

## Michigan General Information

School district name		_____ [1]
School district code		_____ [2]
Mark if 2/3 income from seafaring		_____ [3]
	<b>Taxpayer</b>	<b>Spouse</b>
Do you want \$3.00 to go to the state campaign fund? (Y, N)	_____ [4]	_____ [5]
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Paraplegic, quadriplegic or hemiplegic	_____ [6]	_____ [7]
Totally and permanently disabled	_____ [8]	_____ [9]
Deaf	_____ [10]	_____ [11]
Qualified disabled veteran	_____ [12]	_____ [13]

## Use Tax

Purchases up \$1000 per purchase subject to use tax	_____ [14]
Purchases exceeding \$1000 per purchase subject to use tax	_____ [15]

## Contributions

**Amount of charitable contribution you wish to make to:**  
**Contributions must be a minimum of \$5, \$10 or any amount greater than \$10**

ALS of Michigan Fund	_____ [16]
Alzheimer's Association of Michigan	_____ [17]
American Red Cross of Michigan	_____ [18]
Animal Welfare Fund	_____ [19]
Children of Veterans Tuition Grant Program	_____ [20]
Children's Trust Fund - Preventing Child Abuse in Michigan	_____ [21]
Michigan Junior Achievement Fund	_____ [22]
Military Family Relief Fund	_____ [23]
Special Olympics Michigan	_____ [24]
United Way Fund	_____ [25]

## Part-year Resident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Michigan**

	<b>Taxpayer</b>	<b>Spouse</b>
From	_____ [26]	_____ [28]
To	_____ [27]	_____ [29]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		_____ [30]

**NOTES/QUESTIONS:**

**Michigan Credits - Homestead Property Tax Credit Information**

**Homeowner**

Homestead occupied entire tax year: Taxable value \_\_\_\_\_ [1] Special Assessments \_\_\_\_\_ [3]

Homestead property taxes levied, if different from that entered on Organizer Form ID: A1 (or Lite-5)

TSJ	Description	Amount
_____	_____	_____ [4]
_____	_____	_____

Address at end of tax year, if different from that entered on Organizer Form ID: 1040 (or Lite-1):

Street address \_\_\_\_\_ [5] Taxable value \_\_\_\_\_ [9]  
 City \_\_\_\_\_ [6] Number of days occupied \_\_\_\_\_ [10]  
 State \_\_\_\_\_ [7] Zip code \_\_\_\_\_ [8] Property taxes levied for the year \_\_\_\_\_ [11]

Address of homestead sold during tax year:

Street address \_\_\_\_\_ [12] Taxable value \_\_\_\_\_ [16]  
 City \_\_\_\_\_ [13] Number of days occupied \_\_\_\_\_ [17]  
 State \_\_\_\_\_ [14] Zip code \_\_\_\_\_ [15] Property taxes levied for the year \_\_\_\_\_ [18]

**Rental Information**

Rental #1 Address		No. months	Monthly rent	Mobile home
_____	_____			
City _____	Zip code _____			
Landlord #1 Name				
_____				
Address _____	City _____		State _____	Zip Code _____
Rental #2 Address		No. months	Monthly rent	Mobile home
_____	_____			
City _____	Zip code _____			
Landlord #2 Name				
_____				
Address _____	City _____		State _____	Zip Code _____

**Household Income**

Enter amounts of nontaxable income received during the tax year by any member of your household

Child support and foster parent payments \_\_\_\_\_ [20]  
 Worker's compensation and Veteran's benefits \_\_\_\_\_ [21]  
 Family Independence Agency and other public assistance payments \_\_\_\_\_ [22]  
 Gifts or expenses paid on your behalf \_\_\_\_\_ [23]  
 Other nontaxable income (inheritances, etc): \_\_\_\_\_ [24]  
 \_\_\_\_\_ [24]  
 \_\_\_\_\_ [24]

**NOTES/QUESTIONS:**

### Michigan Cities General Information

Mark the applicable boxes if the following conditions apply to you and/or your spouse:

Disabled

**Taxpayer**   **Spouse**

\_\_\_[1]

\_\_\_[2]

Deaf

\_\_\_[3]

\_\_\_[4]

**NOTES/QUESTIONS:**