

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:		
Paraplegic, quadriplegic or hemiplegic	_____	[6]
	_____	[7]
Totally and permanently disabled	_____	[8]
	_____	[9]
Deaf	_____	[10]
	_____	[11]
Qualified disabled veteran	_____	[12]
	_____	[13]

Use Tax

Purchases up to \$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]
Military Family Relief Fund	_____	[19]
United Way Fund	_____	[20]

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	_____	[21]
	_____	[23]
To	_____	[22]
	_____	[24]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		_____
		[25]

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

[19]

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

NOTES/QUESTIONS:

Michigan Cities General Information

Taxpayer Spouse

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

Disabled
Deaf

☐ [1] ☐ [2]
☐ [3] ☐ [4]

NOTES/QUESTIONS: