





**OTHER INCOME (CONTINUED)**

\* Lottery or other winnings..... \$ \_\_\_\_\_  
Tips (not included in W- 2) ..... \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_  
\* Gambling winnings \$ \_\_\_\_\_

**INSTALLMENT SALE INCOME:**

Total received this year..... \$ \_\_\_\_\_  
Interest included above..... \$ \_\_\_\_\_  
Year of sale \_\_\_\_\_  
If we did not prepare the return for year of sale,  
please provide Form 6252 for that year..

\* input all gambling losses on page 4.

**ROTH IRA CONVERSION (attach a copy of your 1099R)**

- 1. Did you convert any traditional IRA into any ROTH IRA? Yes  No  If no, go to the next section. If yes, who converted how much?  
Self \_\_\_\_\_ Spouse \_\_\_\_\_
- 2. Did you or your spouse ever make a nondeductible IRA contribution? Yes  No  If yes, did we prepare your latest Form 8606?  
Yes No If no, please provide a copy of the most recent Form 8606 for you and your spouse.  
Also provide the end of year value of all traditional IRAs for yourself \$ \_\_\_\_\_ and your spouse \$ \_\_\_\_\_

**ADJUSTMENTS TO INCOME**

**IRA, ROTH IRA, KEOGH, SEP, SIMPLE PAYMENTS**

Please include statements from Plan Administrators and a copy of any 5498

Are you covered by an employer retirement plan? SELF Yes  No  SPOUSE Yes  No

**PLAN TYPE**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**OTHER ADJUSTMENTS**

Educator expenses..... \$ \_\_\_\_\_  
Reservist/Artist ..... \$ \_\_\_\_\_  
Student loan interest paid (Attach 1098-E).....\$ \_\_\_\_\_  
Tuition and fees deduction..... \$ \_\_\_\_\_  
Archer MSA .....see Medical expenses below  
Alimony paid .....\$ \_\_\_\_\_ Last name and SSN of recipient: \_\_\_\_\_

Will nondeductible IRA contributions be withdrawn? Yes  No  Moving expenses (attach list) ..... \$ \_\_\_\_\_

**BUSINESS USE OF PERSONAL VEHICLE (Use business questionnaire if appropriate)**

Do not complete this part if you have already supplied your employer with your expenses and your reimbursement is not included in your wages.

	Vehicle #1	Vehicle #2
Description		
Date first used for business		
Lower of cost or value at date above		
Odometer reading at year end		
Total miles driven during the year		
Business miles		
Commuting miles		
Business parking and tolls		

The vehicle was used for what business purpose? Employee  Partner  Other \_\_\_\_\_

Do you have evidence to support the business miles claimed? Yes  No   
Is the evidence in writing? Yes  No

Cost of gas, oil, repairs, lease, etc. . . . Vehicle #1 \$ \_\_\_\_\_  
Vehicle #2 \$ \_\_\_\_\_

Amount reimbursed by employer \$ \_\_\_\_\_

**MEDICAL EXPENSES**

Med insurance premiums (no pretax employee payments) \$ \_\_\_\_\_  
Long term care insurance .....Taxpayer \$ \_\_\_\_\_  
.....Spouse \$ \_\_\_\_\_  
Prescription medicine and insulin..... \$ \_\_\_\_\_  
Miles driven for medical care ..... mi. \_\_\_\_\_  
Other medical transportation and lodging ..... \$ \_\_\_\_\_  
Dr. \_\_\_\_\_ \$ \_\_\_\_\_  
Dr. \_\_\_\_\_ \$ \_\_\_\_\_  
Dr. \_\_\_\_\_ \$ \_\_\_\_\_  
Hearing aids ..... \$ \_\_\_\_\_

**ITEMIZED DEDUCTIONS**

Eye glasses/contacts ..... \$ \_\_\_\_\_  
Nurses ..... \$ \_\_\_\_\_  
Lab fees ..... \$ \_\_\_\_\_  
Ambulance ..... \$ \_\_\_\_\_  
Hospitals (list) \_\_\_\_\_ \$ \_\_\_\_\_  
Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_  
Less Insurance reimbursement ( ) \$ \_\_\_\_\_  
Medical savings account (Attach 5498-MSA) \$ \_\_\_\_\_  
For MSA → Individual or Family Coverage?

**TAXES**

Real estate tax (personal residence) ..... \$ \_\_\_\_\_  
Taxable value of home (not SEV)..... \$ \_\_\_\_\_  
State sales tax at general rate from receipts ..... \$ \_\_\_\_\_  
Special item sales tax i.e. car/boat ..... \$ \_\_\_\_\_  
Other real estate taxes (investment property) ..... \$ \_\_\_\_\_  
Personal property tax and value added tax on personal vehicles..... \$ \_\_\_\_\_  
Balance paid with prior year state and / or local return (tax only) ..... \$ \_\_\_\_\_

**INTEREST PAID** (Do not include rental property. Enter student loan interest in ADJUSTMENTS TO INCOME section.) (Attach all Forms 1098) # of 1098s attached \_\_\_\_\_

Home mortgage paid to financial institution \$ \_\_\_\_\_ Closing points on new home purchase ..... \$ \_\_\_\_\_

Was any mortgage money used to buy a boat? Yes  No  Closing points on current year refinance ..... \$ \_\_\_\_\_

Was any of the money used for any purpose other than to buy or build your main home and one other? Yes  No  How much of the refinance money was used to add improvements to your home? \$ \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_ Investment interest..... \$ \_\_\_\_\_

Home mortgage interest paid to an individual \$ \_\_\_\_\_ Interest paid to invest in a partnership or S-Corporation that you manage ..... \$ \_\_\_\_\_

Provide name, address and SSN of payee: \_\_\_\_\_ \* Provide a copy of settlement papers.

CONTRIBUTIONS	PAID TO	AMOUNT/VALUE	PAID TO	AMOUNT/VALUE
	Church	\$ _____		\$ _____
	Easter seals .....	\$ _____		\$ _____
	Salvation army .....	\$ _____		\$ _____
	Scouts .....	\$ _____	Miles driven for qualified charity _____ mi.	

Do you have receipts for all **cash** contributions **over \$250**? Yes  No  For **noncash** contributions, provide cost, value and indicate how you determined the value of your donation. For each **noncash** donation valued at **\$5,000** or more, do you have an **appraiser's verification**? Yes  No

**LOSSES** Did any sudden and unexpected event cause damage to any of your property this year? Yes  No

If yes, attach a sheet with a detailed list of items damaged for each separate event. Please include a description of each item, its cost and its value before and after the unexpected event.

Did you file an insurance claim? Yes  No  I have no insurance coverage

MISCELLANEOUS	AMOUNT/VALUE	AMOUNT/VALUE
(Paid personally)	Gambling losses (up to winnings only) \$ _____	Safe deposit box \$ _____
	Tax preparation \$ _____	Union and professional dues \$ _____
	Tools \$ _____	Professional publications \$ _____
	Adoption expenses \$ _____	Uniforms \$ _____
	• Check if foreign <input type="checkbox"/>	Unreimbursed employee expense \$ _____
	• Final date _____	
	Job related educational expenses	
	• Books \$ _____ (Attach list)	
	• Tuition \$ _____	Investment expenses \$ _____
	Miles driven (work to school) _____	IRA maintenance fee \$ _____

**CHILD AND DEPENDENT CARE** IF YOU AND YOUR SPOUSE WORKED, OR ONE WAS A FULL TIME STUDENT, DID YOU HAVE CHILD CARE EXPENSES? YES  NO

Number of qualifying persons cared for in 2009 \_\_\_\_\_ Expenses paid in 2009 for 2008: \_\_\_\_\_

Amount of employer provided child care \$ \_\_\_\_\_ For whom were the 2008 expenses paid? \_\_\_\_\_

Name and Relationship of Qualifying Person(s): \_\_\_\_\_

Amount paid for each: \_\_\_\_\_

If payments were made to an individual and they totaled more than \$1,500 for 2009:  
 Were services performed in your home? Yes  No  If yes, have you filed wage tax returns? Yes  No

If yes, attach a copy of the W-2(s) you issued.

**This information is required for credit to be allowed**  
 Name of each child care provider \_\_\_\_\_  
 EIN/SSN of each provider \_\_\_\_\_  
 Address of each child care provider \_\_\_\_\_

**OTHER** Did you pay someone more than \$1,500 to work in your home in 2009? Yes  No  If yes, how much? \_\_\_\_\_

Attach a copy of W-2(s) you issued.

Are there any loans to you or from you, that are in the amount of \$12,000 or more, that are interest free? Yes  No  If yes, what is the date of the loan? \_\_\_\_\_ and the amount \$ \_\_\_\_\_

**DECLARATION** I HAVE REVIEWED THE INFORMATION GIVEN YOU ON THIS FORM AND, TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT AND COMPLETE. I HAVE MAINTAINED THE UNDERLYING RECORDS REQUIRED BY LAW TO SUPPORT THIS INFORMATION AND IT IS READY FOR PREPARATION OF MY INCOME TAX RETURN. I AUTHORIZE YOU/YOUR COMPANY TO PREPARE MY INCOME TAX RETURN AND RETAIN COPIES OF APPROPRIATE DOCUMENTS.

**NOTE: PLEASE DO NOT FORGET YOUR SIGNATURE**

→ Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**Personal Information**

Yes No

Did your marital status change during 2009?

If married, do you and your spouse want to file separate returns?

Did your address change during 2009?

Can you or your spouse be claimed as a dependent by another taxpayer?

**Dependents**

Did you receive any Earned Income credit?

If yes how much? \_\_\_\_\_

Did you pay for childcare while you worked or looked for work?

Do you have any children under age 18 or a full-time student between the ages of 19 and 24 with unearned (investment income) more than \$1,800?

Did you adopt a child or begin adoption proceedings during 2009?

**Purchases, Sales and Debt**

Did you have any debts canceled, forgiven, or refinanced during 2009?

Did you start a new business, purchase a new rental property or farm, or acquire any new interest in any partnership or S Corporation during 2009?

Did you sell an existing business, rental property, farm, or any existing interest in a partnership or S Corporation during 2009?

Did you sell, exchange, or purchase any real estate in 2009? If so, please attach closing statements

Did you withdraw any amounts from your IRA or Roth IRA to acquire a principal residence?

Did you take out a home equity loan in 2009? If you, provide closing statement. What were the funds used for?

Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the form 1098? If yes, provide name, address and ID# of recipient

Did you pay any student loan interest?

**Itemized Deductions**

Did you contribute property (other than cash) with a fair market value of more that \$5,000 to a charitable organization?

Did you incur any casualty or theft losses during the year?

**Credits**

Did you purchase a new passenger vehicle, light truck, or motorcycle with a gross weight of no more than 8,500 pounds or a motor home between February 17, 2009 and December 31, 2009? If so, please attach the purchase papers.

Did you purchase a new home in 2009? if so, please include a copy of your closing statement.

Was this a first time home purchase?

Did you make a purchase of residential energy efficient property in 2009? If so, please mail invoices.

**Miscellaneous**

Did you or your spouse contribute to or establish a medical savings account (MSA ) in 2009 or a Health Savings Account (HAS)?

Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?

Did you or your spouse contribute to or establish a Roth IRA or convert an existing IRA into a Roth IRA?

Did you withdraw any amounts from a Coverdell Education Savings Account?

**Questions (continued)**

**Miscellaneous (continued)**

	Yes	No
Did you or your dependents incur any post secondary education expenses, such as tuition? .....	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If yes, how many months were you covered? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you move to a different home because of a change in the location of your job? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please contact us regarding the possibility of deducting your moving expenses.		
Did you receive unreported tip income of \$20 or more in any month of 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive distributions from long-term care insurance contracts? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please include Form 1099-LTC		
Did you make gifts of more than \$13,000 to any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a one-time economic recovery payment?		
Did you have any foreign income or pay any foreign taxes during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or authority over a bank account, securities account, or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you create or transfer money or property to a foreign trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new hybrid or advanced lean-burn vehicle or a plug-in electric vehicle? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide make, model and date of purchase. If a low-speed, or a 2 or 3-wheeled vehicle also provide cost .....		
<hr/>		
Have you received a punitive damage award or an award for damages other than for physical injuries or illness? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you notified by the IRS or other taxing authority of any changes in prior year returns? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you owe the state any use tax for out of state purchases? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give total purchased. ....		
Are you or your spouse a teacher (K-12th grade) who spent up to \$250 on classroom related expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur job related legal fees? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Sale of Your Home**

Did you sell your home in 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you (or your spouse if MFJ) own the home as your principal residence for at least two years of the five-year period prior to the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you (and your spouse if MFJ) occupy the home as your principal residence for at least two years of the five-year period prior to the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
Was the home acquired through a tax free (1031) exchange? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever use any portion of the home for business purposes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years? .....	<input type="checkbox"/>	<input type="checkbox"/>
At the time of sale, was the residence owned by the taxpayer, spouse or both? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Purchase of Home**

Did you purchase a home in 2009? If yes, please enclose your closing statement. ....	<input type="checkbox"/>	<input type="checkbox"/>
If so, was this a first-time home purchase? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Severance/Retirement**

Did you retire or change jobs in 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive retirement/severance compensation? If yes, date received. ....	<input type="checkbox"/>	<input type="checkbox"/>

**Notes:**

**2009 STATE OF MICHIGAN  
PERSONAL INCOME TAX QUESTIONNAIRE**

Y    N

- ◆ Did you make any out of state purchases of goods that you did not pay sales tax on?         
For example, internet or mail order purchases wouldn't be charged sales tax and these would be subject to State of Michigan – Use Tax.

If so, what was the total purchase price of these goods? \$ \_\_\_\_\_

**\*\*THE ABOVE QUESTION MUST BE ANSWERED TO COMPLETE YOUR STATE RETURN\*\***

Y    N

- ◆ Are you or your spouse deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally & permanently disabled?
- ◆ Have you purchased a Michigan Education Trust (MET) or Michigan Educational Savings Plan (MESP) contract during 2009?

**Deductions & Credits:**

- ◆ If you made a **political** contribution during 2009, please list the amount.    \$ \_\_\_\_\_

- ◆ In order to complete the Homestead Property Tax Credit we will need the State Taxable value (TV) of your home. If you do not have the TV, call your city or township tax assessor as soon as possible to avoid delays in completing your tax return. Using an estimated figure will cause your refund to be delayed several months, until the correct amount has been verified. Be sure to fill in your property taxes assessed for the year, and the amount paid if different on the main part of this form.

TV (Not State Equalized Value) = \$ \_\_\_\_\_

- ◆ If you would like to make a contribution to one of the following charities please input the amount.

Military Family Relief Fund (\$1 minimum)	Amount	\$ _____
Children's Trust Fund (\$5 minimum)	Amount	\$ _____
Children of Veterans Tuition Grant Program (\$2 min)	Amount	\$ _____

- ◆ If you paid for license tabs on your personal vehicles, please list the year of the vehicle and the cost of the tabs:

Year: _____	Cost	_____
Year: _____	Cost	_____
Year: _____	Cost:	_____

- ◆ If you paid any Michigan college or university tuition and fees in 2009 for a student's undergraduate degree, please list the name of the institution, the amount paid, and the year of college they are in.

Name of College	Tuition and Fees	Year of College
_____	_____	_____
_____	_____	_____