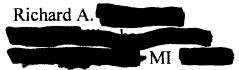
State of Michigan Department of Treasury Lansing MI 48956



RE: Federal Form 4852

To whom it may concern;

Herein, please find my MI-1040 and requisite schedules for Tax year 2016. Attached herewith is (Federal) Form 4852, included as explanation and documentation of those values entered into MI Schedule W, and the basis for refund.

Cordially,



2016 MICHIGAN Individual Income Tax Return MI-1040

Retu Type	rn is due April 18, 2017. or print in blue or black ink. P	rint nu	imbers like this: (7)	23456	6789 -	NOT like	e this: Ø	1 -	47			
1. File	r's First Name	MJ.	Last Name	20.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				curity I	No. (Example: 123-45-67	89)
	CHARD Int Return, Spouse's First Name	A M.L	Last Name					7	•	4		
H 24 30	nit Ketorn, Spouse's First Marie	W1.1.	Last Name				3 Spous	se's F	uli Social	Securi	ity No. (Example: 123-45	6789)
Home	Address (Number, Street, or PO, Box)	1				- S. Opco.		un 000a.			
		<u> </u>								_		
City o	Town		State Mi	e ZIP C	Code		4. School		rict Code	(5 digi	its – see page 80)	
5	STATE CAMPAIGN FUND				10	. FARM	ERS, FISI		WEN, OR	SEA	FARERS	
1	Check if you (and/or your spouse, iling a joint return) want \$3 of you to go to this fund. This will not inco your tax or reduce your refund.	r taxe:	a. Filer b. Spous	e			heck this shing, or s			our in	ncome is from farming	•
1	2016 FILING STATUS. Check one	•			1	-		CY S	TATUS.	Chec	k all that apply.	
а.	Single		rou check box "c." con 3 and enter spouse's		.	a [X]	Resident				* If you check box "b"	or
b.	Married filing jointly	belo		1011 1183116		b. 🔲 i	Nonreside	nt •			"c," you must complete	e
c	Married filing separately*					c 🔲	Part-Year	Resi	dent *		and attach schedule	MFL.
9.	EXEMPTIONS, NOTE: If some	one el	se can claim you as a	depender	nt, check	box 9d, e	nter 0 on i	ine 9	a and en	ter \$1	1,500 on line 9d (see	nstr.).
	- More at an artista at atama		1045 fordered selection				1				4.00	0 00
	 a. Number of exemptions claime b. Number of individuals who qui 							×	\$4,000	9a.	7,00	100
	blind, hemiplegic, paraplegic,	quadr	iplegic, or totally and p	ermanen	ntly disabl	ed 9b.	0	×	\$2,600	9b.		0 00
	c. Number of qualified disabled	vetera	ns	***********		9c.	0	×	\$400	9c.		<u>0 00</u>
	d. Claimed as dependent, see li	ne 9 N	OTE above			9d.	\boxtimes			9d.		0 00
	e. Add lines 9a, 9b, 9c and 9d.	Enter	here and on line 15				-,,			9e.	4,00	0 00
10	Adjusted Gross Income from v	our II	S Forme 1040 1040	4 104063	7 or 1040	NP (see i	ostruction:	E 1	10.		4.46	9 00
	•					,			ſ			0 00
11.	Additions from Schedule 1, line !	9. Απ ε	ich Schedule 1	****					11.			
12.	Total. Add lines 10 and 11			*************					12.		4,4t	9 00
13.	Subtractions from Schedule 1, li	ne 27.	Attach Schedule 1			.,			13.		3,98	9 00
14.	Income subject to tax. Subtract	t linn '	3 from line 12 If line	13 ie orar	ater than	line 12 e	nter "O"		14.		51	0 00
144.	income subject to tax. Submac	1 11115	o nominie 12. u ine	io is give	ater men	11110 12, 01			"			
15.	Exemption allowance. Enter an	nount	from line 9e or Sched	ule NR, lir	ine 19		······	******	15.		4,00	00 00
16.	Taxable income. Subtract line 1	5 fron	n line 14. If line 15 is (greater the	an line 14	4, enter "0	•		. 16.			0 00
17.	Tax. Multiply line 16 by 4.25% (0	0.0425)						. 17.			0 00
	REFUNDABLE CREDITS			-		AMOUN	nt		r		CREDIT	-
18.	Income Tax imposed by government Attach a copy of the return (see						0	00	18b.			0 00
19.	Michigan Historic Preservation 1 Small Business Investment Tax						0	00	19b.			0 00
20.	Income Tax. Subtract the sum of											0 00

+ 0000 2016 05 01 27 7 Continue on page 2. This form cannot be processed if page 2 is not completed and attached.

2016 N	#I-1040. Page 2 of 2								
		Filer's Full Social Se	curity Number		7	1			
04	Makes amount of bases True from the	- 20			21.				00
21					-	22.			00
23.	USE TAX. Use tax due on Internet,							X	1
23.	Worksheet 1 (see instructions)				<u>.</u>	23.		0	00
					- 1			_	
	Total Tax Liability. Add lines 21, 22				24.			C	00
REF	INDABLE CREDITS AND PAYM	ENTS				1			Т
25.	Property Tax Credit. Attach MI-104	IOCR or MI-1040CR-2				25.		0	00
26	Farmland Preservation Tax Credit	. Attach MI-1040CR-5				26.		Q	000
		1		ا					
27.	a. Federal Earned Income Tax Cred	L 278.L	······································		00	i			Т
	b. Michigan Earned Income Tax Cre	dit. Multiply line 27a by 6% (0.06)	****************			27b.			00
28.	Michigan Historic Preservation Tax (Credit (refundable). Attach Form :	3581			28.		C	00
29.	Michigan tax withheld from Schedul	e W, line 7. Attach Schedule W (io not submi	it W-2s)		29.		64	5 00
30.	Estimated tax, extension payments	and 2015 credit forward				30		(00
31.	Total refundable credits and paymen	nts. Add lines 25, 26, 27b, 28, 29 a	ınd 30		31.			645	00
	UND OR TAX DUE	-4 Km - 24 Francisco 24			ī				T
32.	If line 31 is less than line 24, subtracting include interest 0 and a	penalty 0 if applicable (ega inetr \	OU OWE	32			(00
	ano p	benatty Community approache (see alsu.)	000112			<u></u>		
33.	Overpayment. If line 31 is greater t	han line 24, subtract line 24 from I	ine 31		33		T	64:	00
34	Credit Forward, Amount of line 33	to be credited to your 2017 estima	ted tax for vo	ur 2017 tax ne	turn	34.			000
									Τ
35.	Subtract line 34 from line 33			REFUND	35.			64	5 00
DIR	ECT DEPOSIT	a. Routing Transit Number	b. A	Account Numb	er .		c. Type of	Account	
Depo	osit your refund directly to your financial	<u> </u>				1	Checking	2. Sav	ings
	ution! See instructions and complete and c.		<u> </u>						
	eased Taxpayer. If Filer and/or Spous ER DATE OF DEATH ONLY. Example		dates below	this return is ba	sed on	ail inforn	i declare under p nation of which i h	enally of perjury ave any knowle	that dge
File	м	Spouse	-	Preparer's PT	N, FEIN	or SSN			
	payer Certification. I declare under		n this return	Preparer's Na	ne (prin	it or type)		
	aftachments is true and complete to the bes 's Signature	t of my knowledge. Daje		Preparer's Bu	iness N	lame. Ac	dress and Teleph	one Number	
				•					
Spo	use's Signature	Date							
-		L							
	By checking this box, I authorize Tr	easury 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 32. Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

Make your check payable to "State of Michigan." Print the last four digits of your Social Security number and "2016 Income Tax" 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. You can pay electronically using Michigan's e-Payments service. Keep a copy of your return and supporting schedules for six years. For more information and to check your refund status, have a copy of your MI-1040 available when you visit www.michigan.gov/lift.

+ 0000 2016 05 02 27 5

2016 MICHIGAN Withholding Tax Schedule

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

Type or print in blue or black ink. Print numbers like this: 0/23456789 - NOT like this: Ø 1. 4 \ne

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2016, you must complete a Withholding Tax Schedule (Schedule W) to claim the withholding on your Individual Income Tax Return (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits in Table 2 even if no Michigan tax was withheld. Attach your completed Schedule W to Form MI-1040 or MI-1040X-12 where applicable. See complete instructions on page 2 of this form. If you need additional space, attach another Schedule W.

1. Filer's First Name	MI	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
RICHARD	Α.		
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 nter "X" for iter or Spouse	B Employer's identification number (Example: 38-1234567)	C Box c Employer's name	D Box 1 — Wages, tips, other compensation		E Box 17 — Michigan income tax withheld	
x ,			0	00	645	1
				00		ļ
				00		4
				00		1
				00		-
				00		1
nter Table	e 1 Subtotal from additional Sche	dule W forms (if applicable)				-
4. SUE	TOTAL. Enter total of Table 1, o	column E		4.	645	5

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS REPORTED ON 1099 FORMS

A	В	С	D	E
Enter "X" for: Filer or Spouse	Payer's federal identification number (Example, 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld
			00	01
			00	O.
			00	0
		CONTRACTOR OF THE STATE OF THE	00	0
			00	0
			00	0
Enter Table	2 Subtotal from additional Sched	lule W forms (if applicable).		0 0
5. SUB	TOTAL. Enter total of Table 2, co	lumn E	5.	00

+ 0000 2016 57 01 27 8

Continue on page 2.

DIC!	First Name	M.I. Last N	lame	Filer's Fo	Il Social Secu	ity No. (Ex	ample: 123-45-6769)	
NO	HARD	A			— 1		-	
iubt	ractions from Income (all	entries mu	st be positive numbers)					
	Income from U.S. government Attach U.S. Schedule B if ove						C	00
	Amount included in MI-1040, li U.S. Armed Forces or Michiga				11,			00
12.	Gains from federal column of	Michigan MI	-1040D and MI-4797		12.			00
13.	Income attributable to another	state Expl	ain type and source:		13.			100
14.	Taxable Social Security benef	its or military	y pay (not retirement) includ	ed on MI-1040, line	10 14.		3,959	00
15.	Income earned while a reside	nt of a Rena	issance Zone (see instruction	ons)	15.			00
	Michigan state and local incor on MI-1040, line 10				16.		(00
17.	Michigan Education Savings I	Program and	1 MI 529 Advisor Plan		17.	 	(100
18.	Michigan Education Trust				18.	***************************************	(00
19.	Oil, gas, and nonferrous meta	illic minerals	income included in AGI	*************************	19.		(00
20.	Resident Tribal Member incor pursuant to Revenue Adminis	ne exempted	d under a State/Tribal tax ag	reement or	ſ		(T
21.	Michigan Net Operating Loss	Deduction			21.			00
22	Miscellaneous subtractions (s	ee instructio	ns) Describe:		22.		(00
Comp	luction Based on Year plete this section if you are eligi	ble to claim t	he Michigan Standard Deduc					
and y	enior investment income on line your spouse, if married. E: See instructions before co				32g., 23, V	nust be c	ompleted for you	
and y	our spouse, if married. E: See instructions before co	ontinuing wi	th this section.		SP04	BE .		
and y NOTI	our spouse, if married. E: See instructions before co	ontinuing wi Fil.ER B. Age	th this section.	D.	8PC E. A	ls.€ ge	F.	
and y NOTI	our spouse, if married. E: See instructions before co	ontinuing wi Fil.ER B. Age	th this section.		SP04	ls.€ ge		
end y NOTI 23.	A. Year of Birth (19xx) (as of Michigan Standard Deducti(if married) was born during the	ontinuing wi FILEN B. Age 12-31-2016) on. Comple he period Ja	th this section. C. Check if SSA Exempt te this line ONLY if the older	D. Year of Birth (19xx) of you or your spot ary 1, 1950, and rea	E. A (as of 12-3	ls.€ ge	F. Check if SSA Exe	empt
end y NOTI 23. 24.	A. Year of Birth (19xx) (as of Michigan Standard Deduction for married) was born during the age 67 on or before December Retirement benefits. Enter a	ontinuing wi FULFN B. Age 12-31-2016) on. Comple he period Ja er 31, 2016. amount from	th this section. C. Check if SSA Exempt te this line ONLY if the older nuary 1, 1946 through Janu Do not complete lines 25 line 15, 26, 27 or 28 of Form	D. Year of Birth (19xx) of you or your sporary 1, 1950, and rearm 4884, Michigan	E. A (as of 12-3 see ched 24	ls.€ ge	F. Check if SSA Exe	empt 000
24. 25.	A. Year of Birth (19xx) (as of Michigan Standard Deduction for married) was born during the age 67 on or before December.	on. Comple the period James 31, 2016. Computer from 4884 is deduction to married filia.	th this section. C. Check if SSA Exempt the this line ONLY if the older nuary 1, 1946 through Janu Do not complete lines 25. line 15, 26, 27 or 28 of Form for taxpayers 71 years and ng separately filers and \$22	D. Year of Birth (19xx) of you or your spotary 1, 1950, and real 26	E. A (as of 12-3 asse ched 24 25.	ls.€ ge	F. Check if SSA Exe	000
24. 25.	A. Year of Birth (19xx) Michigan Standard Deducti (if married) was born during the age 67 on or before December Retirement benefits. Enter a Pension Schedule. Attach F Dividend/interest/capital gain: limited to \$11,115 for single of any deduction for retirement I Check this box if you are the	on. Comple he period Ja er 31, 2016. amount from orm 4884 s deduction or married filiphenefits (see e unremarried	th this section. C. Check if SSA Exempt the this line ONLY if the older nuary 1, 1946 through Janu Do not complete lines 25. line 15, 26, 27 or 28 of Form for taxpayers 71 years and ng separately filers and \$22	D. Year of Birth (19xx) of you or your sporary 1, 1950, and real and 26	E. A (as of 12-3 see ched 24 25	ls.€ ge	F. Check if SSA Exe	00000000000000000000000000000000000000

2016 MICHIGAN Schedule 1 Additions and Subtractions

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

Type or print in blue or black ink. Print numbers like this: 0!23456789 - NOT like this: Ø 1 4 $\mathcal F$ Attach to Form Mi-1040.

Attachment 01

	,	V	
Filer's First Name	M.I	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
RICHARD	Α		-8-6-

Additions to income (all entries must be positive numbers)

Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions	1.	0	00
Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions)	2.	0	00
3. Gains from Michigan column of MI-1040D and MI-4797	3.	0	00
Losses attributable to other states (see instructions)	4.	0	00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797	5.	0	00
Oil, gas, and nonferrous metallic mineral expenses deducted to arrive at Adjusted Gross Income (AGI)	6.		00
7. Federal Net Operating Loss deduction	7.	0	00
8. Other (see instructions). Describe:	8.	0	00
9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11	9.	0	00

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R. Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

➤ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

Information about Form 4852 is available at www.irs.gov/form4852.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service 2 Your social security number 1 Name(s) shown on return RICHARD A. 3 Address MI S Enter year in space provided and check one box. For the tax year ending December 31. I have been unable to obtain (or have-received an incorrect) Form W-2 OR Form 1099-R. I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5. 5 Employer's or payer's name, address, and ZIP code 6 Employer's or payer's identification number (if known) Form W-2. Enter wages, tips, other compensation, and taxes withheld. a Wages, tips, and other compensation 0 f State income tax withheld 644.68 (Name of state) . b Social security wages Mi 0 c Medicare wages and tips . . . Local income tax withheld . 0 g (Name of locality) Social security tips . . . 0 Federal income tax withheld 671.76 h Social security tax withheld 940.48 Medicare tax withheld . . . 219.95 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc. g f Federal income tax withheld . 0 a Gross distribution o g State income tax withheld 0 Taxable amount Local income tax withheld Taxable amount not determined . h 0 Employee contributions 0 Total distribution o j Distribution codes . . . Capital gain (included in line 8b) . 9 How did you determine the amounts on lines 7 and 8 above? Payer INCORRECTLY characterized remuneration as "Wages", when no such "Wages" as defined at IRC 3121 and 3401 and Relevant Law were received. The amounts indicated as withheld are from Payer provided W-2 and are presumed to be correct, though no warrant shall be inferred. 10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. NONE

General Instructions

Section references are to the Internal Revenue Code.

Future developments. The IRS has created a page on IRS.gov for information about Form 4852, at www.irs.gov/form4852. Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be posted on that page.

Purpose of form. Form 4852 serves as a substitute for Forms W-2. W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer does not issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

You should always attempt to get Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filling Form 4852. If you do not receive the missing or corrected form from your employer or payer by February 14, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment, and your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS also will send you a Form 4852. If you do not receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

if you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

Note. Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use a my Social Security online account to verify wages reported by your employers. Please visit www.ssa.gov/myaccount. Or, you may contact your local SSA office to verify wages reported by your employer.

Will I need to amend my return? If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return.

Penalties. The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

- Accuracy-related penalties equal to 20 percent of the amount of taxes that should have been paid.
- Civil fraud penalties equal to 75 percent of the amount of taxes that should have been paid, and