

Statement for Exempt Individuals and Individuals With a Medical Condition
For use by alien individuals only.

2017

Attachment Sequence No. **102**

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form8843 for the latest information.

For the year January 1—December 31, 2017, or other tax year

beginning [redacted], 2017, and ending [redacted], 20 [redacted].

Your first name and initial

Last name

Your U.S. taxpayer identification number, if any

Fill in your addresses only if you are filing this form by itself and not with your tax return

Address in country of residence

Address in the United States

Part I General Information

- 1a Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ▶ [redacted]
- b Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions.
[redacted]
- 2 Of what country or countries were you a citizen during the tax year? [redacted]
- 3a What country or countries issued you a passport? [redacted]
- b Enter your passport number(s) ▶ [redacted]
- 4a Enter the actual number of days you were present in the United States during:
2017 [redacted] 2016 [redacted] 2015 [redacted]
- b Enter the number of days in 2017 you claim you can exclude for purposes of the substantial presence test ▶ [redacted]

Part II Teachers and Trainees

- 5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2017 ▶ _____
- 6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2017 ▶ _____
- 7 Enter the type of U.S. visa (J or Q) you held during: ▶ 2011 _____ 2012 _____
2013 _____ 2014 _____ 2015 _____ 2016 _____. If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired.
- 8 Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior calendar years (2011 through 2016)? Yes No
If you checked the "Yes" box on line 8, you cannot exclude days of presence as a teacher or trainee unless you meet the *Exception* explained in the instructions.

Part III Students

- 9 Enter the name, address, and telephone number of the academic institution you attended during 2017 ▶
[redacted] GRAND VALLEY STATE UNIVERSITY,
1 CAMPUS DR, ALLENDALE, MI 49401 616 331 3898
- 10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2017 ▶ [redacted] KATE STOETZNER, GRAND VALLEY
STATE UNIVERSITY, 1 CAMPUS DR, ALLENDALE, MI 49401
616 331 3898
- 11 Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2011 [redacted] 2012 [redacted]
2013 [redacted] 2014 [redacted] 2015 [redacted] 2016 [redacted]. If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired.
- 12 Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar years? Yes No
If you checked the "Yes" box on line 12, you must provide sufficient facts on an attached statement to establish that you do not intend to reside permanently in the United States.
- 13 During 2017, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status in the United States or have an application pending to change your status to that of a lawful permanent resident of the United States? Yes No
- 14 If you checked the "Yes" box on line 13, explain ▶ _____

Part IV Professional Athletes

15 Enter the name of the charitable sports event(s) in the United States in which you competed during 2017 and the dates of competition ▶ _____

16 Enter the name(s) and employer identification number(s) of the charitable organization(s) that benefited from the sports event(s) ▶ _____

Note: You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitable organization(s) listed on line 16.

Part V Individuals With a Medical Condition or Medical Problem

17a Describe the medical condition or medical problem that prevented you from leaving the United States ▶ _____

b Enter the date you intended to leave the United States prior to the onset of the medical condition or medical problem described on line 17a ▶ _____

c Enter the date you actually left the United States ▶ _____

18 Physician's Statement:

I certify that _____
Name of taxpayer

was unable to leave the United States on the date shown on line 17b because of the medical condition or medical problem described on line 17a and there was no indication that his or her condition or problem was preexisting.

Name of physician or other medical official

Physician's or other medical official's address and telephone number

Physician's or other medical official's signature Date

Sign here only if you are filing this form by itself and not with your tax return

Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my knowledge and belief, they are true, correct, and complete.

▶ _____ ▶ _____
Your signature Date

U.S. Income Tax Return for Certain Nonresident Aliens With No Dependents

2017

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form1040NREZ for instructions and the latest information.

Please print or type. See separate instructions.

Your first name and initial: [redacted] Last name: [redacted] Identifying number (see instructions): **your SSN**

Present home address (number, street, and apt. no., or rural route). If you have a P.O. box, see instructions. [redacted]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. [redacted]

Foreign country name: [redacted] Foreign province/state/county: [redacted] Foreign postal code: [redacted]

Filing Status
Check only one box.

1 Single nonresident alien 2 Married nonresident alien

Attach Form(s) W-2 or 1042-S here. Also attach Form(s) 1099-R if tax was withheld.

3	Wages, salaries, tips, etc. Attach Form(s) W-2	3	Box 1 on W2
4	Taxable refunds, credits, or offsets of state and local income taxes	4	
5	Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement.	5	
6	Total income exempt by a treaty from page 2, Item J(1)(e)	6	
7	Add lines 3, 4, and 5	7	Box 1 on W2
8	Scholarship and fellowship grants excluded	8	
9	Student loan interest deduction	9	
10	Subtract the sum of line 8 and line 9 from line 7. This is your adjusted gross income	10	Box 1 on W2
11	Itemized deductions (see instructions)	11	
12	Subtract line 11 from line 10	12	Box 1 on W2
13	Exemption (see instructions)	13	\$4050.00
14	Taxable income. Subtract line 13 from line 12. If line 13 is more than line 12, enter -0-	14	
15	Tax. Find your tax in the tax table in the instructions	15	FIND ONLINE
16	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	16	
17	Add lines 15 and 16. This is your total tax ▶	17	
18a	Federal income tax withheld from Form(s) W-2 and 1099-R	18a	Box 2 on W2
18b	Federal income tax withheld from Form(s) 1042-S	18b	
19	2017 estimated tax payments and amount applied from 2016 return	19	
20	Credit for amount paid with Form 1040-C	20	
21	Add lines 18a through 20. These are your total payments ▶	21	

Refund

22 If line 21 is more than line 17, subtract line 17 from line 21. This is the amount you **overpaid** ▶ 22 [redacted]

23a Amount of line 22 you want **refunded to you**. If Form 8888 is attached, check here ▶ 23a [redacted]

b Routing number [redacted] c Type: Checking Savings

d Account number [redacted]

e If you want your refund check mailed to an address outside the United States not shown above, enter that address here: _____

24 Amount of line 22 you want **applied to your 2018 estimated tax** ▶ 24 [redacted]

you either owe, are at 0 or will get a refund.

Amount You Owe

25 **Amount you owe.** Subtract line 21 from line 17. For details on how to pay, see instructions ▶ 25 [redacted]

26 Estimated tax penalty (see instructions) ▶ 26 [redacted]

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. Yes. Complete the following. No

Designee's name ▶ _____ Phone no. ▶ _____ Personal identification number (PIN) ▶ [redacted]

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of U.S. source income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature: [redacted] Date: [redacted] Your occupation in the United States: **Student** If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [redacted]

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: [redacted]

Firm's name ▶ _____ Firm's EIN ▶ _____

Firm's address ▶ _____ Phone no. ▶ _____

Schedule OI—Other Information (see instructions)
Answer all questions

A Of what country or countries were you a citizen or national during the tax year? _____

B In what country did you claim residence for tax purposes during the tax year? _____

C Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No

D Were you ever:
1. A U.S. citizen? Yes No
2. A green card holder (lawful permanent resident) of the United States? Yes No
 If you answer "Yes" to **(1)** or **(2)**, see Pub. 519, chapter 4, for expatriation rules that may apply to you.

E If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. _____

F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No
 If you answered "Yes," indicate the date and nature of the change. ► _____

G List all dates you entered and left the United States during 2017. See instructions.
Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, **check the box for Canada or Mexico** and skip to item H Canada Mexico

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy
_____	_____
_____	_____
_____	_____
_____	_____

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy
_____	_____
_____	_____
_____	_____
_____	_____

H Give number of days (including vacation, non-workdays, and partial days) you were present in the United States during: 2015 _____, 2016 _____, and 2017 _____.

I Did you file a U.S. income tax return for any prior year? Yes No
 If "Yes," give the latest year and form number you filed ► _____

J Income Exempt from Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year

(e) Total. Enter this amount on Form 1040NR-EZ, line 6. Do not enter it on line 3 or line 5

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No
 If "Yes," attach a copy of the Competent Authority determination letter to your return.

2017 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 17, 2018.

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

1. Filer's First Name		M.I.	Last Name		2. Filer's Full Social Security No. (Example: 123-45-6789)	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789)	
Home Address (Number, Street, or P.O. Box)					4. School District Code (5 digits - see page 60)	
City or Town			State	ZIP Code		
5. STATE CAMPAIGN FUND Check if you (and/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.				6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
7. 2017 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately*				8. 2017 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input checked="" type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident *		

9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,500 on line 9d (see instr.).

a. Number of exemptions claimed on 2017 federal return.....	9a.	1	x \$4,000	9a.	4000	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.....	9b.		x \$2,600	9b.		00
c. Number of qualified disabled veterans.....	9c.		x \$400	9c.		00
d. Claimed as dependent, see line 9 NOTE above.....	9d.	<input type="checkbox"/>		9d.		00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15.....	9e.			9e.	4000	00

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

11. Additions from Schedule 1, line 9. Include Schedule 1.....

12. Total. Add lines 10 and 11.....

13. Subtractions from Schedule 1, line 27. Include Schedule 1.....

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

15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19.....

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

17. Tax. Multiply line 16 by 4.25% (0.0425).....

10.	line 10 of 1040 NRSEZ	00
11.		00
12.		00
13.		00
14.		00
15.	4000	00
16.		00
17.		00

NON-REFUNDABLE CREDITS

18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....

19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....

20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0".....

	AMOUNT	CREDIT
18a.		00
19a.		00
20.		00

likely same as line 17

Filer's Full Social Security Number

[Redacted Social Security Number]

21. Enter amount of Income Tax from line 20.....	21.	[Redacted]	00
22. Voluntary Contributions from Form 4642, line 7. Include Form 4642	22.	[Redacted]	00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	[Redacted]	00
24. Total Tax Liability. Add lines 21, 22 and 23	24.	[Redacted]	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.	[Redacted]	00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.	[Redacted]	00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.....	27a.	FEDERAL [Redacted]	00
	27b.	MICHIGAN [Redacted]	00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.	[Redacted]	00
29. Michigan tax withheld from Schedule W, line 7. Include Schedule W (do not submit W-2s)	29.	[Redacted]	00
30. Estimated tax, extension payments and 2016 credit forward	30.	[Redacted]	00
31. 2017 AMENDED RETURNS ONLY. Taxpayers completing an original 2017 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) .			
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.			
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.			
31c.		[Redacted]	00
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c	32.	[Redacted]	00

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.	33.	[Redacted]	00
Include interest [Redacted] 00 and penalty [Redacted] 00			
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32	34.	[Redacted]	00
35. Credit Forward. Amount of line 34 to be credited to your 2018 estimated tax for your 2018 tax return ...	35.	[Redacted]	00
36. Subtract line 35 from line 34.....	36.	[Redacted]	00

DIRECT DEPOSIT

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

a. Routing Transit Number	b. Account Number	c. Type of Account
[Redacted]	[Redacted]	1. <input type="checkbox"/> Checking 2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2016, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2017 (MM-DD-YYYY)

Filer	[Redacted]	Spouse	[Redacted]
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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

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	Date
[Redacted]	[Redacted]
Spouse's Signature	Date
[Redacted]	[Redacted]

Preparer's Name (print or type)

Preparer's Business Name, Address and Telephone Number

By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 33 (see instructions). Mail your check and return to:

Michigan Department of Treasury, Lansing, MI 48929

2017 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name <div style="background-color: #f00; width: 100%; height: 15px;"></div>	M.I.	Last Name <div style="background-color: #f00; width: 100%; height: 15px;"></div>	Filer's Full Social Security No. (Example: 123-45-6789) <div style="background-color: #f00; width: 100%; height: 15px;"></div>
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Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....	10.		00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits	11.		00
12. Gains from federal column of Michigan MI-1040D and MI-4797	12.		00
13. Income attributable to another state. Explain type and source: _____	13.		00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.		00
15. Income earned while a resident of a Renaissance Zone (see instructions)	15.		00
16. Michigan state and local income tax refunds received in 2017 and included on MI-1040, line 10.....	16.		00
17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.....	17.		00
18. Michigan Education Trust	18.		00
19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI.....	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i>	20.		00
21. Michigan Net Operating Loss	21.		00
22. Miscellaneous subtractions (see instructions). Describe: _____	22.		00

Deduction Based on Year of Birth

Complete this section if you are eligible to claim the Michigan Standard Deduction, the deduction for retirement benefits or the deduction for senior investment income on lines 24, 25 or 26. If you complete line 24, 25 or 26, lines 23A through 23F must be completed for you and your spouse, if married.

NOTE: See instructions before continuing with this section.

23.	FILER			SPOUSE		
	A.	B. Age	C.	D.	E. Age	F.
	Year of Birth (19xx)	(as of 12-31-2017)	Check if SSA Exempt	Year of Birth (19xx)	(as of 12-31-2017)	Check if SSA Exempt
		<input type="checkbox"/>			<input type="checkbox"/>	

24. Michigan Standard Deduction. Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1946 through January 1, 1951, and reached age 67 on or before December 31, 2017. Do not complete lines 25 and 26	24.		00
25. Retirement benefits. Enter amount from line 15, 26, 27 or 28 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884	25.		00
26. Dividend/interest/capital gains deduction for taxpayers 72 years and older . Deduction is limited to \$11,259 for single or married filing separately filers and \$22,518 for joint filers, less any deduction for retirement benefits (see instructions).....	26.		00
<input type="checkbox"/> Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.			
27. Total subtractions. Add lines 10 through 26. Enter here and on MI-1040, line 13.....	27.		00

If additions do not apply, only submit page 2 of the Schedule 1 with your return.

+ 0000 2017 09 02 27 5

likely to be blank except for name and Soc Sec. #

2017 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: 0123456789 - NOT like this: 0147
Include with Form MI-1040.

Attachment 01

Filer's First Name [REDACTED]	M.I. [REDACTED]	Last Name [REDACTED]	Filer's Full Social Security No. (Example: 123-45-6789) [REDACTED]
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Additions to Income (all entries must be positive numbers)

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

1.		00
2.	[REDACTED]	00
3.		00
4.		00
5.		00
6.		00
7.		00
8.		00
9.		00

likely to be blank except for name and soc sec. #. UNLESS you received a refund from the federal government last year. If you did - that amount goes into box 2 here and then also box 13 on the Michigan 1040

Continue on page 2.
If subtractions do not apply, only submit page 1 of the Schedule 1 with your return.

2017 MICHIGAN Nonresident and Part-Year Resident Schedule

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

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: Ø 1 4 7

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

1. Filer's First Name [REDACTED]	M.I.	Last Name [REDACTED]	2. Filer's Full Social Security No. (Example: 123-45-6789) [REDACTED]
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) [REDACTED]

4. 2017 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.

Enter dates of Michigan residency in 2017*

*Dates of Michigan residency in 2017 (Enter dates as MM-DD-YYYY, Example: 04-15-2017)

	FILER	SPOUSE
FROM:	[REDACTED] 2017	[REDACTED] 2017
TO:	[REDACTED] 2017	[REDACTED] 2017

Income Allocation

	A. Total Income	B. Michigan Income	C. Other State(s) Income
5. Wages, salaries, other payments (tips, etc.)	Box 1 on W2 [REDACTED] 00	Box 1 on W2 [REDACTED] 00	00
6. Interest and dividends	00	00	00
7. Business and farm income (include U.S. Schedules C and F)	00	00	00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S Form 4797	00	00	00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)	00	00	00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884)	00	00	00
11. Other (see instructions)	00	00	00
12. Total income. Add lines 5 through 11	Box 1 on W2 [REDACTED] 00	Box 1 on W2 [REDACTED] 00	00
13. Enter the total adjustments from U.S. Form 1040 or 1040A. Describe:	00	00	00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	Box 1 on W2 [REDACTED] 00	Box 1 on W2 [REDACTED] 00	00

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

15. Enter amount from MI-1040, line 9e 15. [REDACTED] 4000 00

16. Enter Michigan source income from line 14, column B 16. [REDACTED] Box 1 on W2 00

17. Enter total income from line 14, column A 17. [REDACTED] Box 1 on W2 00

18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%) 18. [REDACTED] 100 %

19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 5 and enter here and on MI-1040, line 15. 19. [REDACTED] 00

+ 0000 2017 13 01 27 8
 This form is different if you earned any money outside of the State of Michigan

2017 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: 0123456789 - NOT like this: Ø 1 4 7

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2017, 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. Include your completed Schedule W with Form MI-1040 where applicable. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name 	M.I.	Last Name 	2. Filer's Full Social Security No. (Example: 123-45-6789)
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		B	C	D	E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation	Box 17 — Michigan income tax withheld	
<input checked="" type="checkbox"/>	<input type="checkbox"/>				00	00
<input type="checkbox"/>	<input type="checkbox"/>				00	00
<input type="checkbox"/>	<input type="checkbox"/>				00	00
<input type="checkbox"/>	<input type="checkbox"/>				00	00
<input type="checkbox"/>	<input type="checkbox"/>				00	00
<input type="checkbox"/>	<input type="checkbox"/>				00	00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....						00
4. SUBTOTAL. Enter total of Table 1, column E.					4.	

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

A		B	C	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	
<input type="checkbox"/>	<input type="checkbox"/>				00	00
<input type="checkbox"/>	<input type="checkbox"/>				00	00
<input type="checkbox"/>	<input type="checkbox"/>				00	00
<input type="checkbox"/>	<input type="checkbox"/>				00	00
<input type="checkbox"/>	<input type="checkbox"/>				00	00
<input type="checkbox"/>	<input type="checkbox"/>				00	00
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....						00
5. SUBTOTAL. Enter total of Table 2, column E.					5.	00

+ 0000 2017 57 01 27 6

Continue on page 2.

This comes straight from your W-2.



TABLE 3: MICHIGAN FLOW-THROUGH WITHHOLDING

A Payer's federal identification number (Example: 38-1234567)	B Payer's name	C Michigan flow-through withholding tax withheld	
			00
			00
			00
			00
			00
			00
Enter Table 3 Subtotal from additional <i>Schedule W</i> forms (if applicable).....			00
6. SUBTOTAL. Enter total of Table 3, column C.....	6.		00
7. TOTAL. Add lines 4, 5 and 6. Enter here and carry to MI-1040, line 29.....	7.		00

Note: If line 6 does not apply, only submit page 1 of the Schedule W with your return.

Instructions for Schedule W Withholding Tax Schedule

Schedule W is designed to report State of Michigan income tax withholding. Schedule W enables us to process your individual income tax return more efficiently.

Include the completed Schedule W with your return. An attachment number is listed in the upper right corner to help you assemble your forms in the correct order behind your *Individual Income Tax Return* (MI-1040).

If a Schedule W is not included when required, the processing of your return will be delayed. Do not submit W-2 and/or 1099 forms with your return.

If you are filing an amended return because you received a corrected W-2 you must complete a Schedule W. Keep copies of your W-2s with your tax records for six years and have them available if requested by the Department of Treasury.

Michigan Residents. If you paid income tax to a governmental unit outside of Michigan, see instructions for MI-1040, line 18.

Flow-Through Withholding. Complete Table 3 and report Michigan flow-through withholding on MI-1040, line 29. Do not claim flow-through withholding as an estimated payment.

Completing the Withholding Tables

Lines not listed are explained on the form.

Complete the withholding tables using information from your W-2, 1099 and MI-4919 forms, and any other documents that report Michigan tax withheld. If you need additional space, include another Schedule W.

Table 1 Column D: Enter wages, tips, and other compensation from W-2 forms from which Michigan tax was withheld. *Exception:* Enter military pay even if no Michigan tax was withheld.

Table 2 Column D: Enter unemployment compensation, taxable pension from federal return, and any other taxable income from any 1099 forms from which Michigan tax was withheld. *Exception:* Enter military retirement benefits and railroad retirement benefits from 1099-R, RRB-1099 and/or RRB-1099-R forms, even if no Michigan tax was withheld.

Table 3: Report Michigan flow-through information provided to you by the flow-through entity. *This form may be filed without page 2 if you are not claiming Flow-Through Withholding in Table 3.* If only page 1 needs to be filed, add lines 4 and 5 and carry the total to Form MI-1040, line 29.

Line 7: Total. Enter total of line 4 from Table 1, line 5 from Table 2, and line 6 from Table 3 and carry total to Form MI-1040, line 29.