

AAS Part I. 1. School District: _____ **2. State Campaign Fund (Note: Checking the box will not raise the tax or reduce the refund of the taxpayer.)** Taxpayer
 Yes **No** Does the taxpayer and/or spouse (if filing jointly) want \$3 to go to this fund? If yes, check a box(es): Spouse

AAS Part II. Michigan Exemptions

- Yes** **No** 1. Is the taxpayer, spouse (if MFJ), and/or any dependent: Deaf Blind Hemiplegic, Paraplegic, or Quadriplegic Totally and Permanently Disabled (under 66yrs old)?
- Yes** **No** 2. Is the taxpayer, spouse (if MFJ), and/or any dependent a qualified disabled veteran? (With a service-connected disability, see the MI-1040 instructions.)
- Yes** **No** 3. Stillbirth exemption — Is taxpayer the parent of a stillborn delivered during the tax year? (If yes, consult the Site Coordinator and see the MI-1040 instructions.)

AAS Part III. Michigan Homestead Property Tax Credit Claim – During the tax year, did the taxpayer:

- Yes** **No** 1. Live at the same address all year?
- Yes** **No** 2. Own the home they lived in? If yes, answer the following questions:
 - Yes** **No** 2a. Did the taxpayer purchase the home in 2008? (If yes, refer back to 13614-C, Part V, Question 6)
 - Yes** **No** 2b. Is there anyone else, other than the taxpayer, on title to the house? (If yes, consult the Site Coordinator)
 - Yes** **No** 2c. Was the taxpayer granted a poverty hardship exemption for the tax year? (If yes, taxpayer is not eligible for the property tax credit. Go to #3.)
 - 2d. What was the PRE (Principal Residence Exemption)? _____%
 - 2e. What was the Taxable Value of the home? \$ _____ Millage Rate: _____
 - 2f. What were the annual property taxes levied/billed? \$ _____ Summer: \$ _____ Winter: \$ _____

*(The amount of property taxes billed should be taken from the property tax bills and not from Form 1098, Mortgage Interest Statement, issued by the mortgage company. **Do not include** any interest, penalty, or special assessments with 0% millage rate, such as a Solid Waste Fee or a delinquent water bill.)*
- Yes** **No** 3. Live in an adult foster care home, nursing home, assisted living center, other special housing, co-op housing, or pay room and board?
 If yes, indicate type of housing: _____ (See Site Coordinator for additional information needed)
- Yes** **No** 4. Rent the house/apartment/mobile home they lived in (with a lease or rental contract)?
 If yes, answer the following questions:
 - Yes** **No** 4a. Is there anyone else, other than the taxpayer, listed on the lease as a tenant? (If yes, consult the Site Coordinator)
 - Yes** **No** 4b. Did the taxpayer live in subsidized housing?
 - Yes** **No** 4c. Did the taxpayer live in service fee housing? (Reference the *Service Fee Housing List* at www.accountingaidresources.org)
 - Yes** **No** 4d. Did the taxpayer live in a building exempt from paying property taxes? (If yes, residents are not eligible for the property tax credit. Go to AAS Part IV.)

List all addresses rented during the tax year:

Note: If the rent amount changed during the tax year, list each amount separately. Do not "average" the rent.

	<u>Address Rented</u>	<u>Landowner's Name and Address (street address, city, & zip code)</u>	<u>Number of months rented in the tax year</u>	<u>Mobile home</u>	<u>Rent per month</u>	<u>Total Rent</u>
(1)	_____	_____	_____	<input type="checkbox"/>	\$ _____	\$ _____
(2)	_____	_____	_____	<input type="checkbox"/>	\$ _____	\$ _____
(3)	_____	_____	_____	<input type="checkbox"/>	\$ _____	\$ _____

AAS Part IV. Michigan Home Heating Credit Claim (For Tax Year 2020)

- Yes** **No** 1. Was the taxpayer an eligible homeowner or renter in 2020?
(If no, taxpayer is not eligible for the home heating credit. Go to AAS Part V.)
- Yes** **No** 2. Is the heat *currently* included in their rent?
- Yes** **No** 3. Is the heat in someone else's name (other than the landlord)?
- 4. How much was the taxpayer billed for heat (annual heating costs) from 11/01/2019 to 10/31/2020? \$ _____
- 5. **Heat Type:** _____ **Heat Provider:** _____

ANALYSIS

Filing Status:

- Single MFS
- HH QW
- MFJ

Answer Yes if taxpayer(s) is filing/claiming, or is, a:

- City Return _____ : **Yes** **No**
- Credit-Only Return : **Yes** **No**
- Disability Exemption(s) : **Yes** **No**
- Pension Subtraction : **Yes** **No**
- Detroit Homeowner : **Yes** **No**

AAS Part V. Nontaxable Income – During the tax year did the taxpayer or spouse receive:

Totals

- Yes** **No** 1. Child Support? ----- \$ _____
- Yes** **No** 2. A) Workers' Compensation? ----- \$ _____ } \$ _____
- Yes** **No** B) VA (Dept. of Veterans Affairs) benefits? ----- \$ _____ } \$ _____
- Yes** **No** 3. FIP and/or other MDHHS (Michigan Department of Health & Human Services) benefits (excluding food stamps)? - \$ _____
- 4. Additional Social Security benefits and/or Supplemental Security Income (SSI):
(In 2020, maximum SSI was \$783 per month, \$9,396 for the year if rec'd. all 12 months)
- Yes** **No** A) SSI (taxpayer)? ----- \$ _____ } \$ _____
- Yes** **No** B) SSI (spouse)? ----- \$ _____ } \$ _____
- Yes** **No** C) SSI for a dependent? ----- \$ _____ } \$ _____
- Yes** **No** D) Social Security benefits for a dependent? ----- \$ _____ } \$ _____
- Yes** **No** 5. Gifts or Assistance from family/friends/agencies? Describe: _____ \$ _____
(Include the value over \$300 in gifts of cash or merchandise received, or expenses paid on taxpayer's behalf)
- 6. Other Nontaxable Income:
- Yes** **No** A) State SSI (taxpayer)? (\$42 every three months from Michigan DHHS. If yes, enter \$168) - - \$ _____ } \$ _____
- Yes** **No** B) State SSI (spouse)? ----- \$ _____ } \$ _____
- Yes** **No** C) State SSI for a dependent? ----- \$ _____ } \$ _____
- Yes** **No** D) Other? Describe: _____ \$ _____ } \$ _____
- Yes** **No** E) If MFS or Divorced and shared a home, enter spouse amount from Michigan Form 5049 \$ _____ } \$ _____

AAS Part VI. Health Insurance

- Yes** **No** 1. Did the taxpayer or spouse pay any medical insurance or HMO premiums during the tax year (other than Medicare)?
If yes, indicate the amount(s) paid: -----
- Yes** **No** 2. Did the taxpayer or spouse pay for automobile insurance during the tax year?

Private Medical Insurance Premiums (+) \$ _____
 Marketplace Insurance Premiums (+) \$ _____
 Premium Tax Credit (Form 8962, line 24) (-) \$ _____
 If yes, how many vehicles? ____ (x \$130) (+) \$ _____

Form 8962, line 11A
or sum of
lines 12A thru 23A

Total Premiums
\$ _____

AAS Part VII. Income vs Rent/Property Taxes plus Living Expenses (Must answer if taxpayer is claiming a property tax credit and/or home heating credit.)

- Yes** **No** 1. Does the taxpayer's income substantiate their rent or property taxes paid plus all other living expenses?
Income must be enough to pay rent or property taxes plus all other living expenses, including any heating costs.

[Enter Property Tax Credit] _____
 [Enter Home Heating Credit] _____
 [Enter amount of City refund or (tax due)] _____

(For tax preparer's use when entering Custom Credits in TaxSlayer. Amounts must match the amounts on the completed tax return.)

Taxpayer should review the completed tax return and initial below:

- _____ All names are spelled correctly N/A _____ The date of birth for my dependent is correct
- _____ All Social Security numbers are correct N/A _____ Bank account information is correct
- _____ Mailing address is correct