2023 MICHIGAN Individual Income Tax Certification for e-file MI-8453

NOTE: Do not send MI-8453 to the MIC	nıgar	ו Department ot ו	reasury unie	ss requested	to ao so.				
1. Filer's First Name	M.I.	Last Name			2. Filer's	Full Social S	ecurity No. (Exa	mple: 123-45-6789)	
If a Joint Return, Spouse's First Name	M.I.	Last Name							
		3. Spouse's F			se's Full Socia	ull Social Security No. (Example: 123-45-6789)			
Home Address (Number, Street, or P.O. Box)									
City or Town		State				ZIP Code			
PART 1: TAX RETURN INFORM	IATI	ON.							
The taxpayer should obtain and keep a c	ору с	of the return.							
Form MI-1040, Individual Income Tax F	Retur	n							
4. Total federal adjusted gross incom	ne fro	m line 10				4.		00	
5. Total Michigan income tax from lir	e 20					5.		00	
6. Michigan tax withheld from line 30)					6.		00	
7. Tax due from line 34						7.		00	
8. Refund from line 37						8.		00	
Form MI-1040CR, Homestead Property	' Tax	Credit Claim							
9. Homestead Property Tax Credit fr	om lir	ne 44				9.		00	
Form MI-1040 CR-7, Home Heating Cre	edit C	laim							
10. Home Heating Credit Claim from line 47								00	
City of Detroit Tax Return Information									
11. Adjusted Gross Income or Wages	from	Form 5118, line 9	, Form 5119, I	ine 9,					
or Form 5120, line 10 (Column A)								00	
12. Tax Due from Form 5118, line 22e, Form 5119, line 24e, or Form 5120, line 41e								00	
13. Refund from Form 5118, line 25, F PART 2: CERTIFICATION AND				9 44		13.		00	
knowledge and belief, it is true, correct, Michigan and/or City of Detroit tax returned my return to IRS and subsequently rejection of the transmission.	rn. I d	consent to allow n	ny Intermedia	te Service Pro	vider, transm	itter or Elec	tronic Return i	Originator (ERO) to	
Filer's Signature		Date	Date Spot		ouse's Signature		Date		
PART 3: ELECTRONIC RETUR	N OI	RIGINATOR (E	RO) AND I	PAID PREP	ARER CE	RTIFICAT	ION		
I declare that the information contained completed tax return, I declare that the ini If the furnished return was signed by a this electronic return. If I am the paid pro knowledge and belief, it is true, correct, a	forma paid _l epare	tion contained in the preparer, I declare r, under the penalt	nis electronic to I have entere ties of perjury	ax return is ide ed the paid pre I declare that I	ntical to that c eparer's ident have examin	ontained in t ifying inform ed this elect	he return provi ation in the ap ronic return, ai	ded by the taxpayer. propriate portion of	
ERO Signature	Date		k all that apply)			O's SSN or PTIN	I		
			Paid Preparer Self-En			loyed	d		
Firm's Name (or yours if self-employed)		<u> </u>	<u> </u>	FEIN	<u> </u>				
, , , , , ,									
Firm's Address (Street, City, State, ZIP Code)					Fin	Firm's Telephone Number			
Preparer's Name (print or type)									
						Check if self-	-employed		
Preparer's Signature		Date		PTIN	1		L		
Firm's Name					'e FIN				
Firm's Name			Firm	's EIN					
Firm's Address (Street, City, State, ZIP Code)						Fin	n's Telephone N	umber	
						ı			