

2015 Individual Income Tax Questionnaire

Please fill out and return

	PRIMARY	SPOUSE	<u>MARITAL STATUS</u> (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 2015? **Yes (Location)** _____ **No**

Did You Live In The City during 2015? **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
	/ /			Yes	No

2015 ESTIMATED TAX PAYMENTS

	FEDERAL		STATE		CITY	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
First Quarter 4/15/2015						
Second Quarter 6/15/2015						
Third Quarter 9/15/2015						
Fourth Quarter 1/15/2015						

MICHGAN TAX CREDIT INFORMATION

Medical Insurance Premiums Paid (with After Tax dollars) \$ _____

Child Support Received In 2015 \$ _____

Veterans Disability Pension \$ _____

ADC or Other Public Assistance \$ _____

Workman's Compensation \$ _____

→ → → **TaxPayers \$50,000 & lower of income** ← ← ←

Bring in your 2015 Summer and Winter Tax bill

Amount Paid To Heat Your Home (MI CR7) \$ _____

Total Rent Paid To Landlord For 2015 (MI Rent Credit) \$ _____

• Landlord Name _____ Landlord Address _____



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.**