

## 2020 MI-1040ES, Michigan Estimated Income Tax for Individuals

### Important Information

If you are married and plan to file your annual return as “married filing separately,” DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

**Failure to provide a complete Social Security number on Form MI-1040ES will result in processing delays.**

### Who Must File Estimated Tax Payments

You must make estimated income tax payments if you expect to owe more than \$500 when you file your 2020 MI-1040 return. If you owe more than \$500, you may not have to make estimated payments if you expect your 2020 withholding to be at least:

- 90 percent of your total 2020 tax (qualified farmers, fishermen and seafarers use 66 2/3 percent),
- 100 percent of your 2019 tax, or
- 110 percent of your total 2019 tax if your 2019 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

Total 2019 tax is the amount on your 2019 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28. Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

**Do not submit this form for any quarter that you do not have estimated tax due.**

### Payment Due Dates

You may pay in full with the first estimate voucher due April 15, 2020 . You may also pay in equal installments due on or before April 15, 2020 , June 15, 2020 , September 15, 2020, and January 15, 2021.

**NOTE: You will not receive reminder notices; save this set of forms for all of your 2020 payments.**

### How to Pay Estimated Tax

#### e-Payments

You may choose to make your estimated income tax payments electronically instead of mailing a payment with the personalized form provided. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. If you choose to make your payment electronically, you do not need to mail the MI-1040ES form to Treasury. Visit [www.michigan.gov/it](http://www.michigan.gov/it) for more information.

#### Mail Your Payment

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Send your voucher and check to:

**Michigan Department of Treasury  
 P.O. Box 30774  
 Lansing, MI 48909**

*DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.*

### 2020 MICHIGAN MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Due Date for Calendar Year Filers  
 07-15-2020

Filer's Name(s) DOUG & CANDICE A VAN SLEMBROUCK	Filer's Full Social Security Number 378-96-2766	Spouse's Full Social Security Number 380-23-8625
Address (Street, City, State, ZIP Code) 140 WOODWARD AVENUE ROCHESTER MI 48307-1165	<b>WRITE PAYMENT AMOUNT HERE</b>	
	\$ 416 .00	
<b>MAIL TO:</b> Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909		Enclose check payable to “ <b>State of Michigan.</b> ” Write last four digits of filer’s <b>SSN</b> and “ <b>2020 MI-1040ES</b> ” on the front of your check. Do not fold or staple.

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## 2020 MICHIGAN MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Due Date for Calendar Year Filers  
 01-15-2021

Filer's Name(s) DOUG & CANDICE A VAN SLEMBROUCK	Filer's Full Social Security Number 378-96-2766	Spouse's Full Social Security Number 380-23-8625
Address (Street, City, State, ZIP Code) 140 WOODWARD AVENUE ROCHESTER MI 48307-1165	<b>WRITE PAYMENT AMOUNT HERE</b>	
	\$ 416 .00	
MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909		Enclose check payable to “ <b>State of Michigan.</b> ” Write last four digits of filer’s <b>SSN</b> and “ <b>2020 MI-1040ES</b> ” on the front of your check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE

# 2019 MICHIGAN Individual Income Tax Return MI-1040

**Amended Return**   
(Include Schedule AMD)

**Return is due April 15, 2020.** Type or print in blue or black ink.

1. Filer's First Name <b>DOUG</b>		M.I.	Last Name <b>VAN SLEMBROUCK</b>		2. Filer's Full Social Security No. (Example: 123-45-6789) <b>378 — 96 — 2766</b>	
If a Joint Return, Spouse's First Name <b>CANDICE</b>		M.I.	Last Name <b>VAN SLEMBROUCK</b>		3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>380 — 23 — 8625</b>	
Home Address (Number, Street, or P.O. Box) <b>140 WOODWARD AVENUE</b>					4. School District Code (5 digits – see page 60) <b>63260</b>	
City or Town <b>ROCHESTER</b>			State <b>MI</b>	ZIP Code <b>48307-1165</b>		
5. <b>STATE CAMPAIGN FUND</b> 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. <b>FARMERS, FISHERMEN, OR SEAFARERS</b> <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
7. <b>2019 FILING STATUS.</b> Check one. a. <input type="checkbox"/> Single b. <input checked="" 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; width: 200px; height: 20px; margin-left: 100px;"></div>				8. <b>2019 RESIDENCY STATUS.</b> 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 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions).....	9a.	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center; vertical-align: middle;">2</div>	x	\$4,400	9a.	8800	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	\$2,700	9b.		00
c. Number of qualified disabled veterans.....	9c.		x	\$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.		x	\$4,400	9d.		00
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>			9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.				9f.	8800	00
10. <b>Adjusted Gross Income</b> from your U.S. Forms 1040 or 1040NR (see instructions).....	10.					141662	00
11. Additions from Schedule 1, line 9. <b>Include Schedule 1</b> .....	11.					10	00
12. <b>Total.</b> Add lines 10 and 11.....	12.					141672	00
13. Subtractions from Schedule 1, line 28. <b>Include Schedule 1</b> .....	13.						00
14. <b>Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.					141672	00
15. <b>Exemption allowance.</b> Enter amount from line 9f or Schedule NR, line 19.....	15.					8800	00
16. <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.					132872	00
17. <b>Tax.</b> Multiply line 16 by 4.25% (0.0425).....	17.					5647	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 (see instructions).....	19a.		00	19b.		00
20. <b>Income Tax.</b> 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.				5647	00

Filer's Full Social Security Number

378 — 96 — 2766

21. Enter amount of Income Tax from line 20.....	21.	5647	00
22. Voluntary Contributions from Form 4642, line 10. <b>Include Form 4642</b> .....	22.		00
23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
<b>24. Total Tax Liability.</b> Add lines 21, 22 and 23 .....	24.	5647	00

**REFUNDABLE CREDITS AND PAYMENTS**

25. <b>Property Tax Credit. Include MI-1040CR or MI-1040CR-2</b> .....	25.		00
26. <b>Farmland Preservation Tax Credit. Include MI-1040CR-5</b> .....	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. ....	27a.		00
	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....	28.		00
29. Michigan tax withheld from Schedule W, line 6. <b>Include Schedule W (do not submit W-2s)</b> .....	29.	3984	00
30. Estimated tax, extension payments and 2018 credit forward.....	30.	1860	00
31. <b>2019 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2019 return should skip to line 32. Amended returns must <b>include Schedule AMD (see instructions)</b> .			
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
<b>32. Total refundable credits and payments.</b> Add lines 25, 26, 27b, 28, 29, 30 and 31c.....	32.	5844	00

**REFUND OR TAX DUE**

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.	33.		00
Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .....			
<b>YOU OWE</b>			
34. <b>Overpayment.</b> If line 32 is greater than line 24, subtract line 24 from line 32.....	34.	197	00
35. <b>Credit Forward.</b> Amount of line 34 to be credited to your 2020 estimated tax for your 2020 tax return ...	35.		00
<b>REFUND</b>			
36. Subtract line 35 from line 34.....	36.	197	00

**DIRECT DEPOSIT**

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

<b>a. Routing Transit Number</b>	<b>b. Account Number</b>	<b>c. Type of Account</b>	
		1. <input type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2018, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2019 (MM-DD-YYYY)

Filer	— —	Spouse	— —
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**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  
P01086321

**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  
PEVOS AND ASSOCIATES, P.C.  
1985 W BIG BEAVER RD STE 304  
TROY MI 48084-3409  
248-458-1160

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**

# 2019 MICHIGAN Schedule 1 Additions and Subtractions

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

**Attachment 01**

Include with Form MI-1040. Type or print in blue or black ink.

Filer's First Name DOUG	M.I.	Last Name VAN SLEMBROUCK	Filer's Full Social Security No. (Example: 123-45-6789) 378 — 96 — 2766
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**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.	10	00
2. Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions).....	2.		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 included in AGI.....	7.		00
8. Other (see instructions). Describe: _____	8.		00
9. <b>Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11.....</b>	9.	10	00

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

# 2019 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name DOUG	M.I.	Last Name VAN SLEMBROUCK	Filer's Full Social Security No. (Example: 123-45-6789) 378 — 96 — 2766
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**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. <b>Explain type and source:</b> .....	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 2019 and included on MI-1040, line 10.....	16.		00
17. Michigan Education Savings Program, 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. Miscellaneous subtractions (see instructions). <b>Describe:</b> .....	21.		00

**Deduction Based on Year of Birth**

Complete 22A through 22F if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 23, 24 or 25. Check box(es) 22C and/or 22F **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing.**

22.	FILER			SPOUSE		
	A. Year of Birth (19xx)	B. Age (as of 12-31-2019)	C. Check if filer received benefits from SSA exempt employment	D. Year of Birth (19xx)	E. Age (as of 12-31-2019)	F. Check if spouse received benefits from SSA exempt employment
	1979	40	<input type="checkbox"/>	1984	35	<input type="checkbox"/>

23. <b>Michigan Standard Deduction.</b> Complete this line <b>ONLY</b> if the older of you or your spouse (if married) was born during the period January 1, 1946 through December 31, 1952, and reached age 67 on or before December 31, 2019. <b>Do not complete lines 24 and 25.</b> .....	23.		00
24. <b>Retirement benefits.</b> Enter amount from line 16, 27, 28 or 29 of Form 4884, <i>Michigan Pension Schedule</i> . <b>Include Form 4884</b> .....	24.		00
25. Dividend/interest/capital gains deduction for taxpayers <b>74 years and older</b> . Deduction is limited to \$11,771 for single or married filing separately filers and \$23,542 for joint filers, less any deduction for retirement benefits (see instructions).....	25.		00

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.

26. <b>Subtotal.</b> Add lines 10 through 25 .....	26.		00
27. <b>2019 Michigan NOL Deduction.</b> Enter amount from line 11 or 12 of Form 5674, <i>Michigan Net Operating Loss Deduction</i> . <b>Include Form 5674</b> .....	27.		00
28. <b>Total Subtractions.</b> Add lines 26 and 27. Enter here and on MI-1040, line 13.....	28.	0	00

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

**2019 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 2019, 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 (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name  DOUG	M.I.	Last Name  VAN SLEMBROUCK	2. Filer's Full Social Security No. (Example: 123-45-6789)  378 — 96 — 2766
If a Joint Return, Spouse's First Name  CANDICE	M.I.  A	Last Name  VAN SLEMBROUCK	3. Spouse's Full Social Security No. (Example: 123-45-6789)  380 — 23 — 8625

**TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS**

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		80-0209929	CREATIVE CIRCLE	2772	00	118	00
X		94-1648752	ROBERT HALF INTE	4638	00	197	00
X		38-2069753	BLUE CROSS BLUE	90298	00	3669	00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. <b>SUBTOTAL.</b> Enter total of Table 1, column E. ....						4.	3984 00

**TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS**

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)		Michigan income tax withheld	
					00		00
					00		00
					00		00
					00		00
					00		00
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. <b>SUBTOTAL.</b> Enter total of Table 2, column E. ....						5.	00
6. <b>TOTAL.</b> Add lines 4 and 5. Enter here and carry to MI-1040, line 29.....						6.	3984 00

# EAST LANSING

## 2019 INDIVIDUAL CITY INCOME TAX BARCODE DATASHEET



This datasheet is the cover sheet of your return. If the software generates this form please send this with your individual income tax return and all required attachments. Please do not staple your return.

Taxpayer's SSN 378-96-2766		Taxpayer's first name DOUG		Initial	Last name VAN SLEMBROUCK
Spouse's SSN 380-23-8625		If joint return spouse's first name CANDICE		Initial A	Last name VAN SLEMBROUCK
Present home address (Number and street) 140 WOODWARD AVENUE					Apt. no.
Address line 2 (P.O. Box address for mailing use only)					
City, town or post office ROCHESTER				State MI	Zip code 48307-1165
Foreign country name		Foreign province/county		Foreign postal code	



MAIL TO ADDRESS:

{CITY NAME} INCOME TAX DEPARTMENT, ADDRESS, CITY, ST ZIP CODE

Revised 06/15/2017

**CITY OF EAST LANSING**

PO BOX 526

EATON RAPIDS, MI 48827-0526

1555

REV 05/29/20 PRO

INDIVIDUAL RETURN DUE APRIL 30, 2019

Taxpayer's SSN 378-96-2766		Taxpayer's first name DOUG		Initial	Last name VAN SLEMBROUCK	<b>RESIDENCE STATUS</b>	
Spouse's SSN 380-23-8625		If joint return spouse's first name CANDICE		Initial	Last name A VAN SLEMBROUCK	Resident <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/> Part-year resident <input type="checkbox"/>	
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse		Present home address (Number and street) 140 WOODWARD AVENUE			Apt. no.		Part-year resident - dates of residency (mm/dd/yyyy) From _____ To _____
Enter date of death on page 2, right side of the signature area		Address line 2 (P.O. Box address for mailing use only)				<b>FILING STATUS</b>	
Mark box (X) below if form attached <input type="checkbox"/> Federal Form 1310		City, town or post office ROCHESTER		State MI	Zip code 48307-1165		Single <input type="checkbox"/> Married filing jointly <input checked="" type="checkbox"/>
<input type="checkbox"/> Itemized deductions on your Federal tax return for 2019		Foreign country name		Foreign province/country	Foreign postal code		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 _____	

		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	
SEND COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1		97708.00	97323.00	385.00	
	2. Taxable interest	2		.00	.00	.00	
	3. Ordinary dividends	3		188.00	188.00	0.00	
	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		0.00	0.00	0.00	
	7. Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. <input type="checkbox"/> Mark if federal Sch. D not required	7		508.00	508.00	0.00	
	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	
SEND W-2 FORMS	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11		45438.00	45438.00	0.00	
	12. Subchapter S corporation distributions (Att. copy of fed. Sch. K-1)	12		NOT APPLICABLE	.00	.00	
	13. Farm income or (loss) (Attach copy of federal Schedule F)	13		.00	.00	.00	
	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		46134.00	46134.00	0.00	
	18. Total income (Add lines 1 through 16)	18		143842.00	143457.00	385.00	
	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				385.00	
ENCLOSE CHECK OR MONEY ORDER	21. Exemptions (Enter the total exemptions, from Form CF-1040, page 2, box 1h, on line 21a and multiply this number by the value of an exemption and enter on line 21b)	21a	2	21b		1200.00	
	22. Total income subject to tax (Subtract line 21b from line 20)	22				0.00	
	23. Tax at 0050 (Multiply line 22 by resident or nonresident tax rate for city 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		23b		0.00	
	24. Payments and credits 24a. EAST LANSING tax withheld 2.00 24b. Other tax payments (est. extension, or fwd. partnership & tax option corp) .00 24c. Credit for tax paid to another city .00	24a	2.00	24b	.00	24c	.00
	25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a. Interest .00 25b. Penalty .00	25a	.00	25b	.00	25c	.00
	26. PAYABLE TO: CITY OF EAST LANSING, OR TO PAY WITH A DIRECT WITHDRAWAL (for cities accepting this type of payment) mark (X) pay tax due, line 31b, and complete lines 31c, d & e	TAX DUE		PAY WITH RETURN		26	.00
	27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)	OVERPAYMENT				27	2.00
	28. Amount of overpayment donated 28a. Donation 1 .00 28b. Donation 2 .00 28c. Donation 3 .00	28a	.00	28b	.00	28c	.00
	29. Amount of overpayment credited forward to 2020			Amount of credit to 2020 >>		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 31c, d & e)			Refund amount >>		30	2.00
31. (Mark (X) appropriate box 31a or 31b and complete lines 31c, 31d and 31e)		31a	31b	31c	31d	31e	
		Refund (direct deposit)	Pay tax due (direct withdrawal)	Routing number	Account number	Account Type:	
						31e1. Checking 31e2. Savings	

Taxpayer's name DOUG VAN SLEMBROUCK Taxpayer's SSN 378-96-2766

EXEMPTIONS SCHEDULE. Includes fields for date of birth (06/29/1979, 04/06/1984), Regular (X), 65 or over, Blind, Deaf, Disabled, and dependent counts (1e, 1f, 1g, 1h).

EXCLUDED WAGES AND TAX WITHHELD SCHEDULE. Table with columns: W-2 #, Col. A (T or S), COLUMN B (SOCIAL SECURITY NUMBER), COLUMN C (EMPLOYER'S ID NUMBER), COLUMN D (EXCLUDED WAGES), COLUMN E (TAX WITHHELD), COLUMN F (LOCALITY NAME). Totals: 7025.00 excluded wages, 2.00 tax withheld.

DEDUCTIONS SCHEDULE. Table with columns: Line number, Description, Amount. Total deductions: 7, 0.00.

ADDRESS SCHEDULE. Table with columns: MARK (T, S, B), List all residence addresses, FROM (MONTH, DAY), TO (MONTH, DAY). Entry: Same.

THIRD PARTY DESIGNEE. Includes fields for Designee's name (PEVOS AND ASSOCIATES, P.C.), Phone No. (248) 458-1160, Personal identification number (PIN) 42755, and signatures of taxpayer, spouse, and preparer.

Taxpayer's name DOUG VAN SLEMBROUCK	Taxpayer's SSN 378-96-2766	<b>2019 EAST LANSING</b>	
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**WAGES AND EXCLUDIBLE WAGES SCHEDULE - CF-1040, PAGE 1, LINE 1, COLUMN B** **Attachment 2-1**  
*All W-2 forms must be attached to page 1 of the return* 1555 REV 05/29/20 PRO Revised 06/15/2017

Use this form to provide details for all Forms W-2 and all other wage income reported on federal Forms 1040 (line 7), 1040A (line 7), or 1040EZ (line 1) such as: wages received as a household employee for which you did not receive a W-2; tips reported on federal Form 4137; taxable dependent care benefits; employer-provided adoption benefits; scholarship and fellowship grants not reported on Form W-2; disability pensions shown on Form 1099-R if the taxpayer has not reached the minimum retirement age set by the employer; corrective distributions from a retirement plan shown on Form 1099-R from excess salary deferrals and/or excess contributions (plus earnings); wages from Form 8919, line 6; and other wage items not included in a Form W-2.

Use this form to calculate excludible (nontaxable) wages included in total wages reported on your federal tax return (Forms 1040, line 7; 1040A, line 7; or 1040EZ, line 1). Excludible wages for each employer are also reported on Form CF-1040, page 2, Excluded Wages and Tax Withheld Schedule and the total amount of excludible wages is reported on Form CF-1040, page 1, line 1, col. B.

WAGES, ETC.	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
1. Employer's ID number (W-2, box b) or source's ID Number if available	80-0209929	94-1648752	
2. Employer's name (Form W-2, box c) or source's name	CREATIVE CIRCLE LLC	ROBERT HALF INTERNATIONAL INC	
3. SSN from Form W-2, box a	378-96-2766	378-96-2766	
4. Enter T for taxpayer or S for spouse	T	T	
5. Dates of employment during tax year	From 01/01/2019 To 12/31/2019	From 01/01/2019 To 12/31/2019	From <input type="text"/> To <input type="text"/>
6. Mark (X) box if you work at multiple locations in and out of EAST LANSING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street number and street name, city, state and ZIP code; if line 6 is checked enter primary work location)	5900 WILSHIRE BLVD. 11TH LOS ANGELES CA 90036	2613 CAMINO RAMON SAN RAMON CA 94583	
8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero	2772	4638	
9. Wages not included in Form W-2, box 1 (See instructions)			
10. Code for wage type reported on line 9			

NONRESIDENT WAGE ALLOCATION	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use the wage allocation to determine wages earned in city while a nonresident (use only wages and days worked while a nonresident for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable.			
11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work)			
12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city			
13. Actual number of days or hours worked (Line 11 less line 12)			
14. Enter actual number of days or hours worked in city			
15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%)	%	%	%
16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident)			

EXCLUDIBLE WAGES	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16)	2772	4253	
18. Enter resident excludible wages			
19. Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by EAST LANSING	EARNED OUTSIDE EAST LANSING	WORKED IN VARIOUS LOCATIONS OUTSIDE OF EAST LANSING	
20. Total excludible wages (Line 17 plus line 18; Enter here and on CF-1040, page 2, Excluded Wages schedule)	2772	4253	
21. Total taxable wages (Line 8 plus line 9 less line 20)	0	385	0
22. Total wages (Add lines 8 and 9 for all employers and other sources; must equal amount reported on Form CF-1040, page 1, line 1, column A; Part-year residents must equal amount reported on Schedule TC, line 1, column A)		7410	
23. Total excludible wages from all employers and other sources (Add line 20 for all columns; enter here and also on Form CF-1040, page 1, line 1, column B; part-year residents enter here and on Schedule TC, line 1, column B)			7025
24. Total taxable wages from all employers and other sources (Line 22 less line 23); enter here and also on Form CF-1040, page 1, line 1, column C; part-year residents enter here and allocate on Schedule TC, line 1, between columns C and D)			385

**FAILURE TO ATTACH ALL FORMS W-2 OR PROPERLY COMPLETE AND ATTACH THIS SCHEDULE WILL DELAY PROCESSING OF RETURN.**

Taxpayer's name DOUG VAN SLEMBROUCK	Taxpayer's SSN 378-96-2766	2019 <b>EAST LANSING</b>	
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**EXCLUSIONS AND ADJUSTMENTS TO BUSINESS INCOME OR (LOSS) - CF-1040, PAGE 1, LINE 6, COLUMN B Attachment 5**

Nonresidents and part-year residents use this schedule to compute excludible business income reported on federal Schedule C that is from business activity outside the city while a nonresident Revised 06/15/2017

Attach a copy of each Federal Schedule C.  
 Attach a separate Business Allocation Formula calculation for each separate federal Schedule C if allocating income of a business.  
 Note: In determining the average percentage, if a factor does not exist, you must divide the total of the percentages by the number of factors used.  
 Note: If you are authorized to use a special formula, attach a copy of the administrator's approval letter and attach a schedule detailing calculation.  
 Note: Net operating loss from prior year is reported on Line 16, Other income.

BUSINESS INCOME	BUSINESS # 1	BUSINESS # 2
1. Net profit (or loss) from business or profession	0 .00	.00
2. Business allocation percentage (For each separate business compute the business allocation percentage using the Business Allocation Formula below and enter it here)	%	%
3. Allocated net profit (loss) (For each column, multiply line 1 by line 2)	.00	.00
4. Excludible net profit (loss) (For each column, subtract line 3 from line 1)	0 .00	.00
5. Total excludible net profit (loss) (Add amounts on line 4 of each column; enter here and on Form CF-1040, page 1, line 6, column B, or for part-year residents, on Schedule TC, line 6, column B)		0 00

**BUSINESS # 1 DBA**

BUSINESS ALLOCATION FORMULA WORKSHEET	COLUMN 1 EVERYWHERE	COLUMN 2 IN CITY	COLUMN 3 PERCENTAGE
1. Average net book value of real and tangible personal property	.00	.00	(Column 2 divided by column 1)
2. Gross rents paid on real property multiplied by 8	.00	.00	
3. Total property	.00	.00	%
4. Total wages, salaries and other compensation of all employees	.00	.00	%
5. Gross receipts from sales made or services rendered	.00	.00	%
6. Total percentages (Add the percentages computed in column 3)			%
7. Business allocation percentage (Divide line 6 by the number of apportionment factors used)			%

**BUSINESS # 2 DBA**

BUSINESS ALLOCATION FORMULA WORKSHEET	COLUMN 1 EVERYWHERE	COLUMN 2 IN CITY	COLUMN 3 PERCENTAGE
1. Average net book value of real and tangible personal property	.00	.00	(Column 2 divided by column 1)
2. Gross rents paid on real property multiplied by 8	.00	.00	
3. Total property	.00	.00	%
4. Total wages, salaries and other compensation of all employees	.00	.00	%
5. Gross receipts from sales made or services rendered	.00	.00	%
6. Total percentages (Add the percentages computed in column 3)			%
7. Business allocation percentage (Divide line 6 by the number of apportionment factors used)			%

Taxpayer's name DOUG VAN SLEMBROUCK		Taxpayer's SSN 378-96-2766	2019 <b>EAST LANSING</b>	
<b>EXCLUSIONS AND ADJUSTMENTS TO CAPITAL GAIN OR (LOSS) - CF-1040, PAGE 1, LINE 7, COLUMN B</b>				<b>Attachment 6</b>
Residents, nonresidents and part-year residents use this schedule to report exclusions and adjustments to capital gains or (losses)			RESIDENT COLUMN	NONRESIDENT COLUMN
1. Capital gain or (loss) on property located outside of city			NOT EXCLUDIBLE	508 .00
2. Capital gain or (loss) on securities issued by U.S. Government			.00	EXCLUDIBLE ON LINE 1
3. Portion of capital gain or (loss) from property owned prior to Ordinance inception (For residents on all such property; for nonresidents only on property located in city.) (Attach a schedule that identifies and shows the calculation for each.)			.00	.00
4. Capital gain or (loss) from Sub. S corporations (See instructions; not allowed for residents of Flint or Grand Rapids.) (Attach schedule.)			.00	.00
5. Adjustment for capital loss carryover from period prior to residency (A resident is not allowed to claim a capital loss carryover from property sold prior to their date of residency.)			.00	NO ADJUSTMENT ALLOWED
6. Adjustment for difference between federal and city's capital loss carryover from prior year (The city's capital loss carryover is usually different from the amount reported on federal return; an adjustment must be made for this difference.)			.00	.00
7. Adjustment to limit capital loss to \$3,000 for tax year			.00	.00
8. Total exclusions and adjustments to capital gains or (losses) (Enter total here and on Form CF-1040, page 1, line 7, column B, or for part-year residents, enter on Schedule TC, line 7, column B)			00	508 00
Attach copy of federal Schedule D and all supporting schedules to return.				
Deferred gains from sales of property located in city or property sold while a resident of city are taxable when reported on federal return.				
				Revised 06/15/2017

Taxpayer's name DOUG VAN SLEMBROUCK	Taxpayer's SSN 378-96-2766	2019 EAST LANSING	
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**EXCLUSIONS AND ADJUSTMENTS TO INCOME FROM RENTAL REAL ESTATE, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS, ETC. - CF-1040, PAGE 1, LINE 11, COLUMN B** **Attachment 10**  
Revised 06/15/2017

Residents, nonresidents and part-year residents use this schedule to report exclusions and adjustments to income from rental real estate, royalties, partnerships, S corporations, estates, trusts, REMIC's and farm rentals.	RESIDENT COLUMN	NONRESIDENT COLUMN
1. Rental income (loss) from real estate located outside the City <span style="float: right;">See Expl</span>	NOT EXCLUDIBLE ON RESIDENT RETURN	-1,864 .00
2. Royalties (A resident may exclude only royalty income upon which Michigan severance tax was paid; a nonresident may exclude royalty income upon which Michigan severance tax was paid and royalty income from sources outside the city)	.00	.00
3. Partnership income (loss) from partnership business activity outside the City	NOT EXCLUDIBLE ON RESIDENT RETURN	.00
4. Subchapter S corporation income (loss) (See instructions; not excludible on Flint and Grand Rapids resident returns.) <span style="float: right;">See Expl</span>	.00	47,302 .00
5. Estate or trust income or loss (Enter the total amount from federal Schedule E, line 37)	NOT EXCLUDIBLE ON RESIDENT RETURN	.00
6. Real estate mortgage investment conduits (REMIC's) income or loss and net farm rental income or loss from property located outside the city	NOT EXCLUDIBLE ON RESIDENT RETURN	
7. Total adjustments to income from rental real estate, royalties, partnerships, trusts, etc. (Enter here and on Form CF-1040, page 1, line 11, column B, or for part-year residents enter total of resident and nonresident columns on Schedule TC, line 11, column B)	.00	45,438 .00

Attach a schedule detailing the complete address of each piece of rental real estate.  
 Attach a schedule detailing name and ID number of each partnership and amount of adjustment.  
 Attach a schedule detailing name and ID number of each Subchapter S Corporation and amount of adjustment.  
 Attach copy of federal Schedule E.

Additional information from your CF1040 (East Lansing): Common City Individual Return -- CF1040 (East Lansing): Exclusions and Adjs to RRE, Royalties (Attach. 10)

**CF1040 (East Lansing): Common City Individual Return -- CF1040 (East Lansing): Exclusions and Adjs to RRE, Royalties (Attach. 10)**

**NR - Rental Income**

**Explanation Statement**

Adjs to Rental Real Estate, Royalties, Etc. Address of Real Estate Located Outside City
52 SCHERRY , AU GRES, MI 48723

**CF1040 (East Lansing): Common City Individual Return -- CF1040 (East Lansing): Exclusions and Adjs to RRE, Royalties (Attach. 10)**

**NR - Subchapter S Corp Income**

**Explanation Statement**

Adjs to Rental Real Estate, Royalties, Etc. Subchapter S Corp. Names, ID Numbers, and Adjs.
CANDICE VAN SLEMBROUCK CONSULTING, INC.                      82-1456586                      \$47302.00

# 2019 City of Detroit Nonresident Income Tax Return

Issued under authority of Public Act 284 of 1964, as amended.

Check here if you are amending. List reason on page 3.

**Return is due April 15, 2020.**

Type or print in blue or black ink.

1. Filer's First Name <b>DOUG</b>		M.I.	Last Name <b>VAN SLEMBROUCK</b>		2. Filer's Full Social Security No. (Example: 123-45-6789) <b>378 — 96 — 2766</b>	
If a Joint Return, Spouse's First Name <b>CANDICE</b>		M.I.	Last Name <b>VAN SLEMBROUCK</b>		3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>380 — 23 — 8625</b>	
Home Address (Number, Street, or P.O. Box) <b>140 WOODWARD AVENUE</b>					4. City return for the city of: <b>DETROIT</b>	
City or Town <b>ROCHESTER</b>			State <b>MI</b>	ZIP Code <b>48307-1165</b>	City Code <b>170</b>	
5. <b>2019 FILING STATUS.</b> Check one. a. <input type="checkbox"/> Single b. <input checked="" type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 100px;"></div> <small>* If you check box "c," complete line 3 and enter spouse's full name below:</small>				8. <b>EXEMPTIONS. 8a-8c apply to you and your spouse only.</b>		
6. <b>2019 DEPENDENT STATUS</b> <input type="checkbox"/> Check the box if you or your spouse can be claimed as a dependent on another person's tax return.				Personal Exemption ..... a. <b>2</b>		
7a. Filer's date of birth (MM-DD-YYYY) <b>06 — 29 — 1979</b>				7b. Spouse's date of birth (MM-DD-YYYY) <b>04 — 06 — 1984</b>		
				65 and over..... b.		
				Deaf, Disabled or Blind..... c.		
				Number of dependent children ..... d.		
				Number of other dependents..... e.		
				<b>TOTAL EXEMPTIONS.</b> Add lines 8a through 8e. .... f. <b>2</b>		

## PART 1: INCOME

9. Wages, salaries, tips, etc. (see instructions) .....	9.	90238	00
10. Business or farm income or (loss) from line 47. Include a copy of U.S. <i>Schedule C</i> or <i>Schedule F</i> .....	10.		00
11. Gain or (loss) from the sale of tangible property in the City of Detroit. ....	11.		00
12. Rental real estate and royalties. Include a copy of U.S. <i>Schedule E</i> . ....	12.		00
13. Partnerships and trusts.....	13.		00
14. <b>Total.</b> Add lines 9 through 13. ....	14.	90238	00
15. Subtractions from line 34. ....	15.		00
16. <b>Income subject to tax.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0". ....	16.	90238	00
17. <b>Exemption allowance.</b> Multiply line 8f by \$600. ....	17.	1200	00
18. <b>Taxable income.</b> Subtract line 17 from line 16. If line 17 is greater than line 16, enter "0". ....	18.	89038	00
19. <b>Tax.</b> Multiply line 18 by 1.2% (0.012). ....	19.	1068	00

378 — 96 — 2766

**PART 2: CREDITS AND PAYMENTS**

20. Tax withheld from City Schedule W, line 5.....	20.	1073	00
21. City estimated tax, extension payments and 2018 credit forward .....	21.		00
22. Tax paid for you by a partnership from City Schedule W, line 6. ....	22.		00
23. <b>Total Credits and Payments.</b> Add lines 20 through 22 .....	23.	1073	00

**PART 3: REFUND OR TAX DUE**

24a. <b>Tax Due.</b> If line 19 is greater than line 23, subtract line 23 from line 19. ....	24a.		00
24b. Interest if applicable (see instructions) .....	24b.		00
24c. Penalty if applicable (see instructions) .....	24c.		00
24d. Underpaid estimate penalty and interest (see instructions).....	24d.		00
24e. <b>Balance Due.</b> Add lines 24a through 24d..... <b>YOU OWE</b>	24e.		00
25. <b>Overpayment.</b> If line 23 is greater than line 19, subtract line 19 from line 23. ....	25.	5	00
26. <b>Credit Forward.</b> Amount of line 25 to be credited to your 2020 estimated tax for your 2020 tax return .....	26.		00
27. <b>Refund.</b> Subtract line 26 from line 25. .... <b>REFUND</b>	27.	5	00

**PART 4: SUBTRACTIONS FROM INCOME (All entries must be positive numbers.)**

28. Employee business expenses (see instructions).....	28.		00
29. Individual Retirement Account (IRA) contribution (see instructions).....	29.		00
30. Alimony paid. <b>Do not</b> include child support (see instructions). ....	30.		00
31. Work-related moving expenses for active duty military (see instructions).....	31.		00
32. Net profits received from a financial institution or an insurance company.....	32.		00
33. Capital gains (before July 1, 1962).....	33.		00
34. <b>Total Subtractions.</b> Add lines 28 through 33. Enter here and on line 15. ....	34.		00

**PART 5: BUSINESS INCOME APPORTIONMENT**

Name of Business Entity		Federal Employer Identification No. (FEIN)			
	<b>A. Located Everywhere</b>	<b>B. Located in Detroit</b>		<b>C. Percentage (B divided by A)</b>	
35. Average net book value of real and tangible personal property .....	00		00	XXXXX	
36. Gross annual rent paid for real property multiplied by 8.....	00		00	XXXXX	
37. CITY SHARE OF PROPERTY: Add lines 35 and 36. Divide column B by column A and enter as a percentage in column C.....	00		00		%
38. Total wages, salaries, commissions and other compensation of all employees.....	00		00		%
39. Gross receipts from sales made or services rendered .....	00		00		%

378 — 96 — 2766

40. TOTAL: Add lines 37, 38 and 39, column C. ....		%
41. Average. Divide line 40 by 3. If any of lines 37, 38, or 39 are zero or not used anywhere, divide line 40 by the number of factors actually used. If all business was conducted in the city listed on line 4, enter 100%. ....		%
42. Net profit or (loss) from U.S. <i>Schedule C</i> or <i>Schedule F</i> .....	42.	0 00
43. Multiply line 41 by line 42 .....	43.	00
44. Applicable portion of net operating loss carryover.....	44.	00
45. Applicable part of self-employment retirement deduction.....	45.	00
46. Add lines 44 and 45.....	46.	00
47. Subtract line 46 from line 43. Enter here and on line 10. ....	47.	00

**PART 6: AMENDED RETURN**

48. Reason for amending:

**PART 7: CERTIFICATION**

<b>Deceased Taxpayer.</b> If Filer and/or Spouse died after December 31, 2018, enter dates below. <b>ENTER DATE OF DEATH ONLY.</b> Example: 04-15-2019 (MM-DD-YYYY)		<b>Preparer Certification.</b> I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
Filer	— —	Spouse	— —
		Preparer's PTIN, FEIN or SSN P01086321	
<b>Taxpayer Certification.</b> 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)	
Filer's Signature	Date	Preparer's Business Name, Address and Telephone Number	
Spouse's Signature	Date	PEVOS AND ASSOCIATES, P.C.	
<input checked="" type="checkbox"/> By checking this box, I authorize the Michigan Department of Treasury to discuss my return with my preparer.		1985 W BIG BEAVER RD STE 304 TROY MI 48084-3409 248-458-1160	

**Refund or zero returns.** Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**

**Pay amount on line 24e.** Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

Make your check payable to "State of Michigan - Detroit." Print the last four digits of your **Social Security number** and "2019 Detroit 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. Keep a copy of your return and supporting schedules for six years. To check your refund status, have a copy of your Form 5119 available when you visit [www.michigan.gov/citytax](http://www.michigan.gov/citytax).

**City of Detroit Withholding Tax Schedule - 2019**

Issued under authority of Public Act 284 of 1964, as amended.

Type or print in blue or black ink.

**INSTRUCTIONS:** If you had city income tax withheld in 2019, you **must complete** a Withholding Tax Schedule (City Schedule W) to claim the withholding on your City Income Tax Return. **Do not attach your W-2s.** Include your completed City Schedule W with Form 5118, Form 5119, or Form 5120. If you need additional space, complete the *City of Detroit Withholding Tax Continuation Schedule* (Form 5253).

1. Filer's First Name DOUG	M.I.	Last Name VAN SLEMBROUCK	2. Filer's Full Social Security No. (Example: 123-45-6789) 378 — 96 — 2766
If a Joint Return, Spouse's First Name CANDICE	M.I. A	Last Name VAN SLEMBROUCK	3. Spouse's Full Social Security No. (Example: 123-45-6789) 380 — 23 — 8625
4. Return for the city of: DETROIT		City Code 170	

**PART 1: CITY TAX WITHHELD**

A Enter "X" for: Filer or Spouse		B — Employer's federal identification number (Example: 38-1234567)	C Employer's name	D — Wages, tips and other compensation from Box 1 of W-2 (see instructions)		E City income tax withheld from Box 19 of W-2	
X		80-0209929	CREATIVE CIRCLE LL	2772	00	0	00
X		94-1648752	ROBERT HALF INTERN	4638	00	0	00
X		38-2069753	BLUE CROSS BLUE SH	90298	00	1073	00
					00		00
					00		00
					00		00
					00		00
					00		00
5. Total City Tax Withheld. Enter here and carry to Form 5118, line 17, Form 5119, line 20 or Form 5120, line 36.						1073	00

**PART 2: CITY TAX PAID FOR YOU BY A PARTNERSHIP**

A Name of Partnership	B Federal Identification Number	C Tax Paid
		00
		00
		00
6. Total. Enter here and carry to Form 5118, line 19, Form 5119, line 22 or Form 5120, line 38. ....		00

Check this box and complete the *City of Detroit Withholding Tax Continuation Schedule* (Form 5253) if you have more than eight W-2s to report or had tax paid on your behalf by more than three partnerships.

**NOTE:**

- All wage income earned by residents is subject to tax. Residents **should not** complete Part 3 on page 2.
- Nonresidents who performed work both within and outside the city listed on line 4 should complete Part 3 on page 2.

## NONRESIDENTS ONLY

### PART 3: WAGE ALLOCATION FOR NONRESIDENTS

Part 3 applies only to Nonresidents computing wages earned in Detroit. Do not complete Part 3 if all of your work is performed in Detroit because all wages are subject to tax. See instructions for additional information and definition of "days worked".

Residents **do not** complete Part 3 because all wages are subject to tax.

A separate computation must be made for each W-2. If both filer and spouse have income subject to allocation, figure them separately. Include only wages allocated to Detroit in column H below on Form 5119, line 9 or Form 5120, line 10, column B. If you need additional space, include a *City of Detroit Withholding Tax Continuation Schedule (Form 5253)*.

A	B	C	D	E	F	G	H
Enter "X" for: Filer or Spouse	Number of days paid (5 day week x 52 weeks = 260 days)	Number of vacation days, holidays, and other days not worked.	Actual number of days worked everywhere. <b>Subtract C from B.</b>	Actual number of days worked in Detroit	Percentage of days worked in Detroit. <b>Divide E by D.</b>	Total wages shown on W-2 (City Schedule W) (see instructions)	Wages earned in Detroit. <b>Multiply G by percentage in F.</b>
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						
					%	00	00
	If column B is not 260 days, enter explanation.						

**NOTE:** If your City of Detroit allocation is less than 100 percent, please obtain a letter from your employer to verify columns B through E of Form 5121 and retain your work log. Treasury may request a copy of your work log and employer letter.

**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040 or 1040-SR.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

DOUG & CANDICE A VAN SLEMBROUCK

Your social security number

378-96-2766

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . .

Yes  No

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	0.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	45,438.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	<b>9</b>	45,438.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	2,180.
<b>21</b>	Tuition and fees. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	<b>22</b>	2,180.

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

REV 05/19/20 PRO

Schedule 1 (Form 1040 or 1040-SR) 2019

**SCHEDULE 3**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

▶ **Attach to Form 1040 or 1040-SR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040 or 1040-SR

DOUG & CANDICE A VAN SLEMBROUCK

Your social security number

378-96-2766

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	4.
<b>2</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> _____	<b>6</b>	
<b>7</b>	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b . . . . .	<b>7</b>	4.

**Part II Other Payments and Refundable Credits**

<b>8</b>	2019 estimated tax payments and amount applied from 2018 return . . . . .	<b>8</b>	4,400.
<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>12</b>	
<b>13</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/> _____	<b>13</b>	
<b>14</b>	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d . . . . .	<b>14</b>	4,400.

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

REV 05/19/20 PRO

Schedule 3 (Form 1040 or 1040-SR) 2019

**SCHEDULE C**  
**(Form 1040 or 1040-SR)**

**Profit or Loss From Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor <b>CANDICE A VAN SLEMBROUCK</b>		Social security number (SSN) <b>380-23-8625</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>DIRECTOR ' S FEES</b>	<b>B</b> Enter code from instructions ▶ <b>5 4 1 6 0 0</b>	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.)	
<b>E</b> Business address (including suite or room no.) ▶ <b>140 WOODWARD AVENUE</b> City, town or post office, state, and ZIP code <b>ROCHESTER, MI 48307-1165</b>		
<b>F</b> Accounting method: <b>(1)</b> <input checked="" type="checkbox"/> Cash <b>(2)</b> <input type="checkbox"/> Accrual <b>(3)</b> <input type="checkbox"/> Other (specify) ▶		
<b>G</b> Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>H</b> If you started or acquired this business during 2019, check here		<input type="checkbox"/>
<b>I</b> Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>
<b>J</b> If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . ▶ <input type="checkbox"/>	<b>1</b>	134,328.
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	134,328.
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	134,328.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . . ▶	<b>7</b>	134,328.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising . . . . .	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions) . . . . .	<b>9</b>		<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions) . . . . .	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	<b>13</b>		<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>		<b>b</b> Deductible meals (see instructions) . . . . .	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities . . . . .	<b>25</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ▶	<b>28</b>		<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	0.	<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	134,328.
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>		<b>27b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.  • If a profit, enter on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	0.			
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions).  • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.					
			<b>32a</b> <input type="checkbox"/> All investment is at risk.		
			<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation . . . . .  **Yes**     **No**

<b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	<b>35</b>	
<b>36</b> Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	
<b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	
<b>38</b> Materials and supplies . . . . .	<b>38</b>	
<b>39</b> Other costs . . . . .	<b>39</b>	
<b>40</b> Add lines 35 through 39 . . . . .	<b>40</b>	
<b>41</b> Inventory at end of year . . . . .	<b>41</b>	
<b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>	

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month, day, year) ▶ .....

**44** Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:  
**a** Business .....    **b** Commuting (see instructions) .....    **c** Other .....

**45** Was your vehicle available for personal use during off-duty hours? . . . . .  **Yes**     **No**

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . .  **Yes**     **No**

**47a** Do you have evidence to support your deduction? . . . . .  **Yes**     **No**

**b** If "Yes," is the evidence written? . . . . .  **Yes**     **No**

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

INCOME REPORTED BY CANDICE VAN SLUMBUCK CONSULTING, INC. (EIN 82-1492576)		134,328.
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b>	134,328.

**SCHEDULE D**  
**(Form 1040 or 1040-SR)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return  
**DOUG & CANDICE A VAN SLEMBROUCK**

Your social security number  
**378-96-2766**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  **Yes**  **No**  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	1,090.	1,054.		36.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 36.

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	1,167.	1,064.		103.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b> 369.
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .				<b>15</b> 472.

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	508.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶	<b>19</b>	
<b>20</b>	Are lines 18 and 19 <b>both</b> zero or blank? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the <b>smaller</b> of:  <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<b>21</b>	( )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		





**SCHEDULE E**  
(Form 1040 or 1040-SR)

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

DOUG & CANDICE A VAN SLEMBROUCK

Your social security number

378-96-2766

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No

**B** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	52 SCHERRY AU GRES MI 48723				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	1		326	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		0.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>				
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>		342.		
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>				
<b>14</b>	Repairs. . . . .	<b>14</b>				
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>		1,100.		
<b>17</b>	Utilities. . . . .	<b>17</b>		81.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>		341.		
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		1,864.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>		-1,864.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(	-1,864.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>			0.	
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			341.	
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>			1,864.	
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	1,864.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>				-1,864.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

DOUG & CANDICE A VAN SLEMBROUCK

378-96-2766

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198 (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. [ ] Yes [X] No

Table with 6 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Row A: CANDICE VAN SLEMBROUCK CONSULTING, INC., S, [ ], 82-1456586, [ ], [ ].

Summary table for Part II with columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Totals: 47,302.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B are blank.

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: Combine columns (d) and (e) only.

Part V Summary

Summary table for Part V with columns: Description, Amount. Row 40: Net farm rental income or (loss) from Form 4835. Row 41: Total income or (loss). Row 42: Reconciliation of farming and fishing income. Row 43: Reconciliation for real estate professionals. Total: -1,864.