Worksheet for Determining Support

Issued under authority of Public Act 281 of 1967.

Keep a copy for your records.

Filer's Name (First, Middle Initial, Last)		Tax Year	Filer's Full Social Security Number	
Your individual income tax return for the year noted in the enclosed letter indicates that you were claimed as a dependent on another person's tax return. As a claimed dependent, another person(s) must have provided more than 50 percent of your financial support during the year. Your total household resources did not include that support as gifts, expenses paid on your behalf, or as other nontaxable income.				
Check One:				
I AM a dependent. Report the amount of support received on this form. If applicable, include copies of tuition statements, property tax statements and/or lease agreement(s). The amount reported will be added to total household resources on your property tax credit and/				
	or home heating credit claim, and the credit(s) will be recalculated and processed.			
 I AM NOT a dependent. Complete this form and return with required documentation to support your claim. Written statements without supporting documentation will not be accepted. Include a copy of the enclosed letter with your documentation. Documentation required if claiming that you ARE NOT a dependent: 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. 3. Copy of your federal return		-	
For assisstance, call 517-636-4486 or visit www.michigan.gov/incometax				
Savings and Loans				
1.	Enter the total amount you withdrew from a savings account to assist we Attach a copy of your bank statement.			00
2.	Enter the total amount you borrowed to assist with paying expenses for Enter the name and address of the person or institution you borrowed	-		00
Household Expenses for the Residence(s) Claimed on your Property Tax and/or Home Heating Credit				
3.	Residence(s) (complete lines 3a, 3b and 3c): 3a. Did you own your home? Circle Yes or No .			
	3b. If you answered "Yes" to 3a, enter total property taxes paid for the (provide copy of property tax statement)			00
	3c. If you answered "No" to 3a, enter your total rent paid for the year (provide copy of leas	e agreement) 3c.	00
4.	Enter the total amount of utilities (heat, light, water, etc. not included in	ı line 3c)		00
5.	Enter the total amount of repairs that you paid for (not included in line	3c)		00
6.	Enter the total of other expenses (do not include mortgage interest, rea	al estate taxes or ins	urance) 6.	00
7.	Add lines 3b through 6. These are the total household expenses			00
Your	Expenses			
8.	Enter your total clothing expenses			00
9.	Enter your total food expenses			00
10.	Enter your total education expenses (include copies of tuition statement	nts)	10.	00
11.	Enter your total medical and dental expenses not paid for or reimburse	ed by insurance	11.	00
12.	Enter your total travel and recreation expenses			00
13.	Enter the total of any other expenses			00
14.	Add lines 8 through 13. This is the total cost of your support for the year	ar		00
Amount of Support From Others and/or Those Who Claimed You				
15.	Enter the amount of support provided by person claiming you as a dep	pendent (for depende	ents only) 15.	00
16.	Enter amounts provided by state, local, and other welfare societies or a	agencies		00

Return the completed worksheet and required documentation with a copy of the Request for Information to the address noted in the letter.