

Your Name _____ Birthdate _____ S.S.# _____ Occupation _____
 Spouse's Name _____ Birthdate _____ S.S.# _____ Occupation _____
 Home Address _____
 City _____ State _____ Zip _____ Telephone _____
 County _____ School District _____

1.) First name of dependent children who lived with you, their Social Security Number and Birthdates. Social Security Numbers are required on all dependents. (if **NOT** previously supplied)

Name	Social Security No.	Birthdate
_____	_____	_____
_____	_____	_____

2.) First names of dependent children who did not live with you and their social security numbers. You must have signed for 8832 to claim these children unless covered by a pre-1985 agreement.

3.) Do you wish to contribute \$3.00 of your taxes to the Presidential Election Campaign Fund? Yes _____ No _____ Spouse Yes _____ No _____

4a.)Income: Wages & Salaries W-2

please ATTACH W-2's

Did you receive unemployment? If so, please ATTACH 1099
 Did you receive social security? If so, please ATTACH 1099
 Did you receive a pension? If so, please ATTACH 1099-R
 Did you receive an IRA distribution? If so, please ATTACH 1099-R

Did you receive any other income? (Jury duty, lottery, alimony, state refund, other, explain). ATTACH all 1099's

Description	Amount	Description	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

4b.)Income: Other Income

Interest Income & Dividend Income (ATTACH (1099's). Banks, Financial Institutions.

Description	Amount	Description	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Interest Income — Land Contracts.

Name	Address	Social Security No.	Interest Rec'd	Principal Rec'd
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Also list tax exempt interest income (do not include IRA's) \$ _____

Did you have any stock or bond sales in? (ATTACH Form 1099-B's and Buy/Sell Certificates).

Name of Stock	Selling Price	Cost	Date Purchased	Date Sold
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- Were you self-employed or had a business in the current year? If so, please attach information regarding income and expenses.
- Do you own rental properties? If so, please attach information regarding income and expenses. If purchased or sold in current year, please attach copies of Closing Papers.
- Do you have an interest in a Partnership or Sub-Chapter S Corporation? If so, please attach Schedule K-1.
- License Fee and Registration for all vehicles.
- All copies of W-2, 1099 and K-1 Forms. 1099 forms reporting unemployment compensation, State tax refunds, social security benefits, retirement fund transfers, and stock sales as well as purchase date and cost information.
- Schedule summarizing business or rental income and expenses if applicable.
- Date and amount of each estimated tax payment.

** 5.)There are credits/deductions for any of the following: purchase of a home, truck, auto, motorcycle, motorhome, boat, skylights, building material for your home, windows, outside doors, high efficiency furnace, water heater, and central air. Please provide proof of purchase for any of these items you've purchased last year.

6). **Do you use your car for business purposes or for job hunting?** If yes, please complete the following questions. The following **MUST** be answered before your return can be completed.

Job Hunting ___ Business Purposes ___ (Check one)

*a). Total number of miles driven during year: _____ miles

b). Total number of business miles: _____ miles

d.) Total number of miles, and year of vehicle used for business: _____

e). Average daily round trip commuting distance: _____ miles

*f). Total commuting miles for year: _____ miles

*g). Personal miles other than commuting: _____ miles

*h). Is another vehicle available for personal use: Yes ___ No ___

i). Job related moving expense: ___ Job search expense: ___

j). Was the employer-provided vehicle available for personal in off duty hours? Yes ___ No ___

k). Do you have adequate records of sufficient evidence to justify these deductions? Yes ___ No ___
If yes, is the evidence written? Yes ___ No ___

**These miles are not deductible, but MUST be listed on your tax return.*

7). **Medical and Dental Expenses.** (NOT reimbursed by insurance).

\$ _____ Cost of prescribed drugs.

\$ _____ Cost of all the doctors, dentists and nurses.

\$ _____ Hospital

\$ _____ Hearing Aid

\$ _____ Dentures

\$ _____ X-Rays

\$ _____ Miles traveled to doctors and hospitals

\$ _____ Lodging for medical Care

\$ _____ Hospitalization and Dental Insurance

\$ _____ Eyeglasses

\$ _____ Ambulance Service

\$ _____ Clinic (Lab)

\$ _____ Long-term Care Insurance

\$ _____ Nursing Home Insurance

8). **Did you sell your personal residence during the current year?** Yes ___ No ___

If yes, please attach a copy of the sales closing statement.

9). **Real Estate Taxes paid** in tax year \$ _____. **State Equalized Value of Homestead** \$ _____.

Do not include water and sewer assessments. **Attach a copy** of current year real estate tax bill whether paid or not, State of Michigan requires a copy.

10). **License Plate cost on any vehicle 1984 and newer** \$ _____.

11). **Interest paid: Attach Forms 1098.**

Home mortgage paid to (name of individual) _____ \$ _____
(address) _____
(social security number) _____

Equity Ease or Home Equity Loan Interest \$ _____

Interest—Second Home \$ _____

Investment Interest \$ _____

Did you refinance your mortgage? If so, please attach **closing papers**.

12). **Charitable Contributions— CASH OR CHECK — Receipts, not Checks, are required for contributions of \$250 or more for all contributions.**

To Whom _____ Amount \$ _____ To Whom _____ Amount \$ _____

To Whom _____ Amount \$ _____ To Whom _____ Amount \$ _____

Did you contribute clothes or other non-cash items to the Church, Salvation Army or Goodwill? (Receipt Required) \$ _____

If over \$250, list each item, value or cost, date purchased, and method used to arrive at value. (List separately)

To Whom _____? You **must** have receipts or other documentation to substantiate all charitable contributions.

Miles driven for Non-Profit Organization work: _____ miles

Michigan college or public library contribution \$ _____, Out of pocket expenses \$ _____,

Community foundation, homeless shelter or food bank \$ _____

13). **Miscellaneous Deductions**

Alimony paid \$ _____ To Whom _____ S.S. # _____

Union Dues \$ _____ Uniforms/Shoes \$ _____ Safe Deposit Box \$ _____

Professional Dues & Subscriptions \$ _____ Tax Preparation Fee \$ _____

Investment Expenses \$ _____ or other job related expenses, identify: _____ Amount \$ _____

Lottery Expenses \$ _____

14). **List educational expenses that are required by your employer in your present occupation.**

Tuition \$ _____ Books \$ _____ Name of Educational Institution _____

Subjects Studied _____

Student loan interest \$ _____

15). **Child Care**

Were there child care expenses while husband and wife both worked and were services performed inside your home? Yes ___ No ___ Form W-10 should be on file.

Name (Who Provided Care) _____ Address _____ ***Identification No. _____ Amount Paid _____

16). **Did you or are you planning to contribute to an Individual Retirement Account** \$ _____

Date Paid _____ Balance of ALL IRA's as of December 31. \$ _____

Enclose copies of your most recent statements. If you are planning on retirement or taking lump sum distributions from pension plans, please call before doing so because of costly, new penalty laws.