			6:7:8:9:0:1:2:3		4:5:6:7:8:9:0:1:2:3:4:5	:6:7:8:9:0:1:2:3:4:5:	0:7:0:9:0:1:
		Draft 7	/22/2020				
	gan Department of Treasury (Rev. 07-20)	Diart 7/	22/2020		Issued under authority of P	ublic Act 284 of 1964, as	amended.
202	20 MICHIGAN Individu	ual Incon	ne Tax Ce	ertification	for e-file MI-8	453	
	E: Do not send MI-8453 to the Michiga						
1. Fi	ler's First Name M.I	Last Name			2. Filer's Full Social Secui	ity No. (Example: 123-4	5-6789)
lf a J	Joint Return, Spouse's First Name M.I	Last Name					
Ulas	ne Address (Number, Street, or P.O. Box)				3. \$pouse's Full Social \$e	curity No. (Example: 12	3-45-6789)
Hom	e Address (Number, Street, or P.O. Box)						
City	dr Town			State	ZII	2 Code	
PAF	T 1: TAX RETURN INFORMAT	ION.					
	axpayer should obtain and keep a copy						
Forn	n MI-1040, Individual Income Tax Retu	ırn					
4.	Total federal adjusted gross income fr	om line 10			4.		00
5.	Total Michigan income tax from line 2	0			5.		00
6.	Michigan tax withheld from line 29				6.		00
7.	Tax due from line 33				7. 8.		00
	MI-1040CR, Homestead Property Ta	v Credit Claim					[00]
	Homestead Property Tax Credit from				9		00
	MI-1040 CR-7, Home Heating Credit						100
10.	Home Heating Credit Claim from line	47			10.		00
City	of Detroit Tax Return Information						
11.	Adjusted Gross Income or Wages from	m Form 5118, lin	e 9, Form 5119,	line 9,			
1	or Form 5120, line 10 (Column A)	F440 (: 5)			11.		00
-1111	Tax Due from Form 5118, line 22e, Fo				12.		00
	Refund from Form 5118, line 25, Form	*	*	e 44	13.		[00]
Unde	er penalties of perjury, I declare that I I	have examined t	this return includ	ling any accompany	ing statements and sch	edules and, to the b	est of my
knov	vledge and belief, it is true, correct, and ligan and/or City of Detroit tax return. I	I complete. The	tax return inform	nation in Part 1 agre	es with the amounts on	the corresponding lir	es of my
send	my return to IRS and subsequently by						
1 1 1 1 1	tion of the transmission.						
Hiler	's Signature	Dat	te	Spouse's Signature		Date	
PAF	RT 3: ELECTRONIC RETURN C	RIGINATOR	(ERO) AND	PAID PREPARE	R CERTIFICATION	1	
	clare that the information contained in the				 		ned me a
com	pleted tax return, I declare that the inform	nation contained i	in this electronic	ax return is identicai	to that contained in the r	eturn provided by the	taxpayer.
	e furnished return was signed by a paid electronic return. If I am the paid prepai						
1 1 2 3	vledge and belief, it is true, correct, and		 				
) Signature	Date	111111111111	ck all that apply)	<u> </u>	SSN or PTIN	
-j jj			I I Paid	Preparer :	Self-Employed		
-j jj					Jen-Employed		
ERC	S Name (or yours if self-employed)				реп-штрюуеч		
ERC	's Name (or yours if self-employed)			FEIN			
Firm	's Name (or yours if self-employed) 's Address (Street, City, State, ZIP Code)					elephone Number	
Firm						elephone Number	
ERC Firm						elephone Number	
Firm						elephone Number	
Firm	's Address (Street, City, State, ZIP Code)				Firm's	elephone Number Check if self-employed	
Firm	's Address (Street, City, State, ZIP Gode) parer's Name (print or type)			FEIN	Firm's		
Firm	's Address (Street, City, State, ZIP Code)	Dat			Firm's		
Firm Prep	's Address (Street, City, State, ZIP Code) parer's Name (print or type)	Da		PTIN	Firm's		
Firm Prep	's Address (Street, City, State, ZIP Gode) parer's Name (print or type)	Da		FEIN	Firm's		