

2023 MICHIGAN Voluntary Contributions and Anatomical Gift Donor Registry Schedule

Attachment 18

Type or print in blue or black ink.

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789) — —
If a Joint Return, Spouse's First Name	M.I.	Last Name	Spouse's Full Social Security No. (Example: 123-45-6789) — —

Voluntary Contributions

Use this schedule to make a donation from your refund to any of the organizations listed below. If you are not receiving a refund, your donation will increase your tax due. Check the box associated with the dollar amount you wish to contribute in columns A or B or enter a specific dollar amount greater than \$10 in the space provided in column C. Enter the total of your contribution for each line in column D. For detailed descriptions of each fund, see the reverse side of this form. **This form must be included with your MI-1040 to ensure your contributions are properly credited to the designated fund(s).**

	A.	B.	C. Other Amount (greater than \$10)		D. Total Contribution				
1. American Red Cross Michigan Fund.....	<input type="checkbox"/> \$5	<input type="checkbox"/> \$10	\$ <table border="1" style="display:inline-table; width:60px; height:20px; vertical-align: middle;"><tr><td style="width:40px;"></td><td style="width:20px; text-align:center;">00</td></tr></table>		00	1.	<table border="1" style="display:inline-table; width:60px; height:20px; vertical-align: middle;"><tr><td style="width:40px;"></td><td style="width:20px; text-align:center;">00</td></tr></table>		00
	00								
	00								
2. Animal Welfare Fund	<input type="checkbox"/> \$5	<input type="checkbox"/> \$10	\$ <table border="1" style="display:inline-table; width:60px; height:20px; vertical-align: middle;"><tr><td style="width:40px;"></td><td style="width:20px; text-align:center;">00</td></tr></table>		00	2.	<table border="1" style="display:inline-table; width:60px; height:20px; vertical-align: middle;"><tr><td style="width:40px;"></td><td style="width:20px; text-align:center;">00</td></tr></table>		00
	00								
	00								
3. Children Trust Michigan - Prevent Child Abuse Michigan	<input type="checkbox"/> \$5	<input type="checkbox"/> \$10	\$ <table border="1" style="display:inline-table; width:60px; height:20px; vertical-align: middle;"><tr><td style="width:40px;"></td><td style="width:20px; text-align:center;">00</td></tr></table>		00	3.	<table border="1" style="display:inline-table; width:60px; height:20px; vertical-align: middle;"><tr><td style="width:40px;"></td><td style="width:20px; text-align:center;">00</td></tr></table>		00
	00								
	00								
4. Military Family Relief Fund	<input type="checkbox"/> \$5	<input type="checkbox"/> \$10	\$ <table border="1" style="display:inline-table; width:60px; height:20px; vertical-align: middle;"><tr><td style="width:40px;"></td><td style="width:20px; text-align:center;">00</td></tr></table>		00	4.	<table border="1" style="display:inline-table; width:60px; height:20px; vertical-align: middle;"><tr><td style="width:40px;"></td><td style="width:20px; text-align:center;">00</td></tr></table>		00
	00								
	00								
5. United Way Fund	<input type="checkbox"/> \$5	<input type="checkbox"/> \$10	\$ <table border="1" style="display:inline-table; width:60px; height:20px; vertical-align: middle;"><tr><td style="width:40px;"></td><td style="width:20px; text-align:center;">00</td></tr></table>		00	5.	<table border="1" style="display:inline-table; width:60px; height:20px; vertical-align: middle;"><tr><td style="width:40px;"></td><td style="width:20px; text-align:center;">00</td></tr></table>		00
	00								
	00								
6. Add column D, lines 1 through 5. Enter total of column D here and carry amount to your MI-1040, line 21.....				6.	<table border="1" style="display:inline-table; width:60px; height:20px; vertical-align: middle;"><tr><td style="width:40px;"></td><td style="width:20px; text-align:center;">00</td></tr></table>		00		
	00								

Anatomical Gift Donor Registry Schedule

An individual taxpayer willing to participate in the anatomical gift donor registry must complete this schedule and **submit it with the taxpayer's state income tax return (MI-1040)**. Treasury will forward the information to the Michigan Department of State to be added to the registry. More information regarding this program is included in the instructions.

Please indicate below if the filer and/or spouse is willing, under the Michigan Public Health Code, to participate in the anatomical gift donor registry program and make an anatomical gift in the event of death.

a. Check here if the filer is willing to participate in the anatomical gift donor registry.....

Filer's Date of Birth (mm-dd-yyyy)
 — —

b. Check here if the spouse is willing to participate in the anatomical gift donor registry.....

Spouse's Date of Birth (mm-dd-yyyy)
 — —