

General: 1040

**Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_

Mark if you were married but living apart all year \_\_\_\_\_ Mark if your nonresident alien spouse does not have an ITIN \_\_\_\_\_

**Taxpayer** **Spouse**

Social security number \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Occupation \_\_\_\_\_

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) \_\_\_\_\_

Mark if legally blind \_\_\_\_\_

Mark if dependent of another taxpayer \_\_\_\_\_

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of death \_\_\_\_\_

Work/daytime telephone number/ext number \_\_\_\_\_

Do you authorize us to discuss your return with the IRS (Y, N) \_\_\_\_\_

General: 1040, Contact

**Present Mailing Address**

Address \_\_\_\_\_

Apartment number \_\_\_\_\_

City/State postal code/Zip code \_\_\_\_\_

Foreign country name \_\_\_\_\_

Home/evening telephone number \_\_\_\_\_

Taxpayer email address \_\_\_\_\_

Spouse email address \_\_\_\_\_

General: 1040

**Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

**Child and Dependent Care Expenses**

Provider information:	Provider #1	Provider #2
Name	_____	_____
Street address	_____	_____
City, state, and zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)	_____	_____
Amount paid to care provider in 2011	_____	_____
	<b>Taxpayer</b>	<b>Spouse</b>

Employer-provided dependent care benefits that were forfeited \_\_\_\_\_

General: Info

**Direct Deposit/Electronic Funds Withdrawal Information**

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution: Routing transit number \_\_\_\_\_ Name \_\_\_\_\_

Your account number \_\_\_\_\_ Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

If you would like to use a refund to purchase U.S. Series I Savings bonds (in increments of \$50), enter a maximum amount up to \$5,000.\*\* \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

\*\*To purchase U.S. Series I Savings bonds in someone else's name, please contact our office.

Income: W2

### Salary and Wages

Please provide all copies of Form W-2 that you receive.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____

Income: 1099R

### Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____

Income: K1, K1T

### Schedules K-1

Please provide all copies of Schedule K-1 that you receive.

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____

Income: W2G

### Gambling Income

Please provide all copies of Form W-2G that you receive.

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____

Educate: 1099Q

### Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
____	_____	_____	____
____	_____	_____	____



Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J  Payer's name \_\_\_\_\_ Payer's social security number \_\_\_\_\_  
 Payer's address \_\_\_\_\_ Amount received in 2011 \_\_\_\_\_ Amount received in 2010 \_\_\_\_\_  
 Amount received in 2011 \_\_\_\_\_ Amount received in 2010 \_\_\_\_\_

Income: B2 **Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

	2011 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	2011 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____



Itemized: A1 **Medical and Dental Expenses**

T/S/J		2011 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid	_____	_____
—	Long-term care premiums you paid	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items 1/1/11 through 6/30/11 _____ 7/1/11 through 12/31/11 _____	_____	_____

Itemized: A1 **Tax Expenses**

T/S/J		2011 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2010 state and local income taxes paid in 2011	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2011 Information	Prior Year Information
—	Home mortgage interest: From Form 1098	_____	_____
Other, such as: Home mortgage interest paid to individuals			
T/S/J	Name	SSN	2011 Information
—	_____	_____	_____
Address _____			
T/S/J		2011 Information	Prior Year Information
—	Investment interest expense, other than on K-1s:	_____	_____
Refinancing Information:			
	Refinance #1		Refinance #2
T/S/J		—	—
	Description	_____	_____
	Total points paid	_____	_____
	Date of refinance	_____	_____
	Total number of payments	_____	_____
	Reported on Form 1098 in 2011	_____	_____

Itemized: A3 **Charitable Contributions**

T/S/J		2011 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3 **Miscellaneous Deductions**

T/S/J		2011 Information	Prior Year Information
—	Unreimbursed expenses	_____	_____
—	Union dues	_____	_____
—	Tax preparation fees	_____	_____
	Other expenses, subject to 2% AGI limitation:	_____	_____
—	_____	_____	_____
—	Safe deposit box rental	_____	_____
—	Investment expenses, other than on K1s:	_____	_____
	Other expenses, not subject to the 2% AGI limitation:	_____	_____
—	_____	_____	_____
—	Gambling losses: (Enter only if you have gambling income)	_____	_____

## 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 subject to use tax:  
 Total all purchases less than \$1000 per purchase \_\_\_\_\_ [14]  
 Total all purchases exceeding \$1000 per purchase \_\_\_\_\_ [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**

Animal Welfare Fund	_____ [16]	Girl Scouts of Michigan Fund	_____ [19]
Children of Veteran's Tuition Grant Program	_____ [17]	Military Family Relief Fund	_____ [20]
Children's Trust Fund	_____ [18]	United Way Fund	_____ [21]

### Public Contributions

Name of Organization	Amount
_____ [22]	_____ [23]
_____ [24]	_____ [25]

### Homeless Shelter/Food Bank cash contributions

Name of Organization	Amount
_____ [26]	_____ [27]
_____ [28]	_____ [29]

### Community Foundations

Name of Organization	Amount
_____ [30]	_____ [31]
_____ [32]	_____ [33]

## 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	_____ [34]	_____ [36]
To	_____ [35]	_____ [37]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		_____ [38]

**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	City	Zip code	No. months	Monthly rent	Mobile home
Landlord #1 Name/Address		City/Zip code			
Rental #2 Address	City	Zip code	No. months	Monthly rent	Mobile home
Landlord #2 Name/Address		City/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]
Other nontaxable income (Gifts and expenses paid on your behalf, inheritances, etc):	_____ [23]
_____	_____
_____	_____

## College Tuition Tax Credit Information

**Enter information for tuition paid during tax year to a Michigan university on behalf of yourself or any other person**

Student first name	Student last name	Student SSN	College code, if known	
College or University		Tuition paid	Name and address of contributor	

  

Student first name	Student last name	Student SSN	College code, if known	
College or University		Tuition paid	Name and address of contributor	

  

Student first name	Student last name	Student SSN	College code, if known	
College or University		Tuition paid	Name and address of contributor	

**NOTES/QUESTIONS:**