

**MICHIGAN Amended Income Tax Return MI-1040X-12**

Issued under authority of Public Act 281 of 1967, as amended. 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. <b>ENTER TAX YEAR</b> you are amending (YYYY):					
2. Filer's First Name	M.I.	Last Name	3. Filer's Full Social Security No. (Example: 123-45-6789)		
If a Joint Return, Spouse's First Name	M.I.	Last Name	4. Spouse's Full Social Security No. (Example: 123-45-6789)		
Home Address (Number, Street, or P.O. Box)					
City or Town			State	ZIP Code	

**FILING STATUS**

Single

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

\* If married filing separately, complete line 4 and enter spouse's full name below:

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**INCOME, ADDITIONS AND DEDUCTIONS**

To avoid processing delays, attach all supporting documentation for your adjustments.

	A. On Original Return	B. Net Change	C. Correct Amount
7. <b>Adjusted gross income.</b> Explain changes on line 39.....			
8. Additions to adjusted gross income.....			
9. <b>Total income.</b> Add lines 7 and 8.....			
10. Subtractions from adjusted gross income.....			
11. <b>Balance.</b> Subtract line 10 from line 9.....			
12. Multiply number of exemptions by applicable amount (see instructions)...			
13. <b>Taxable income.</b> Subtract line 12 from line 11.....			
14. <b>Tax.</b> Multiply line 13 by tax rate (see instructions).....			
<b>NONREFUNDABLE CREDITS</b>			
15. Credit for Income Tax Imposed by Government Units Outside Michigan.....			
16. Historic Preservation Tax Credit (nonrefundable, <b>attach Form 3581</b> ).....			
17. Small Business Investment Tax Credit ( <b>attach applicable certificate</b> ).....			
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.....			
<b>REFUNDABLE CREDITS AND PAYMENTS</b>			
23. Property Tax Credit ( <b>attach MI-1040CR or MI-1040CR-2</b> ).....			
24. Farmland Preservation Tax Credit ( <b>attach MI-1040CR-5</b> ).....			
25. Michigan Earned Income Tax Credit ( <b>attach copy of federal return</b> ).....			
26. Historic Preservation Tax Credit (refundable, <b>attach Form 3581</b> ).....			
27. Michigan tax withheld ( <b>attach Schedule W</b> ).....			
28. Estimated tax, extension payments and credit forward.....			
29. Amount paid with original return, plus additional tax paid after filing (do not include interest or penalty) ...			00
30. Total refundable credits and payments. Add lines 23 through 29 of column C.....			00

**REFUND OR BALANCE DUE**

31. Overpayment, if any, on original return (see instructions).....			00
32. Subtract line 31 from line 30 (if negative, see instructions.).....			00
33. If line 22, column C, is greater than line 32, enter <b>BALANCE DUE</b> Include interest <input style="width: 100px;" type="text"/> and penalty <input style="width: 100px;" type="text"/> (if applicable, see instructions) .....			00
34. If line 22, column C, is less than line 32, enter <b>REFUND</b> to be received .....			00

Filer's Full Social Security Number

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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: 04-15-2016).

35. On Original Return.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		FROM	— —		TO	— —
36. On This Return .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		FROM	— —		TO	— —

**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.		.....	a.	
b. Deaf, blind or disabled * .....	b.		.....	b.	
c. Number of qualified disabled veterans. ....	c.		.....	c.	

\*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	Full 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 (see instructions). If an explanation is not provided, the processing of your return may be delayed or your return may be denied.

<b>Taxpayer Certification.</b> I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		<b>Preparer Certification.</b> 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 Name (print or type)	
<input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		Preparer's Business Name, Address and Telephone Number	

**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 check payable to "**State of Michigan.**" Print last four digits of your **Social Security** number, the tax year being amended and "**MI-1040X-12**" on the front of your check. If paying on behalf of another taxpayer, **write the filer's name and the last four digits of the filer's 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.