

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning

2017, ending

, 20

See separate instructions.

Your first name and initial

Marisa

N

Last name

Bishop

Your social security number

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.

1616 Davis Ave

Apt. no.

▲ 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

48910

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

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status1 ☒ Single2 ☐ 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 instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.5 ☐ Qualifying widow(er) (see instructions)

Check only one box.

Exemptions6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☐ Spouse

Boxes checked on 6a and 6b

1

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If child under age 17 qualifying for child tax credit (see instructions)

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

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

8,916

8a Taxable interest. Attach Schedule B if required

8a

0

b Tax-exempt interest. Do not include on line 8a

8b

0

9a Ordinary dividends. Attach Schedule B if required

9a

0

b Qualified dividends

9b

0

10 Taxable refunds, credits, or offsets of state and local income taxes

10

0

11 Alimony received

11

0

12 Business income or (loss). Attach Schedule C or C-EZ

12

4,641

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

13

0

14 Other gains or (losses). Attach Form 4797

14

0

15a IRA distributions

15a

b Taxable amount

15b

0

16a Pensions and annuities

16a

b Taxable amount

16b

0

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

0

18 Farm income or (loss). Attach Schedule F

18

0

19 Unemployment compensation

19

0

20a Social security benefits

20a

b Taxable amount

20b

0

21 Other income. List type and amount

21

0

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

22

13,557

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

328

28 Self-employed SEP, SIMPLE, and qualified plans

28

289

29 Self-employed health insurance deduction

29

0

30 Penalty on early withdrawal of savings

30

0

31a Alimony paid b Recipient's SSN

31a

0

32 IRA deduction

32

0

33 Student loan interest deduction

33

0

34 Reserved for future use

34

0

35 Domestic production activities deduction. Attach Form 8903

35

0

36 Add lines 23 through 35

36

617

37 Subtract line 36 from line 22. This is your adjusted gross income

37

12,940

Tax and Credits

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, \$6,350
 Married filing jointly or Qualifying widow(er), \$12,700
 Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	12,940
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> 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	6,350
41	Subtract line 40 from line 38	41	6,590
42	Exemptions. If line 38 is \$156,900 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	2,540
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	254
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	254
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	122
51	Retirement savings contributions credit. Attach Form 8880	51	132
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credit. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	0
55	Add lines 48 through 54. These are your total credits	55	254
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	656
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 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 <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	0
63	Add lines 56 through 62. This is your total tax	63	656

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	465
65	2017 estimated tax payments and amount applied from 2016 return	65	0
66a	Earned income credit (EIC) NO	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	0
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 <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	0
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	465

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
b	Routing number XXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number XXXXXXXXXXXXXXXXXXXX		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	191
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 <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN	Phone no.		
Firm's address				

SCHEDULE C-EZ
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Net Profit From Business

(Sole Proprietorship)

- Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
► Attach to Form 1040, 1040NR or 1041. ► See instructions on page 2.

OMB No. 1545-0074

2017

Attachment
Sequence No. **09A**

Name of proprietor

Marisa N Bishop

Social security number (SSN)

383-17-2320

Part I General Information

**You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:**

- Had business expenses of \$5,000 or less,
- Use the cash method of accounting,
- Did not have an inventory at any time during the year,
- Did not have a net loss from your business,
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee.

And You:

- Had no employees during the year,
- Do not deduct expenses for business use of your home,
- Do not have prior year unallowed passive activity losses from this business, and
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

A Principal business or profession, including product or service Administrator	B Enter business code (see page 2) ► 561110
C Business name. If no separate business name, leave blank. Marisa's Self-employment	D Enter your EIN (see page 2)
E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return. PO Box 22181 City, town or post office, state, and ZIP code Lansing, MI 48909	
F Did you make any payments in 2017 that would require you to file Form(s) 1099? (see the Instructions for Schedule C) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
G If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Figure Your Net Profit

1 Gross receipts. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here <input type="checkbox"/>	1	4,641
2 Total expenses (see page 2). If more than \$5,000, you must use Schedule C	2	
3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12 , and Schedule SE, line 2 , or on Form 1040NR, line 13 and Schedule SE, line 2 (see instructions). (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3	3	4,641

Part III Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

4 When did you place your vehicle in service for business purposes? (month, day, year) ► _____

5 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

6 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

7 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

8a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part III Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

- 4 When did you place your vehicle in service for business purposes? (month, day, year) ► _____
- 5 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
- a Business _____ b Commuting (see instructions) _____ c Other _____
- 6 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 7 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 8a Do you have evidence to support your deduction? ☐ Yes ☐ No
- b If "Yes," is the evidence written? ☐ Yes ☐ No

Part III Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

- 4 When did you place your vehicle in service for business purposes? (month, day, year) ► _____
- 5 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
- a Business _____ b Commuting (see instructions) _____ c Other _____
- 6 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 7 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 8a Do you have evidence to support your deduction? ☐ Yes ☐ No
- b If "Yes," is the evidence written? ☐ Yes ☐ No

Part III Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

- 4 When did you place your vehicle in service for business purposes? (month, day, year) ► _____
- 5 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
- a Business _____ b Commuting (see instructions) _____ c Other _____
- 6 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 7 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 8a Do you have evidence to support your deduction? ☐ Yes ☐ No
- b If "Yes," is the evidence written? ☐ Yes ☐ No

Form **8863**Department of the Treasury
Internal Revenue Service (99)**Education Credits**
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or Form 1040A.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2017Attachment
Sequence No. **50**

Name(s) shown on return

Marisa N Bishop

Your social security number

383-17-2320

*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	0
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	90,000
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	12,940
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	77,060
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	10,000
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	0
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below	8	0

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	0
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	609
11	Enter the smaller of line 10 or \$10,000	11	609
12	Multiply line 11 by 20% (0.20)	12	122
13	Enter: \$132,000 if married filing jointly; \$66,000 if single, head of household, or qualifying widow(er)	13	66,000
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	12,940
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	53,060
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	10,000
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	122
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 50, or Form 1040A, line 33	19	122

KIA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8863** (2017)

Name(s) shown on return

Marisa N Bishop

Your social security number

383-17-2320



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) Marisa Bishop	21 Student social security number (as shown on page 1 of your tax return) 383-17-2320
22 Educational institution information (see instructions)	
(a) Name of first educational institution Lansing Community College	(b) Name of second educational institution (if any)
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 400 North Capital Ave Lansing MI 48933	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2017? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2016 with Box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2016 with Box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 38-1787641	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2017? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2017 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2017 (see instructions)? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.	
26 Was the student convicted, before the end of 2017, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.	



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Do not enter more than \$4,000	27	0
28 Subtract \$2,000 from line 27. If zero or less enter -0-	28	0
29 Multiply line 28 by 25% (0.25)	29	0
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1	30	

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	609
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Credit for Qualified Retirement Savings Contributions

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Go to www.irs.gov/form8880 for instructions and the latest information.

Name(s) shown on return

Marisa

N Bishop

Your social security number

383-17-2320

You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$31,000 (\$46,500 if head of household; \$62,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2000, (b) is claimed as a dependent on someone else's 2017 tax return, or (c) was a **student** (see instructions).

- 1 Traditional and Roth IRA (including *myRA*) contributions for 2017. Do **not** include rollover contributions
- 2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2017 (see instructions)
- 3 Add lines 1 and 2
- 4 Certain distributions received **after** 2014 and **before** the due date (including extensions) of your 2017 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- 5 Subtract line 4 from line 3. If zero or less, enter -0-
- 6 In each column, enter the **smaller** of line 5 or \$2,000
- 7 Add the amounts on line 6. If zero, **stop**; you cannot take this credit
- 8 Enter the amount from Form 1040, line 38*; Form 1040A, line 22; or Form 1040NR, line 37
- 9 Enter the applicable decimal amount shown below.

	(a) You	(b) Your spouse
1	0	0
2	289	0
3	289	0
4		
5	289	0
6	289	0
7		289
8	12,940	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
---	\$18,500	.5	.5	.5
\$18,500	\$20,000	.5	.5	.2
\$20,000	\$27,750	.5	.5	.1
\$27,750	\$30,000	.5	.2	.1
\$30,000	\$31,000	.5	.1	.1
\$31,000	\$37,000	.5	.1	.0
\$37,000	\$40,000	.2	.1	.0
\$40,000	\$46,500	.1	.1	.0
\$46,500	\$62,000	.1	.0	.0
\$62,000	---	.0	.0	.0

Note: If line 9 is zero, **stop**; you cannot take this credit.

- 10 Multiply line 7 by line 9
- 11 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- 12 **Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Form 1040, line 51; Form 1040A, line 34; or Form 1040NR, line 48

9	X	0.5
10		145
11		132
12		132

*See Pub. 590-A for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

2017

Form 1040- V

Department of the Treasury
Internal Revenue Service

▼ Detach Here and Mail With Your Payment and Return ▼

Form Department of the Treasury Internal Revenue Service (99)	1040-V	Payment Voucher	OMB No. 1545-0074
► Do not staple or attach this voucher to your payment or return.		2017	
Use this voucher when making a payment with Form 1040. Write your social security number (SSN) on your check or money order.		Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"	Dollars 191

383-17-2320

KIA 1017

Marisa N Bishop

1616 Davis Ave
Lansing

MI 48910

383172320 CA BISH 30 0 201712 610

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.

1. Filer's First Name MARISA	M.I. N	Last Name BISHOP	2. Filer's Full Social Security No. (Example: 123-45-6789) 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) 1616 DAVIS AVE			4. School District Code (5 digits – see page 60) 33020
City or Town LANSING	State MI	ZIP Code 48910	
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. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse			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* * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 200px;"></div>			8. 2017 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * * If you check box "b" or "c," you must complete and include 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 2017 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.	<input type="checkbox"/>			9d.		00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15.....	9e.				9e.	4,000	00
10. Adjusted Gross Income from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions) ..	10.				10.	12,940	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.				11.	328	00
12. Total. Add lines 10 and 11.....	12.				12.	13,268	00
13. Subtractions from Schedule 1, line 27. Include Schedule 1	13.				13.		00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.				14.	13,268	00
15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19	15.				15.	4,000	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.				16.	9,268	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.				17.	394	00

NON-REFUNDABLE CREDITS**AMOUNT****CREDIT**

18. Income Tax Imposed by government units outside Michigan. Include 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.			20.		394

Filer's Full Social Security Number

383-17-2320

21. Enter amount of Income Tax from line 20.....	21.	394	00
22. Voluntary Contributions from Form 4642, line 7. Include 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.	394	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.	160	00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.		00
FEDERAL			
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b	27a.		00
MICHIGAN			
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Michigan tax withheld from Schedule W, line 7. Include Schedule W (do not submit W-2s)	29.	378	00
30. Estimated tax, extension payments and 2016 credit forward	30.		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.			00
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c.....	32.	538	00

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.			
Include interest <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/>			
YOU OWE	33.		00
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32	34.	144	00
35. Credit Forward. Amount of line 34 to be credited to your 2018 estimated tax for your 2018 tax return ..	35.		00
36. Subtract line 35 from line 34	36.	144	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. ☒ Checking 2. ☐ 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 Spouse

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.

Preparer's Name (print or type)

Preparer's Business Name, Address and Telephone Number

Filer's Signature Date

Spouse's Signature Date

☐ 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

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

Type or print in blue or black ink.

Attachment 01

Include with Form MI-1040.

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
MARISA	N	BISHOP	383-17-2320

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.....	1.		00
2. Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions)	2.	328	00
3. Gains from Michigan column of MI-1040D and MI-4797	3.		00
4. Losses attributable to other states (see instructions)	4.		00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797	5.		00
6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI)	6.		00
7. Federal Net Operating Loss deduction	7.		00
8. Other (see instructions). Describe:	8.		00
9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11	9.	328	00

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

2017 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name MARISA	M.I. N	Last Name BISHOP	Filer's Full Social Security No. (Example: 123-45-6789) 383-17-2320
-------------------------------------	------------------	----------------------------	---

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 and 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.	<table border="1"> <tr> <th colspan="3">FILER</th> </tr> <tr> <th>A. Year of Birth (19xx)</th> <th>B. Age (as of 12-31-2017)</th> <th>C. Check if SSA Exempt</th> </tr> <tr> <td>1994</td> <td>23</td> <td><input type="checkbox"/></td> </tr> </table>			FILER			A. Year of Birth (19xx)	B. Age (as of 12-31-2017)	C. Check if SSA Exempt	1994	23	<input type="checkbox"/>	<table border="1"> <tr> <th colspan="3">SPOUSE</th> </tr> <tr> <th>D. Year of Birth (19xx)</th> <th>E. Age (as of 12-31-2017)</th> <th>F. Check if SSA Exempt</th> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>			SPOUSE			D. Year of Birth (19xx)	E. Age (as of 12-31-2017)	F. Check if SSA Exempt			<input type="checkbox"/>
FILER																								
A. Year of Birth (19xx)	B. Age (as of 12-31-2017)	C. Check if SSA Exempt																						
1994	23	<input type="checkbox"/>																						
SPOUSE																								
D. Year of Birth (19xx)	E. Age (as of 12-31-2017)	F. Check if SSA Exempt																						
		<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.	000																			

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

2017 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR

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

Type or print in blue or black ink.

Attachment 05

1. Filer's First Name MARISA		M.I. N	Last Name BISHOP		2. Filer's Full Social Security No. (Example: 123-45-6789) 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, P.O. Box). If using a P.O. Box, you must complete line 45. 1616 DAVIS AVE						4. School District Code (5 digits - see instructions) 33020						
City or Town LANSING			State MI	ZIP Code 48910								
5. Check the box(es) for which you or your spouse qualify (excluding dependents). If you qualify for both, see instructions.												
a. <input type="checkbox"/> Age 65 or older; or an unmarried spouse of a person who was 65 or older at the time of death. b. <input type="checkbox"/> Deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.												
6. 2017 FILING STATUS: Check one.		7. 2017 RESIDENCY STATUS: Check all that apply.		*If you checked box "c," enter dates of Michigan residency in 2017. Enter dates as MM-DD-YYYY (Example: 04-15-2017).								
a. <input checked="" type="checkbox"/> Single		a. <input checked="" type="checkbox"/> Resident		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">FILER</th> <th style="width:50%;">SPOUSE</th> </tr> </thead> <tbody> <tr> <td>FROM:</td> <td></td> </tr> <tr> <td>TO:</td> <td></td> </tr> </tbody> </table>			FILER	SPOUSE	FROM:		TO:	
FILER	SPOUSE											
FROM:												
TO:												
b. <input type="checkbox"/> Married filing jointly		b. <input type="checkbox"/> Nonresident										
c. <input type="checkbox"/> Married filing separately (Include Form 5049)		c. <input type="checkbox"/> Part-Year Resident *										

8. Homestead Status☐ Check here if the taxable value of your homestead includes unoccupied farmland classified as agricultural by your assessor.

9. **Homeowners:** Enter the 2017 **taxable value** of your homestead (see instructions). **If you did not check box 8 above and your taxable value is greater than \$135,000, STOP; you are not eligible.**

Farmers: enter the **taxable value** of your homestead, including eligible unoccupied farmland.....

	00
	00

10. Property Taxes levied on your home for 2017 (see instructions) or amount from line 51, 56 and/or 57

11. **Renters:** Enter rent you paid for 2017 from line 53 and/or 55 11. **3,594** 0012. Multiply line 11 by 20% (0.20) 12. **719** 0013. **Total.** Add lines 10 and 12 13. **719** 00

TOTAL HOUSEHOLD RESOURCES. If filing a joint return, include income from both spouses.

If married filing separately, you must include Form 5049.

14. Wages, salaries, tips, sick, strike and SUB pay, etc.....	14.	8,916	00	21. Social Security, SSI, and/or railroad retirement benefits....	21.		00
15. All interest and dividend income (including nontaxable interest).....	15.		00	22. Child support and foster parent payments	22.		00
16. Net business income (including net farm income). If negative enter "0"	16.	4,641	00	23. Unemployment compensation	23.		00
17. Net royalty or rent income. If negative enter "0"	17.		00	24. Gifts or expenses paid on your behalf	24.		00
18. Retirement pension, annuity, and IRA benefits.	18.		00	25. Other nontaxable income Describe:	25.		00
19. Capital gains less capital losses, (see instructions)	19.		00	26. Workers'/veterans' disability compensation/pension benefits	26.		00
20. Alimony and other taxable income Describe:	20.		00	27. FIP and other MDHHS benefits (Do not include food assistance)	27.		00

28. **SUBTOTAL.** Add lines 14 through 27 **SUBTOTAL**

	13,557
	00

+ 1017 2017 25 01 27 7

Continue on page 2. This form cannot be processed if pages 2 and 3 are not completed and included.

Filer's Full Social Security Number

383-17-2320

29. Enter subtotal from line 28	29.	13,557	00
30. Other adjustments (see instructions). Describe: <u>SE DED KEOGH</u>	30.	617	00
31. Medical insurance/HMO premiums you paid for you and your family (see instructions)	31.		00
32. Add lines 30 and 31.	32.	617	00
33. TOTAL HOUSEHOLD RESOURCES. Subtract line 32 from line 29. If more than \$50,000, STOP; you are not eligible for this credit.	33.	12,940	00
34. Multiply line 33 by 3.5% (0.035) or by the percent in Table 2 (see instructions). If negative, enter "0".	34.	453	00
35. Subtract line 34 from line 33 and enter the amount here. If line 34 is more than line 33, enter "0" and STOP; you are not eligible for this credit.	35.	266	00

PART 1: ALLOWABLE COMPUTATION Complete one of the sections below, either A, B, or C (see instructions).**SECTION A: SENIOR CLAIMANTS** (if you checked only box 5a)

36. Enter amount from line 35	36.		00
37. Percentage from Table A (see instructions) that applies to the amount on line 33	37.		%
38. Multiply line 36 by line 37. Enter amount here and on line 42 (maximum \$1,200).	38.		00

SECTION B: DISABLED CLAIMANTS (if you checked only box 5b, or both boxes 5a and 5b)

39. Enter amount from line 35 here and on line 42 (maximum \$1,200)	39.		00
---	-----	--	----

SECTION C: ALL OTHER CLAIMANTS (if you did not check box 5a or 5b)

40. Enter amount from line 35	40.	266	00
41. Multiply amount on line 40 by 60% (0.60). Enter amount here and on line 42 (maximum \$1,200).	41.	160	00

PART 2: PROPERTY TAX CREDIT CALCULATION All filers must complete this section.

42. Enter amount from line 38, 39 or 41, or from Worksheet 3 (see instructions) for FIP/MDHHS recipients	42.	160	00
43. Percentage from Table B (see instructions) that applies to the amount on line 33	43.	100	%
44. PROPERTY TAX CREDIT. Multiply amount on line 42 by percentage on line 43. Enter amount here and if you file an MI-1040, carry this amount to MI-1040, line 25.	44.	160	00

NOTE: Seniors who pay rent (including rent paid to adult care facilities): Complete Worksheet 4 in the MI-1040 book and enter amount from worksheet on line 44 (maximum \$1,200).

Filer's Full Social Security Number

383-17-2320

PART 3: HOMEOWNERS WHO MOVED IN 2017. Report on lines 45 and 46 the addresses of the homesteads for which you are claiming a credit. **Homesteads with a taxable value greater than \$135,000 are not eligible for this credit.**

45. Address where you lived on December 31, 2017, if different than reported on line 1 (Number, Street, City, State, ZIP Code).	Taxable Value	00
46. Address of homestead sold (moved from) during 2017 (Number, Street, City, State, ZIP Code).	Taxable Value	00

Homeowners who moved during 2017, complete lines 47 through 51.

		HOMESTEAD	
		A. Moved Into	B. Moved From
47. Number of days occupied (total cannot be more than 365)			
48. Divide line 47 by 365 and enter percentage here		%	%
49. Property taxes levied for calendar year 2017		00	00
50. Prorated property taxes. Multiply line 49 by the percentages on line 48		00	00
51. Taxes eligible for credit. Add line 50, columns A and B. Enter here and on line 10	51.		00

PART 4: RENTERS

52.	A	B	C	D	E
	Address of Homestead You Rented (Number, Street, Apt. #, City, State, ZIP Code)	Landowner's Name and Address (City, State and ZIP Code)	# Months Rented	Monthly Rent	Total Rent Paid
	223 S. 8TH STREET LANSING MI 48912	BOYD H. REDNER 5315 N. CLARK STREET CHICAGO MI 60640	6	249 00	1,494 00
	1616 DAVIS AVENUE LANSING MI 48910	KENDALL COLLINS 1616 DAVIS AVENUE LANSING MI 48910	6	350 00	2,100 00
53.	Total rent you paid (not more than 12 months). Add total rent for each period. Enter here and on line 11				53. 3,594 00

PART 5: ALTERNATE HOUSING FACILITIES (see instructions)

54. If you lived in one of these types of facilities for all or part of 2017, check the appropriate box and see instructions.

- a. ☐ Subsidized Housing: complete line 55. Enter result on line 11. b. ☐ Service Fee Housing: complete lines 55 and 56.

55. Enter the total rent you paid in 2017 while a resident of an Alternate Housing Facility. Do not include amounts paid on your behalf by a government agency..... 55. 00

56. If you checked box 54b, multiply line 55 by 10% (0.10) (see instructions). Enter here and on line 10 56. 00

57. **Special Housing:** If you lived in one of these types of facilities for all or part of 2017, check the appropriate box (see instructions).

- a. ☐ Cooperative Housing b. ☐ Home for the Aged c. ☐ Nursing Home

- d. ☐ Adult Foster Care Home e. ☐ Paid Room and Board

Enter your prorated share of taxes from the type of facility checked on line 57 here and on line 10 57. 00

58. Name and Address (including City, State and ZIP Code) of Housing Facility, Landowner, or Care Facility if you completed Part 5.

DIRECT DEPOSIT

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

a. Routing Transit Number

b. Account Number

c. Type of Account

1. ☒ Checking 2. ☐ 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		Spouse	
-------	--	--------	--

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
Spouse's Signature	Date

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.

If you are also filing Form MI-1040, include this form behind it. If not, mail this form to: Michigan Department of Treasury, Lansing, MI 48956

2017 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 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 to 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 MARISA	M.I. N	Last Name BISHOP	2. Filer's Full Social Security No. (Example: 123-45-6789) 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 or 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		47-3045348	CITYLIFE LANSING	8,528	00	362	00
X		38-1659835	JACKSON NATIONAL	388	00	16	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.	378 00

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

A Enter "X" for: Filer or 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

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		0	00
7. TOTAL. Add lines 4, 5 and 6. Enter here and carry to MI-1040, line 29		378	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 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 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.

2017 MICHIGAN Home Heating Credit Claim MI-1040CR-7Amended Return ☐

Type or print in blue or black ink.

Attachment 08

1. Filer's First Name MARISA	M.I. N	Last Name BISHOP	2. Filer's Full Social Security No. (Example: 123-45-6789) 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) 1616 DAVIS AVE				
City or Town LANSING		State MI	ZIP Code 48910	4. County Code (see instr.) 33

5. 2017 FILING STATUS:

Check one.

- a. ☒ Single
- b. ☐ Married, filing jointly
- c. ☐ Married, filing separately
(Include Form 5049)

6. 2017 RESIDENCY STATUS:

Check all that apply.

- a. ☒ Resident
- b. ☐ Nonresident
- c. ☐ Part-Year Resident*

*If you checked box "c," enter dates of Michigan residency in 2017.
Enter dates as MM-DD-YYYY (Example: 04-15-2017).

FILER	SPOUSE
FROM:	
TO:	

7. Check the box if your heating costs are currently included in your rent (see instructions) ☒

8. Check the box if you want your name and address referred to other government assistance programs for which you may qualify ☐

9. Check the box if you or your spouse now receive Supplemental Security Income (SSI) ☐

10. ENTER YOUR AGE if you are age 60 or older..
- | | |
|-------|--------|
| Filer | Spouse |
|-------|--------|

11. Amount you were billed for heat between 11/1/2016 and 10/31/2017 00

12. If you lived in one of these **CARE** facilities (not a senior apartment complex) for all of 2017, check the box and STOP here, see instructions.

- a. ☐ Nursing Home b. ☐ Adult Foster Care Home
- c. ☐ Licensed Home for the Aged d. ☐ Substance Abuse Center

13. **Exemptions.** Enter the number that applies to you, your spouse, or your dependents and complete line 14 below. See instructions if you are age 66 or older.

Personal Exemption

(You and your spouse only)

Deaf, Disabled or Blind

Qualified Disabled Veteran

Number of children living with you:

• Ages 2 and under.....

• Ages 3-5.....

• Ages 6-18.....

Dependent adults, other than your spouse, who live with you

Add lines 13a through 13g.....

a.	1
b.	0
c.	0
d.	0
e.	0
f.	0
g.	0
h.	1

14. You MUST enter below the name, relationship, Social Security number, and age of all dependents you claimed in lines 13d - 13g above.

A. Dependent's Name	B. Dependent's Relationship to You	C. Social Security Number	D. Age in Years

If you have more than six (6) dependents, complete Home Heating Credit Claim MI-1040 CR-7 Supplemental (Form 4976).

15. ☐ You must check this box to receive a refund from your heat provider for any overpayment to your heat account, if eligible (see instructions).

Filer's Full Social Security Number

383-17-2320

TOTAL HOUSEHOLD RESOURCES. If filing a joint return, include income from both spouses. If married filing separately, you must include Form 5049 available on Treasury's Web site.

16. Wages, salaries, tips, sick, strike and SUB pay, etc.	16.	8,916	00	23. Social Security SSI, and/or railroad retirement benefits .	23.	0	00
17. All interest and dividend income (including nontaxable interest).....	17.	0	00	24. Child support and foster parent payments	24.		00
18. Net business income (including net farm income). If negative, enter "0".....	18.	4,641	00	25. Unemployment compensation.....	25.	0	00
19. Net royalty or rent income. If negative, enter "0".....	19.	0	00	26. Gifts or expenses paid on your behalf	26.		00
20. Retirement pension, annuity, and IRA benefits.....	20.	0	00	27. Other nontaxable income. Describe:	27.	0	00
21. Capital gains less capital losses (see instructions).....	21.	0	00	28. Workers'/veterans' disability compensation/pension benefits.	28.		00
22. Alimony and other taxable income. Describe:	22.	0	00	29. FIP and other MDHHS benefits (Do not include food assistance)	29.		00
30. Add lines 16 through 29				SUBTOTAL	30.	13,557	00
31. Other adjustments. Describe: <u>SE DED KEOGH</u>	31.	617	00				
32. Medical insurance or HMO premiums paid	32.		00				
33. Add lines 31 and 32	33.		617				00
34. Subtract line 33 from line 30.				TOTAL HOUSEHOLD RESOURCES.	34.	12,940	00

Standard and Alternate Home Heating Credit Computations

35. STANDARD CREDIT. Standard allowance from Table A (see instr.).....	35.	465	00
36. Multiply line 34 by 3.5% (0.035) (if negative, enter "0").....	36.	453	00
37. Subtract line 36 from line 35 for standard credit amount. If line 36 is greater than line 35, enter "0"	37.	12	00
38. If you checked the box on line 7, multiply the amount on line 37 by 50% (0.50). Enter here and on line 43. (If approved, the final amount as shown on line 44 is issued as a check.)	38.		6
39. ALTERNATE CREDIT. Total heating costs from line 11 or \$2,737 (whichever is less).....	39.		00
40. Multiply line 34 by 11% (0.11) (if negative, enter "0")	40.		00
41. Subtract line 40 from line 39. If line 40 is greater than line 39, enter "0" ..	41.		00
42. Multiply line 41 by 70% (0.70) for alternate credit amount	42.		00
43. If you completed line 38 enter that amount here. Otherwise enter the larger of lines 37 or 42 here	43.		6
44. HOME HEATING CREDIT. Multiply line 43 by 75% (0.75)	44.		5

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 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

File (postmark) your claim by September 30, 2018. Mail your claim to:

Michigan Department of Treasury
 Lansing, MI 48956

Taxpayer's SSN 383-17-2320		Taxpayer's first name Marisa		Initial N	Last name Bishop	RESIDENCE STATUS <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident	
Spouse's SSN		If joint return spouse's first name		Initial	Last name	Part-year resident - dates of residency (mm/dd/yyyy) From _____ To _____	
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse Enter date of death on page 2, right side of the signature area		Present home address (Number and street) 1616 Davis Avenue			Apt. no. _____		
Mark box (X) below if form attached <input type="checkbox"/> Federal Form 1310 <input type="checkbox"/> Supporting Notes and Statements (Attachment 22)		Address line 2 (P.O. Box address for mailing use only)			FILING STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> 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 _____		
City, town or post office Lansing		State MI		Zip code 48910			
Foreign country name		Foreign province/county		Foreign postal code			

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	Col B Exclusion/Adjustment Must complete page 2	Column C Taxable Income					
ATTACH COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1	8,916.00	8,916.00					
	2. Taxable interest	2	0.00	0.00					
	3. Ordinary dividends	3	0.00	0.00					
	4. Taxable refunds, credits or offsets of state and local income taxes	4	0.00	NOT TAXABLE					
	5. Alimony received	5	0.00	0.00					
	6. Business income or (loss) (Attach copy of federal Schedule C)	6	4,641.00	4,641.00					
	7. Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. <input type="checkbox"/> Mark if federal Sch. D not required	7	0.00	0.00					
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8	.00	0.00					
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9	.00	0.00					
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10	.00	0.00					
ATTACH W-2 FORMS HERE	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11	.00	0.00					
	12. Subchapter S corporation distributions (Attach federal Sch. K-1)	12	NOT APPLICABLE	.00					
	13. Farm income or (loss) (Attach copy of federal Schedule F)	13	.00	0.00					
	14. Unemployment compensation	14	.00	NOT TAXABLE					
	15. Social security benefits	15	.00	NOT TAXABLE					
	16. Other income (Attach statement listing type and amount)	16	.00	0.00					
	17. Total additions (Add lines 2 through 16)	17	4,641.00	0.00					
	18. Total income (Add lines 1 through 16)	18	13,557.00	0.00					
	19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19		289.00					
	20. Total income after deductions (Subtract line 19 from line 18); if a negative amount -STOP- and enter zero (0) on line 26	20		13,268.00					
ENCLOSE CHECK OR MONEY ORDER	21. Exemptions Number of Exemptions are auto-filled in line 21a from Form L-1040, page 2, box 1h and calculated at \$600 per number of exemptions and auto-filled in line 21b	21a	1	21b	600.00				
	22. Total income subject to tax (Subtract line 21b from line 20); if a negative amount -STOP- and enter zero (0) on line 26	22			12,668.00				
	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	<input type="checkbox"/>	23b	127.00				
	24. Payments and credits Lansing tax withheld 24a 2.00 Other tax payments (est, extension, or fwd, partnership & tax option corp) 24b 0.00 Credit for tax paid to another city 24c 0.00 Total payments & credits 24d	24a	2.00	24b	0.00	24c	0.00	24d	2.00
	25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax Interest 25a 0.00 Penalty 25b 0.00 Total interest & penalty 25c	25a	0.00	25b	0.00	25c	0.00		
	26. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF LANSING IF PAID ON LINE CREDITCARD/ELECTRONIC CHECK ENTER CONF #	PAY WITH RETURN		26	125.00				
	27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)			27	0.00				
	28. 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)			28	0.00				
	29. Amount of overpayment credited forward to 2018			29	0.00				
	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)			30	0.00				
31. Direct deposit refund (Mark (X) box 31a and complete lines 31c, 31d and 31e)	31a	<input type="checkbox"/> Refund (direct deposit)	31c	Routing number					
	31b	<input type="checkbox"/> Pay Tax Due (direct withdrawal)	31d	Account number					
31e Account Type:		<input type="checkbox"/> 31e1. Checking	<input type="checkbox"/> 31e2. Savings						

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

Revised: 12/01/2017

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

L-1040, PAGE 2		Taxpayer's name Marisa N. Bishop		Taxpayer's SSN 383-17-2320		17MI-LNS-1040-2			
EXEMPTIONS SCHEDULE		Date of birth (mm/dd/yyyy) 1a. You 04/22/1994 1b. Spouse		Regular <input checked="" type="checkbox"/>	65 or over <input type="checkbox"/>	Blind <input type="checkbox"/>	Deaf <input type="checkbox"/>	Disabled <input type="checkbox"/>	1e. Enter the number of boxes checked on lines 1a and 1b 1
1d. List Dependents		1c. <input type="checkbox"/> 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	1f. Enter number of dependent children listed on line 1d			
1.									
2.									
3.						1g. Enter number of other dependents listed on line 1d			
4.									
5.									
6.						1h. Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a)		1	
7.									
8.									
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 Sch)	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.	COLUMN E LANSING TAX WITHHELD (Form W-2, box 19)	COLUMN F LOCALITY NAME (Form W-2, box 20)		
1.				0.00		0.00			
2.				0.00		0.00			
3.				0.00		0.00			
4.				0.00		0.00			
5.				0.00		0.00			
6.				0.00		0.00			
7.				0.00		0.00			
8.				0.00		0.00			
9.				0.00		0.00			
10.				0.00		0.00			
11. Totals (Enter here and on page 1; part-yr residents on Sch TC)				0.00	<< Enter on pg 1, ln 1, col B	0.00	<< Enter on pg 1, ln 24a		
DEDUCTIONS SCHEDULE (See instructions; deductions allocated on the same basis as related income)									
1. IRA deduction (Attach copy of page 1 of federal return & evidence of payment)						1	0.00		
2. Self-employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of federal return)						2	289.00		
3. Employee business expenses (See instructions and attach copy of federal Form 2106)						3	0.00		
4. Moving expenses (Into Lansing area only) (Attach copy of federal Form 3903)						4	0.00		
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of page 1 of federal return)						5	0.00		
6. Renaissance Zone deduction (Attach Schedule RZ OF 1040)						6	0.00		
7. Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)						7	289.00		
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		TO	
						MONTH	DAY	MONTH	DAY
T	223 S 8th Street, Lansing MI 48912					01	01	06	30
T	Same					07	01	12	31
THIRD PARTY DESIGNEE									
Do you want to allow another person to discuss this return with the Income Tax Office? <input type="checkbox"/> Yes, complete the following <input type="checkbox"/> 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 Worker		Daytime phone number 517-775-1709		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 Michael Bishop			Date (MM/DD/YY)		PTIN, EIN or SSN PO1531210			
	FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE 3512 Sandhurst Dr., Lansing MI 48911					Preparer's phone no. 517-394-5581			
						NACTP software number		LNSWEB	

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 2017, Individual Income Tax Return, Form 1040. The State of Michigan has a similar requirement for filing the 2017 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.

Marisa Bishop
Tax Payer Signature

3-2-18
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.

Payer's Name:
City Life Lansing
PO Box 22181
Lansing, MI 48909

2017 Form 1099-MISC Miscellaneous Income

OMB No. 1545-0115

Copy B For Recipient

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.

For questions about this form, contact City Life
Lansing at 517-292-6022

Recipient's Name:
MARISA BISHOP
1616 DAVIS AVE
LANSING, MI 48910

Payer's federal
identification number:
47-3045348

Recipient's
identification number:
383-17-2320

Box 7: Nonemployee
compensation

\$4,646.41

Instructions for Recipient - 1099-MISC

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions to Form 8938.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Gross proceeds paid to attorney in connection with legal services. Report only taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions.

Boxes 16-18. Shows state or local income tax withheld from the payments. **Future developments.** For the latest info about developments related to Form 1099-MISC, such as legislation enacted after they were published, go to www.irs.gov/form1099misc.

a Employee's SSN 383-17-2320		b Employer identification number (EIN) 47-3045348		OMB No. 1545-0008		
c Employer's name, address, and ZIP code CityLife Lansing PO Box 22181 Lansing MI 48909		This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.				
		1 Wgs, tips, other compn 8528.05	2 Fed inc tax withheld 465.46	3 Social security wages 8791.81	Form W-2 Wage and Tax Statement 2017 Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)	
		4 SS tax withheld 545.09	5 Medicare wages & tips 8791.81	6 Medicare tax withheld 127.48		
		7 Social security tips	8 Allocated tips	9 Verification code		
10 Depdnt care benefits	11 Nonqualified plans	12a D 263.76				
d Control No.						
e Employee's name, address, and ZIP code Marisa N Bishop 1616 Davis Ave Lansing MI 48910		13 Statutory employee <input type="checkbox"/>		14 Other		
		Retirement plan <input checked="" type="checkbox"/>				
		Third-party sick pay <input type="checkbox"/>				
15 State MI	Employer's state ID No. 47-3045348	16 State wages, tips, etc. 8528.05	17 State income tax 362.44	18 Local wages, tips, etc.	19 Local income tax	
				20 Locality name		

1 Wages, tips, other comp. 387.75		2 Federal income tax withheld .25	
3 Social security wages 412.50		4 Social security tax withheld 25.58	
5 Medicare wages and tips 412.50		6 Medicare tax withheld 5.98	
d Control number 0000005386 TJF	Dept. LZT2	Corp.	Employer use only 419
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 24.75	
14 Other		12b	
		12c	
		12d	
13 Stat emp.		Ret. plan	3rd party sick pay
		<input checked="" type="checkbox"/>	
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. 387.75	
17 State income tax 16.48		18 Local wages, tips, etc. 387.75	
19 Local income tax 1.71		20 Locality name LANSING	
MI. State Filing Copy W-2 Wage and Tax Statement 2017 <small>Copy 2 to be filed with employee's State Income Tax Return.</small>			