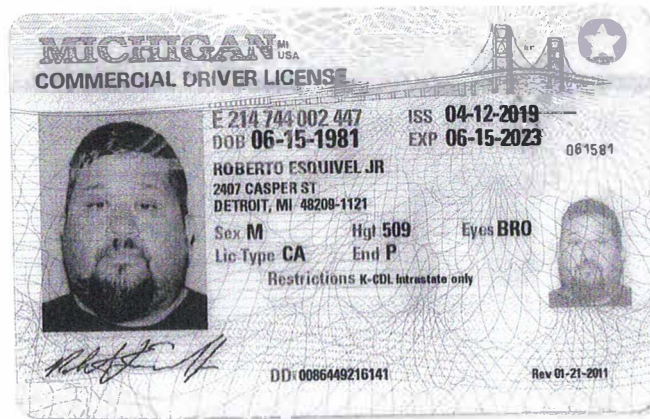




MICHIGAN REGISTRATION

JACELYN BENSON
Secretary of State

Plate: 5LWZ35

Expires: 06/15/2021

2017 CHEVROLET

PU

VIN: 1GCVKREC1HZ370064

Fee Cat. or Wt.:

40001

E 214 744 002 447

County:

WAYNE

36307

ACAR LEASING LTD LSR ROBERTO
ESQUIVEL JR & ISEL DAA ESQUIVEL LSE
2407 CASPER ST
DETROIT, MI 48209

License Fee: \$206.00

5LWZ35 A



06/12/2020 137 2710 \$206.00

TR-1K

CUT HERE

CUT HERE

2020 MICHIGAN Individual Income Tax Return MI-1040**Amended Return** ☐
(Include Schedule AMD)**Return is due April 15, 2021.** Type or print in blue or black ink.

1. Filer's First Name ANDY		M.I. J	Last Name AGUINAGA		2. Filer's Full Social Security No. (Example: 123-45-6789) ●● — ●● — ●●●●	
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) 2601 CASPER					4. School District Code (5 digits - see page 60) 82010	
City or Town DETROIT			State MI	ZIP Code 48209		
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. ☐ Filer b. ☐ Spouse				6. FARMERS, FISHERMEN, OR SEAFARERS ☐ Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
7. 2020 FILING STATUS. Check one. a. ☒ Single b. ☐ Married filing jointly c. ☐ Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: 				8. 2020 RESIDENCY STATUS. Check all that apply. a. ☒ Resident b. ☐ Nonresident * c. ☐ Part-Year Resident * * If you check box "b" or "c," you must complete and 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.	1	x	\$4,750	9a.	4,750	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.			\$2,800	9b.		00
c. Number of qualified disabled veterans 9c.			\$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions) 9d.			\$4,750	9d.		00

e. Claimed as dependent, see line 9 NOTE above 9e.				9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15 9f.				9f.	4,750	00
10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions) 10.					36,048	00
11. Additions from Schedule 1, line 9. Include Schedule 1 11.						00
12. Total. Add lines 10 and 11 12.					36,048	00
13. Subtractions from Schedule 1, line 29. Include Schedule 1 13.						00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" 14.					36,048	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19 15.					4,750	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" 16.					31,298	00
17. Tax. Multiply line 16 by 4.25% (0.0425) 17.					1,330	00

NON-REFUNDABLE CREDITS

	AMOUNT		CREDIT		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.		0000	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.				1,330	00

Filer's Full Social Security Number

21. Enter amount of Income Tax from line 20	21.	1,330	00
22. Voluntary Contributions from Form 4642, line 6. 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.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23	24.	1,330	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.		00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b	27a.		00
		FEDERAL	MICHIGAN
27b.			00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	29.	742	00
30. Estimated tax, extension payments and 2019 credit forward	30.		00
31. 2020 AMENDED RETURNS ONLY. Taxpayers completing an original 2020 return should skip to line 32. Amended returns must include Schedule AMD (see instructions).			
31a. ☐ 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. ☐ 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.	742	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 00 and penalty 00 YOU OWE	33.	588	00
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32	34.		00
35. Credit Forward. Amount of line 34 to be credited to your 2021 estimated tax for your 2021 tax return	35.		00
36. Subtract line 35 from line 34 REFUND	36.		00

DIRECT DEPOSIT

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

a. Routing Translt Number	b. Account Number	c. Type of Account
		1. ☐ Checking 2. ☐ Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2019, enter dates below.		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
ENTER DATE OF DEATH ONLY. Example: 04-15-2020 (MM-DD-YYYY)			
Filer	Spouse	Preparer's PTIN, FEIN or SSN P00196380	
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) JUANITA GARCIA	
Filer's Signature 	Date 02-23-2021	Preparer's Signature 	
Spouse's Signature	Date	Preparer's Business Name, Address and Telephone Number AMERI-MEX TAX SERVICE 24850 EUREKA RD TAYLOR MI 48180 313-718-4003	
☐ 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