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 2	2011 or prior, you mus	<u>t use</u> F	Form MI-1040X.		
ENTER TAX YEAR you are amending (YY)	///				
2. Filer's First Name M.I. Last N			3 Filer's Full Sc	ocial Security No. (Exa	
			0.1 1101 0 1 411 00	oolal coodiny ivo. (Exc	mple: 120 10 0700)
If a Joint Return, Spouse's First Name M.I. Last N	ame				•
			4. Spouse's Full	Social Security No. (I	Example: 123-45-6789)
Home Address (Number, Street, or P.O. Box)					_
City or Town			State	ZIP Code	
ony on found			Ciale	211 0000	
FILING STATUS Single Married Filing Jointly	Married				
	Filing Separately *	*	If married filing congr	ataly antar Chausa	'a full name:
5. On Original Return		Ë	If married filing separa	ately, enter Spouse	s tuli name:
6. On This Return					
INCOME, ADDITIONS AND DEDUCTIONS	 }		A. On Original Return	B. Net Change	C. Correct Amount
Adjusted gross income. Explain changes					
Additions to adjusted gross income					
9. Total income. Add lines 7 and 8					
10. Subtractions from adjusted gross income					
11. Balance. Subtract line 10 from line 9		. 11.			
12. Multiply number of exemptions by applicable	amount (see instructions)	. 12.			
13. Taxable income. Subtract line 12 from line	ə 11	. 13.			
14. Tax. Multiply line 13 by tax rate (see instru-	ctions)	. 14.			
NONREFUNDABLE CREDITS					
15. Credit for Income Tax Imposed by Governme	ent Units Outside Michigan	15.			
16. Historic Preservation Tax Credit (nonrefund		. 16.			
17. Small Business Investment Tax Credit (atta	ach applicable certificate)	17.			
18. Total nonrefundable credits. Add lines 15 th		. 18.			
19. Subtract line 18 from line 14. If line 18 is more	_				
20. Voluntary Contributions (see instructions)	•				
21. Use tax due (see instructions)					
22. Add lines 19, 20 and 21					
REFUNDABLE CREDITS AND PAYMENT					
23. Property Tax Credit (attach MI-1040CR or I		. 23.			
24. Farmland Preservation Credit (attach MI-19	•				
25. Michigan Earned Income Tax Credit (attach Wi-					
26. Historic Preservation Tax Credit (refundabl					
20. Historic Preservation Tax Credit (Terundabi	e, allacii Fuiii 5561)	. 20.			
27. Michigan tax withheld (attach Schedule W))	. 27.			
28. Estimated tax, extension payments and cre					
29. Amount paid with original return, plus addit			L	enalty) 29.	00
30. Total refundable credits and payments. Add			•	• •	00
30. Total returndable credits and payments. Add	u iines 25 trirough 29 of co	olumin C	······	30.	
REFUND OR BALANCE DUE					
31. Overpayment, if any, on original return (see	e instructions)			31.	00
32. Subtract line 31 from line 30 (if negative, se					00
· · · · · · · · · · · · · · · · · · ·				32.	100
33. If line 22, column C, is greater than line 32] (if an-	licable acc instruc	tions) 33.	
Include interest and	penalty] (II app	licable, see instruc	uons) 33.	[00
24 If line 22 column C is less than line 22	otor DEELIND to be receive	od		0.4	
34. If line 22, column C, is less than line 32, er	ILE I KELOND TO DE LECEIVE	c u		34.	00

MI-104	40X-12, Page 2 of 2								
	.o, . age _ e		Filer's Full So	cial Security	Number				
					*E	nter dates of Michigan re	sidency for tax year h	neing amended	
RES	IDENCY STATU	JS Resident	Nonresident	Part-Year	Г	ter dates as MM-DD-YY			
35.	On Original Retu	urn	🔲		FROM		то	_	
36.	On This Return.				FROM	<u> </u>	то	_	
FXF	MPTIONS								
		f changing the number of e	exemptions. Ente	er a numb	er for all that apply	in the appropriat	e box (see inst	ructions).	
	Enter the number of exemptions claimed: On Your Original Return On This Return								
		ederal exemptions					a		
	•	or disabled *					b		
	c. Number of q	ualified disabled veterans.		c			c		
*A	pplies to people who	o are hemiplegic, paraplegic,	quadriplegic or cla	ssified as t	otally and permanen	tly disabled under S	ocial Security gu	idelines.	
38.	List below all you	ır dependents and answer a	all questions for e	ach dene	ndent (F-H answer	"Yes" or "No")			
		sheet if necessary.	an quodiono ioi d	aon aopo	naoni (E manorio	100 01 110).			
	Α	В	С	D	E	F	G	Н	
	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 origina return?	
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					L		L		
EVD	I ANATION OF	OHANGEO							
	LANATION OF Explain change in	CHANGES n number of dependents a	nd changes to in	ncome, de	eductions and cred	its. Show compute	ations in detail	and attach	

applicable schedules and supporting documentation if necessary.

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.		Preparer Certification. 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		
		Preparer's Business Name (print or type)		
Spouse's Signature	Date			
		Preparer's Business Address (print or type)		
By checking this box, I authorize Treasury to discuss my repreparer.				

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 their 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.