Michi	gan Department of Treasury (Rev. 9-08),	Page 1									Issued under authority			
Ret	08 MICHIGAN Indiv urn is due April 15, 2009.							7	, ,		Public Act 281 of 1967			
HERE S	1. Filer's First Name Thomas	M.L.	mbers like this: 0/23456789 - NOT like to Last Name Hendrickson					this: Ø 1 4 7  ▶ 2. Filer's Social Security No. (Example: 123-45-6789)						
LABEL	If a Joint Return, Spouse's First Name M.I. Last Name  Home Address (No., Street, P.O. Box or Rural Route)						3. Spouse's Social Security No. (Example: 123-45-6789)							
PLACE	City or Town				State ZIP Code MI				▶ 4. School District Code (5 digits - see p. 49)					
CHIL	TARY FAMILY RELIEF FUND DREN'S TRUST FUND DREN OF VETERANS TUITION G	RANT	PROGRAM		y contribute to the n of Veterans Tuiti						Trust Fund and the 23 of this form.			
<b>&gt;</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  D. Spouse						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  * If you check box "c," complete line 3 and enter spouse's name below.  c. Married, filing separately*						8. RESIDENCY. Check all that apply. a. Resident							
							b. Nonresident*  * If you check box "b" or "c," you must complete and attach Schedule NR.  c. Part-Year Resident*							
<b>&gt;</b> 9.	EXEMPTIONS				10. 11. 10.	- 21	-				PROPERTY OF THE PERSON			
	a. Number of exemptions you cla	imed o	n your 2008 fe	deral ret	urn		9a.	1	×	\$3,500	3,500	00		
	b. Number of individuals 65 or old	ier wh	o qualify for a s	pecial e	emption	1	9b.	0	×	\$2,200	0	00		
	<ul> <li>Number of individuals who qua deaf, blind, hemiplegic, paraple</li> </ul>	ilify for	one of the follo uadriplegic, or t	wing spotally an	ecial exemptions: id permanently dis	abled I	9c.	0	] ×	\$2,200	SUCIAL DO	00		
	d. Number of children ages 18 ar	d und	er you claimed	as Michi	gan exemptions	1	9d.	0	×	\$600	0	00		
	e. Number of qualified disabled v	eteran	8				9e.	0	×	\$250	0	00		
	f. If your unemployment compen- (amount claimed on line 10) ch	sation	is 50% or more	of your	Adjusted Gross In	come	91.	7(-)		\$2,200	0	00		
	g. If someone else can claim you							= '''		-		П		

Worksheet 2 on p.10, and enter the amount from the worksheet....

h. Add lines 9a, 9b, 9c, 9d, 9e, 9f and 9g. Enter here and on line 15 .....

Total. Add lines 10 and 11...

Adjusted Gross Income from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see p. 10)....

Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" .....

Exemption allowance. Enter the amount from line 9h or Schedule NR, line 20.....

Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"......

Additions from Michigan Schedule 1, line 7, Attach Schedule 1, .....

Subtractions from Michigan Schedule 1, line 21. Attach Schedule 1.....

Tax. Multiply line 16 by 4.35% (0.0435). Enter here and carry amount to line 18...

.. + 9g X (~)

▶ 13.

16.

3,500

0

0

0

0

0

0

3.500

2008 M	II-1040, Page 2	Filer's Social Security Number	1-
		Tomos	30
18.	Enter amount of tax from line 17	18.	0 0
19.	Total Nonrefundable Credits. Attach Schedule 2	19.	0 0
20.	Income tax. Subtract line 19 from line 18. If line 19 is greater than line 18, enter	r °0"	0 0
21.	Military Family Relief Fund. Enter your contribution amount (\$1 minimum)	1	0 0
22	Children's Trust Fund. Enter your contribution amount (\$5 minimum)		0 0
23.	Children of Veterans Tuition Grant Program. Enter your contribution amount (\$2)		0 0
24	Additional Voluntary Contributions from Form 4642, line 6. Attach Form 4642		0 0
25.	USE Enter use tax due on Internet, mail order or other out-of-state purcha	ases from	0
	TAX Worksheet 1, line 3, p. 9.	→ 25.	0
26.	Add lines 20, 21, 22, 23, 24 and 25.	26.	0 0
REFU 27.	NDABLE CREDITS AND PAYMENTS  Property Tax Credit. Attach MI-1040CR or MI-1040CR-2	▶ 27.	0 0
28.	Farmland Preservation Credit. Attach MI-1040CR-5		0 0
29.	Qualified Adoption Expenses, Attach U.S. Form 8839 and MI-8839	- 1 have	0 0
30.	Stillbirth Credit. Enter amount from Worksheet 3, p. 11		0 0
31.	a. Federal Earned Income Tax Credit	0 00	0.1
	b. Michigan Earned Income Tax Credit. Multiply line 31a by 10% (0.10)		0 0
32	Michigan tax withheld from Schedule W, line 3. Attach Schedule W	→ 32	3 0
33.	Estimated tax, extension payments and 2007 credit forward	→ 33.	0 0
34.	Total refundable credits and payments. Add lines 27, 28, 29, 30, 31b, 32 and 33	3 34.	3 0
	ND OR TAX DUE	ody	the state of the s
35.	If line 34 is less than line 26, subtract line 34 from line 26.  Include interest and penalty if applicable (see p. 1	11)PAY > 35.	0 0
36.	If line 34 is greater than line 26, subtract line 26 from line 34. You overpaid this		3 0
37.	Amount of line 36 to be credited to your 2009 estimated tax for your 2009 tax re	A TOTAL REAL PROPERTY AND ADDRESS OF	0 0
		REFUND > 38.	2
38,	Subtract line 37 from line 36		Įv.
	ased Taxpayer. If Filer and/or Spouse died after December 31, 2007, check the riate box below.	Preparer Certification. I declare under this return is based on all information of which I	penalty of perjury that have any knowledge.
· 🗆	Filer is Deceased   Spouse is Deceased	▶ Preparer's PTIN, FEIN or SSN	No. O Block Scott
	ayer Certification. I declare under penalty of perjury that the information in this return	7	and solution ?
	achments is true and complete to the best of my knowledge.  Signature Date	Preparer's Business Name (print or type)	
00000000	3/27/09	The state of the s	

## Schedule W

## 2008 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967.

Filer's First Na	18 IING IIIIS. 0/20/00	1101-	NOT like this: Ø 1 4	/			Attachmen	t 1		
Lifet a Litar Lea	me	M.I.	Last Name File			ocial Security Number (Ex	ample: 123-45-6789)			
Thomas		J	Hendrickson							
If a Joint Retur	n, Spouse's First Name	M.I.	Last Name	Spo	cuse	e's Social Security Number (Example: 123-45-6789)				
TABLE 1:	MICHIGAN TAX WIT	HHELD	ON W-2, W-2G or 0	ORRECTED W-2 F	OR	MS → E				
► A Enter "X"	B B der's		С	D	D		F			
if for: You or Spouse	Box b - Withholder's federal identification number	Wi	thholder's Name	Box 1 - Wages, tip other compensation		Box 17 - Michigan income tax withheld	Box 19 - City income tax withheld			
X				0	00	3 00	0	0		
					00	00		0		
					00	00		0		
					00	00		0		
					00	00		0		
				-	00	00		0		
					00	00		0		
					00	00		0		
								۲		
Enter Table 1	Subtotal from additional	I Sched	ule W forms (if applicat	ole)	- 1	100		lo		
1. SUBTO	Subtotal from additional DTAL. Enter total of Table Income Tax Workshee	le 1, colu	imns E and F. Carry to	tal of column F to	1.	3 00		00		
1. SUBTO the City IMPOR		le 1, colu t in the M entries	umns E and F. Carry to II-1040 Instruction Boo for Table 2, carry tota	tal of column F to oklet	1.	3 00				
1. SUBTO the City IMPOR	OTAL. Enter total of Tab y Income Tax Workshee RTANT: If you have no	le 1, colu t in the M entries	umns E and F. Carry to II-1040 Instruction Boo for Table 2, carry tota	tal of column F to oklet	1.	3 00				
1. SUBTO the City IMPOR	OTAL. Enter total of Tab y Income Tax Workshee RTANT: If you have no MICHIGAN TAX WITH	le 1, colu t in the M entries	umns E and F. Carry to II-1040 Instruction Boo for Table 2, carry tota ON 1099 and 4119	tal of column F to oklet		3 <sub>00</sub> ine 3 below.	0	on		
1. SUBTO the City IMPOR	DTAL. Enter total of Tab y Income Tax Workshee RTANT: If you have no  MICHIGAN TAX WITH B  Payer's federal	le 1, colu t in the M entries	omns E and F. Carry to MI-1040 Instruction Boo for Table 2, carry tota ON 1099 and 4119	tal of column F to oklet		3 00 ine 3 below.  ▶ E  Michigan income	F Box 7 - Distributio	on		
1. SUBTO the City IMPOR	DTAL. Enter total of Tab y Income Tax Workshee RTANT: If you have no  MICHIGAN TAX WITH B  Payer's federal	le 1, colu t in the M entries	omns E and F. Carry to MI-1040 Instruction Boo for Table 2, carry tota ON 1099 and 4119	tal of column F to oklet	tr.)	ine 3 below.  E  Michigan income tax withheld	F Box 7 - Distributio	on		
1. SUBTO the City IMPOR	DTAL. Enter total of Tab y Income Tax Workshee RTANT: If you have no  MICHIGAN TAX WITH B  Payer's federal	le 1, colu t in the M entries	omns E and F. Carry to MI-1040 Instruction Boo for Table 2, carry tota ON 1099 and 4119	tal of column F to oklet	tr.)	ine 3 below.  E Michigan income tax withheld	F Box 7 - Distributio	on		
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1. SUBTO the City IMPOR	DTAL. Enter total of Tab y Income Tax Workshee RTANT: If you have no  MICHIGAN TAX WITH B  Payer's federal	le 1, colu t in the M entries	omns E and F. Carry to MI-1040 Instruction Boo for Table 2, carry tota ON 1099 and 4119	tal of column F to oklet	00 00	ine 3 below.  E Michigan income tax withheld  00  00  00	F Box 7 - Distributio	on		
1. SUBTO the City IMPOR	DTAL. Enter total of Tab y Income Tax Workshee RTANT: If you have no  MICHIGAN TAX WITH B  Payer's federal	le 1, colu t in the M entries	omns E and F. Carry to MI-1040 Instruction Boo for Table 2, carry tota ON 1099 and 4119	tal of column F to oklet	00 00 00	ine 3 below.  E Michigan income tax withheld  00  00	F Box 7 - Distributio	o		
1. SUBTO the City IMPOR  TABLE 2:  A Enter "X" if for: You or Spouse	DTAL. Enter total of Tab y Income Tax Workshee RTANT: If you have no MICHIGAN TAX WITH B Payer's federal identification number	le 1, colu t in the N entries	omns E and F. Carry to MI-1040 Instruction Boo for Table 2, carry tota ON 1099 and 4119 C Payer's name	tal of column F to oklet	00 00 00	ine 3 below.  E Michigan income tax withheld  00  00  00  00	F Box 7 - Distributio	oc		
1. SUBTO the City IMPOR  TABLE 2:  A Enter "X" if for: You or Spouse  Enter Table 2	DTAL. Enter total of Tab y Income Tax Workshee RTANT: If you have no  MICHIGAN TAX WITH B  Payer's federal	le 1, colut in the Nentries	omns E and F. Carry to MI-1040 Instruction Boo for Table 2, carry tota  ON 1099 and 4119  C  Payer's name	tal of column F to oklet	00 00 00	ine 3 below.  E Michigan income tax withheld  00  00  00  00  00  00	F Box 7 - Distributio	on		