Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2016** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
Marisa N	Bishop	383-17-2320
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
223 S 8th Street

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Lansing MI 48912

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund ☐ You ☐ Spouse

Filing Status

Check only one box.

1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶
4 [ ] Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child

Exemptions

6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b [ ] **Spouse**

c **Dependents:** (1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) X if child under age 17 qualifying for child tax credit (see instructions)

If more than four dependents, see instructions and check here ▶ [ ]

d Total number of exemptions claimed

Boxes checked on 6a and 6b 1
No. of children on 6c who:
- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above
Add numbers on lines above ▶ 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		9,887
8a	**Taxable** interest. Attach Schedule B if required		51
b	**Tax-exempt** interest. **Do not** include on line 8a	8b 0	
9a	Ordinary dividends. Attach Schedule B if required		0
b	Qualified dividends	9b 0	
10	Taxable refunds, credits, or offsets of state and local income taxes		0
11	Alimony received		
12	Business income or (loss). Attach Schedule C or C-EZ		0
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]		0
14	Other gains or (losses). Attach Form 4797		
15a	IRA distributions 15a	b Taxable amount	0
16a	Pensions and annuities 16a	b Taxable amount	0
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		
18	Farm income or (loss). Attach Schedule F		0
19	Unemployment compensation		
20a	Social security benefits 20a	b Taxable amount	
21	Other income. List type and amount		0
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		9,938

Adjusted Gross Income

23	Educator expenses	23 0	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24 0	
25	Health savings account deduction. Attach Form 8889	25 0	
26	Moving expenses. Attach Form 3903	26 0	
27	Deductible part of self-employment tax. Attach Schedule SE	27 0	
28	Self-employed SEP, SIMPLE, and qualified plans	28 0	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30 0	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32 0	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35 0	
36	Add lines 23 through 35		0
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		9,938

Tax and Credits

38	Amount from line 37 (adjusted gross income)		9,938
39a	Check if: ☐ You were born before January 2, 1952, ☐ Blind. ☐ Spouse was born before January 2, 1952, ☐ Blind. Total boxes checked ▶ 39a: 0		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐		
40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	40	6,300
41	Subtract line 40 from line 38	41	3,638
42	**Exemptions.** If line 38 is $155,650 or less, multiply $4,050 by the number on line 6d. Otherwise, see instructions	42	4,050
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	**Tax** (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	0
45	**Alternative minimum tax** (see instructions). Attach Form 6251 ▶	45	0
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	0
48	Foreign tax credit. Attach Form 1116 if required — 48: 0		
49	Credit for child and dependent care expenses. Attach Form 2441 — 49:		
50	Education credits from Form 8863, line 19 — 50:		
51	Retirement savings contributions credit. Attach Form 8880 — 51: 0		
52	Child tax credit. Attach Schedule 8812, if required — 52:		
53	Residential energy credits. Attach Form 5695 — 53:		
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ — 54: 0		
55	Add lines 48 through 54. These are your **total credits**	55	0
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	0

Standard Deduction for—
- People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, $6,300

Married filing jointly or Qualifying widow(er), $12,600

Head of household, $9,300

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	0
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	0
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	0
60a	Household employment taxes from Schedule H	60a	0
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	0
61	Health care: individual responsibility (see instructions) Full-year coverage ☒	61	
62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62	0
63	Add lines 56 through 62. This is your **total tax** ▶	63	0

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099 — 64: 366		
65	2016 estimated tax payments and amount applied from 2015 return — 65: 0		
66a	**Earned income credit (EIC)** — 66a:		
b	Nontaxable combat pay election — 66b:		
67	Additional child tax credit. Attach Schedule 8812 — 67:		
68	American opportunity credit from Form 8863, line 8 — 68:		
69	Net premium tax credit. Attach Form 8962 — 69:		
70	Amount paid with request for extension to file — 70:		
71	Excess social security and tier 1 RRTA tax withheld — 71: 0		
72	Credit for federal tax on fuels. Attach Form 4136 — 72:		
73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐ — 73: 0		
74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶	74	366

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**	75	366
76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	76a	366
b	Routing number 272078268 ▶ c Type: ☒ Checking ☐ Savings		
d	Account number 10001707700		
77	Amount of line 75 you want **applied to your 2017 estimated tax** ▶ 77: 0		

Direct deposit? See instructions.

Amount You Owe

78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
79	Estimated tax penalty (see instructions) — 79:		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below ☒ **No**

Designee's name ▶ | Phone no. ▶ | Personal identification number (PIN) ▶

Sign Here

Joint return? See instructions. Keep a copy for your records.

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 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	Date	Your occupation	Daytime phone number
		worker	517-321-4144
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

Marisa

Your E-file Status: Federal Return Accepted

The IRS accepted your federal return on TUE MAR 07, 2017 04:26:16 PM.

Submission ID: 440076-2017066-1294832

Keep this as proof that your return was transmitted. Your return is complete.

Next Year's Signature

To sign your return next year, you'll need your 2016 AGI.

Your 2016 AGI is $9,938.

Your Refund

If you're expecting a refund, access the IRS's Web site to find out about your refund status.

Print this screen and keep it for your records.

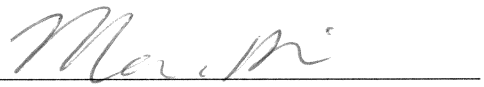
Taxpayer Election NOT to E-File IRS and\or State Tax

My tax preparer, Michael Bishop, has informed me that he may be required to electronically file my 2016, Individual Income Tax Return, Form 1040. The State of Michigan has a similar requirement for filing the 2016 Michigan Individual Income Tax Return, Form MI 1040. I understand that E-filing may provide a number of benefits to the taxpayer including acknowledgement by the IRS or State of Michigan that the returns were filed, a reduced chance of errors in processing the returns and faster refunds.

Please check any boxes that apply:

☐ I do NOT wish my federal income tax return to be electronically filed. Instead I choose to file my returns on paper forms. I will mail the returns to the IRS myself. My tax preparer will not file and otherwise submit my return to the IRS.

☒ I do NOT wish my State of Michigan income tax return to be electronically filed. Instead I choose to file my returns on paper forms. I will mail the returns to the State of Michigan myself. My tax preparer will not file and otherwise submit my return to the State of Michigan.



Tax Payer Signature — 03/07/17 Date

Marisa Bishop

Tax Payer Name (Print)

Note: The above information is for tax preparer and tax payer files. It is not to be filed with any returns.

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **Don't send to the IRS. This isn't a tax return.**
▶ **Keep this form for your records.**
▶ **Information about Form 8879 and its instructions is at *www.irs.gov/form8879*.**

OMB No. 1545-0074

2016

Submission Identification Number (SID) ▶ 44007620170613133 24

Taxpayer's name	Social security number
Marisa N. Bishop	383-17-2326
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2016 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	9938
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	0
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	366
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	366
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☑ I authorize Michael Bishop to enter or generate my PIN **2 6 9 7 3**
ERO firm name — **Enter five digits, but don't enter all zeros**
as my signature on my tax year 2016 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 3-14-17

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN
ERO firm name — **Enter five digits, but don't enter all zeros**
as my signature on my tax year 2016 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

2016 MICHIGAN Individual Income Tax Return MI-1040

Return is due April 18, 2017.

Type or print in blue or black ink.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
MARISA	N	BISHOP	383-17-2320
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)			
223 S 8TH STREET			
City or Town	State	ZIP Code	4. School District Code (5 digits – see page 60)
LANSING	MI	48912	33020

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.
a. ☐ Filer
b. ☐ Spouse

6. FARMERS, FISHERMEN, OR SEAFARERS
☐ Check this box if 2/3 of your income is from farming, fishing, or seafaring.

7. 2016 FILING STATUS. Check one.
a. ☒ Single
b. ☐ Married filing jointly
c. ☐ Married filing separately*
* If you check box "c," complete line 3 and enter spouse's full name below:

8. 2016 RESIDENCY STATUS. Check all that apply.
a. ☒ Resident
b. ☐ Nonresident *
c. ☐ Part-Year Resident *
* If you check box "b" or "c," you must complete and **attach Schedule NR**.

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 2016 federal return	9a.	1	x $4,000	9a.	4,000	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.	☐		9d.		00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15				9e.	4,000	00

10. **Adjusted Gross Income** from your U.S. Forms *1040, 1040A, 1040EZ* or *1040NR* (see instructions)	10.	9,938	00
11. Additions from Schedule 1, line 9. **Attach Schedule 1**	11.		00
12. **Total.** Add lines 10 and 11	12.	9,938	00
13. Subtractions from Schedule 1, line 27. **Attach Schedule 1**	13.		00
14. **Income subject to tax.** Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.	9,938	00
15. **Exemption allowance.** Enter amount from line 9e or Schedule NR, line 19	15.	4,000	00
16. **Taxable income.** Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.	5,938	00
17. **Tax.** Multiply line 16 by 4.25% (0.0425)	17.	252	00

NON-REFUNDABLE CREDITS

		AMOUNT		CREDIT	
18. Income Tax Imposed by government units outside Michigan. Attach a copy of the return (see instructions)	18a.		00	18b.	00
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions)	19a.		00	19b.	00
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"				20. 252	00

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Continue on page 2. This form cannot be processed if page 2 is not completed and attached.

Filer's Full Social Security Number: 383-17-2320

21.	Enter amount of Income Tax from line 20	21.	252 00
22.	Voluntary Contributions from Form 4642, line 11. **Attach Form 4642**	22.	00
23.	**USE TAX.** Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)	23.	00
24.	**Total Tax Liability.** Add lines 21, 22 and 23	24.	252 00

REFUNDABLE CREDITS AND PAYMENTS

25.	**Property Tax Credit. Attach MI-1040CR or MI-1040CR-2**	25.	00
26.	**Farmland Preservation Tax Credit. Attach MI-1040CR-5**	26.	00
27.	a. Federal Earned Income Tax Credit	27a.	00
	b. Michigan Earned Income Tax Credit. Multiply line 27a by 6% (0.06)	27b.	00
28.	Michigan Historic Preservation Tax Credit (refundable). **Attach Form 3581**	28.	00
29.	Michigan tax withheld from Schedule W, line 7. **Attach Schedule W (do not submit W-2s)**	29.	420 00
30.	Estimated tax, extension payments and 2015 credit forward	30.	00
31.	Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29 and 30	31.	420 00

REFUND OR TAX DUE

32.	If line 31 is less than line 24, subtract line 31 from line 24. Include interest [ ] and penalty [ ] if applicable (see instr.) **YOU OWE**	32.	00
33.	**Overpayment.** If line 31 is greater than line 24, subtract line 24 from line 31	33.	168 00
34.	**Credit Forward.** Amount of line 33 to be credited to your 2017 estimated tax for your 2017 tax return	34.	00
35.	Subtract line 34 from line 33 **REFUND**	35.	168 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
		1. [X] Checking 2. [ ] Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2015, enter dates below. ***ENTER DATE OF DEATH ONLY.*** Example: 04-15-2016 (MM-DD-YYYY)

Filer: | Spouse:

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

Spouse's Signature | Date

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

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

Preparer's Name (print or type)

Preparer's Business Name, Address and Telephone Number

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/iit.**

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Schedule W

2016 MICHIGAN Withholding Tax Schedule

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

Type or print in blue or black ink.

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	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
MARISA	N	BISHOP	383-17-2320
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 Enter "X" for: Filer	A 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		38-1659835	JACKSON NATIONAL	9,887	00	420	00
					00		00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable)							00
4. **SUBTOTAL.** Enter total of Table 1, column E					4.	420	00

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

A Enter "X" for: Filer	A Spouse	B Payer's federal identification number (Example: 38-1234567)	C Payer's name	D Taxable pension distribution, misc. income, etc. (see inst.)		E Michigan income tax withheld	
					00		00
					00		00
					00		00
					00		00
					00		00
					00		00
Enter Table 2 Subtotal from additional Schedule W forms (if applicable)							00
5. **SUBTOTAL.** Enter total of Table 2, column E					5.	0	00

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Continue on page 2.

Filer's Full Social Security Number 383-17-2320

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 *Schedule W* forms (if applicable) 00

6. **SUBTOTAL.** Enter total of Table 3, column C 6. 0 00

7. **TOTAL.** Add lines 4, 5 and 6. Enter here and carry to MI-1040, line 29 ..... 7. 420 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.

Attach the completed Schedule W to 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 attached 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 Form MI-1040X-12 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, attach 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.

L-1040 LANSING 2016 16MI-LNS-1040-1

INDIVIDUAL RETURN DUE APRIL 30, 2017

Taxpayer's SSN: 383-17-2320	Taxpayer's first name: Marisa N Bishop	Initial	Last name
Spouse's SSN	If joint return spouse's first name	Initial	Last name
Mark (X) box if deceased: Taxpayer ☐ Spouse ☐	Present home address (Number and street): 223 S 8th Street	Apt. no.
Enter date of death on page 2, right side of the signature area	Address line 2 (P.O. Box address for mailing use only)	
Mark box (X) below if form attached: Federal Form 1310 ☐	City, town or post office: Lansing	State: MI	Zip code: 48912
Supporting Notes and Statements (Attachment 22) ☐	Foreign country name	Foreign province/county	Foreign postal code

RESIDENCE STATUS

Resident ☐ Nonresident ☐ Part-year resident X

Part-year resident - dates of residency (mm/dd/yyyy)

From 07/01/2016

To 12/31/2016

FILING STATUS

X Single ☐ Married filing jointly

☐ Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.

Spouse's full name if married filing separately

	INCOME — ROUND ALL FIGURES TO NEAREST DOLLAR (Drop amounts under $0.50 and increase amounts from $.50 to $0.99 to next dollar)		Column A Federal Return Data	Column B Exclusions/Adjustments	Column C Taxable Income
ATTACH COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1	.00	.00	.00
	2. Taxable interest	2	.00	.00	.00
	3. Ordinary dividends	3	.00	.00	.00
	4. Taxable refunds, credits or offsets of state and local income taxes	4	.00	.00	NOT TAXABLE
	5. Alimony received	5	.00	.00	.00
	6. Business income or (loss) (Attach copy of federal Schedule C)	6	.00	.00	.00
	7. Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. ☐ Mark if federal Sch. D not required	7	.00	.00	.00
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8	.00	.00	.00
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9	.00	.00	.00
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10	.00	.00	.00
	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11	.00	.00	.00
	12. Subchapter S corporation distributions (Attach federal Sch. K-1)	12	NOT APPLICABLE	.00	.00
	13. Farm income or (loss) (Attach copy of federal Schedule F)	13	.00	.00	.00
ATTACH W-2 FORMS HERE	14. Unemployment compensation	14	.00	.00	NOT TAXABLE
	15. Social security benefits	15	.00	.00	NOT TAXABLE
	16. Other income (Attach statement listing type and amount)	16	.00	.00	.00
	17. Total additions (Add lines 2 through 16)	17	.00	.00	.00
	18. Total income (Add lines 1 through 16)	18	.00	.00	.00
	19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19			.00
	20. Total income after deductions (Subtract line 19 from line 18)	20			.00
	21. Exemptions (Enter the total exemptions, from Form L-1040, page 2, box 1h, in line 21a and multiply this number by $600 and enter on line 21b) 21a ☐	21b			.00
	22. Total income subject to tax (Subtract line 21b from line 20)	22			.00
	23. Tax at {tax rate} (Multiply line 22 by Lansing resident tax rate of 1.% (0.01) or nonresident tax rate of 0.5% (0.005) and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d) 23a X	23b			66 .00
	24. Payments and credits — Lansing tax withheld 24a: 46 .00; Other tax payments (est, extension, cr fwd, partnership & tax option corp) 24b: .00; Credit for tax paid to another city 24c: .00; Total payments & credits	24d			46 .00
	25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax — Interest 25a: .00; Penalty 25b: .00; Total interest & penalty	25c			.00
ENCLOSE CHECK OR MONEY ORDER	**TAX DUE** 26. Amount you owe (Add lines 23b and 25c, and subtract line 24) MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF LANSING IF PAID ON LINE CREDITCARD/ELECTRONIC CHECK ENTER CONF #	**PAY WITH RETURN** 26			20 .00
	OVERPAYMENT 27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)	27			.00
	28. Amount of overpayment donated — Police Problem Solving 28a: .00; Hope Scholarship 28b: ; Homeless Assistance 28c: ; Total donations	28d			.00
	29. Amount of overpayment credited forward to 2017	Amount of credit to 2017 29			.00
	30. Amount of overpayment refunded (Line 27 less lines 28d and 29) (For refund to be directly deposited to your bank account, mark refund box, line 31a, and complete line 31 c, d & e)	Refund amount 30			.00
	31. Direct deposit refund (Mark (X) box 31a and complete lines 31c, 31d and 31e) 31a ☐ Refund (direct deposit) 31c Routing number; 31b ☐ Pay Tax Due (direct withdrawal) 31d Account number; 31e Account Type: ☐ Checking ☐ Savings				

MAIL REFUND AND CREDIT FORWARD RETURNS TO: LANSING INCOME TAX DIVISION, PO BOX 40750, LANSING, MI 48901

MAIL TAX DUE AND NO REFUND NO TAX DUE RETURNS TO: LANSING INCOME TAX DIVISION, PO BOX 40752, LANSING, MI 48901

Revised: 11/01/2016

L-1040, PAGE 2	Taxpayer's name	Taxpayer's SSN	16MI-LNS-1040-2
	Marisa N. Bishop	383-17-2320	

EXEMPTIONS SCHEDULE

	Date of birth (mm/dd/yyyy)	Regular	65 or ove	Blind	Deaf	Disabled
1a. You	04/22/1994	X				
1b. Spouse						

1d. List Dependents — 1c. ☐ Check box if you can be claimed as a dependent on another person's tax return

#	First Name	Last Name	Social Security Number	Relationship	Date of Birth
1					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

1e.	Enter the number of boxes checked on lines 1a and 1b	1
1f.	Enter number of dependent children listed on line 1d	
1g.	Enter number of other dependents listed on line 1d	
1h.	Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a)	1

EXCLUDED WAGES AND TAX WITHHELD SCHEDULE (See instructions. Resident wages generally not excluded)

W-2 #	Col. A T or S	COLUMN B SOCIAL SECURITY NUMBER (Form W-2, box a)	COLUMN C EMPLOYER'S ID NUMBER (Form W-2, box b)	COLUMN D EXCLUDED WAGES (Attach Excluded Wages	COLUMN E LANSING TAX WITHHELD (Form W-2, box 19)	COLUMN F LOCALITY NAME (Form W-2, box 20)
1.				0	.00	
2.				.00	.00	
3.				.00	.00	
4.				.00	.00	
5.				.00	.00	
6.				.00	.00	
7.				.00	.00	
8.				.00	.00	
9.				.00	.00	
10.				.00	.00	
11.	Totals (Enter here and on page 1; part-yr residents on Sch TC)			.00	.00	

FAILURE TO ATTACH W-2 FORMS TO PAGE 1 WILL DELAY PROCESSING OF RETURN. WAGE INFORMATION STATEMENTS PRINTED FROM TAX PREPARATION SOFTWARE ARE NOT ACCEPTABLE.

Enter on pg 1,ln 1, col B — Enter on pg 1, ln 24a

DEDUCTIONS SCHEDULE (See instructions; deductions allocated on the same basis as related income)

			DEDUCTIONS
1.	IRA deduction (Attach copy of page 1 of federal return & evidence of payment)	1	.00
2.	Self-employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of federal return)	2	.00
3.	Employee business expenses (See instructions and attach copy of federal Form 2106)	3	.00
4.	Moving expenses (Into Lansing area only) (Attach copy of federal Form 3903)	4	.00
5.	Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of page 1 of federal return)	5	.00
6.	Renaissance Zone deduction (Attach Schedule RZ OF 1040)	6	.00
7.	Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)	7	.00

ADDRESS SCHEDULE (Where taxpayer (T), spouse (S) or both (B) resided during year and dates of residency)

MARK T, S, B	List all residence (domicile) addresses (Include city, state & zip code). Start with address used on last year's return. If the address on page 1 of this return is the same as listed on last year's return, print "Same." If no return filed last year, list reason. Continue listing this tax year's residence addresses. If address listed on page 1 of this return is in care of another person, enter current residence (domicile) address.	FROM MONTH	FROM DAY	TO MONTH	TO DAY
T	8607 Carlsbad Lane, Lansing MI 48917	01	01	06	30
	223 S 8th Street, Lansing MI 48912	07	01	12	31

THIRD PARTY DESIGNEE

Do you want to allow another person to discuss this return with the Income Tax Office? ☐ Yes, complete the following ☐ No

Designee's name | Phone No. | Personal identification number (PIN)

Under the penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which preparer has any knowledge.

SIGN HERE ===>

TAXPAYER'S SIGNATURE - If joint return, both spouses must sign	Date (MM/DD/YY)	Taxpayer's occupation	Daytime phone number	If deceased, date of death
SPOUSE'S SIGNATURE	Date (MM/DD/YY)	Spouse's occupation		If deceased, date of death

PREPARER'S SIGNATURE

SIGNATURE OF PREPARER OTHER THAN TAXPAYER	Date (MM/DD/YY)	PTIN, EIN or SSN / Preparer's phone no.
FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE		NACTP software number: LNS16

Revised: 11/01/2016

Taxpayer's name	Taxpayer's SSN	2016 LANSING	
Marisa N Bishop	383-17-2320		

SCHEDULE TC, PART-YEAR RESIDENT TAX CALCULATION - L-1040, PAGE 1, LINES 23a AND 23b **Attachment 1**

Revised 11/01/2016

A part-year resident is required to complete and attach this schedule to the Lansing return:

1. Box A to report dates of residency of the taxpayer and spouse during the tax year
2. Box B to report the former address of the taxpayer and spouse
3. Column A to report all income from their federal income tax return
4. Column B to report all income taxable on their federal return that is not taxable to Lansing
5. Column C to report income taxable as a resident and compute tax due on this income at the resident tax rate
6. Column D to report income taxable as a nonresident and compute tax due on this income at the nonresident tax rate

A. PART-YEAR RESIDENCY PERIOD	From	To	B. PART-YEAR RESIDENT'S FORMER ADDRESS
Taxpayer	07/01/16	12/31/16	Taxpayer 8607 Carlsbad Lane, Lansing 48917
Spouse			Spouse

INCOME		Column A Federal Return Data	Column B Exclusions and Adjustments	Column C Taxable Resident Income	Column D Taxable Nonresident Income
1. Wages, salaries, tips, etc. (Attach Form(s) W-2)	1	9,887.00	.00	4,944.00	4,943.00
2. Taxable interest	2	51.00	.00	25.00	NOT TAXABLE
3. Ordinary dividends	3	.00	.00	.00	NOT TAXABLE
4. Taxable refunds, credits or offsets	4	.00	.00	NOT APPLICABLE	NOT TAXABLE
5. Alimony received	5		.00	.00	.00
6. Business income or (loss) (Att. copy of fed. Sch. C)	6	.00	.00	.00	.00
7. Capital gain or (loss) (Att. copy of Sch. D) 7a [ ] Mark if Sch. D not required	7b	.00	.00	.00	.00
8. Other gains or (losses) (Att. copy of Form 4797)	8	.00	.00	.00	.00
9. Taxable IRA distributions	9	.00	.00	.00	.00
10. Taxable pensions and annuities (Att. Form 1099-R)	10	.00	.00	.00	.00
11. Rental real estate, royalties, partnerships, S corps., trusts, etc. (Attach copy of fed. Sch. E)	11	.00	.00	.00	.00
12. Subchapter S corporation distributions (Attach federal Sch. K-1)	12	.00	.00	.00	.00
13. Farm income or (loss) (Att. copy of fed. Sch. F)	13	.00	.00	.00	.00
14. Unemployment compensation	14	.00	.00	NOT APPLICABLE	NOT TAXABLE
15. Social security benefits	15	.00	.00	NOT APPLICABLE	NOT TAXABLE
16. Other income (Att. statement listing type and amt)	16	.00	.00	.00	.00
17. Total additions (Add lines 2 through 16)	17	51.00	.00	25.00	.00
18. Total income (Add lines 1 through 16)	18	9,938.00	.00	4,969.00	4,943.00

DEDUCTIONS SCHEDULE See instructions. Deductions must be allocated on the same basis as related income.

1. IRA deduction (Attach copy of page 1 of federal return & evidence of payment)	1	.00	.00	.00	.00
2. Self-employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of fed. return)	2	.00	.00	.00	.00
3. Employee business expenses (See instructions & att. copy of fed. Form 2106)	3			.00	.00
4. Moving expenses (Into Lansing area only) (Attach copy of federal Form 3903)	4	.00	.00	.00	.00
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. (Att. copy of page 1 of fed. return)	5	.00	.00	.00	.00
6. Renaissance Zone deduction (Att. Sch. RZ)	6			.00	.00
19. Total deductions (Add lines 1 through 6)	19			.00	.00
20a. Total income after deductions (Subtract line 19 from line 18)	20a			4,969.00	4,943.00
20b. Losses transferred between columns C and D (If line 20a is a loss in either column C or D, see instructions)	20b			.00	.00
20c. Total income after adjustment (Line 20a less line 20b)	20c			4,969.00	4,943.00
21. Exemptions (Enter the number of exemptions from Form L-1040, page 2, box 1h, on line 21a; multiply line 21a by $600; and enter the result on line 21b) 21a 1	21b			600.00	
(If the amount on line 21b exceeds the amount of resident income on line 20c, enter unused portion (line 21b less line 20c) on line 21c)	21c				600.00
22a. Total income subject to tax as a resident (Subtract line 21b from line 20c; if zero or less,enter zero)	22a			4,369.00	
22b. Total income subject to tax as a nonresident (Subtract line 21c from line 20c; if zero or less,enter zero)	22b				4,343.00
23a. Tax at resident rate **(MULTIPLY LINE 22a BY 1.% (0.01), THE RESIDENT TAX RATE)**	23a			44.00	
23b. Tax at nonresident rate **(MULTIPLY LINE 22b BY 0.5% (0.005), THE NONRESIDENT TAX RATE)**	23b				22.00
23c. Total tax (Add lines 23a and 23b) **(ENTER HERE AND ON FORM L-1040, PAGE 1, LINE 23b, AND PLACE A MARK (X) IN BOX 23a OF FORM L-1040)**	23c			66.00	

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2016** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
Marisa N	Bishop	383-17-2320
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
223 S 8th Street

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Lansing MI 48912

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund ☐ You ☐ Spouse

Filing Status

Check only one box.

1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶
4 [ ] Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child

Exemptions

6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b [ ] **Spouse**

c **Dependents:** (1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) X if child under age 17 qualifying for child tax credit (see instructions)
If more than four dependents, see instructions and check here ▶ [ ]			

d Total number of exemptions claimed

Boxes checked on 6a and 6b: 1
No. of children on 6c who:
- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above
Add numbers on lines above ▶: 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		9,887
8a	**Taxable** interest. Attach Schedule B if required		51
b	**Tax-exempt** interest. **Do not** include on line 8a	8b 0	
9a	Ordinary dividends. Attach Schedule B if required		0
b	Qualified dividends	9b 0	
10	Taxable refunds, credits, or offsets of state and local income taxes		0
11	Alimony received		
12	Business income or (loss). Attach Schedule C or C-EZ		0
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]		0
14	Other gains or (losses). Attach Form 4797		
15a	IRA distributions 15a	b Taxable amount	0
16a	Pensions and annuities 16a	b Taxable amount	0
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		
18	Farm income or (loss). Attach Schedule F		0
19	Unemployment compensation		
20a	Social security benefits 20a	b Taxable amount	
21	Other income. List type and amount		0
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		9,938

Adjusted Gross Income

23	Educator expenses	23 0	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24 0	
25	Health savings account deduction. Attach Form 8889	25 0	
26	Moving expenses. Attach Form 3903	26 0	
27	Deductible part of self-employment tax. Attach Schedule SE	27 0	
28	Self-employed SEP, SIMPLE, and qualified plans	28 0	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30 0	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32 0	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35 0	
36	Add lines 23 through 35		0
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		9,938

Tax and Credits

38	Amount from line 37 (adjusted gross income)		9,938
39a	Check if: ☐ You were born before January 2, 1952, ☐ Blind. ☐ Spouse was born before January 2, 1952, ☐ Blind. Total boxes checked ▶ 39a: 0		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐		
40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)		6,300
41	Subtract line 40 from line 38		3,638
42	**Exemptions.** If line 38 is $155,650 or less, multiply $4,050 by the number on line 6d. Otherwise, see instructions		4,050
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		0
44	**Tax** (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐		0
45	**Alternative minimum tax** (see instructions). Attach Form 6251 ▶		0
46	Excess advance premium tax credit repayment. Attach Form 8962		
47	Add lines 44, 45, and 46		0
48	Foreign tax credit. Attach Form 1116 if required — 48: 0		
49	Credit for child and dependent care expenses. Attach Form 2441 — 49:		
50	Education credits from Form 8863, line 19 — 50:		
51	Retirement savings contributions credit. Attach Form 8880 — 51: 0		
52	Child tax credit. Attach Schedule 8812, if required — 52:		
53	Residential energy credits. Attach Form 5695 — 53:		
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ — 54: 0		
55	Add lines 48 through 54. These are your **total credits**		0
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶		0

Standard Deduction for—

- People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, $6,300

Married filing jointly or Qualifying widow(er), $12,600

Head of household, $9,300

Other Taxes

57	Self-employment tax. Attach Schedule SE	0
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	0
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	0
60a	Household employment taxes from Schedule H	0
b	First-time homebuyer credit repayment. Attach Form 5405 if required	0
61	Health care: individual responsibility (see instructions) Full-year coverage ☒	
62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	0
63	Add lines 56 through 62. This is your **total tax** ▶	0

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64: 366	
65	2016 estimated tax payments and amount applied from 2015 return	65: 0	
66a	**Earned income credit (EIC)**	66a:	
b	Nontaxable combat pay election 66b:		
67	Additional child tax credit. Attach Schedule 8812	67:	
68	American opportunity credit from Form 8863, line 8	68:	
69	Net premium tax credit. Attach Form 8962	69:	
70	Amount paid with request for extension to file	70:	
71	Excess social security and tier 1 RRTA tax withheld	71: 0	
72	Credit for federal tax on fuels. Attach Form 4136	72:	
73	Credits from Form: a ☐ 2439 b ☒ Reserved c ☐ 8885 d ☐	73: 0	
74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶		366

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**	366
76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	366
b	Routing number 272078268 ▶ c Type: ☒ Checking ☐ Savings	
d	Account number 10001707700	
77	Amount of line 75 you want **applied to your 2017 estimated tax** ▶ 77: 0	

Direct deposit? See instructions.

Amount You Owe

78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶	
79	Estimated tax penalty (see instructions) 79:	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below ☒ **No**

Designee's name ▶ | Phone no. ▶ | Personal identification number (PIN) ▶

Sign Here

Joint return? See instructions. Keep a copy for your records.

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 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	Date	Your occupation: worker	Daytime phone number: 517-321-4144
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

Marisa Bishop <marisa@citylifelansing.com> Wed, Mar 1, 2017 at 9:03 AM
To: Michael Bishop <mickybees@gmail.com>

Hi Grandpa,

It doesn't matter! You can put my address or theirs.

And my bank info is -
Acct Number - 10001707700, checking
Routing Number - 272078268

Let me know if you need anything further!
[Quoted text hidden]

Michael Bishop <mickybees@gmail.com> Wed, Mar 1, 2017 at 1:51 PM
To: Marisa Bishop <marisa@citylifelansing.com>

Thanks Marisa,

One more item. I don't think it will change your return but can you provide me with all contributions made during 2016?
[Quoted text hidden]

Gmail **Michael Bishop <mickybees@gmail.com>**

Tax Info / Soundsgood Mailing Address

6 messages

Marisa Bishop <marisa@citylifelansing.com> Thu, Feb 23, 2017 at 4:16 PM
To: mickybees@gmail.com

Hi Grandpa,

Here is my tax info! Let me know if I'm missing anything!

Residency -
1/1/16 - 6/30/16 - 8607 Carlsbad Lane Lansing, MI 48917 (my parent's house)
7/1/16 - 12/31/16 - 223 S 8th St Lansing, MI 48912

Landlord name & address -
Boyd H Redner III
5315 N Clark St#271, Chicago, IL 60640

Soundsgood New Mailing address -
PO Box 27286
Lansing, MI 48909

--
Marisa Bishop
Administrator
citylifelansing.com
@marisanbishop

Michael Bishop <mickybees@gmail.com> Fri, Feb 24, 2017 at 12:50 PM
To: Marisa Bishop <marisa@citylifelansing.com>

Hi Marisa

Thanks for the info where you lived. Right now I just need the monthly rent paid.
[Quoted text hidden]

Marisa Bishop <marisa@citylifelansing.com> Fri, Feb 24, 2017 at 12:59 PM
To: Michael Bishop <mickybees@gmail.com>

Oh yes! Sorry about that.

I pay $248.75/month for my rent.
[Quoted text hidden]

Michael Bishop <mickybees@gmail.com> Mon, Feb 27, 2017 at 12:50 PM
To: Marisa Bishop <marisa@citylifelansing.com>

Do you want your current address or parents address to appear on your tax returns?
[Quoted text hidden]

Michael Bishop <mickybees@gmail.com> Mon, Feb 27, 2017 at 2:24 PM
To: Marisa Bishop <marisa@citylifelansing.com>

if you want direct deposit, I need to know the bank routing number and your account number and if it's checking or savings.
[Quoted text hidden]

Gmail **Michael Bishop <mickybees@gmail.com>**

Tax Info / Soundsgood Mailing Address

7 messages

Marisa Bishop <marisa@citylifelansing.com> Thu, Feb 23, 2017 at 4:16 PM
To: mickybees@gmail.com

Hi Grandpa,

Here is my tax info! Let me know if I'm missing anything!

Residency -
1/1/16 - 6/30/16 - 8607 Carlsbad Lane Lansing, MI 48917 (my parent's house)
7/1/16 - 12/31/16 - 223 S 8th St Lansing, MI 48912

Landlord name & address -
Boyd H Redner III
5315 N Clark St#271, Chicago, IL 60640

Soundsgood New Mailing address -
PO Box 27286
Lansing, MI 48909

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Marisa Bishop
Administrator
citylifelansing.com
@marisanbishop

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To: Marisa Bishop <marisa@citylifelansing.com>

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Michael Bishop <mickybees@gmail.com> Mon, Feb 27, 2017 at 2:24 PM
To: Marisa Bishop <marisa@citylifelansing.com>

if you want direct deposit, I need to know the bank routing number and your account number and if it's checking or savings.
[Quoted text hidden]

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	Payer's RTN (optional)	OMB No. 1545-0112	**Interest Income**
LAKE TRUST CREDIT UNION 4605 S OLD US HIGHWAY 23 BRIGHTON, MI 48114-7521 (888) 267-7200	1 Interest income $51.07	**2016** Form **1099-INT**	
	2 Early withdrawal penalty $0.00	3 Interest on U.S. Savings Bonds and Treas. obligations $0.00	

PAYER'S federal identification number	RECIPIENT'S identification number	4 Federal income tax with.	5 Investment expenses	**Copy B** **For Recipient**
38-1250516	***-**-2320	$0.00	$0.00	

RECIPIENT'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code	6 Foreign tax paid	7 Foreign country or U.S. possession	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
BISHOP MARISA N 8607 CARLSBAD LN LANSING, MI 48917-5807	$0.00		
	8 Tax-exempt interest $0.00	9 Specified private activity bond interest $0.00	
	10 Market discount $0.00	11 Bond premium $0.00	
FATCA filing requirement ☐	12 Bond premium on Treasury obligations $0.00	13 Bond premium on tax-exempt bond $0.00	

Account number (see instructions)	14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.	17 State tax withheld
XXXXXX4201				

1099-INT (keep for your records) www.irs.gov/form1099int Department of the Treasury - Internal Revenue Service

1 Wages, tips, other comp. 9887.39	2 Federal income tax withheld 366.43
3 Social security wages 10767.76	4 Social security tax withheld 667.60
5 Medicare wages and tips 10767.76	6 Medicare tax withheld 156.13
d Control number 0000005386 TJF / Dept.	Corp. LZT2 / Employer use only 796

c Employer's name, address, and ZIP code

JACKSON NATIONAL LIFE INSURANCE
ONE CORPORATE WAY
LANSING, MI 48951

b Employer's FED ID number 38-1659835	a Employee's SSA number 383-17-2320
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a D 880.37
14 Other	12b 12c 12d
	13 Stat emp. / Ret. plan (X) / 3rd party sick pay

e/f Employee's name, address and ZIP code

MARISA N BISHOP
8607 CARLSBAD LANE
LANSING, MI 48917

15 State MI	Employer's state ID no. 38-1659835	16 State wages, tips, etc. 9887.39
17 State income tax 420.23		18 Local wages, tips, etc. 9887.39
19 Local income tax 46.20		20 Locality name LANSING

MI. State Filing Copy

W-2 Wage and Tax Statement **2016**

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.