

## Michigan General Information

School district name \_\_\_\_\_ [1]  
 School district code \_\_\_\_\_ [2]  
 Mark if 2/3 income from seafaring \_\_\_\_\_ [3]

	Taxpayer	Spouse
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:		
Paralegic, 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

American Red Cross of Michigan	_____ [16]
Animal Welfare Fund	_____ [17]
Children's Trust Fund - Preventing Child Abuse in Michigan	_____ [18]
Michigan Junior Achievement Fund	_____ [19]
Military Family Relief Fund	_____ [20]
United Way Fund	_____ [21]

## Part-year Resident Information

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

	Taxpayer	Spouse
From	_____ [22]	_____ [24]
To	_____ [23]	_____ [25]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		_____ [26]

NOTES/QUESTIONS: