor	nqualified plans	IC .	nstructions	for box 12
John Wolverine			Ct-ti	utory Retirement Third-party	od e		
111 Campus Lan	е		13 Statu empl	utory Retirement Third-party loyee plan sick pay	12b		
Everytown, MI 48	3123		14 Oth	er	12c		
•			14 000	OI .	CO		
					12d		
f Employee's address and ZIP cod	le						
15 State Employer's state ID numb	9 / 1 /			18 Local wages, tips, etc.			20 Locality name
MI 38-1234567	12,750		1 72	12,750		175	DET

Form **W-2** Wage and Tax Statement

2022

Department of the Treasury-Internal Revenue Service

Safe, accurate, FAST! Use



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2022 OMB No. 1545-0074 RS Use Only-Do not write or staple in this space.

Status Single Married filing separately (MFS) Qualifying surviving spouse (QSS) Estate Trust Status Pyou checked the QSS box, onter the chiefa's name if the qualifying paraon is a chief but not your depandent one box. Your first name and middle initial Last name Work of the Common of the	For the year Ja	n. 1–0	ec. 31, 2022, or other tax year beginn	ing	, 2022	2, ending	,	20		e separate structions.
Check only more box. Your intername and middle initial Last name Wolverine 967 00 4321	Filing Status			• •	•		` '		ate	☐ Trust
John			you checked the QSS box, enter the ch	iild's nan	ne if the qualifying pers	on is a child but not y	our depen 	dent: 		
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 111 Campus Lane City, town, or post office. If you have a foreign address, also complete spaces below. Everytown Foreign country name Foreign province/state/county Foreign postal code Province of the control of the con	Your first name	and i	niddle initial	Last na	ame			1	-	•
### Compute Lane City, town, or post office, if you have a foreign address, also complete spaces below. State ZIP code 48123	John			Wo	lverine			987	00	4321
City, twn, or post office. If you have a foreign address, also complete spaces below. Everytown Foreign country name Foreign province/state/country Foreign country name Foreign country name Foreign country name Foreign province/state/country Foreign province/state/separtery Foreign province/state/separtery Foreign province/state/separtery Foreign province/state/separtery Foreign province/state/separ	Home address	(numl	per and street). If you have a P.O. box	, see ins	structions.			1		Apt. no.
Everytown Foreign postulace/state/country Foreign prostulace/state/country Foreign postulace/state/country Foreign postulace/state/c										
Foreign province/state/county Foreign postal code			fice. If you have a foreign address, als	so comp	lete spaces below.			7		
Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Yes										123
Otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Dependents (a) Dependents (been instructions (bit in more than four dependents, see instructions and check here	Foreign country	y nam	e	Foreigi	n province/state/county	y	Foreign	postal cod	le	
(1) First name Last name (2) Dependent's (3) Relationship to you Child tax credit Credit for other dependents, see instructions and check here	Digital Assets									
(1) First name Last name (2) Dependent's (3) Relationship to you Child tax credit Credit for other dependents, see instructions and check here	Dependents						(4) Ch	eck the box	if qualifi	es for (see inst.):
Income	-		(1) First name Last name			(3) Relationship to y	ou Chi	ld tax credit		
Income	If more than four	. —						<u> </u>		
Income	dependents, see	<u> </u>								
Total amount from Form(s) W-2, box 1 (see instructions)								H	A	
Effectively b Household employee wages not reported on Form(s) W-2 . 1b W-2 W-2		1a	Total amount from Form(s) W-2 box	(1 (see i	instructions)			40		29 950
Connected With U.S. Medicaid waiver payments not reported on line 1a (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d		_	• • • • • • • • • • • • • • • • • • • •	•	•			1b		<u> </u>
With U.S. d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d	-								1	
Trade or Business f Employer-provided adoption benefits from Form 2441, line 26		_								
## Attach		е	Taxable dependent care benefits from	m Form	2441, l ine 26			. 1e		
Attach Form(s) W-2, 1042-S, 1		f	Employer-provided adoption benefit	s from F	orm 8839, l ine 29 .			. 1f		
Form(s) W-2, 1		g	Wages from Form 8919, line 6					. 1g		
1042-S, 5 Reserved for future use 1		h	Other earned income (see instruction	ns) .				. 1h		
RRB-1042-S, and 8288-A here. Also attach Form(s) 1099-R if 2a Tax-exempt interest 2a b Taxable interest 2b 2b 1099-R if 1099	1042-S,	i	Reserved for future use			1i				
Add lines 1		j						. <u>1j</u>		
2 Add lines 1a through 1h 2 2a b Taxable interest 2b 1099-Rif tax was withheld. 4a IRA distributions 4a Baxable amount 4b IRA distributions 4b IRA distributions 4b IRA distributions 4a Baxable amount 4b IRA distributions 4c IRA dis	,	k								
Form(s) 1099-R if 1099-			* *			<u> 1k </u>				
1099-H if tax was withheld. 3a			<u> </u>	1	1					
withheld. 4a IRA distributions 4a b Taxable amount 4b If you did not get a Form W-2, see instructions. 5a Pensions and annuities 5a Pensions and annuities 5a Pensions and annuities 5b B 6 Reserved for future use 6 Reserved for future use 6 Reserved for future use 7 6 Reserved for future use 7 7 Other income from Schedule 1 (Form 1040), line 10 8 9 29,950 10 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income 9 29,950 10 Adjustments to income: a From Schedule 1 (Form 1040), line 26 10a 9 29,950 10 Reserved for future use 10b 10c 11 29,950 11 29,950 11 29,950 11 29,950 11 29,950 11 29,950 11 29,950 11 29,950 11 29,950 11 29,950 11 29,950 11 29,950 11			•	_				<u> </u>		
If you did not get a Form W-2, see instructions. 6 Reserved for future use										
get a Form W-2, see instructions. 6 Reserved for future use 6 7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here 7 7 3 Other income from Schedule 1 (Form 1040), line 10 8 8 9 29,950 8 9 29,950 9 10 10 10 <										
7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here	get a Form							—		
8 Other income from Schedule 1 (Form 1040), line 10										
Adjustments to income: a From Schedule 1 (Form 1040), line 26	inoti dottorio:	8								
a From Schedule 1 (Form 1040), line 26		9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is	s your total effectively	connected income		. 9		29,950
b Reserved for future use		10	Adjustments to income:							
c Reserved for future use		а	From Schedule 1 (Form 1040), line 2	26		10a				
d Enter the amount from line 10a. These are your total adjustments to income		b								
Subtract line 10d from line 9. This is your adjusted gross income Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). Qualified business income deduction from Form 8995 or Form 8995-A. Exemptions for estates and trusts only (see instructions). Add lines 13a and 13b. Add lines 12 and 13c. 11										
12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). 12 1,162 13a Qualified business income deduction from Form 8995 or Form 8995-A. 13a 13a b Exemptions for estates and trusts only (see instructions). 13b 13c c Add lines 13a and 13b 13c 14 1,162 14 Add lines 12 and 13c 1,162										20.050
deduction (see instructions) . 12 1,162 13a Qualified business income deduction from Form 8995 or Form 8995-A 13a b Exemptions for estates and trusts only (see instructions) . 13b c Add lines 13a and 13b . 13c 14 Add lines 12 and 13c . 14 1,162									 	29,950
b Exemptions for estates and trusts only (see instructions) 13b 13c c Add lines 13a and 13b 13c 13c 14 Add lines 12 and 13c 14 1,162			deduction (see instructions)					l l		1,162
c Add lines 13a and 13b 13c 14 Add lines 12 and 13c 1,162										
14 Add lines 12 and 13c			•	• •	′					
									1	1 162

Form 1040-NR (2022)									Page 2
Tax and	16	Tax (see instructions). Check if ar	ny from For	rm(s): 1 🗌 88	314 2 🗌 497	2 3			16	3,256
Credits	17	Amount from Schedule 2 (Form							17	·
	18	Add lines 16 and 17							18	3,256
	19	Child tax credit or credit for other	er depende	ents from Sched	ule 8812 (Form 10	40) .			19	
	20	Amount from Schedule 3 (Form	1040), line	8					20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If z	ero or less	s, enter -0					22	3,256
	23a	Tax on income not effectively co	nnected w	vith a U.S. trade	or business from					
		Schedule NEC (Form 1040-NR),				23a			-	
	b	Other taxes, including self-empl	-			001				
		line 21				23b			-	
	C	Transportation tax (see instruction	,			23c			-	
	d	Add lines 23a through 23c							23d	2 256
	24	Add lines 22 and 23d. This is you		x	<u></u>				24	3,256
Payments	25	Federal income tax withheld from					1 1	102		
	a	Form(s) W-2				25a	4,	193	-	
	b	Form(s) 1099				25b			-	
	С	Other forms (see instructions) .								1 102
	d	Add lines 25a through 25c							25d	4,193
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2022 estimated tax payments ar	nd amount	applied from 20	21 return				26	
	27	Reserved for future use				27				
	28	Additional child tax credit from S	Schedule 8	3812 (Form 1040)	28				
	29	Credit for amount paid with Forn	n 1040-C			29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3 (Form				31				
	32	Add lines 28, 29, and 31. These	are your to	otal other paym	ents and refunda	ble cre	dits .		32	
	33	Add lines 25d, 25e, 25f, 25g, 26	, and 32. T	hese are your to	otal payments .				33	4,193
Refund	34	If line 33 is more than line 24, su	btract line	24 from line 33.	This is the amoun	t you o	verpaid		34	937
	35a	Amount of line 34 you want refu	nded to y	ou . If Form 8888	is attached, chec	k here		🗆	35a	937
Direct deposit?	b	Routing number			c Type: \square	Checki	ng 🗌	Savings		
See instructions.	d	Account number								
	е	If you want your refund check m	nailed to a	n address outsic	le the United State	es not s	hown on	page 1,		
		enter it here.								
	36	Amount of line 34 you want app	lied to you	ur 2023 estimat	ed tax	36				
Amount	37	Subtract line 33 from line 24. Th	is is the ar	mount you owe.						
You Owe		For details on how to pay, go to	www.irs.g	<i>iov/Payment</i> s or	see instructions .				37	
	38	Estimated tax penalty (see instru	uctions) .			38				
Third	Do yo	ou want to allow another person to	discuss t	his return with th	ne IRS? See instru	ctions.	□ Y	es. Compl	lete be	low. \square No
Party	Desig	nee's		Phone			Perso	nal identif	ication	
Designee	name			no.			numb	er (PIN)		
		penalties of perjury, I declare that I hat they are true, correct, and complete. Declared the complete of the								
Sign		•	Deciaration (illomialic			
_	Your	signature		Date	Your occupation			I		ent you an Identity PIN, enter it here
Here									inst.)	Fire, enter it here
	Phone	e no		Email address	<u> </u>			,306		
		arer's name	Preparer	's signature		Date		PTIN		Check if:
Paid						- 3.0				Self-employed
Preparer	Firm'r	s name	l			l		Phone n		
Use Only		s address						Firm's E		
	1 1111113	auu (533							II N	

2022 MICHIGAN In Return is due April 18, 20				n MI-10	40			_	ended Return de Schedule AMD)]
1. Filer's First Name	M.I.	Last Name	iiik.		2. Filer'	s Full S	Social Sec	curity N	lo. (Example: 123-45-678	9)
JOHN		WOLVERIN	ΙE		i	87		00	4321	,
If a Joint Return, Spouse's First Name	M.I.	Last Name								
Home Address (Number, Street, or P. 111 CAMPUS LANE	O. Box)				3. Spou	ıse's Fu	ıll Social :	Securit	ty No. (Example: 123-45-6	3789
		State	ZID Codo		1 Scho	ol Dietr	ict Codo	/5 digit	ts – see page 60)	
EVERYTOWN		State MI	^{ZIP Code} 48123		4. 3010	IOI DISII	ici Code	(5 digit	is – see page ou)	
5. STATE CAMPAIGN FUND Check if you (and/or your sp filing a joint return) want \$3 to go to this fund. This will n your tax or reduce your refu	of your taxes ot increase	a. Filer b. Spouse				box if	2/3 of ye		FARERS come is from farming,	
7. 2022 FILING STATUS. Che	ck one.					CY ST	ATUS.	Check	all that apply.	
a. X Single		ou check box "c," comple		a F	Resident				* If you about boy "b" a	
b. Married filing jointly	line 3	B and enter spouse's full v:	name	b. X	Nonreside	ent *			* If you check box "b" o "c," you must complete and include Schedule	
c. Married filing separate	ely*			c. F	Part-Year	Resid	ent *		NR.	
9. EXEMPTIONS. NOTE: If	someone els	e can claim you as a de	pendent, che	ck box 9e, en	iter 0 on I	line 9a	and ent	ter \$1	,500 on line 9e (see in	str.)
a. Number of exemptions (see instructi	ons)		9a.	1	x	\$5,000	9a.	5,000) 00
 b. Number of individuals wind, hemiplegic, parap 		.	•			x	\$2,900	9b.		00
 c. Number of qualified disa 	abled veterar	s		9c.		x	\$400	9c.		00
d. Number of Certificates of	of Stillbirth fro	m MDHHS (see instruct	tions)	9d.		х	\$5,000	9d.		00
e. Claimed as dependent,	see line 9 No	OTE above		9e.				9e.		00
f. Add lines 9a, 9b, 9c, 9d	and 9e. Ent	er here and on line 15						9f.	5,000) 00
10. Adjusted Gross Income f	rom your U.S	5. Form <i>1040</i> (see instru	ctions)				10.		29,950	00
11. Additions from Schedule 1,	line 9. Incl u	de Schedule 1					11.			00
12. Total. Add lines 10 and 11.							12.		29,950) 00
13. Subtractions from Schedule	e 1, line 30.	Include Schedule 1					13.	_	17,200) 00
14. Income subject to tax. Su	btract line 1	3 from line 12. If line 13	is greater th	an line 12, en	ter "0"		14.		12,750	1 00
15. Exemption allowance. En	ter amount f	om line 9f or Schedule	NR, line 19				15.	_	2,150	00
16. Taxable income. Subtract	line 15 from	line 14. If line 15 is grea	ater than line	14, enter "0"			16.		10,600) 00
17. Tax. Multiply line 16 by 4.2	5% (N N425)						17.		451	اامر
NON-REFUNDABLE CREDIT	,			AMOUNT			''.∟		CREDIT	100

19a.

If the sum of lines 18b and 19b is greater than line 17, enter "0"

18. Income Tax Imposed by government units outside Michigan.

19. Michigan Historic Preservation Tax Credit (see instructions).

Include a copy of the return (see instructions)...... 18a.

Income Tax. Subtract the sum of lines 18b and 19b from line 17.

00

00

18b.

19b.

20.

00

451

2022 N	II-1040, Page 2 of 2 Filer'	s Full Social S	ecurity Number	987) — 4	321
				L				45400
21. 22.	Enter amount of Income Tax from line 20Voluntary Contributions from Form 4642, line 6. Include F					21.		451 00 00
23.	USE TAX. Use tax due on Internet, mail order or other ou Worksheet 1 (see instructions)	t-of-state pui	rchases from			23.		00
	Workshoot 1 (see managaons)				Γ			
24.	Total Tax Liability. Add lines 21, 22 and 23				24.			451 ₀₀
REFU	INDABLE 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		DERAL		26.	MICHIG	00
27.	Earned Income Tax Credit. Multiply line 27a by 6% (0.06) enter result on line 27b.				00	27b.		00
28.	Michigan Historic Preservation Tax Credit (refundable). In		3581			28.		00
29.	Credit for allocated share of tax paid by an electing flow-th					29.		00
30.	Michigan tax withheld from Schedule W, line 6. Include S	chedule W	(do not subn	nit W-2s)		30.		472 00
	,			,				
31.	Estimated tax, extension payments and 2021 credit forwards	rd				31.		00
32.	2022 AMENDED RETURNS ONLY. Taxpayers completing Amended returns must include Schedule AMD (see inst	, ,	2022 return s	should skip to I	ine 33.			
	·	,						
	32a. If you had a refund and/or credit forward on the orig negative number on line 32c.	inal return, che	eck box 32a an	d enter this amo	unt as a			
	32b. If you paid with the original return, check box 32b ar any additional tax paid after filing, as a positive num					32c.		00
33.	Total refundable credits and payments. Add lines 25, 26, 2	27b. 28. 29. 3	30. 31 and 32	2c	33.			00
	IND OR TAX DUE	, -, -,	, .					
34.	If line 33 is less than line 24, subtract line 33 from line 24.	If applicable	e, see instruct	ions.				
	Include interest 00 and penalty		\	(OU OWE	34.			00
	modes morest	1001	'					
35.	Overpayment. If line 33 is greater than line 24, subtract li	ne 24 from li	ine 33		35.			21 00
36.	Credit Forward. Amount of line 35 to be credited to your	2023 estima	ted tax for yo	ur 2023 tax ret	turn	36.		00
								21
	Subtract line 36 from line 35 ECT DEPOSIT a. Routing Transit			REFUND	37.		c. Type of Acc	21 00
Depos	it your refund directly to your financial	- Trumber	<u> </u>			┥╻┌	Checking 2.	Savings
and c.	ion! See instructions and complete a, b		<u> </u>				<u> </u>	
	rased Taxpayer. If Filer and/or Spouse died after December 3 ^o R DATE OF DEATH ONLY. Example: 04-15-2022 (MM-DD-YY						eclare under penalty on of which I have a	
Filer	— — Spouse —		-	Preparer's PTIN	N, FEIN o	r SSN		
	ayer Certification. I declare under penalty of perjury that the	information ir	n this return	Preparer's Nam	ne (print o	or type)		
	tachments is true and complete to the best of my knowledge. Signature	Date		Preparer's Sign	ature			
Spous	se's Signature	Date		Preparer's Busi	ness Nar	me, Addres	ss and Telephone N	lumber
		<u> </u>						
	By checking this box, I authorize Treasury to discuss my r	eturn with m	v 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

2022 MICHIGAN Schedule 1 Additions and Subtractions

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

Includ	de with Form MI-1040. Type or	print i	n blue or black ink.					Attachmer	nt 01
Filer's	First Name	M.I.	Last Name	Filer's Full Soc	ial Secu	rity No. ((Example	: 123-45-6789)	
JC	OHN		WOLVERINE	987		00		4321	
Addi	tions to Income (all entries	must	be positive numbers)		_				
	Gross interest and dividends fr (other than Michigan) or their p		ligations issued by states I subdivisions		1.				00
			y income, including self-employment tax ax paid by an electing flow-through entit	•	2.				00
3.	Gains from Michigan column o	f MI-1	040D and MI-4797		3.				00
4.	Losses attributable to other sta	ites (s	ee instructions)		4.			 	00
5.	Net loss from federal column o	f your	Michigan MI-1040D or MI-4797		5.				00
			eral expenses (Michigan sourced) ded		6.				00
7.	Federal Net Operating Loss de	ductio	n included in AGI		7.				00
8.	Other (see instructions). Descr	ibe: _			8.				00
9. '	Total additions. Add lines 1 t	hroug	h 8. Enter here and on MI-1040, line	11	9.				00
Subt	ractions from Income (all	entrie	s must be positive numbers)		_				
	Include U.S. Schedule B if ove	r \$5,0	and other U.S. obligations included in 00		10.				00
			from military retirement benefits due to anal Guard, or taxable railroad retiremen		11.				00
12.	Gains from federal column of N	/lichiga	an MI-1040D and MI-4797		12.				00
13.	Income attributable to another	state.	Explain type and source: <u>CA WAC</u>	SES - SCH NF	13.			17,200	00
14.	Taxable Social Security benefit	ts or m	nilitary pay (not retirement) included on	MI-1040, line 10	14.			 	00
15.	Income earned while a residen	t of a	Renaissance Zone (see instructions)		15.				00
	9		refunds received in 2022 and included)		16.				00
		_	n, MI 529 Advisor Plan, and Michigan A	•	17.				00
18.	Michigan Education Trust				18.				00
19.	Oil, gas, and nonferrous metall	lic min	erals income (Michigan sourced) includ	ded in AGI	19.				00
			mpted under a State/Tribal tax agreeme Bulletin 1988-47		20.				00
			gram. Enter amount from line 3 of Form gram. Include Form 5792		21.				00
22.	Miscellaneous subtractions (se	e insti	ructions). Describe:		22.				00

2022 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)

Deduction Based on Year of Birth

Complete 23A through 23H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 24, 25, 26, or 27. Check box(es) 23C and/or 23G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing**.

befo	re continuing.										
23.		FI	LER					SPO	USE		
	A.	В.	C. Check if filer	D. Check if filer		E.	F.		G. Check if spouse	H. Check if spo	21100
	Year of Birth (19xx)	Age as of 12-31-2022	received benefits from SSA exempt employment	retired as of 01-01-2013 and born after 1952		Year of Birth (19xx)	Age as of 12-31-2022	2	received benefits from SSA exempt employment	retired as 01-01-2013 born after 1	of and
	(if married) wa	an Standard Dec s born during the 7. Do not comp	24.			00					
	25. Tier 3 Michigan Standard Deduction. Complete this line if the older of you or your spouse (if married) was born during the period January 1, 1953 through January 1, 1956, and reached age 67 on or before December 31, 2022. Do not complete lines 24, 26 or 27. Enter amount from line 6 of Worksheet 2										00
			nount from line 16					26.			00
	limited to \$12,6	697 for single or	deduction for taxp married filing sepa enefits (see instruc	arately filers and	d \$2	25,394 for joint	filers, less	27.			00
			unremarried survivin born before 1946 wl								
			27					28.			00
	9. 2022 Michigan NOL Deduction. Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net Operating Loss Deduction</i> . Include Form 5674										
30.	0. Total Subtractions. Add lines 28 and 29. Enter here and on MI-1040, line 13										00

Schedule NR

2022 MICHIGAN Nonresident and Part-Year Resident Schedule

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

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

1. File	er's First Name	M.I.	Last Nar	ne					2. Filer's Full Socia	al Sed	curity No. (Example: 123-45-6	789)
J	OHN			WOL	VERINE	-			987		00 — 4321	,
If a Jo	oint Return, Spouse's First Name	M.I.	Last Nar	me					3. Spouse's Full S	ocial	Security No. (Example: 123-4	5-6789)
										_		
4.	2022 RESIDENCY STATUS:			*Date	s of Michia	an resid	enc	/ in 2022	(Enter dates as M	1M-D	DD-YYYY, Example: 04-15	-2022)
	Check all that apply.			2410	o oog			FILER			SPOUSE	
	a. X Nonresident				FROM:		_	_	2022		 :	2022
	b. Part-Year Resident of I Enter dates of Michiga			2022*	TO:			_	2022			2022
Incor	ne Allocation		[Α.	. Total Inc	ome		B. M	ichigan Incom	е	C. Other State(s) In	come
5.	Wages, salaries, other payments	(tips, e	etc.)		29	,950	00		12,750	00	17,20	00 00
6.	Interest and dividends			•			00			00		00
7.	Business and farm income (inclu U.S. Schedules C and F)						00			00		00
8.	Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797	,										
9.	or U.S. Form 4797 Income reported on U.S. Schedu U.S. Schedule E and supporting	<i>le E</i> (ir	nclude				00			00		00
10.	Pensions, IRA distributions, annuand Social Security (see Form 48	iities					00			00		00
11.	Other (see instructions)						00			00)	00
12.	Total income. Add lines 5 through	ı 11			29	,950	00		12,750	00	17,20	00 00
13.	Enter the total adjustments from Describe:	U.S. 10	040				00			00		00
14.	Subtract line 13 from line 12. The a column A should equal MI-1040, lin amount in column C on Schedule a negative amount, enter as a pos Schedule 1, line 4.	ne 10. l 1, line 1	Enter 13 or, if		2	9,950	00		12,750	00	17,200	00
Exem	nption Allowance (If one spo	use is	a full-ye	ear resid	dent, and t	he othe	r is	not, see i	instructions.)	_		
15.	Enter amount from MI-1040, line	9f						<u></u>	1	15	5,000	00
16.	Enter Michigan source income from	om line	14, colu	ımn B	10	6.		1	2,750 00			
17.	Enter total income from line 14, c	olumn	A		1	7			29,950 ₀₀	_		
18.	Divide line 16 by line 17 (if line 10	3 is gre	eater than	n line 17,	, enter 100%	%)			1	18.		13 %
19.	If both spouses are part-year or rhere and on MI-1040, line 15. If here and on MI-1040, line 15	one sp	ouse is a	a full-yea	r resident, o	complete	Wo	rksheet 6	and enter	19.	2,1	50 00

2022 MICHIGAN Withholding Tax Schedule

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

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2022, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). 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	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
JOHN		WOLVERINE	987 — 00 — 4321
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	В	С	D	E
	"X" for: Spouse	Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation	Box 17 — Michigan income tax withheld
X		38-1234567	SUNNY SIDE DINER	12,750	472 00
				00	00
				00	00
				00	00
				00	00
Enter	r Table	00			
4.	SUB	472 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	\	В Г	C	T D	E			
Enter "X	X" for: Payer's feder	al identification ble: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	ı			
					00 00			
					00 00			
					00 00			
					00 00			
					00 00			
Enter Table 2 Subtotal from additional Schedule W forms (if applicable)								
5.	5. SUBTOTAL. Enter total of Table 2, column E							
6.	TOTAL. Add lines 4	6. 472 00						