

MICHIGAN Amended Income Tax Return MI-1040X-12

Issued under authority of Public Act 281 of 1967. Type or print in blue or black ink.

NOTE: If you are amending for tax year 2011 or prior, you must use Form MI-1040X.

1. ENTER TAX YEAR you are amending (YYYY)				
2. Filer's First Name		M.I.	Last Name	
If a Joint Return, Spouse's First Name		M.I.	Last Name	
Home Address (Number, Street, or P.O. Box)			3. Filer's Social Security No. (Example: 123-45-6789)	
City or Town			State	ZIP Code
			4. Spouse's Social Security No. (Example: 123-45-6789)	

FILING STATUS

Single

Married -
Filing JointlyMarried -
Filing Separately *5. On Original Return ☐ ☐ ☐6. On This Return ☐ ☐ ☐

* If married, filing separately, enter Spouse's full name:

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INCOME, ADDITIONS AND DEDUCTIONS

A. On Original Return	B. Net Change	C. Correct Amount
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7. Adjusted gross income. Explain changes on line 39
8. Additions to adjusted gross income.....
9. Total income. Add lines 7 and 8.....
10. Subtractions from adjusted gross income
11. Balance. Subtract line 10 from line 9.....
12. Multiply number of exemptions by applicable amount (see instructions)...
13. Taxable income. Subtract line 12 from line 11
14. Tax. Multiply line 13 by tax rate (see instructions).....

7.
8.
9.
10.
11.
12.
13.
14.**NONREFUNDABLE CREDITS**

15. Credit for Income Tax Imposed by Government Units Outside Michigan
16. Historic Preservation Tax Credit (nonrefundable, attach Form 3581) ..
17. Small Business Investment Tax Credit (attach applicable certificate) ..
18. Total nonrefundable credits. Add lines 15 through 17
19. Subtract line 18 from line 14. If line 18 is more than line 14, enter "0"
20. Voluntary Contributions (see instructions)
21. Use tax due (see instructions)
22. Add lines 19, 20 and 21

15.
16.
17.
18.
19.
20.
21.
22.**REFUNDABLE CREDITS AND PAYMENTS**

23. Property Tax Credit (attach MI-1040CR or MI-1040CR-2)
24. Farmland Preservation Credit (attach MI-1040CR-5)
25. Michigan Earned Income Tax Credit (attach copy of federal return) ...
26. Historic Preservation Tax Credit (refundable, attach Form 3581)

23.
24.
25.
26.

27. Michigan tax withheld (attach Schedule W)
28. Estimated tax, extension payments and credit forward

27.
28.

29. Amount paid with original return, plus additional tax paid after filing (do not include interest or penalty) ...
30. Total refundable credits and payments. Add lines 23 through 29 of column C

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	00	

REFUND OR BALANCE DUE

31. Overpayment, if any, on original return (see instructions)
32. Subtract line 31 from line 30 (if negative, see instructions.)
33. If line 22, column C, is greater than line 32, enter **BALANCE DUE**
Include interest and penalty (if applicable, see instructions)

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	00	
	00	

34. If line 22, column C, is less than line 32, enter **REFUND** to be received

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Filer's Social Security No.

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RESIDENCY STATUS

Resident

Nonresident

Part-Year Resident *

*Enter dates of **Michigan** residency for tax year being amended.
Enter dates as MM-DD-YYYY (Example: 04-15-2013).

35. On Original Return.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FROM	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="text-align: center;">— —</td> </tr> </table>	— —	TO	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="text-align: center;">— —</td> </tr> </table>	— —
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36. On This Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FROM	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="text-align: center;">— —</td> </tr> </table>	— —	TO	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="text-align: center;">— —</td> </tr> </table>	— —
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EXEMPTIONS

37. Complete only if changing the number of exemptions. Enter a number for all that apply in the appropriate box (see instructions).

Enter the number of exemptions claimed:

On Your **Original Return**On **This Return**

a. Number of federal exemptions.	a.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>		a.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>	
b. Deaf, blind or disabled *	b.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>		b.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>	
c. Number of qualified disabled veterans.	c.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>		c.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>	

*Applies to people who are hemiplegic, paraplegic, quadriplegic or classified as totally and permanently disabled under Social Security guidelines.

38. List below all your dependents and answer all questions for each dependent (E-H answer "Yes" or "No").

Attach separate sheet if necessary.

A	B	C	D	E	F	G	H
Name	Social Security Number	Relationship	Age	Did the dependent file a federal return and claim exemption for self?	Did you provide more than half the dependent's support?	Did the dependent live with you more than 6 months during the year?	Was this dependent claimed on your original return?

EXPLANATION OF CHANGES

39. Explain change in number of dependents and changes to income, deductions and credits. Show computations in detail and attach applicable schedules and supporting documentation if necessary.

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.		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
Filer's Signature	Date	Preparer's PTIN, FEIN or SSN	
Spouse's Signature	Date	Preparer's Business Name (print or type)	
<input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		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 33. 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**, the **tax year you are amending** and "MI-1040X-12" on the front of your check. If paying on behalf of another taxpayer, **write the taxpayer's name and Social Security number** on the check. Do not staple your check to the return. Keep a copy of your return and all supporting schedules for six years from the date filed or the due date, whichever is later.