

MICHIGAN Single Business Tax Amended Return

Issued under authority of P.A. 228 of 1975. See instruction booklet for filing guidelines.

<p>▶ 1. This return is for calendar year _____ or for the following tax year</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Beginning Date</td> <td style="width:50%; border-bottom: 1px solid black;">Ending Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">month</td> <td style="width:50%; border-bottom: 1px solid black;">year</td> </tr> </table> </td> <td style="border-bottom: 1px solid black;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">month</td> <td style="width:50%; border-bottom: 1px solid black;">year</td> </tr> </table> </td> </tr> </table> <p style="font-size: small;">Note: To amend a fiscal 2007-2008 return, use Form C-8000 and mark it AMENDED.</p>	Beginning Date	Ending Date	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">month</td> <td style="width:50%; border-bottom: 1px solid black;">year</td> </tr> </table>	month	year	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">month</td> <td style="width:50%; border-bottom: 1px solid black;">year</td> </tr> </table>	month	year	<p>▶ 5. Federal Employer ID Number (FEIN) or TR Number □</p>
Beginning Date	Ending Date								
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month	year								
month	year								
2. Name (Type or Print)	6. If discontinued, enter effective date	7. Business Start Date							
D/B/A	8. Source of Change (attach supporting documentation)								
Street Address	<input type="checkbox"/> IRS Audit <input type="checkbox"/> Amended Federal <input type="checkbox"/> Other _____								
City, State, ZIP Code	9. Organization Type (check one)								
3. Check this box if filing a Michigan consolidated return (attach C-8008 and approved C-8007). <input type="checkbox"/> Enter authorization number _____	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Fiduciary c. <input type="checkbox"/> Professional Corp. d. <input type="checkbox"/> S Corp./LLC S Corp. e. <input type="checkbox"/> Other Corp. f. <input type="checkbox"/> Partnership/LLC-Partnership g. <input type="checkbox"/> Limited Liability Company-Corporation								
4. If a member of a controlled group, check this box. (See instruction book.) <input type="checkbox"/>									

Complete and attach any schedules that have changed.

	As Reported or Adjusted	Correct Amount
10. Gross receipts	10. _____ .00	10. _____ .00
11. Business income (Short-method filers: see C-8000, line 11 instructions)	11. _____ .00	11. _____ .00
COMPENSATION		
12. Salaries, wages and other payments to employees	12. _____ .00	12. _____ .00
13. Employee insurance plans - health, life	13. _____ .00	13. _____ .00
14. Pension, retirement, profit sharing plans	14. _____ .00	14. _____ .00
15. Other payments - supplemental unemployment benefit trust, etc.	15. _____ .00	15. _____ .00
16. Total Compensation. Add lines 12 - 15	16. _____ .00	16. _____ .00
ADDITIONS		
17. Depreciation and other write-off of tangible assets	17. _____ .00	17. _____ .00
18. Taxes imposed on or measured by income, e.g., city, state, foreign	18. _____ .00	18. _____ .00
19. Single business tax	19. _____ .00	19. _____ .00
20. Dividend, interest and royalty expenses	20. _____ .00	20. _____ .00
21. Capital loss carryover or carryback	21. _____ .00	21. _____ .00
22. Net operating loss carryover or carryback	22. _____ .00	22. _____ .00
23. Gross interest and dividend income from bonds and similar obligations issued by states other than Michigan and its political subdivisions	23. _____ .00	23. _____ .00
24. Any deduction or exclusion due to classification as FSC or similar classification and expenses of financial organizations, see inst.....	24. _____ .00	24. _____ .00
25. Losses from partnerships, Account No. _____	25. _____ .00	25. _____ .00
26. Total Additions. Add lines 17 - 25	26. _____ .00	26. _____ .00
27. Subtotal. Add lines 11, 16 and 26	27. _____ .00	27. _____ .00
SUBTRACTIONS		
28. Dividends, interest and royalty income included in business income	28. _____ .00	28. _____ .00
29. Capital losses not deducted in arriving at business income	29. _____ .00	29. _____ .00
30. Income from partnerships (Account No. _____) or SBIR grants (see instructions), included in business income	30. _____ .00	30. _____ .00
31. Total Subtractions. Add lines 28 - 30	31. _____ .00	31. _____ .00
TAX BASE		
32. Tax Base. Subtract line 31 from line 27	32. _____ .00	32. _____ .00
33. Apportioned Tax Base. Multiply line 32 by _____% from C-8000H	33. _____ .00	33. _____ .00

64. PAYMENT. Enter amount from page 2, line 60.....	PAY THIS AMOUNT	▶ 64. _____ .00
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WITHOUT PAYMENT - Mail returns to:

Michigan Department of Treasury
P.O. Box 30059
Lansing, MI 48909

WITH PAYMENT - Pay amount on line 64 and mail check and return to:

Michigan Department of Treasury
Department 77375
P.O. Box 77000
Detroit, MI 48277-0375

Make check payable to **"State of Michigan."** Print the FEIN or TR Number and "SBT" on the front of the check. Do not staple the check to the return.

Continue and sign on page 2.

TAX BASE

	As Reported or Adjusted	Correct Amount
34. Enter amount from line 32 or 33, whichever applies	34. _____ .00	34. _____ .00

ADJUSTMENTS

35. Recapture of capital acquisition deduction, from C-8000D	35. _____ .00	35. _____ .00
36. Adjusted tax base before loss deduction and statutory exemption. Add line 34 and line 35. If line 35 is negative, subtract	36. _____ .00	36. _____ .00
37. Business loss deduction	37. _____ .00	37. _____ .00
38. Adjusted tax base before statutory exemption. Subtract line 37 from 36.	38. _____ .00	38. _____ .00

STATUTORY EXEMPTION - See Form C-8043.

39. Allowable statutory exemption from C-8043	39. _____ .00	39. _____ .00
40. Adjusted Tax Base. Subtract line 39 from line 38	40. _____ .00	40. _____ .00

Check if C-8000G is attached:

REDUCTIONS, NONREFUNDABLE CREDITS, TAX

41. Reduction to adjusted tax base, if applicable. See Form C-8000S	41. _____ .00	41. _____ .00
Check method being used: <input type="checkbox"/> Compensation Reduction <input type="checkbox"/> Gross Receipts Reduction		
42. Taxable base. Subtract line 41 from 40 or enter amount from C-8000S	42. _____ .00	42. _____ .00
43. Tax Before All Credits. Multiply line 42 by the applicable tax rate	43. _____ .00	43. _____ .00
44. Tax After Investment Tax Credit. See Form C-8000ITC	44. _____ .00	44. _____ .00

Amend the small business and contribution credits on Form C-8000C before continuing. If not claiming these credits, enter amount from line 44 on line 45.

45. Enter either the amount from C-8000, line 44, C-8000C or C-8009	45. _____ .00	45. _____ .00
46. Unincorporated/S Corp Credit	46. _____ .00	46. _____ .00
47. Nonrefundable Credits	47. _____ .00	47. _____ .00
48. Add lines 46 and 47	48. _____ .00	48. _____ .00
49. Tax After Nonrefundable Credits. Subtract line 48 from line 45	49. _____ .00	49. _____ .00

PAYMENTS

50. Overpayment credited from prior year	50. _____ .00	50. _____ .00
51. Estimated tax payments	51. _____ .00	51. _____ .00
52. Tax paid with request for extension	52. _____ .00	52. _____ .00
53. Refundable Credits from Form C-8000MC	53. _____ .00	53. _____ .00
54. Amount paid with original return plus additional tax paid after original return was filed	54. _____ .00	54. _____ .00
55. Add lines 50 - 54	55. _____ .00	55. _____ .00
56. Overpayment, if any, as shown on original return or as previously adjusted	56. _____ .00	56. _____ .00
57. Subtract line 56 from line 55	57. _____ .00	57. _____ .00

TAX DUE/OVERPAYMENT

58. Tax due. If line 49 is more than line 57, enter the difference	58. _____ .00
59. Amended return penalty _____ and interest _____	59. _____ .00
60. Add lines 58 and 59. Enter here and on page 1, line 64	60. _____ .00
61. If line 49 is less than line 57, enter the difference. This amount is overpaid	61. _____ .00
62. Enter the amount of overpayment on line 61 to be refunded	REFUND 62. _____ .00
63. Enter the amount of overpayment on line 61 to be credited forward	63. _____ .00

TAXPAYER'S DECLARATION		PREPARER'S DECLARATION	
<i>I declare under penalty of perjury that this return is true and correct to the best of my knowledge.</i>		<i>I declare under penalty of perjury that this return is based on all information of which I have any knowledge.</i>	
<input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		Preparer's Signature	Date
Taxpayer's Signature	Date	Business Address and Phone	
Title			