Form ID: MI

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]
Willing to participate in the anatomical gift donor registry	___[14]	___[15]

Use Tax

Purchases up $1000 per purchase subject to use tax _____[16]
Purchases exceeding $1000 per purchase subject to use tax _____[17]

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 _____[18]
Animal Welfare Fund _____[19]
Children's Trust Fund - Preventing Child Abuse in Michigan _____[20]
Military Family Relief Fund _____[21]
United Way Fund _____[22]

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	_____[23]	_____[24]
To	_____[25]	_____[26]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		___[27]

NOTES/QUESTIONS:

Form ID: MI2

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:

Form ID: MI3

Michigan Cities General Information

	Taxpayer	Spouse
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Disabled	___[1]	___[2]
Deaf	___[3]	___[4]

NOTES/QUESTIONS: