

2019 MICHIGAN Composite Individual Income Tax Return

Amended Return

This return is due April 15, 2020. Type or print clearly in blue or black ink.

(MM-DD-YYYY)

(MM-DD-2019)
- 2019

Return is for calendar year 2019 or for tax year beginning:

and ending:

Filers whose tax year ends in 2019 should use this form. Do not use this form if the tax year ends in a year other than 2019.

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

NOTE: Pages 1 - 5 of the U.S. Forms 1065 or 1120S, Form MI-1040H and completed Schedules A, B and C of this form must be included with this return. Individual members subject to a federal excess business loss limitation may not participate in a composite filing. See instructions.

5. Ordinary income or (loss) from U.S. Form 1065, line 22, or U.S. Form 1120S, line 21.....	5.		00
6. Additions from line 35.....	6.		00
7. Subtotal. Add lines 5 and 6.....	7.		00
8. Subtractions from line 38.....	8.		00
9. Total income subject to apportionment. Subtract line 8 from line 7.....	9.		00
10. Apportionment percentage from MI-1040H (see instructions).....	10.		%
11. Total Michigan apportioned income. Multiply line 9 by the percentage on line 10.....	11.		00
12. Michigan allocated income or (loss) from line 43.....	12.		00
13. Total Michigan income. Add lines 11 and 12.....	13.		00
14. Michigan income attributable to Michigan residents (see instructions for Schedule C).....	14.		00
15. Michigan income attributable to nonparticipating members (see instructions for Schedule B).....	15.		00
16. Michigan income attributable to participants (see instructions for Schedule A).....	16.		00
17. Exemption allowance from line 49.....	17.		00
18. SEP, SIMPLE or qualified plan deductions from line 52.....	18.		00
19. Add lines 17 and 18.....	19.		00
20. Taxable income. Subtract line 19 from line 16.....	20.		00
21. Tax. Multiply line 20 by 4.25% (0.0425).....	▶ 21.		00
22. Michigan extension payments and estimated tax payments.....	▶ 22.		00
23. 2019 AMENDED RETURNS ONLY. See instructions.....	▶ 23.		00
24. If line 22 plus line 23 is less than line 21, enter TAX DUE. Include interest _____ and penalty _____, if applicable.....	PAY ▶ 24.		00
25. Overpayment. If line 22 plus line 23 is more than line 21, enter overpayment.....	25.		00
26. Credit Forward. Amount of line 25 to apply to 2020 estimated tax.....	▶ 26.		00
27. Subtract line 26 from line 25.....	REFUND ▶ 27.		00

TAXPAYER CERTIFICATION. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge. I have obtained the required power of attorney from each of the members of this composite return and the entity will resolve the issue of any tax liability.

PREPARER CERTIFICATION. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Filer's Signature _____ Date _____

Preparer's PTIN, FEIN or SSN _____

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

Preparer's Name (print or type) _____

Mailing: Make check payable to "State of Michigan."
Write the entity's FEIN, "Composite Return" and tax year on the check.
Mail completed returns to:
Michigan Department of Treasury
P.O. Box 30058
Lansing, MI 48909

Preparer's Business Name, Address and Telephone Number _____

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

28. Net income or (loss) from rental real estate activities.....	28.	00
29. Net income or (loss) from other rental activities	29.	00
30. Portfolio Income or (loss):		
a. Interest income	30a.	00
b. Dividend income	30b.	00
c. Royalty income	30c.	00
d. Net short-term capital gain or (loss) (from U.S. <i>Schedule K</i>)	30d.	00
e. Net long-term capital gain or (loss) (from U.S. <i>Schedule K</i>).....	30e.	00
f. Other portfolio income	30f.	00
31. Net gain or (loss) under Section 1231	31.	00
32. Other income from U.S. <i>Schedule K</i>	32.	00
33. State or local taxes measured by income.....	33.	00
34. Other miscellaneous additions (include a supporting statement).....	34.	00
35. Total additions. Add lines 28 through 34. Enter here and on line 6	35.	00

SUBTRACTIONS

36. Income or (loss) from other partnerships, S corporations and fiduciaries	36.	00
37. Other miscellaneous subtractions (include a supporting statement).....	37.	00
38. Total subtractions. Add lines 36 and 37. Enter here and on line 8	38.	00

MICHIGAN ALLOCATED INCOME OR (LOSS)

39. Guaranteed payments to all members allocated to Michigan:		
a. Participating nonresidents - for services performed in Michigan.....	39a.	00
b. Nonparticipating nonresidents - for services performed in Michigan.....	39b.	00
c. Michigan residents - total payments	39c.	00
40. Income attributable to other Michigan partnerships, S corporations or fiduciaries.....	40.	00
41. Net Michigan capital gains or (losses) not subject to apportionment (from U.S. <i>Schedule D</i>)	41.	00
42. Other Michigan allocated income or (loss) (see instructions).....	42.	00
43. Total Michigan allocated income or (loss). Add lines 39a through 42. Enter here and on line 12	43.	00

EXEMPTION ALLOWANCE

44. Michigan income to participants from line 16	44.	00
45. Total income from Participants' Total Income Worksheet, page 9	45.	00
46. Percent of income attributable to Michigan. Divide line 44 by line 45 (must be between 0 and 100%).....	46.	%
47. Prorated exemption allowance per participant. Multiply line 46 by \$4,400 (exemption allowance).....	47.	00
48. Number of participants included in this return	48.	
49. Total prorated exemption (see instructions).....	49.	00

SEP, SIMPLE OR QUALIFIED PLAN DEDUCTIONS (PARTNERS ONLY)

50. SEP, SIMPLE or qualified plan deductions for participants (include a schedule).....	50.	00
51. Percent of income attributable to Michigan from line 46.....	51.	%
52. SEP, SIMPLE or qualified plan deductions attributable to Michigan. Multiply line 50 by the percentage on line 51. Enter here and on line 18.....	52.	00

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

Column 1 Participant Information		Column 2 Distributive Share of Michigan Income and Michigan Guaranteed Payments	Column 3 Share of Michigan Tax
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
Participant Name	Participant FEIN/SSN		
Participant Address			
<input type="checkbox"/> Check here if additional page(s) used. Enter totals from additional page(s), if applicable.			
Total Columns 2 and 3. Carry total from Column 2 to page 1, line 16			

Name of Partnership, S Corporation or Other Flow-Through Entity	Federal Employer Identification Number
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SCHEDULE B: SCHEDULE OF NONPARTICIPANTS

Column 1 Nonparticipant Information		Column 2 Distributive Share of Michigan Income* and Michigan Guaranteed Payments
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
Nonparticipant Name	Nonparticipant FEIN/SSN	
Nonparticipant Address		
<input type="checkbox"/> Check here if additional page(s) used. Enter totals from additional page(s), if applicable.		
Total Column 2. Carry total from Column 2 to page 1, line 15		

* **The income of C corporation members reported here is for reconciliation purposes of this form and is not used to compute a CIT liability.**

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SCHEDULE C: SCHEDULE OF MICHIGAN RESIDENTS

Column 1 Resident Information		Column 2 Distributive Share of Michigan Income and Michigan Guaranteed Payments
Resident Name	Resident FEIN/SSN	
Resident Address		
Resident Name	Resident FEIN/SSN	
Resident Address		
Resident Name	Resident FEIN/SSN	
Resident Address		
Resident Name	Resident FEIN/SSN	
Resident Address		
Resident Name	Resident FEIN/SSN	
Resident Address		
Resident Name	Resident FEIN/SSN	
Resident Address		
Resident Name	Resident FEIN/SSN	
Resident Address		
Resident Name	Resident FEIN/SSN	
Resident Address		
Resident Name	Resident FEIN/SSN	
Resident Address		
<input type="checkbox"/> Check here if additional page(s) used. Enter totals from additional page(s), if applicable.		
Total Column 2 and carry to page 1, line 14		