

2015 MICHIGAN Composite Individual Income Tax Return

Issued under authority of Public Act 281 of 1967.

This return is due April 18, 2016. Type or print clearly in blue or black ink.

Return is for calendar year 2015 or for tax year beginning: and ending:

Filers whose tax year ends in 2015 should use this form. Do not use this form if the tax year ends in a year other than 2015.

1. Name of Partnership, S Corporation or Other Flow-Through Entity		2. Federal Employer Identification Number (FEIN)	
3. Mailing Address (Number, Street or P.O. Box)			
4. City or Town		State	ZIP Code

NOTE: Pages 1 - 4 of the U.S. Forms 1065 or 1120S, Form MI-1040H and a completed schedule(s) of participants and nonparticipants must be attached to this return. See instructions.

5. Ordinary income (loss) from U.S. Form 1065, line 22, or U.S. Form 1120S, line 21.....	▶ 5.		00
6. Additions from line 33, page 2.....	▶ 6.		00
7. Subtotal. Add lines 5 and 6.....	7.		00
8. Subtractions from line 36, page 2.....	▶ 8.		00
9. Total income subject to apportionment. Subtract line 8 from line 7.....	9.		00
10. Apportionment percentage from MI-1040H (see instructions).....	▶ 10.		%
11. Total Michigan apportioned income. Multiply line 9 by the percentage on line 10.....	11.		00
12. Michigan allocated income or (loss) from line 41, page 2.....	12.		00
13. Total Michigan income. Add lines 11 and 12.....	13.		00
14. Michigan income attributable to Michigan residents (see instructions for Schedule C).....	14.		00
15. Michigan income attributable to nonparticipating members (see instructions for Schedule B).....	15.		00
16. Michigan income attributable to participants (see instructions for Schedule A).....	16.		00
17. Exemption allowance from line 47, page 2.....	17.	00	
18. SEP, SIMPLE or qualified plan deductions from line 50, page 2.....	18.	00	
19. Add lines 17 and 18.....	19.		00
20. Taxable income. Subtract line 19 from line 16.....	20.		00
21. Tax due. Multiply line 20 by 4.25% (0.0425).....	▶ 21.		00
22. Michigan extension payments.....	▶ 22.		00
23. Withholding tax payments attributable to participants from Schedule A, Column 3b.....	▶ 23.		00
24. If line 22 plus line 23 is less than line 21, enter TAX DUE. Include interest _____ and penalty _____, if applicable.....	24.	PAY	00
25. If line 22 plus line 23 is more than line 21, enter REFUND.....	25.	REFUND	00

<p>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. I have obtained the required power of attorney from each of the members of this composite return and the entity will resolve the issue of any tax liability.</p>		<p>PREPARER CERTIFICATION. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.</p>	
Filer's Signature	Date	Preparer's PTIN, FEIN or SSN	
<input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		Preparer's Name (print or type)	
<p>Mailing: Make check payable to "State of Michigan." Write the entity's FEIN, "Composite Return" and tax year on the check.</p> <p>Mail completed returns to: Michigan Department of Treasury P.O. Box 30058 Lansing, MI 48909</p>		Preparer's Business Name, Address and Telephone Number	

Name of Partnership, S Corporation or Other Flow-Through Entity	Federal Employer Identification Number
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ADDITIONS (see instructions)

26. Net income (loss) from rental real estate activities.....	26.		00
27. Net income (loss) from other rental activities	27.		00
28. Portfolio Income (loss) (see instructions):			
a. Interest income	28a.		00
b. Dividend income	28b.		00
c. Royalty income	28c.		00
d. Net short-term capital gain (loss) (from U.S. <i>Schedule K</i>).....	28d.		00
e. Net long-term capital gain (loss) (from U.S. <i>Schedule K</i>).....	28e.		00
f. Other portfolio income	28f.		00
29. Net gain (loss) under Section 1231	29.		00
30. Other income from U.S. <i>Schedule K</i>	30.		00
31. State or local taxes measured by income.....	31.		00
32. Other miscellaneous additions (attach schedule).....	32.		00
33. Total additions. Add lines 26 through 32. Enter here and on line 6	33.		00

SUBTRACTIONS (see instructions)

34. Income (loss) from other partnerships, S corporations and fiduciaries	34.		00
35. Other miscellaneous subtractions (attach schedule).....	35.		00
36. Total subtractions. Add lines 34 and 35. Enter here and on line 8	36.		00

MICHIGAN ALLOCATED INCOME OR (LOSS)

37. Guaranteed payments to all members allocated to Michigan:			
a. Participating nonresidents - for services performed in Michigan	37a.		00
b. Nonparticipating nonresidents - for services performed in Michigan.....	37b.		00
c. Michigan residents - total payments	37c.		00
38. Income attributable to other Michigan partnerships, S corporations or fiduciaries	38.		00
39. Net Michigan capital gains (losses) not subject to apportionment (from U.S. <i>Schedule D</i>)	39.		00
40. Other Michigan allocated income (loss) (see instructions).....	40.		00
41. Total Michigan allocated income (loss). Add lines 37a through 40. Enter here and on line 12	41.		00

EXEMPTION ALLOWANCE

42. Michigan income to participants from line 16	42.		00
43. Total income from Participants' Total Income Worksheet, page 9	43.		00
44. Percent of income attributable to Michigan. Divide line 42 by line 43 (must be between 0 and 100%).....	44.		%
45. Prorated exemption allowance per participant. Multiply line 44 by \$4,000 (exemption allowance).....	45.		00
46. Number of participants included in this return	46.		
47. Total prorated exemption (see instructions).....	47.		00

SEP, SIMPLE OR QUALIFIED PLAN DEDUCTIONS (PARTNERS ONLY)

48. SEP, SIMPLE or qualified plan deductions for participants (attach schedule).....	48.		00
49. Percent of income attributable to Michigan from line 44.....	49.		%
50. SEP, SIMPLE or qualified plan deductions attributable to Michigan. Multiply line 48 by the percentage on line 49. Enter here and on line 18.....	50.		00

Name of Partnership, S Corporation or Other Flow-Through Entity	Federal Employer Identification Number
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SCHEDULE A: SCHEDULE OF PARTICIPANTS (Must have at least two participants, see instructions)

	Column 1: Distributive Share of Michigan Income and Michigan Guaranteed Payments	Column 2: Share of Michigan Tax	Column 3: Withholding Paid on Behalf of the Participant *	
Recipient FEIN/SSN			3a: Payer FEIN	3b: Withholding
Recipient Name and Address				
Recipient FEIN/SSN			3a: Payer FEIN	3b: Withholding
Recipient Name and Address				
Recipient FEIN/SSN			3a: Payer FEIN	3b: Withholding
Recipient Name and Address				
Recipient FEIN/SSN			3a: Payer FEIN	3b: Withholding
Recipient Name and Address				
Recipient FEIN/SSN			3a: Payer FEIN	3b: Withholding
Recipient Name and Address				
<input type="checkbox"/> Check here if additional page(s) used. Enter totals from additional page(s), if applicable.				
Total Columns 1, 2 and 3b. Carry total from Column 1 to page 1, line 16, and Column 3b to page 1, line 23.				

* Do not include withholding claimed as a credit on any other *Michigan Composite Individual Income Tax Return (Form 807)*, *Individual Income Tax Return (Form MI-1040)*, *Fiduciary Income Tax Return (Form MI-1041)*, or refunded on a *Michigan Annual Flow-Through Withholding Reconciliation Return (Form 4918)*.

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SCHEDULE B: SCHEDULE OF NONPARTICIPANTS

	Column 1: Distributive Share of Michigan Income* and Michigan Guaranteed Payments	Column 2: Withholding Paid on Behalf of the Nonparticipant **	
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
<input type="checkbox"/> Check here if additional page(s) used. Enter totals from additional page(s), if applicable.			
Total Columns 1 and 2b. Carry total from Column 1 to page 1, line 15.			

* The income of C corporation members reported here is not the amount used to compute CIT liability and is for reconciliation purposes of this return only.

** Do not include withholding refunded on a Michigan Annual Flow-Through Withholding Reconciliation Return (Form 4918).

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SCHEDULE C: SCHEDULE OF MICHIGAN RESIDENTS

	Column 1: Distributive Share of Michigan Income and Michigan Guaranteed Payments	Column 2: Withholding Paid on Behalf of the Resident*	
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
Recipient FEIN/SSN		2a: Payer FEIN	2b: Withholding
Recipient Name and Address			
<input type="checkbox"/> Check here if additional page(s) used. Enter totals from additional page(s), if applicable.			
Total Columns 1 and 2b. Carry total from Column 1 to page 1, line 14.			

* Do not include withholding refunded on a Michigan Annual Flow-Through Withholding Reconciliation Return (Form 4918).