2009 Individual Income Tax Questionnaire

Please fill out and return

	PRIMARY	SPOUSE	MARITAL STATUS (Circle One)
Name	____________________	____________________	Single
Social Sec. #	____________________	____________________	Married Filing Joint
Birthdate	______/______/_______	______/______/_______	Head Of Household
Occupation	____________________	____________________	Married Filing Separate

Address ____ **Home Phone** ____________________

E-Mail Address ____ **Work/Cell Phone** ________________

Township_______________________________ School District __________________________________

Did You Or Your Spouse Work In The City during 2009? **Yes** **No**

Did You Live In The City during 2009? **Yes** **No** Date lived in the city____________________________

DEPENDENT INFORMATION

NAME	BIRTHDATE	RELATIONSHIP	SOCIAL SECURITY #	Lived with you **LESS** than 12 mths
	/ /			**Yes** **No**
	/ /			**Yes** **No**
	/ /			**Yes** **No**
	/ /			**Yes** **No**

2009 ESTIMATED TAX PAYMENTS

*****Must Include Dates**	FEDERAL		STATE		CITY	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
First Quarter						
Second Quarter						
Third Quarter						
Fourth Quarter						

MICHGAN TAX CREDIT INFORMATION

Medical Insurance Premiums Paid $____________________

Child Support Received In 2009 $____________________

Veterans Disability Pension $____________________

ADC or Other Public Assistance $____________________

Workman's Compensation $____________________

Amount Paid To Heat Your Home (MI CR7) $____________________

Total Rent Paid To Landlord For 2009 (MI Rent Credit) $____________________

- Landlord Name __________________________ Landlord Address __________________________________

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<u>Please bring the following items with you</u>

1. ALL W2s. (If you are missing one please contact your employer), Pension & Retirement income, All 1099R forms, Unemployment Income Form 1099 G, Interest and Dividend Income-Form 1099 INT/Form 1099 DIV, Self-Employed income and expenses. (Expenses should include mileage.) All 1099 MISC forms.
2. Child care expenses & Provider (Name, address and ID number for provider).
3. If would like **DIRECT DEPOSIT** we will need to take a **copy of a blank check** or saving account card to **verify the ROUTING NUMBER AND ACCOUNT NUMBER**.
4. **PROPERTY TAX STATEMENTS** (2009) even if you do not itemize