

**2011 MICHIGAN Individual Income Tax Return MI-1040****Return is due April 17, 2012.**

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

▶ 1. Filer's First Name <b>William</b>		M.I. <b>L</b>	Last Name <b>Harding</b>		▶ 2. Filer's Social Security No. (Example: 123-45-6789) <b>[REDACTED]</b>	
If a Joint Return, Spouse's First Name		M.I.	Last Name		▶ 3. Spouse's Social Security No. (Example: 123-45-6789) <b>[REDACTED]</b>	
Home Address (No., Street, P.O. Box or Rural Route) <b>[REDACTED]</b>						
City or Town <b>[REDACTED]</b>			State <b>MI</b>	ZIP Code <b>[REDACTED]</b>	▶ 4. School District Code (5 digits - see p. 49) <b>30080</b>	

**▶ 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.

	Yes	No
a. You	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Spouse	<input type="checkbox"/>	<input type="checkbox"/>

**▶ 6. FARMERS, FISHERMEN OR SEAFARERS**☐ Check this box if 2/3 of your income is from farming, fishing or seafaring.**▶ 7. FILING STATUS.** Check one.

- 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.

- a. ☒ Resident
- b. ☐ Nonresident\*
- c. ☐ Part-Year Resident\*

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

**▶ 9. EXEMPTIONS**

a. Number of exemptions you claimed on your 2011 federal return	▶ 9a.	<b>1</b>	x \$3,700	<b>3,700</b>	<b>00</b>
b. Number of individuals 65 or older who qualify for a special exemption	▶ 9b.	<b>1</b>	x \$2,400	<b>2,400</b>	<b>00</b>
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 \$2,400		<b>00</b>
d. Number of children ages 18 and under you claimed as Michigan exemptions	▶ 9d.		x \$600		<b>00</b>
e. Number of qualified disabled veterans	▶ 9e.		x \$300		<b>00</b>
f. If your unemployment compensation is 50% or more of your Adjusted Gross Income (amount claimed on line 10) check (X) the box and enter \$2,400	▶ 9f.	<input type="checkbox"/>	\$2,400		<b>00</b>
g. If someone else can claim you as a dependent, check (X) the box, complete Worksheet 2 on p. 10, and enter the amount from the worksheet	▶ 9g.	<input type="checkbox"/>		9g.	<b>00</b>
h. Add lines 9a, 9b, 9c, 9d, 9e, 9f and 9g. Enter here and on line 15	▶ 9h.			<b>6,100</b>	<b>00</b>

10. <b>Adjusted Gross Income</b> from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see p. 10)	▶ 10.	<b>0</b>	<b>00</b>
11. Additions from Michigan Schedule 1, line 7. Attach Schedule 1	▶ 11.	<b>0</b>	<b>00</b>
12. <b>Total.</b> Add lines 10 and 11	▶ 12.	<b>0</b>	<b>00</b>
13. Subtractions from Michigan Schedule 1, line 21. Attach Schedule 1	▶ 13.	<b>0</b>	<b>00</b>
14. <b>Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	▶ 14.	<b>0</b>	<b>00</b>
15. <b>Exemption allowance.</b> Amount from line 9h or Schedule NR, line 20	▶ 15.	<b>6,100</b>	<b>00</b>
16. <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	▶ 16.	<b>0</b>	<b>00</b>
17. <b>Tax.</b> Multiply line 16 by 4.35% (0.0435)	▶ 17.	<b>0</b>	<b>00</b>
18. <b>Total Nonrefundable Credits.</b> Amount from Schedule 2, line 11. Attach Schedule 2	▶ 18.	<b>0</b>	<b>00</b>
19. <b>Income Tax.</b> Subtract line 18 from line 17. If line 18 is greater than line 17, enter "0"	▶ 19.	<b>0</b>	<b>00</b>

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See p. 11 and complete a, b and c.

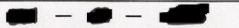
a. Routing Transit Number ▶ **241270851**

c. Account Number ▶ **50340002091**

b. Type of Account ▶ (1) ☒ Checking (2) ☐ Savings

+ 0000 2011 05 01 27 7

Continue on page 2. This form cannot be processed if page 2 is not completed and attached.



20. Enter amount of Income Tax from line 19.....	20.		0	00
21. Voluntary Contributions from Form 4642, line 7. Attach Form 4642.....	21.		0	00
22. <b>USE</b> Use tax due on Internet, mail order or other <b>TAX</b> out-of-state purchases from Worksheet 1, line 3, p. 9.	22.		0	00
23. Add lines 20, 21 and 22.....	23.		0	00

**REFUNDABLE CREDITS AND PAYMENTS**

24. Property Tax Credit. Attach MI-1040CR or MI-1040CR-2.....	24.		547	00
25. Farmland Preservation Credit. Attach MI-1040CR-5.....	25.		0	00
26. Qualified Adoption Expenses. Attach U.S. Form 8839 and MI-8839.....	26.		0	00
27. Stillbirth Credit. Amount from Worksheet 3, line B, p. 11.....	27.		0	00
28. a. Federal Earned Income Tax Credit.....	28a.		0	00
b. Michigan Earned Income Tax Credit. Multiply line 28a by 20% (0.20).....	28b.		0	00
29. Energy Efficient Qualified Home Improvement Credit. Attach Form 4764.....	29.		0	00
30. Michigan Historic Preservation Tax Credit (refundable). Attach Form 3581.....	30.		0	00
31. Michigan tax withheld from Schedule W, line 3. Attach Schedule W (do not submit W-2's).....	31.		492	00
32. Estimated tax, extension payments and 2010 credit forward.....	32.		0	00
33. Total refundable credits and payments. Add lines 24 through 27, 28b, and 29 through 32.....	33.		1,039	00

**REFUND OR TAX DUE**

34. If line 33 is less than line 23, subtract line 33 from line 23. Include interest and penalty if applicable (see p. 11).....	34.			00
35. Overpayment. If line 33 is greater than line 23, subtract line 23 from line 33.....	35.		1,039	00
36. Credit Forward. Amount of line 35 to be credited to your 2012 estimated tax for your 2012 tax return.....	36.		0	00
37. Subtract line 36 from line 35.....	37.		1,039	00

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2010, 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.

Filer's Signature

*Wm. L. Harding*

Date

2-12-12

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 34. 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 "2011 income tax" 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. To check the status of your refund, have a copy of your MI-1040 available when you visit: [www.michigan.gov/it](http://www.michigan.gov/it)

## 2011 MICHIGAN Withholding Tax Schedule

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2011, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 31). Attach your completed Schedule W to Form MI-1040 or MI-1040X where applicable. See complete instructions on page 2 of this form. Type or print in blue or black ink.

Print numbers like this: 0123456789 - NOT like this: Ø 1 4 7

Attachment 13

Filer's First Name	M.I.	Last Name	▶ Filer's Social Security Number (Example: 123-45-6789) <div style="border: 1px solid black; padding: 5px; text-align: center;"> </div>
William	L	Harding	
If a Joint Return, Spouse's First Name	M.I.	Last Name	Spouse's Social Security Number (Example: 123-45-6789) <div style="border: 1px solid black; padding: 5px; text-align: center;"> </div>

**TABLE 1: MICHIGAN TAX WITHHELD ON W-2, W-2G or CORRECTED W-2 FORMS**

A Enter "X" if for: You or Spouse		B Employer's federal identification number	C Employer's name	D Box 1 - Wages, tips, other compensation	E Box 17 - Michigan income tax withheld	F Box 19 - City income tax withheld
X		31-1334072	Adesa Ohio LLC	0.00	492.00	
				00	00	00
				00	00	00
				00	00	00
				00	00	00
				00	00	00
				00	00	00
				00	00	00
				00	00	00
				00	00	00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....					00	00
1. SUBTOTAL. Enter total of Table 1, columns E and F. Carry total of column F to Worksheet 4 (City Income Tax Credit), p. 15.					492.00	0.00

**IMPORTANT:** If you have no entries for Table 2, carry total of line 1, column E, to line 3 below.

**TABLE 2: MICHIGAN TAX WITHHELD ON 1099 and 4119 FORMS**

A Enter "X" if for: You or Spouse		B Payer's federal identification number	C Payer's name	D Taxable pension distribution, misc. income, etc. (see instr.)	E Michigan income tax withheld	F Box 7 - Distribution Code (1099-R only)
					00	00
					00	00
					00	00
					00	00
					00	00
					00	00
					00	00
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....						00
2. SUBTOTAL. Enter total of Table 2, column E.....					2.	00
3. TOTAL. Add line 1 and line 2, column E. Carry total to your MI-1040, line 31.....					3.	492 00



**2011 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR**

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

Print numbers like this: 0123456789 - NOT like this: Ø 1 4 7

Attachment 05

1. Filer's First Name <b>William</b>		M.I. <b>L</b>	Last Name <b>Harding</b>		2. Filer's Social Security Number (Example: 123-45-6789) <b>[REDACTED]</b>	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Social Security Number (Example: 123-45-6789) <b>[REDACTED]</b>	
Home Address (Number, Street, or P.O. Box) If using a P.O. Box, you must complete line 36, page 2. <b>[REDACTED]</b>						4. School District Code (5 digits - see p. 49) <b>30080</b>
City or Town <b>[REDACTED]</b>		State <b>[REDACTED]</b>	ZIP Code <b>[REDACTED]</b>			

5. Check the box(es) for which you or your spouse qualify (excluding dependents):

a. ☒ Age 65 or older; or an unmarried spouse of a person who was 65 or older at the time of death

b. ☐ Deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled

6. Homeowners: Enter the 2011 taxable value of your homestead (see p. 20).....	6.		00
7. Property Taxes levied on your home in 2011 (see p. 18) or amount from line 42, 47 and 48 .....	7.		00
8. Renters: Enter rent you paid in 2011 from line 44 .....	8.	4,500	00
9. Multiply line 8 by 20% (0.20) .....	9.	900	00
10. Total. Add lines 7 and 9.....	10.	900	00

**HOUSEHOLD INCOME. Include income from both spouses.**

11. Wages, salaries, tips, sick, strike and SUB pay, etc. ....	11.	0	00
12. All interest and dividend income (including nontaxable interest).....	12.	0	00
13. Net business, royalty or rent income (including self-employment) .....	13.	0	00
14. Retirement pension, annuity, and IRA benefits. Name of payer: .....	14.	0	00
15. Net farm income .....	15.	0	00
16. Capital gains less capital losses (see p. 21).....	16.	0	00
17. Alimony and other taxable income (see p. 21). Describe: .....	17.	0	00
18. Social Security, SSI and/or railroad retirement benefits .....	18.	10,078	00
19. Child support and foster parent payments (see p. 21) .....	19.	0	00
20. Unemployment compensation.....	20.	0	00
21. Other nontaxable income (see p. 21). Describe: .....	21.	0	00
22. Workers' compensation, veterans' disability compensation and pension benefits .....	22.	0	00
23. FIP and other DHS benefits (do not include Food Assistance Program benefits).....	23.	0	00
24. SUBTOTAL. Add lines 11 through 23.....	24.	10,078	00

25. Other adjustments (see p. 21). Describe: .....	25.	0	00
26. Medical insurance or HMO premiums you paid for you and your family (see p. 21) .....	26.	0	00
27. Add lines 25 and 26.....	27.	0	00

28. HOUSEHOLD INCOME. Subtract line 27 from line 24. If more than \$82,650, STOP; you are not eligible	28.	10,078	00
29. Multiply line 28 by 3.5% (0.035) or by the percent in Table 2 (see p. 22) (if negative, enter "0") .....	29.	353	00
30. Subtract line 29 from line 10. If line 29 is more than line 10, enter "0" and STOP; you are not eligible	30.	547	00

If you checked a box on line 5, complete line 32 or 33. FIP/DHS recipients, complete line 32.  
All others must complete line 31.

31. Multiply line 30 by 60% (0.60) (maximum \$1,200). Go to line 34.....	31.		00
32. FIP/DHS recipients, enter amount from Worksheet 5 on p. 22. Seniors who pay rent, complete Worksheet 6 on p. 22 and enter amount from worksheet here (maximum \$1,200). Go to line 34.....	32.		00
33. If you checked a box on line 5 (if you completed line 32, skip this line), enter the amount from line 30 (maximum \$1,200). Go to line 34.....	33.	547	00
34. CREDIT. If your household income (line 28) is less than or equal to \$73,650, enter the amount that applies to you from line 31, 32 or 33 here. If household income is more than \$73,650, you must reduce your credit (see instructions on p. 22). If you file an MI-1040, carry this amount to your MI-1040, line 24.....	34.	547	00

Continue on page 2. This form cannot be processed if page 2 is not completed and attached.

Filer's Social Security Number

## ▶ 35. Residency Status in 2011:

- a. ☒ Resident
- b. ☐ Nonresident
- c. ☐ Part-Year Resident\*

FROM:

TO:

\*If you checked box "c," enter dates of Michigan residency in 2011.  
Enter dates as MM-DD-YYYY (Example: 04-15-2011)

FILER	SPOUSE
— — 2011	— — 2011
— — 2011	— — 2011

**PART 1: HOMEOWNERS.** Report on lines 36 and 37 the addresses of the homesteads for which you are claiming a credit.

36. Address where you lived on December 31, 2011, if different than reported on line 1.	Taxable Value
37. Address of homestead sold (moved from) during 2011 (Number, Street, City, ZIP Code).	Taxable Value

Homeowners who moved during 2011, complete lines 38 through 42.

HOMESTEAD	
A. Moved Into	B. Moved From
38. Number of days occupied (total cannot be more than 365).....	38. _____
39. Divide line 38 by 365 and enter percentage here.....	39. _____ %
40. Property taxes levied and assessed in calendar year 2011.....	40. _____
41. Prorated property taxes. Multiply line 40 by percentage on line 39.....	41. _____
42. Taxes eligible for credit. Add line 41, columns A and B. Enter here and on line 7.....	42. _____ 00

**PART 2: RENTERS**

43. A Address of Homestead You Rented (No., Street, Apt. #, City, ZIP Code)	B Landowner's Name and Address	C # Months Rented	D Monthly Rent	E Total Rent Paid Less Mobile Home Taxes
_____	_____	12	375	4,500

44. Total rent you paid (not more than 12 mos). Add total rent for each period. Enter here and on line 8.... 44. \_\_\_\_\_ 00

**PART 3: ALTERNATE HOUSING FACILITIES**

▶ 45. If you lived in one of these types of facilities for all or part of 2011, check the appropriate box and see instructions.

a. ☐ **Subsidized Housing**, complete line 46. Enter result on line 8. b. ☐ **Service Fee Housing**, complete lines 46 and 47.

46. Enter the total rent you paid in 2011. Do not include amounts paid on your behalf by a government agency 46. \_\_\_\_\_ 00

47. If you checked 45b, multiply line 46 by 10% (0.10) (see instructions). Enter here and on line 7 ..... 47. \_\_\_\_\_ 00

▶ 48. **Special Housing:** If you lived in one of these facility types for all or part of 2011, check the appropriate box and see instructions.

a. ☐ **Cooperative Housing** b. ☐ **Home for the Aged** c. ☐ **Nursing Home**

d. ☐ **Adult Foster Care Home** e. ☐ **Paid Room and Board**

Enter your prorated share of taxes from the type of facility checked above and on line 7 ..... 48. \_\_\_\_\_ 00

49. Name and Address (include ZIP Code) of Housing Facility, Landowner, or Care Facility if you completed Part 3

**DIRECT DEPOSIT** Deposit your refund directly to your financial institution! See p. 11 and complete a, b and c.

a. Routing Transit Number: \_\_\_\_\_

b. Type of Account: (1) ☒ Checking (2) ☐ Savings

c. Account Number: \_\_\_\_\_

**Deceased Taxpayers.** If Filer and/or Spouse died after 12-31-2010, enter dates below.  
**ENTER DATE OF DEATH ONLY.** Example: 04-15-2011 (MM-DD-YYYY).

▶ Filer: \_\_\_\_\_ ▶ Spouse: \_\_\_\_\_

**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.

Filer's Signature: [Signature] Date: 2-12-12

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): \_\_\_\_\_

If you are also filing Form MI-1040, attach this form behind it.

If not, mail this form to: Michigan Department of Treasury, Lansing, MI 48956