

**Volunteer Completion – Michigan Return and Accounting Aid Society Information**

**AAS Part I. Michigan Special Exemptions**

- Yes**  **No** 1. Is the taxpayer, spouse, and/or any dependent  deaf,  blind,  hemiplegic, paraplegic, or quadriplegic,  totally and permanently disabled (**under 66**) or  stillbirth
- Yes**  **No** 2. Is the taxpayer, spouse, and/or any dependent a qualified disabled veteran? (With a service-connected disability, see the MI-1040 instructions.)

**AAS Part II. State Campaign Fund (Note: Checking the box will not increase or reduce the refund of the taxpayer.)**

1. Check here if you, or your spouse if filing jointly, want \$3 to go to this fund?  Taxpayer  Spouse

**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 and live in the home during the tax year? If yes, answer the following questions: **(Complete TaxSlayer “Part 1: Homeowner”)**
- 2a. Was taxpayer granted a poverty hardship exemption for the tax year?  Yes  No (If Yes, no credit allowed; go to Part IV.)
- 2b. What was the PRE (Principal Residence Exemption)? \_\_\_\_\_% School District \_\_\_\_\_
- 2c. What was the Taxable Value of the home? \$\_\_\_\_\_ Millage Rate \_\_\_\_\_
- 2d. What were the annual property taxes billed/levied? \$\_\_\_\_\_ 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. Rent the home/apartment/mobile home they lived in during the tax year?
- If Yes, answer the following questions: **(Complete TaxSlayer “Part 2: Renter” if rental type is not Subsidized or Service Fee)**
- Yes**  **No** 3a. Did the client live in subsidized housing? **(Complete TaxSlayer “Part 3: Occupant of a Housing Facility”)**
- Yes**  **No** 3b. Did the client live in service fee housing? **(Complete TaxSlayer “Part 3: Occupant of a Housing Facility”)**
- Yes**  **No** 3c. Did the client live in a building exempt from paying property taxes? *(If yes, residents are not eligible for the property tax credit.)*
- 3d. List all addresses rented during the tax year:

	<u>Address Rented</u>	<u>Landowner’s Name and Address (street address, city, &amp; 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"/>	\$_____	\$_____

- Yes**  **No** 4. Live in an adult foster care home, co-op housing, nursing home, assisted living center, other special housing, or pay room and board?
- If yes, indicate type of housing: \_\_\_\_\_ (See Site Coordinator to complete)

<p><b>AAS Part IV. Michigan Home Heating Credit Claim (For Tax Year 2019)</b></p> <p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Was the taxpayer an eligible homeowner or renter in 2019? <i>(If no, the taxpayer is not eligible for the Home Heating Credit)</i></p> <p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Is the heat <i>currently</i> included in their rent?</p> <p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Is the heat in someone else's name?</p> <p>What were the annual heating costs for the period of 11/1/2018 through 10/31/2019? _____</p>	<p style="text-align: center;"><b>Analysis</b></p> <p style="text-align: center;">Filing Status:</p> <p><input type="checkbox"/> Single      <input type="checkbox"/> MFJ</p> <p><input type="checkbox"/> HH            <input type="checkbox"/> QW</p> <p style="padding-left: 40px;"><input type="checkbox"/> MFS</p>	<p>City Return :    <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Disabilities :   <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Credit Only :    <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Detroit Homeowner : <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Pension Subtraction : <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p>
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<b>AAS Part V. Nontaxable Income – During the tax year did the taxpayer or spouse receive:</b>	<b>Totals</b>
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 1. Child Support -----	\$ _____
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 2. A) Workers' Compensation-----	\$ _____
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> B) VA (Dept. of Veterans Affairs) benefits -----	\$ _____
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 3. FIP and other DHHS (Michigan Department of Health & Human Services) benefits (excluding food stamps)	\$ _____
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 4. Additional Social Security benefits including Supplemental Security Income (SSI) -----	\$ _____
<i>(In 2019, maximum SSI was \$771 per month \$9,252 yr.)</i>	
A) Taxpayer SSI -----	\$ _____
B) Spouse SSI -----	\$ _____
C) Dependent SSI -----	\$ _____
D) Dependent Social Security -----	\$ _____
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 5. Gifts/Assistance from family/friends/agencies -----	\$ _____
<i>(Include the value over \$300 in gifts of cash, merchandise, or expenses paid on their behalf)</i>	
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 6. Other Nontaxable Income -----	\$ _____
A) State SSI (\$42 every three months from Michigan DHHS. If Yes, enter \$168) --	\$ _____
B) Spouse State SSI (\$42 every three months from Michigan DHHS) -----	\$ _____
C) Dependent(s) State SSI (\$42 every three months from Michigan DHHS) -----	\$ _____
D) 5049 Worksheet MFS/Divorced (Spousal Income) -----	\$ _____
E) Other -----	\$ _____

**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 amounts paid:

Private Medical Insurance Premiums (+) _____	Marketplace Insurance Premium (+) _____	
	Premium Tax Credit (Form 8962, line 24) (-) _____	

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

**Yes**  **No** 2. Did the taxpayer or spouse pay for automobile insurance during the tax year? If Yes, how many vehicles? \_\_\_\_\_ (x \$130) **Total \$** \_\_\_\_\_

**AAS Part VII. Income vs. Rent/Property Taxes plus Living Expenses**

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

[Enter Property Tax Credit] _____	_____ All names are spelled correctly	_____ The date of birth for my dependent is correct	<input type="checkbox"/> <b>N/A</b>
[Enter Home Heating Credit] _____	_____ All Social Security numbers are correct	_____ Bank account information is correct	<input type="checkbox"/> <b>N/A</b>
[Enter amount of City refund or tax due] _____	_____ Mailing address is correct		