Michigan Department of Treasury 4622 (Rev. 10-10)

## **Worksheet for Determining Support**

Issued under authority of Public Act 281 of 1967.

NI-	a copy for your records. Refer to internal Revenue Service (IRS) Publication 50 Flor detailed instructions on c		are a dependent.
Name	Tax Year Social Security Number	oer	
Your	tax return for the year noted in the enclosed letter indicates that you were claimed as a dependent on a	nother person's	tax return. This
show	s another person provided more than 50 percent of your financial support during the year. Your house ort as other nontaxable income.		
lf y	you ARE a dependent, report the amount of support received on this form. Include copies of tuition stat	ements and leas	se agreement(s).
	e amount reported will be added to household income on your property tax credit and/or home heating or recalculated and processed. Do not submit an amended return.	credit claim, and	the credit(s) will
wi	you are ARE NOT a dependent, complete this form and return with required documentation to support thout supporting documentation will not be accepted. Include a copy of the enclosed letter with your done needed return.		
For a	ssistance, call (517) 636-4486 or visit www.michigan.gov/incometax.		
Saviı	ngs and Loans		
	Enter amount withdrawn from savings	1.	00
	Name and address of the institution where savings account is located.		100
2.	Enter amount borrowed	2.	00
	Name and address of person or institution you borrowed from. Attach copy of the loan agreement.		100
	sehold Expenses for the Residence(s) Claimed on your Property Tax and/or Home House (complete lines 3a, 3b, 3c and 3d):	leating Credi	t
	3a. Did you own your home? Circle <b>Yes</b> or <b>No</b> .		
	3b. If you answered "Yes" to 3a, enter total mortgage paid for the year	3b.	00
	3c. Enter the fair rental value of the home if you owned the home		00
	3d. If you answered "No" to 3a, enter total rent paid for the year (provide copy of lease agreement)		00
4.	Enter the total amount of utilities (heat, light, water, etc. not included in line 3c or 3d)		00
5.	Enter the total amount of repairs (not included in line 3c or 3d)	5.	00
6.	Enter the total of other expenses (do not include mortgage interest, real estate taxes or insurance)		00
7.	Add lines 3b through 6. These are the total household expenses	7.	00
8.	Enter total number of persons who lived in the household	8.	·
Your	Expenses		
9.	Divide line 7 by line 8. This is your share of the household expenses	9.	00
10.	Enter your total clothing expenses	10.	00
11.	Enter your total food expenses	11.	00
12.	Enter your total education expenses (include copies of tuition statements)	12.	00
13.	Enter your total medical and dental expenses not paid for or reimbursed by insurance	13.	00
14.	Enter your total travel and recreation expenses	14.	00
15.	Enter the total of your other expenses	15.	00
16.	Add lines 9 through 15. This is the total cost of your support for the year	16.	00
Amo	unt of Support From Others and/or Those Who Claimed You		
17.	Enter the amount of support provided by person claiming you as a dependent (for dependents only)	17.	00
18.	Enter amounts provided by state, local, and other welfare societies or agencies	18.	00

- Copy of financial aid application showing your income is the only income included in the computation for financial aid eligibility.
- Copy of parent/qualified relative (who claimed you as a dependent) health insurance information showing you are not a dependent on the health insurance plan.

Once you have completed this worksheet and obtained the required documentation, return the required documentation with a copy of the Request for Information to the address noted in the letter.