

Electronic Filing Instructions for your 2011 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Jared B & Kristin M Swets
4542 Marshall Ave
Kentwood, MI 49508

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$5,053.00. Your tax refund should be direct deposited into your account within 7 to 14 days after your return is accepted. The account information you entered - Account Number: 101008088612 Routing Transit Number: 272480678.		
Where's My Refund?	Before you call the Internal Revenue Service with questions about your refund, give them 7 to 14 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
No Signature Document Needed	No signature form is required since you signed your return electronically.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2011 Federal Tax Return Summary	Adjusted Gross Income	\$	51,804.00
	Taxable Income	\$	32,804.00
	Total Tax	\$	2,385.00
	Total Payments/Credits	\$	7,438.00
	Amount to be Refunded	\$	5,053.00
	Effective Tax Rate		2.65%



Hi Jared and Kristin,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Basic:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

Here's the final wrap up for your 2011 taxes:

Your federal tax refund is: \$ 5,053.00

You qualified for these important credits:

- Education Credits
- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! We'll have all your information saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Also included:

- We e-filed your federal returns for free so you could get your refund in as few as 7 days.
- We provide the Audit Support Center free of charge in the unlikely event you get audited.

With TurboTax State:

- You saved time by automatically transferring your federal tax information to your state return

Many happy returns from TurboTax.

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning		, 2011, ending		, 20		See separate instructions.
Your first name and initial Jared B		Last name Swets		Your social security number 373-02-2259		
If a joint return, spouse's first name and initial Kristin M		Last name Swets		Spouse's social security number 367-06-3258		
Home address (number and street). If you have a P.O. box, see instructions. 4542 Marshall Ave					Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Kentwood MI 49508						
Foreign country name		Foreign province/county		Foreign postal code		

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

2

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	52,783.				
	8a	Taxable interest. Attach Schedule B if required	8a	146.				
	b	Tax-exempt interest. Do not include on line 8a	8b					
	9a	Ordinary dividends. Attach Schedule B if required	9a					
	b	Qualified dividends	9b					
	10	Taxable refunds, credits, or offsets of state and local income taxes	10					
	11	Alimony received	11					
	12	Business income or (loss). Attach Schedule C or C-EZ	12					
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13					
	14	Other gains or (losses). Attach Form 4797	14					
15a	IRA distributions	15a			b Taxable amount	15b		
16a	Pensions and annuities	16a			b Taxable amount	16b		
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17						
18	Farm income or (loss). Attach Schedule F	18						
19	Unemployment compensation	19						
20a	Social security benefits	20a			b Taxable amount	20b		
21	Other income. List type and amount	21						
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22		52,929.				

Adjusted Gross Income	23	Educator expenses	23		
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
	25	Health savings account deduction. Attach Form 8889	25		
	26	Moving expenses. Attach Form 3903	26		
	27	Deductible part of self-employment tax. Attach Schedule SE	27		
	28	Self-employed SEP, SIMPLE, and qualified plans	28		
	29	Self-employed health insurance deduction	29		
	30	Penalty on early withdrawal of savings	30		
	31a	Alimony paid b Recipient's SSN ▶	31a		
	32	IRA deduction	32		
33	Student loan interest deduction	33	1,125.		
34	Tuition and fees. Attach Form 8917	34			
35	Domestic production activities deduction. Attach Form 8903	35			
36	Add lines 23 through 35	36		1,125.	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37		51,804.	

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$5,800
Married filing jointly or Qualifying widow(er), \$11,600
Head of household, \$8,500

38	Amount from line 37 (adjusted gross income)	38	51,804.
39a	Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11,600.
41	Subtract line 40 from line 38	41	40,204.
42	Exemptions. Multiply \$3,700 by the number on line 6d.	42	7,400.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	32,804.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	4,074.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	4,074.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 23	49	1,500.
50	Retirement savings contributions credit. Attach Form 8880	50	200.
51	Child tax credit (see instructions)	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	1,700.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	2,374.
56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	11.
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	2,385.
62	Federal income tax withheld from Forms W-2 and 1099	62	6,438.
63	2011 estimated tax payments and amount applied from 2010 return	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election 64b		
65	Additional child tax credit. Attach Form 8812	65	
66	American opportunity credit from Form 8863, line 14	66	1,000.
67	First-time homebuyer credit from Form 5405, line 10	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	7,438.
73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	5,053.
74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	74a	5,053.
b	Routing number <u>2 7 2 4 8 0 6 7 8</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <u>1 0 1 0 0 8 0 8 8 6 1 2</u>		
75	Amount of line 73 you want applied to your 2012 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	
77	Estimated tax penalty (see instructions)	77	

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶

Phone no. ▶

Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

Tech Support

(616) 805-9546

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Foster Care Case Manager

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶ SELF PREPARED

Firm's EIN ▶

Firm's address ▶

Phone no.

**Additional Taxes on Qualified Plans
(Including IRAs) and Other Tax-Favored Accounts**

OMB No. 1545-0074

2011Department of the Treasury
Internal Revenue Service (99)▶ **Attach to Form 1040 or Form 1040NR.**▶ **See separate instructions.**Attachment
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.

Jared B Swets

Your social security number

373-02-2259

**Fill in Your Address Only
If You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code

If this is an amended
return, check here ☐If you **only** owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 58, or Form 1040NR, line 56, without filing Form 5329. See the instructions for Form 1040, line 58, or for Form 1040NR, line 56.**Part I Additional Tax on Early Distributions**

Complete this part if you took a taxable distribution before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 or Form 1040NR—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions).

1	Early distributions included in income. For Roth IRA distributions, see instructions	1	
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	
4	Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 58, or Form 1040NR, line 56	4	
Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).			

Part II Additional Tax on Certain Distributions From Education Accounts

Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP).

5	Distributions included in income from Coverdell ESAs and QTPs	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	Additional tax. Enter 10% (.10) of line 7. Include this amount on Form 1040, line 58, or Form 1040NR, line 56	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs

Complete this part if you contributed more to your traditional IRAs for 2011 than is allowable or you had an amount on line 17 of your 2010 Form 5329.

9	Enter your excess contributions from line 16 of your 2010 Form 5329 (see instructions). If zero, go to line 15	9	
10	If your traditional IRA contributions for 2011 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2011 traditional IRA distributions included in income (see instructions)	11	
12	2011 distributions of prior year excess contributions (see instructions)	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2011 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	Additional tax. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2011 (including 2011 contributions made in 2012). Include this amount on Form 1040, line 58, or Form 1040NR, line 56	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs

Complete this part if you contributed more to your Roth IRAs for 2011 than is allowable or you had an amount on line 25 of your 2010 Form 5329.

18	Enter your excess contributions from line 24 of your 2010 Form 5329 (see instructions). If zero, go to line 23	18	
19	If your Roth IRA contributions for 2011 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2011 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2011 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	Additional tax. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2011 (including 2011 contributions made in 2012). Include this amount on Form 1040, line 58, or Form 1040NR, line 56	25	

Part V Additional Tax on Excess Contributions to Coverdell ESAs

Complete this part if the contributions to your Coverdell ESAs for 2011 were more than is allowable or you had an amount on line 33 of your 2010 Form 5329.

26	Enter the excess contributions from line 32 of your 2010 Form 5329 (see instructions). If zero, go to line 31	26	
27	If the contributions to your Coverdell ESAs for 2011 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2011 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28	29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	
31	Excess contributions for 2011 (see instructions)	31	
32	Total excess contributions. Add lines 30 and 31	32	
33	Additional tax. Enter 6% (.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2011 (including 2011 contributions made in 2012). Include this amount on Form 1040, line 58, or Form 1040NR, line 56	33	

Part VI Additional Tax on Excess Contributions to Archer MSAs

Complete this part if you or your employer contributed more to your Archer MSAs for 2011 than is allowable or you had an amount on line 41 of your 2010 Form 5329.

34	Enter the excess contributions from line 40 of your 2010 Form 5329 (see instructions). If zero, go to line 39	34	
35	If the contributions to your Archer MSAs for 2011 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	
36	2011 distributions from your Archer MSAs from Form 8853, line 8	36	
37	Add lines 35 and 36	37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	
39	Excess contributions for 2011 (see instructions)	39	
40	Total excess contributions. Add lines 38 and 39	40	
41	Additional tax. Enter 6% (.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2011 (including 2011 contributions made in 2012). Include this amount on Form 1040, line 58, or Form 1040NR, line 56	41	

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs)

Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2011 than is allowable or you had an amount on line 49 of your 2010 Form 5329.

42	Enter the excess contributions from line 48 of your 2010 Form 5329. If zero, go to line 47	42	0.
43	If the contributions to your HSAs for 2011 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	
44	2011 distributions from your HSAs from Form 8889, line 16	44	
45	Add lines 43 and 44	45	
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	
47	Excess contributions for 2011 (see instructions)	47	250.
48	Total excess contributions. Add lines 46 and 47	48	250.
49	Additional tax. Enter 6% (.06) of the smaller of line 48 or the value of your HSAs on December 31, 2011 (including 2011 contributions made in 2012). Include this amount on Form 1040, line 58, or Form 1040NR, line 56	49	11.

Part VIII Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs)

Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

50	Minimum required distribution for 2011 (see instructions)	50	
51	Amount actually distributed to you in 2011	51	
52	Subtract line 51 from line 50. If zero or less, enter -0-	52	
53	Additional tax. Enter 50% (.50) of line 52. Include this amount on Form 1040, line 58, or Form 1040NR, line 56	53	

Sign Here Only If You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Your signature

▶ Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ SELF PREPARED	Firm's EIN ▶			
Firm's address ▶	Phone no.			

**Education Credits (American Opportunity and
Lifetime Learning Credits)**

► See separate instructions to find out if you are eligible to take the credits.
► Attach to Form 1040 or Form 1040A.

OMB No. 1545-0074

2011
Attachment
Sequence No. **50**

Name(s) shown on return

Jared B & Kristin M Swets

Your social security number

373-02-2259



You cannot take both an education credit and the tuition and fees deduction (see Form 8917) for the same student for the same year.

Part I American Opportunity Credit

Caution: You **cannot** take the American opportunity credit for more than **4** tax years for the **same student**.

1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). Do not enter more than \$4,000 for each student.	(d) Subtract \$2,000 from the amount in column (c). If zero or less, enter -0-.	(e) Multiply the amount in column (d) by 25% (.25)	(f) If column (d) is zero, enter the amount from column (c). Otherwise, add \$2,000 to the amount in column (e).
	Kristin M Swets	367-06-3258	4,000.	2,000.	500.	2,500.
2	Tentative American opportunity credit. Add the amounts on line 1, column (f). If you are taking the lifetime learning credit for a different student, go to Part II; otherwise, go to Part III ►					2,500.

Part II Lifetime Learning Credit

Caution: You **cannot** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year.

3	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
4	Add the amounts on line 3, column (c), and enter the total		4
5	Enter the smaller of line 4 or \$10,000		5
6	Tentative lifetime learning credit. Multiply line 5 by 20% (.20). If you have an entry on line 2, go to Part III; otherwise go to Part IV		6

Part III Refundable American Opportunity Credit

7	Enter the amount from line 2.	7	2,500.
8	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	8	180,000.
9	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	9	51,804.
10	Subtract line 9 from line 8. If zero or less, stop ; you cannot take any education credit.	10	128,196.
11	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	11	20,000.
12	If line 10 is: <ul style="list-style-type: none"> • Equal to or more than line 11, enter 1.000 on line 12 • Less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places) 	12	1.000
13	Multiply line 7 by line 12. Caution: If you were under age 24 at the end of the year and meet the conditions on page 4 of the instructions, you cannot take the refundable American opportunity credit. Skip line 14, enter the amount from line 13 on line 15, and check this box <input type="checkbox"/>	13	2,500.
14	Refundable American opportunity credit. Multiply line 13 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 40. Then go to line 15 below	14	1,000.

Part IV Nonrefundable Education Credits

15	Subtract line 14 from line 13	15	1,500.
16	Enter the amount from line 6, if any. If you have no entry on line 6, skip lines 17 through 22, and enter the amount from line 15 on line 6 of the Credit Limit Worksheet (see instructions)	16	
17	Enter: \$122,000 if married filing jointly; \$61,000 if single, head of household, or qualifying widow(er)	17	
18	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	18	
19	Subtract line 18 from line 17. If zero or less, skip lines 20 and 21, and enter zero on line 22	19	
20	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	20	
21	If line 19 is: <ul style="list-style-type: none"> • Equal to or more than line 20, enter 1.000 on line 21 and go to line 22 • Less than line 20, divide line 19 by line 20. Enter the result as a decimal (rounded to at least three places) 	21	
22	Multiply line 16 by line 21. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ►	22	
23	Nonrefundable education credits. Enter the amount from line 11 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 49, or Form 1040A, line 31	23	1,500.

Credit for Qualified Retirement Savings Contributions

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ See instructions on back.

Your social security number

Jared B & Kristin M Swets

373-02-2259

You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$28,250 (\$42,375 if head of household; \$56,500 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 1994, **(b)** is claimed as a dependent on someone else's 2011 tax return, or **(c)** was a **student** (see instructions).

- Traditional and Roth IRA contributions for 2011. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2011 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2008 and **before** the due date (including extensions) of your 2011 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you cannot take this credit
- Enter the amount from Form 1040, line 38*; Form 1040A, line 22; or Form 1040NR, line 37
- Enter the applicable decimal amount shown below:

	(a) You	(b) Your spouse
1		
2	2,469.	
3	2,469.	
4		
5	2,469.	
6	2,000.	
7		2,000.
8	51,804.	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
Enter on line 9—				
---	\$17,000	.5	.5	.5
\$17,000	\$18,250	.5	.5	.2
\$18,250	\$25,500	.5	.5	.1
\$25,500	\$27,375	.5	.2	.1
\$27,375	\$28,250	.5	.1	.1
\$28,250	\$34,000	.5	.1	.0
\$34,000	\$36,500	.2	.1	.0
\$36,500	\$42,375	.1	.1	.0
\$42,375	\$56,500	.1	.0	.0
\$56,500	---	.0	.0	.0

Note: If line 9 is zero, **stop**; you cannot take this credit.

- Multiply line 7 by line 9
- Enter the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 44
- 1040 filers:** Enter the total of your credits from lines 47 through 49, and Schedule R, line 22. }
1040A filers: Enter the total of your credits from lines 29 through 31. }
1040NR filers: Enter the total of your credits from lines 45 and 46. }
- Subtract line 12 from line 11. If zero, **stop**; you cannot take this credit
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 13 here and on Form 1040, line 50; Form 1040A, line 32; or Form 1040NR, line 47

10		200.
11	4,074.	
12	1,500.	
13		2,574.
14		200.

*See Pub. 590 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

Federal Information Worksheet

► Keep for your records

2011

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name Jared
 Middle initial B Suffix _____
 Last name Swets
 Social security no. 373-02-2259
 Occupation Tech Support
 Date of birth 05/23/1987 (mm/dd/yyyy)
 or age as of 1-1-2012 24
 Daytime phone (616) 805-9546 Ext _____
 Legally blind ☐
 Date of death _____

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
 If yes, **was** taxpayer claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . . ☐ Yes ☒ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . . ☐ Yes ☐ No

Spouse:

First name Kristin
 Middle initial M Suffix _____
 Last name Swets
 Social security no. 367-06-3258
 Occupation Foster Care Case Manager
 Date of birth 12/29/1987 (mm/dd/yyyy)
 or age as of 1-1-2012 24
 Daytime phone (616) 826-4291 Ext _____
 Legally blind ☐
 Date of death _____

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
 If yes, **was** spouse claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . . ☐ Yes ☒ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . . ☐ Yes ☐ No

Part II – Address and Federal Filing Status (enter information in this section)

Address 4542 Marshall Ave Apt no. _____
 City Kentwood State MI ZIP code 49508
 Foreign province/county _____ Foreign postal code _____
 Foreign code _____ Foreign country _____

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone _____
 Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime
 Check if you were affected by a natural disaster in 2011 ☐

Federal filing status:

☐ 1 Single
☒ 2 Married filing jointly
☐ 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year ☐
 Check this box if you are eligible to claim your spouse's exemption (see Help) ☐
☐ 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's name _____ Child's social security number _____
☐ 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2009 ☐
 2010 ☐

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Qualified child/dep care exps incurred and paid 2011	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	N o t qual for child tax cr					
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States
for more than half of 2011? ☐ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to
get a federally funded benefit, such as Medicaid, and the Social Security card
contains the legend **Not Valid for Employment**, check this box (see Help) ☐

Check if you are filing head of household **and** your spouse is a nonresident alien
and you lived with your spouse during the last six months of 2011 ☐

Was EIC disallowed or reduced in a previous year and are you required to file
Form 8862 this year? ☐ Yes ☐ No

Check if you were notified by the IRS that EIC cannot be claimed in 2011 ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☒ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ▶ Lake Michigan Credit Union

Check the appropriate box. ▶ Checking ☒ Savings ☐

Routing number. ▶ 272480678 Account number. ▶ 101008088612

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ▶ _____
Balance-due amount from this return ▶ _____

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐

Check this box if you are married filing separately and your spouse itemized deductions ☐

Check this box to take the standard deduction even if less than itemized deductions ☐

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student?	▶ <input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Is the spouse a full-time student?	▶ <input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐

Resident country USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands	_____
Excludable income from Puerto Rico	_____

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name ►

Third party designee phone number . . . ▶

Personal Identification number (enter any 5 numbers) . . ▶

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information (see Help) ►

Part VII – State Filing Information**Taxpayer:**Enter the taxpayer's state of residence as of December 31, 2011 ▶ MI

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:Enter the spouse's state of residence as of December 31, 2011 ▶ MI

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☒Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership, a civil union, or same-sex marriage . . . ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

**Personal Information Worksheet
For the Taxpayer**

2011

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Jared Middle initial . B Last name . . . Swets

Suffix

Social security no. . . 373-02-2259 Member of U.S. Armed Forces in 2011? . . ☐ Yes ☒ No

Date of birth 05/23/1987 (mm/dd/yyyy) age as of 1-1-2012 24

Occupation . . . Tech Support Daytime phone . . . (616) 805-9546 Ext

Marital status . . . Married

If widowed, check the appropriate box for the year your spouse died:

After 2011 ► ☐ 2011 ► ☐ 2010 ► ☐ 2009 ► ☐ Before 2009 ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help). ► ☐ Yes ☒ No

Check if this person is legally blind ► ☐

If deceased, enter the date of death ► (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2012 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☐ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☐ No

*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*

3 Were you a full-time student during any part of five months during 2011? ► ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2011? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2011 MI

Check the appropriate box:

This person is a resident of the state above for the entire year ☒

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ►

In which state (or foreign country) did this person reside before this change? ►

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2011

**Personal Information Worksheet
For the Spouse**

2011

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Spouse's Personal Information

First name . . . Kristin Middle initial . M Last name . . Swets

Suffix

Social security no. . . 367-06-3258 Member of U.S. Armed Forces in 2011? . . ☐ Yes ☒ No

Date of birth 12/29/1987 (mm/dd/yyyy) age as of 1-1-2012 24

Occupation . . . Foster Care Case Manager Daytime phone . . . (616) 826-4291 Ext

Marital status . . . Married

If widowed, check the appropriate box for the year your spouse died:

After 2011 ► ☐ 2011 ► ☐ 2010 ► ☐ 2009 ► ☐ Before 2009 ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) ► ☐ Yes ☒ No

Check if this person is legally blind ► ☐

If deceased, enter the date of death ► (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2012 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☐ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☐ No

*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*

3 Were you a full-time student during any part of five months during 2011? ► ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2011? ► ☐ Yes ☐ No

Part III – Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2011 MI

Check the appropriate box:

This person is a resident of the state above for the entire year ☒

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ►

In which state (or foreign country) did this person reside before this change? ►

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2011

Student Information Worksheet

2011

► Keep for your records

Name of Student
Kristin M Swets

Social Security Number
367-06-3258

Part I – Student Status

- 1 Was this person a student during 2011? ☒ Yes ☐ No
If **no**, do not complete the rest of this worksheet.
- 2 What kind of school did the student attend during 2011? (Check all that apply.)

a <input type="checkbox"/> Elementary	d <input type="checkbox"/> Vocational school
b <input type="checkbox"/> High school (secondary)	e <input type="checkbox"/> Military academy
c <input checked="" type="checkbox"/> College (postsecondary)	f <input type="checkbox"/> Not applicable
- 3 Did this student receive Form(s) 1098-T, Tuition Statement ☐ Yes ☒ No
If **yes**, complete Form(s) 1098-T.
- 4 Did student receive scholarships or other education assistance? ☐ Yes ☒ No
If **yes**, complete part V below.
- 5 Was this student the beneficiary of a Qualified Tuition Program (also known as Section 529 Plan) ☐ Yes ☐ No
- 6 Was this student the beneficiary of a Education Savings Account (ESA) ? ☐ Yes ☐ No
- 7 Did this student receive Form(s) 1099-Q, Payments From Qualified Education Programs (Under Sections 529 and 530) ? ☐ Yes ☐ No
If **yes**, complete Form(s) 1099-Q.
- 8 Did you cash U.S. savings bonds during 2011 to pay for this student's education? . . . ☐ Yes ☐ No
If **yes**, complete part X below.

Part II – College Student Information

Use of Part II is optional. You may use Part II to help determine if the student qualifies for the American Opportunity Credit, Lifetime Learning Credit, or Tuition and Fees Deduction.

Do you choose to complete Part II ? ☒ Yes ☐ No ☐ NA

If you checked 'No', skip questions 1 through 10 and complete Part III questions 1 through 3.

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2011? ☐ Yes ☒ No ☐ NA
- 2 Was this student enrolled at an eligible education institution during 2011? ☒ Yes ☐ No ☐ NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? ☒ Yes ☐ No ☐ NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? ☐ Yes ☒ No ☐ NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? ☒ Yes ☐ No ☐ NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? ☐ Yes ☒ No ☐ NA
- 7 Is this student an eligible dependent of the taxpayer? ☐ Yes ☐ No ☒ NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? ► 0
- 9 In how many prior years has a Hope Credit been claimed for this student? ► 0

Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? ☒ Yes ☐ No

- 2 Is this student qualified for the Lifetime Learning Credit? ☒ Yes ☐ No

- 3 Is this student qualified for the Tuition and Fees Deduction? ☒ Yes ☐ No

Part IV – Tuition Summary (Form 1098-T)

No.	School Name	Payments for tuition and expense (Box 1)	Includes Jan-Mar 2012 Amounts billed (Box 2)	Graduate student			Insurance refund (Box 10)
				At least 1/2 time			
				Scholarships or grants (Box 5)	(7)	(8)	(9)
1	Western Michigan University		4,781.			X	
Less:	Amounts not paid in 2011						
1	Totals		4,781.				

- 1 Total from box 1
- 2 Total from box 2 4,781.
- 3 Adjusted amount from Form 1098-T. Add lines 1 and 2. 4,781.

Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)

	Total	Taxable	Tax-free
1 Assistance that is always tax-free:			
a Veterans' educational assistance.			
b Tax-free employer-provided educational assistance			
c Other			
d Total			
2 Scholarships, fellowships, and grants * :			
a Scholarships reported on Form(s) 1098-T			
b Scholarships not reported on Form(s) 1098-T			
c Fellowships			
d Fulbright grant			
e Pell grant			
f Other			
g Total			
3 Amount for teaching, research, or other services			
4 Subtract line 3 from line 2g			
5 Amount required to be used for other than qualified education expenses			
6 Subtract line 5 from line 4			
7 Total qualified education expenses from Part VI below	4,781.		
8 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			
9 Subtract line 8 from line 6			
10 Taxable part. Add lines 3, 5, and 9.			
11 Tax-free educational assistance. Add lines 1d and 8.			

* Do not include scholarships reported on Form W-2.

Part VI – Education Expenses

[illegible]

Part VII – Education Credit or Deduction Election

1	Elect credit or deduction which results in best tax outcome.	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit	<input type="checkbox"/>
4	Elect the tuition and fees deduction	<input type="checkbox"/>
5	Not applicable	<input type="checkbox"/>

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Qualified Tuition Plan (QTP) distributions from Form 1099-Q	
2	Adjusted Qualified Higher Education Expenses	
3	Qualified Higher Education Expenses applied to QTP distributions	
4	Excess distributions. Subtract line 3 from line 1. If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2	
6	Fraction. Divide line 3 by line 1.	
7	Multiply line 5 by line 6.	
8	Earnings taxable to recipient. Subtract line 7 from line 5.	

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses	
3	Qualified Elementary and Secondary Education Expenses applied	
4	Subtract line 3 from line 1.	
5	Adjusted Qualified Higher Education Expenses	
6	Qualified Higher Education Expenses applied to ESA distributions	
7	Excess distributions. Subtract line 6 from line 4.	
8	Distributions taxable to recipient	

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

1	Total proceeds from U.S. Savings Bonds cashed during 2011 for this student.	_____
2	Adjusted Qualified Higher Education Expenses.	_____
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest	_____
4	Interest included in line 1	_____
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City	City
	State	State
	Zip Code	Zip Code

► Keep for your records

Name(s) Shown on Return

Jared B & Kristin M Swets

Social Security Number

373-02-2259

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	38,176.	14,607.	52,783.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.			
2	Total federal tax withheld	5,144.	1,294.	6,438.
3 & 7	Total social security wages/tips	40,645.	14,607.	55,252.
4	Total social security tax withheld	1,707.	613.	2,320.
5	Total Medicare wages and tips	40,645.	14,607.	55,252.
6	Total Medicare tax withheld	589.	212.	801.
8	Total allocated tips		0.	0.
9	Not used			
10	Total dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	2,501.		2,501.
b	Elective deferrals to qualified plans	2,469.		2,469.
c	Roth contributions to 401(k) & 403(b) plans . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan . .			
g	Income 409A nonqual deferred comp plan . . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	Total other items from box 12	32.		32.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Tier 1 wages			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RRTA tips.			
h	Total other items from box 14	1,375.		1,375.
16	Total state wages and tips.	38,176.	14,607.	52,783.
17	Total state tax withheld	1,661.	632.	2,293.
19	Total local tax withheld.		57.	57.

Name
Jared B SwetsSocial Security Number
373-02-2259☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

a Employee's social security No. 373-02-2259
b Employer's ID number 62-1808017
c Employer's name, address, and ZIP code
FEDEX CORPORATE SERVICES
US PAYROLL
 Street 3875 AIRWAYS BLVD H-1 W
 City MEMPHIS
 State TN ZIP Code 38116
 Foreign Country _____

d Control number . _____☒**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Jared M.I. B
 Last Swets Suff. _____
f Employee's address and ZIP code
 Street 4542 Marshall Ave
 City Kentwood
 State MI ZIP Code 49508
 Foreign Country _____

1 Wages, tips, other compensation
38,176.09

3 Social security wages
40,644.82

5 Medicare wages and tips
40,644.82

7 Social security tips

9 _____

11 Nonqualified plans

12 Enter box 12 below

13 ☐ Statutory employee
☒ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

2 Federal income tax withheld
5,144.10

4 Social security tax withheld
1,707.08

6 Medicare tax withheld
589.35

8 Allocated tips

10 Dependent care benefits

 Distributions from sect. 457 and nonqualified plans
(Important, see Help)

Box 12

Code

C

D

Box 12

Amount

31.80

2,468.73

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____

M: Enter amount attributable to RRTA Tier 2 tax _____

P: Double click to link to Form 3903, line 4. . . _____

R: Enter MSA contribution for Taxpayer . . . _____

Spouse _____

W: Enter HSA contribution for Taxpayer . . . _____

Spouse _____

G: ☐ Employer is **not** a state or local government**Box 15**

State

MI

Box 16

State

MI

62-1808017

Box 16

State wages, tips, etc.

38,176.09

Box 17

State income tax

1,660.69

Box 20

Locality name

Box 18

Local wages, tips, etc.

Box 19

Local income tax

Associated State

Box 14Description or Code
on Actual Form W-2

HCSA

GRP INS

Amount

250.00

1,125.00

TurboTax Identification of Description or Code
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Other (not classified)

Other (not classified)

Name
Kristin M SwetsSocial Security Number
367-06-3258☒**Spouse's W-2**☐**Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

a Employee's social security No. 367-06-3258
b Employer's ID number 38-1368360
c Employer's name, address, and ZIP code
PINE REST CHRISTIAN MENTAL HEALTH
SERVICES
Street 300 68TH SE PO BOX 165
City GRAND RAPIDS
State MI ZIP Code 49501-0165
Foreign Country _____

d Control number . _____☒**Transfer employee information from the Federal Information Worksheet**

e Employee's name
First Kristin M.I. M
Last Swets Suff. _____
f Employee's address and ZIP code
Street 4542 Marshall Ave
City Kentwood
State MI ZIP Code 49508
Foreign Country _____

1 Wages, tips, other compensation
126.10**3** Social security wages
126.10**5** Medicare wages and tips
126.10**7** Social security tips
0.00**9** _____**11** Nonqualified plans
0.00**12** Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

2 Federal income tax withheld
4.53**4** Social security tax withheld
5.30**6** Medicare tax withheld
1.83**8** Allocated tips
0.00**10** Dependent care benefitsDistributions from sect. 457 and nonqualified plans
(Important, see Help)**Box 12**
Code**Box 12**
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____

M: Enter amount attributable to RRTA Tier 2 tax _____

P: Double click to link to Form 3903, line 4. . . _____

R: Enter MSA contribution for Taxpayer . . . _____

Spouse _____

W: Enter HSA contribution for Taxpayer . . . _____

Spouse _____

G: ☐ Employer is **not** a state or local government**Box 15**
State**Box 16**
Employer's state I.D. no.**Box 16**
State wages, tips, etc.**Box 17**
State income taxMI38-1368360126.105.49**Box 20**

Locality name

Box 18

Local wages, tips, etc.

Box 19

Local income tax

Associated
State**Box 14**Description or Code
on Actual Form W-2

Amount

TurboTax Identification of Description or Code
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

► Keep for your records

Name
Kristin M SwetsSocial Security Number
367-06-3258
☒ **Spouse's W-2**
☐ **Do not transfer this W-2 to next year**
Military: Complete **Part VI** on Page 2 below

a Employee's social security No. 367-06-3258
b Employer's ID number 27-1803143
c Employer's name, address, and ZIP code
MC EQUITIES EA 1
EARLY ADVANTAGE LEARNING CENTER
Street 2604 BURTON SE
City GRAND RAPIDS
State MI ZIP Code 49546
Foreign Country _____

1 Wages, tips, other compensation
7,581.14
3 Social security wages
7,581.14
5 Medicare wages and tips
7,581.14
7 Social security tips

9 _____
11 Nonqualified plans

12 Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay
14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

2 Federal income tax withheld
830.00
4 Social security tax withheld
318.41
6 Medicare tax withheld
109.93
8 Allocated tips

10 Dependent care benefits

Distributions from sect. 457 and nonqualified plans
(Important, see Help)

d Control number . _____
☒ **Transfer employee information from the Federal Information Worksheet**

e Employee's name
First Kristin M.I. M
Last Swets Suff. _____
f Employee's address and ZIP code
Street 4542 Marshall Ave
City Kentwood
State MI ZIP Code 49508
Foreign Country _____

Box 12 Code	Box 12 Amount	If Box 12 code is:
		A: Enter amount attributable to RRTA Tier 2 tax _____
		M: Enter amount attributable to RRTA Tier 2 tax _____
		P: Double click to link to Form 3903, line 4. . . _____
		R: Enter MSA contribution for Taxpayer . . . _____
		Spouse _____
		W: Enter HSA contribution for Taxpayer . . . _____
		Spouse _____
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>MI</u>	<u>27-1803143</u>	<u>7,581.14</u>	<u>329.78</u>

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
<u>MI CIT</u>	<u>7,581.14</u>	<u>56.86</u>	<u>MI</u>

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Name
Kristin M SwetsSocial Security Number
367-06-3258☒**Spouse's W-2**☐**Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

a Employee's social security No. 367-06-3258
b Employer's ID number 74-2850746
c Employer's name, address, and ZIP code
HVM LLC
 Street 100 DUNBAR ST.
 City SPARTANBURG
 State SC ZIP Code 29306
 Foreign Country _____

d Control number .031660NCN2/E6W☐**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First KRISTIN M.I. M
 Last SWETS Suff. _____
f Employee's address and ZIP code
 Street 4542 MARSHALL AVE SE
 City KENTWOOD
 State MI ZIP Code 49508
 Foreign Country _____

1 Wages, tips, other compensation
6,899.85

3 Social security wages
6,899.85

5 Medicare wages and tips
6,899.85

7 Social security tips

9 _____

11 Nonqualified plans

12 Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

2 Federal income tax withheld
458.90

4 Social security tax withheld
289.79

6 Medicare tax withheld
100.05

8 Allocated tips

10 Dependent care benefits

 Distributions from sect. 457 and nonqualified plans
(Important, see Help)

Box 12
Code

Box 12
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____

M: Enter amount attributable to RRTA Tier 2 tax _____

P: Double click to link to Form 3903, line 4. . . _____

R: Enter MSA contribution for Taxpayer . . . _____

Spouse _____

W: Enter HSA contribution for Taxpayer . . . _____

Spouse _____

G: ☐ Employer is **not** a state or local government

Box 15
State

Employer's state I.D. no.

MIME-0249345**Box 16**

State wages, tips, etc.

6,899.85**Box 17**

State income tax

296.90**Box 20**

Locality name

Box 18

Local wages, tips, etc.

Box 19

Local income tax

Associated
State**Box 14**Description or Code
on Actual Form W-2

Amount

TurboTax Identification of Description or Code
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

► Keep for your records

Taxpayer's name <u>Jared B & Kristin M Swets</u>	Social Security No. <u>373-02-2259</u>
---	---

Identify Student (Required):**A** If student is Jared or Kristin**Double-click** to link this 1098-T to the applicable **Taxpayer or Spouse****Student Information Worksheet** ► Kristin**B** If student is _____**Double-click** to link this 1098-T to the applicable **Dependent Student****Information Worksheet** ► _____

Filer's name <u>Western Michigan University</u>		1 Payments received for qualified tuition and related expenses \$ _____	
Street address <u>1903 West Michigan Ave</u>			
City <u>Kalamazoo</u>	State <u>MI</u>	Zip Code <u>49008</u>	2 Amounts billed for qualified tuition and related expenses \$ <u>4,781.</u>
Telephone no. _____ Ext: _____		3 If this box is checked, your educational institution has changed its reporting method for 2011 <input type="checkbox"/>	
Filer's Federal identification number <u>38-6007327</u>	Student's Social Security Number. <u>367-06-3258</u>	4 Adjustments made for a prior year \$ _____	5 Scholarships or grants \$ _____
Student's name <u>Kristin</u>		6 Adjustments to scholarships or grants for a prior year \$ _____	7 Check this box if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2012 ► <input type="checkbox"/>
Street address <u>4542 Marshall Ave</u>			
City <u>Kentwood</u>	State <u>MI</u>		
Service Provider/ Acct No _____	8 Check if at least half-time student ► <input checked="" type="checkbox"/>	9 Check if a graduate student . . ► <input type="checkbox"/>	10 Ins. contract reimb./refund \$ _____

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses

A Enter portion of box 1 amount **not** paid during 2011 _____

B Enter portion of box 1 amount actually paid during 2011 _____

Reconciliation of Box 2, Amounts Billed for Qualified Tuition and Related Expenses

A Enter portion of box 2 amount **not** paid during 2011 0.

B Enter portion of box 2 amount actually paid during 2011 4,781.

Form 1099-INT Worksheet

2011

► Keep for your records

Name(s) Shown on Return Jared B & Kristin M Swets	Social Security Number 373-02-2259
--	---------------------------------------

Ownership: Check if Spouse ☐
(defaults to taxpayer) Check if Joint ☐

Payer's name . . . LAKE MICHIGAN CREDIT UNION

Box 1	Interest income for 2011 (not included in box 3) 140.16 Choose type if special state handling (State Use Only — see Help).																								
Box 2	Early withdrawal penalty 0.00																								
Box 3	Interest on U.S. Savings Bonds and Treasury obligations 0.00																								
Box 4	Federal income tax withheld 0.00 State income tax withheld State ID																								
Box 5	Investment expenses 0.00																								
Box 6	Foreign tax paid (All interest is considered passive. See Help) a Check to deduct foreign taxes on Schedule A. <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116. c For Form 1116, select which column. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest																								
Box 7	Foreign country or U.S. possession Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information. <input type="checkbox"/>																								
Box 8	Tax-exempt interest-Total																								
Tax-exempt Interest State Allocation For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c). <table border="1"> <thead> <tr> <th></th> <th>(a) State or Territory ID</th> <th>(b) Percent of total interest for state</th> <th>(c) Amount of interest for state</th> </tr> </thead> <tbody> <tr> <td>Enter resident state ID ►</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Enter XX for all nonresident states (recommended) ►</td> <td></td> <td></td> <td></td> </tr> <tr> <td>or</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Enter each nonresident state on separate row</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total ►</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state	Enter resident state ID ►				Enter XX for all nonresident states (recommended) ►				or				Enter each nonresident state on separate row				Total ►			
	(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state																						
Enter resident state ID ►																									
Enter XX for all nonresident states (recommended) ►																									
or																									
Enter each nonresident state on separate row																									
Total ►																									
State ID where exempt interest was earned. If more than 1 state, see Help																									
Box 9	Specified private activity bond included in Box 8 subject to AMT, if any OR Private activity bond interest percentage of Box 8, if any %																								
Box 10	Tax-exempt bond CUSIP number																								

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

N <input type="checkbox"/> Nominee distribution	A <input type="checkbox"/> Accrued interest
O <input type="checkbox"/> Original issue discount (OID)	H <input type="checkbox"/> Other
B <input type="checkbox"/> Amortizable bond premium (ABP)	U <input type="checkbox"/> U.S. savings bond interest previously reported

Enter adjustment amount (enter as positive if subtracting/negative if adding)

Form 1099-INT Worksheet

2011

► Keep for your records

Name(s) Shown on Return Jared B & Kristin M Swets	Social Security Number 373-02-2259
--	---------------------------------------

Ownership: Check if Spouse ☒ X
(defaults to taxpayer) Check if Joint ☐

Payer's name Lake Michigan Credit Union

Box 1	Interest income for 2011 (not included in box 3) 6.14 Choose type if special state handling (State Use Only — see Help).																								
Box 2	Early withdrawal penalty 0.00																								
Box 3	Interest on U.S. Savings Bonds and Treasury obligations 0.00																								
Box 4	Federal income tax withheld 0.00 State income tax withheld State ID																								
Box 5	Investment expenses 0.00																								
Box 6	Foreign tax paid (All interest is considered passive. See Help) 0.00 a Check to deduct foreign taxes on Schedule A. <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116. <input type="checkbox"/> c For Form 1116, select which column. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest																								
Box 7	Foreign country or U.S. possession Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information. <input type="checkbox"/>																								
Box 8	Tax-exempt interest-Total 0.00																								
Tax-exempt Interest State Allocation For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c). <table border="1"> <thead> <tr> <th></th> <th>(a) State or Territory ID</th> <th>(b) Percent of total interest for state</th> <th>(c) Amount of interest for state</th> </tr> </thead> <tbody> <tr> <td>Enter resident state ID ►</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Enter XX for all nonresident states (recommended) ►</td> <td></td> <td></td> <td></td> </tr> <tr> <td>or</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Enter each nonresident state on separate row</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total ►</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state	Enter resident state ID ►				Enter XX for all nonresident states (recommended) ►				or				Enter each nonresident state on separate row				Total ►			
	(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state																						
Enter resident state ID ►																									
Enter XX for all nonresident states (recommended) ►																									
or																									
Enter each nonresident state on separate row																									
Total ►																									
State ID where exempt interest was earned. If more than 1 state, see Help																									
Box 9	Specified private activity bond included in Box 8 subject to AMT, if any OR 0.00 Private activity bond interest percentage of Box 8, if any %																								
Box 10	Tax-exempt bond CUSIP number 0																								

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

N <input type="checkbox"/>	Nominee distribution	A <input type="checkbox"/>	Accrued interest
O <input type="checkbox"/>	Original issue discount (OID)	H <input type="checkbox"/>	Other
B <input type="checkbox"/>	Amortizable bond premium (ABP)	U <input type="checkbox"/>	U.S. savings bond interest previously reported

Enter adjustment amount (enter as positive if subtracting/negative if adding)

2011

Name(s) Shown on Return
Jared B & Kristin M Swets

Social Security Number
373-02-2259

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	<u>04/18/11</u>		<u>04/18/11</u>			<u>04/18/11</u>		
2	<u>06/15/11</u>		<u>06/15/11</u>			<u>06/15/11</u>		
3	<u>09/15/11</u>		<u>09/15/11</u>			<u>09/15/11</u>		
4	<u>01/17/12</u>		<u>01/17/12</u>			<u>01/17/12</u>		
5								
Tot Estimated Payments . . .								

ID

6	Overpayments applied to 2011
7	Credited by estates and trusts
8	Totals Lines 1 through 7
9	2011 extensions

Local

10	Forms W-2				
11	Forms W-2G				
12	Forms 1099-R				
13	Forms 1099-MISC and 1099-G				
14	Schedules K-1				
15	Forms 1099-INT, DIV and OID				
16	Social Security and Railroad Benefits				
17	Form 1099-B	St	<input type="text"/>	Loc	<input type="text"/>
18 a	Other withholding	St	<input type="text"/>	Loc	<input type="text"/>
b	Other withholding	St	<input type="text"/>	Loc	<input type="text"/>
c	Other withholding	St	<input type="text"/>	Loc	<input type="text"/>
d	Positive Adjustment	St	<input type="text"/>	Loc	<input type="text"/>
e	Negative Adjustment	St	<input type="text"/>	Loc	<input type="text"/>
19	Total Withholding Lines 10 through 18e				

57.

20 Total Tax Payments for 2011

ID

(If multiple states or localities, see Tax Help)

21	Tax paid with 2010 extensions	
22	2010 estimated tax paid after 12/31/10	
23	Balance due paid with 2010 return	
24	Other (amended returns, installment payments, etc)	

Earned Income Worksheet

2011

► Keep for your records

Name(s) Shown on Return Jared B & Kristin M Swets	Social Security Number 373-02-2259
--	---------------------------------------

Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	38,176.	14,607.	52,783.
7 Taxable employer-provided adoption benefits.			
8 Add lines 5 through 7. To Form 2441, lines 19 and 20	38,176.	14,607.	52,783.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a and 9b. To Form 2441, lines 4 and 5	38,176.	14,607.	52,783.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 8, 9a and 11 through 13. To Standard Deduction Worksheet	38,176.	14,607.	52,783.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	38,176.	14,607.	52,783.
17 Net self-employment loss			
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	38,176.	14,607.	52,783.

Part IV – Form 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	38,176.	14,607.	52,783.
25 Nontaxable combat pay			
26 Foreign earned income exclusion			
27 Combine lines 23 through 26. To Form 8812, line 4a & Line 11 Wks, line 2.	38,176.	14,607.	52,783.

Name(s) Shown on Return Jared B & Kristin M Swets	Social Security Number 373-02-2259
--	---------------------------------------

Part I Information from Form(s) 1098-E, Student Loan Interest Statement

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Student loan interest (Box 1)
Sallie Mae Inc	Taxpayer	373-02-2259	327.
Sallie Mae, Inc	Spouse	367-06-3258	50.
See Information from Forms 1098-E			748.
Total student loan interest.			1,125.

Part II Computation of Student Loan Interest Deduction

1	Enter the total interest you paid in 2011 on qualified student loans (see Form 1040 instructions).	1	1,125.
2	Enter the smaller of line 1 or \$2,500.	2	1,125.
3	Modified AGI Note: If line 3 is \$75,000 or more if single, head of household, or qualifying widow(er) or \$150,000 or more if married filing jointly, stop here . You cannot take the deduction.	3	52,929.
4	Enter: \$60,000 if single, head of household, or qualifying widow(er); \$120,000 if married filing jointly.	4	120,000.
5	Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8	5	0.
6	Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places)	6	
7	Multiply line 2 by line 6	7	0.
8	Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	8	1,125.

* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

Education Tuition and Fees Summary

2011

► Keep for your records

Name(s) Shown on Return
Jared B & Kristin M Swets

Your Social Security No.
373-02-2259

Part I - Qualified Education Expense Summary

(a) Student's name First Name _____ MI _____ Last Name _____ Suffix _____ Social Security Number _____	(b) Qualified Education Expenses	(c) Qualified for: Yes No	(d) Elected Credit or Deduction if manual	(e) Elected Credit or Deduction if automatic
Kristin M Swets 367-06-3258	4,781. 4,781. 4,781. 4,781.	Amer Opp Cr . . . <input checked="" type="checkbox"/> <input type="checkbox"/> Lifetime Cr . . . <input checked="" type="checkbox"/> <input type="checkbox"/> Tuition Ded . . . <input checked="" type="checkbox"/> <input type="checkbox"/> Total Qualified Expenses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Amer Opp Cr . . . <input type="checkbox"/> <input type="checkbox"/> Lifetime Cr . . . <input type="checkbox"/> <input type="checkbox"/> Tuition Ded . . . <input type="checkbox"/> <input type="checkbox"/> Total Qualified Expenses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Amer Opp Cr . . . <input type="checkbox"/> <input type="checkbox"/> Lifetime Cr . . . <input type="checkbox"/> <input type="checkbox"/> Tuition Ded . . . <input type="checkbox"/> <input type="checkbox"/> Total Qualified Expenses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Total qualified expenses	4,781. 4,781. 4,781.	Amer Opp Cr Lifetime Cr Tuition Ded		

Part II - Optimize Education Expenses for the Lowest Tax

Automatic

- 1 **Launch OPTIMIZER** - Check to launch Automatic Education Expense Optimizer now ► ☐
- 2 **Automatic** - Check to use the Credit choices calculated in Part I, column (e) above ► ☒
- or
- 3 **Manual** - Check to use the Credit choices you entered in Part I, column (d) above ► ☐

Part III - Summary of Deduction and Credits

Tuition and Fees Deduction Summary

1	Total 2011 tuition and fees paid for purposes of deduction.	1	
2	Modified adjusted gross income	2	
3	Maximum deduction allowed	3	
4	Allowable Tuition and Fees Deduction (lesser of line 1 or line 2)	4	0.

American Opportunity, Lifetime Learning Credits Summary

5	Tentative American Opportunity Credit	5	2,500.
6	Tentative Lifetime Learning Credit	6	
7	Total Education Credits (after limitations)	7	2,500.

Check to not see this error message again ► ☐

Federal Carryover Worksheet

2011

► Keep for your records

Name(s) Shown on Return

Jared B & Kristin M Swets

Social Security Number

373-02-2259

2010 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

Other Tax and Income Information

			2010	2011
1	Filing status	1		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3		4,030.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		51,804.
6	Tax liability for Form 2210 or Form 2210-F	6		1,374.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions

			2010	2011
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		250.
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2010	2011
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2011	b		
	b 2010	c		
	c 2009	d		
	d 2008	e		
	e 2007	f		
	f 2006			

Tax History Report

► Keep for your records

2011

Name(s) Shown on Return

Jared B & Kristin M Swets

	Five Year Tax History:				
	2007	2008	2009	2010	2011
Filing status					MFJ
Total income					52,929.
Adjustments to income					1,125.
Adjusted gross income					51,804.
Tax expense					2,666.
Interest expense . . .					1,364.
Contributions					
Miscellaneous deductions.					
Other Itemized Deductions					
Total itemized/standard deduction . .					11,600.
Exemption amount . .					7,400.
Taxable income					32,804.
Tax.					4,074.
Alternative min tax . .					
Total credits					1,700.
Other taxes					11.
Payments					7,438.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund.					5,053.
Effective tax rate % . .					2.65
**Tax bracket % . . .					15

**Tax bracket % is based on Taxable income.

Tax Summary
► Keep for your records

2011

Name (s)	SSN
Jared B & Kristin M Swets	373-02-2259
Total income	52,929.
Adjustments to income	1,125.
Adjusted gross income	51,804.
Itemized/standard deduction	11,600.
Exemption amount	7,400.
Taxable income	32,804.
Tentative tax	4,074.
Additional taxes	
Alternative minimum tax	
Total credits	1,700.
Other taxes	11.
Total tax	2,385.
Total payments	7,438.
Estimated tax penalty	
Amount Overpaid	5,053.
Refund	5,053.
Amount Applied to Estimate	
Balance due	0.

Which Form 1040 to file?

You must use Form 1040 because
you had tax on qualified retirement plans.

Compare to U. S. Averages

► Keep for your records

2011

Name(s) Shown on Return Jared B & Kristin M Swets	Social Security No 373-02-2259
--	-----------------------------------

Your 2011 adjusted gross income (AGI) 51,804.
National adjusted gross income range used below from 50,000. to 99,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	52,783.	65,930.
Taxable interest	146.	1,869.
Tax-exempt interest		8,178.
Dividends		3,000.
Business net income		17,016.
Business net loss		6,668.
Net capital gain		7,453.
Net capital loss		2,402.
Taxable IRA		15,112.
Taxable pensions and annuities		25,796.
Rent and royalty net income		9,372.
Rent and royalty net loss		9,867.
Partnership and S corporation net income		21,909.
Partnership and S corporation net loss		12,372.
Taxable social security benefits		16,067.
Medical and dental expenses deduction		7,626.
Taxes paid deduction	2,666.	6,554.
Interest paid deduction	1,364.	10,631.
Charitable contributions deduction		2,911.
Total itemized deductions	4,030.	21,349.
Child care credit		547.
Education tax credits	1,500.	1,296.
Child tax credit		1,708.
Retirement savings contributions credit	200.	172.
Earned income credit		0.
Other Information	Actual Per Return	National Average
Adjusted gross income	51,804.	74,445.
Taxable income	32,804.	48,679.
Income tax	4,074.	6,047.
Alternative minimum tax		1,267.
Total tax liability	2,385.	6,372.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Jared B & Kristin M Swets

Primary SSN: 373-02-2259

Federal Return Submitted: March 03, 2012 08:45 AM PST

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 03/03/2012

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 17, 2012. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 17, 2012, your Intuit electronic postmark will indicate April 17, 2012, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 17, 2012, and a corrected return is submitted and accepted before April 22, 2012. If your return is submitted after April 22, 2012, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2012. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2012, and the corrected return is submitted and accepted by October 20, 2012.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

Smart Worksheets from your 2011 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax 4,074.
	Check if from:
1	Tax table <input checked="checked" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Tax. Add lines A through F. Enter the result here and on line 44 4,074.

SMART WORKSHEET FOR: Form 5329: Additional Tax on Retirement Distributions (Taxpayer)

HSA Value Smart Worksheet	
A	The value of your HSAs on December 31, 2011. Include any contributions made after December 31, 2011 that were for 2011 175.

SMART WORKSHEET FOR: Form 8863: Education Credits
Credit Limit Worksheet -- Form 8863, Line 23

Nonrefundable lifetime learning credit		
1	Enter amount from Form 8863, line 22	1
2	Enter the amount from Form 1040, line 46	2
3	Enter the total of prior credits	3
4	Subtract line 3 from line 2.	4
5	Nonrefundable lifetime learning credit. Enter the smaller of line 1 or line 4	5
Nonrefundable American opportunity credit		
6	Enter amount from Form 8863, line 15	6
7	Enter the amount from Form 1040, line 46	7
8	Enter the total of prior credits including the amount on line 5	8
9	Subtract line 8 from line 7.	9
10	Nonrefundable American opportunity credit. Enter the smaller of line 6 or 9.	10
11	Nonrefundable education credits. Add line 5 and line 10. Enter here and on Form 8863, line 23.	11

SMART WORKSHEET FOR: Form 8880: Credit for Retirement Contributions

Eligibility Smart Worksheet			
A	The amount on Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37 is more than \$28,250 (\$42,375 if head of household, \$56,500 if married filing jointly).	▶ Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
B	Born after January 1, 1994.	Taxpayer ▶ Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		Spouse . ▶ Yes <input type="checkbox"/>	No <input type="checkbox"/>
C	Claimed as a dependent on someone else's 2011 tax return.	Taxpayer ▶ Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		Spouse . ▶ Yes <input type="checkbox"/>	No <input type="checkbox"/>
D	A student in 2011	Taxpayer ▶ Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		Spouse . ▶ Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Note: If the 'Yes' box on line A is checked, you are not eligible for the credit and this form will not be completed.</p> <p>Even if the 'No' box on line A is checked, any retirement savings contribution the taxpayer may have will not qualify for the credit if any 'Yes' box is checked on line B, C, or D for the taxpayer. If this is the case, lines 1 through 6 will not be completed for the taxpayer.</p> <p>Similarly, any retirement savings contribution the spouse may have will not qualify for the credit if any 'Yes' box is checked on line B, C, or D for the spouse; in this case, lines 1 through 6 will not be completed for the spouse, even if the 'No' box is checked on line A.</p>			

SMART WORKSHEET FOR: Form 8880: Credit for Retirement Contributions

Line 2 Smart Worksheet			
Elective deferrals	Taxpayer . .	2,469.	Spouse . . .
After-tax voluntary employee contributions (See help)	Taxpayer . .		Spouse . . .

Additional information from your 2011 Federal Tax Return

Some forms were not able to fit all of the information you entered. We've included this information below.

Student Loan Interest Deduction Wks Information from Forms 1098-E

Continuation Statement

(a) Lender's name		(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Student loan interest (Box 1)
NelNet Loan Service		Taxpayer	373-02-2259	60.
Department of Education		Taxpayer	373-02-2259	471.
Department of Education		Taxpayer	373-02-2259	217.
Total				748.

Electronic Filing Instructions for your 2011 Michigan Tax Return

Important: Your taxes are not finished until all required steps are completed.



Jared B & Kristin M Swets
4542 Marshall Ave
Kentwood, MI 49508

Balance Due/Refund	Your Michigan state tax return (Form MI-1040) shows a refund due to you in the amount of \$361.00. Your tax refund should be direct deposited into your account within 7 to 14 days after your return is accepted. The account information you entered - Account Number: 101008088612 Routing Transit Number: 272480678.
Where's My Refund?	Before you call the Michigan Department of Treasury with questions about your refund, give them 7 to 14 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Michigan Department of Treasury directly at 1-517-636-4486. You can also visit the Michigan Department of Treasury web site at https://treas-secure.treas.state.mi.us/eservice_enu/start.swe .
What You Need to Sign	Sign and date Form MI-8453 within 3 days of acceptance. Since you are married filing jointly, your spouse must also sign and date the form.
What You Need to Sign and Mail	<p>Form MI-8453 - Since you chose to sign your return by paper using Form MI-8453, you must complete this form and mail to the Michigan Department of Treasury within 3 business days from the date the Michigan Department of Treasury accepts your return. The Michigan Department of Treasury does not consider your return officially filed until it has this form. The form is included in this printout.</p> <p>Mail Form MI-8453 to: Alternative Filing Office Michigan Department of Treasury P.O. Box 30679 Lansing, MI 48909-8179</p> <p>Don't forget correct postage on the envelope.</p>
Do Not Mail	Do not mail a paper copy of your tax return. Since you filed electronically, the Michigan Department of Treasury already has your return.
What You Need to Keep	<p>Your Electronic Filing Instructions (this form)</p> <p>Printed copy of Form MI-8453</p> <p>Printed copy of your state and federal returns</p>

Electronic Filing Instructions for your 2011 Michigan Tax Return

Important: Your taxes are not finished until all required steps are completed.



Jared B & Kristin M Swets
4542 Marshall Ave
Kentwood, MI 49508

Other Forms to Mail

Your Grand Rapids return shows a balance due of \$388.00.
Include a check or money order for this amount payable to the Grand Rapids City Treasurer. Write your social security number and "2011 Income Tax" on the check.

Be sure to attach Copy 2 of Form W-2 to your Grand Rapids return. Also, be sure to attach page 2 of Form CF-1040 and any supporting schedules such as Grand Rapids Excludible Wages, Salaries, Tips, Etc. to your Grand Rapids return.

Mail Grand Rapids Form CF-1040 to the following address by April 30, 2012:

GRAND RAPIDS INCOME TAX DEPARTMENT
P.O. BOX 347
GRAND RAPIDS, MI 49501-0347

2011 Michigan Tax Return Summary

Taxable Income	\$	44,404.00
Total Tax	\$	1,932.00
Total Payments/Credits	\$	2,293.00
Amount to be Refunded	\$	361.00

2011 MICHIGAN Individual Income Tax Declaration for e-file MI-8453IRS Declaration Control Number (DCN) **00** - - - **2**

Filer's First Name JARED	M.I. B	Last Name SWETS	Filer's Social Security Number 373-02-2259
If a Joint Return, Spouse's First Name KRISTIN	M.I. M	Last Name SWETS	Spouse's Social Security Number 367-06-3258
Home Address (No., Street, P.O. Box or Rural Route) 4542 MARSHALL AVE			
City or Town KENTWOOD		State MI	ZIP Code 49508

PART 1: TAX RETURN INFORMATION

The taxpayer should obtain and keep a copy of the return.

Form MI-1040, Individual Income Tax Return

1. Total federal adjusted gross income from line 10	1.	51,804	00
2. Total Michigan income tax from line 19	2.	1,932	00
3. Michigan tax withheld from line 31	3.	2,293	00
4. Tax due from line 34	4.		00
5. Refund from line 37	5.	361	00

Form MI-1040CR, Homestead Property Tax Credit Claim

6. Homestead Property Tax Credit from line 34 (or from MI-1040CR-2, line 30).....	6.		00
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Form MI-1040CR-7, Home Heating Credit Claim

7. Home Heating Credit from line 41	7.		00
---	----	--	-----------

PART 2: DECLARATION AND E-FILE AUTHORIZATION

I declare, under penalties of perjury, that the information I have given my electronic return originator (ERO), transmitter and/or intermediate service provider (ISP) and the Tax Return Information in Part I agree with the amounts on the corresponding lines of my 2011 Michigan Tax Return. To the best of my knowledge, my return is true, correct and complete. I consent to my ERO, transmitter and/or ISP sending this return, accompanying schedules and statements to the Internal Revenue Service (IRS) and subsequently by the IRS to the Michigan Department of Treasury. I also consent to the Michigan Department of Treasury sending my ERO, transmitter and/or ISP an acknowledgement of receipt of transmission and an indication of whether or not the return is accepted or rejected.

Filer Signature	Date	Spouse Signature	Date
-----------------	------	------------------	------

PART 3: ELECTRONIC RETURN ORIGINATOR (ERO) AND PREPARER DECLARATION

I declare, under penalty of perjury that I have reviewed the above taxpayer's return, accompanying schedules and statements and that the entries on this form are complete and correct to the best of my knowledge, either as the ERO, ISP or Paid Preparer. If I am only an ISP, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that this form accurately reflects the data on the return. I have obtained the taxpayer's signature on this form before transmitting this return to the IRS and subsequently by the IRS to the Michigan Department of Treasury. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the Michigan Department of Treasury. I have followed all other requirements described in Publication 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2011), Publication 3112, IRS e-file Application and Participation, and any requirements specified by the Michigan Department of Treasury.

If I am also the Paid Preparer, I declare under penalty of perjury that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge, they are true, correct and complete. This declaration is based on all information of which I have knowledge.

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ERO Signature SELF PREPARED	Date	ERO is (check all that apply): <input type="checkbox"/> Preparer <input type="checkbox"/> Self-Employed
Firm Name (or name of ERO if self-employed) and Address (Street, City, State, ZIP Code)		FEIN or PTIN
<i>I declare under penalty of perjury that I have examined this taxpayer's return and accompanying schedules and statements and, to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge.</i>		
Preparer Signature SELF PREPARED	Date	Preparer is: <input type="checkbox"/> Self-Employed
Preparer Name and Address (Street, City, State, ZIP Code)		FEIN or PTIN

Complete this form only if you are e-filing a State-Only/State Stand Alone Michigan return and you are not using the Electronic Signature Alternative (ESA). See instructions for more information.


2011 MICHIGAN Individual Income Tax Return MI-1040**Return is due April 17, 2012.**

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

▶ 1. Filer's First Name JARED		M.I. B	Last Name SWETS		▶ 2. Filer's Social Security No. (Example: 123-45-6789) 373 — 02 — 2259	
If a Joint Return, Spouse's First Name KRISTIN		M.I. M	Last Name SWETS		▶ 3. Spouse's Social Security No. (Example: 123-45-6789) 367 — 06 — 3258	
Home Address (No., Street, P.O. Box or Rural Route) 4542 MARSHALL AVE						▶ 4. School District Code (5 digits - see p. 49) 41160
City or Town KENTWOOD			State MI	ZIP Code 49508		

▶ 5. STATE CAMPAIGN FUND <div style="float: right; text-align: center;"> Yes No <input type="checkbox"/> <input type="checkbox"/> </div> Check this box if you (or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. <div style="margin-left: 100px;"> a. You <input type="checkbox"/> <input type="checkbox"/> b. Spouse <input type="checkbox"/> <input type="checkbox"/> </div>		▶ 6. FARMERS, FISHERMEN OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing or seafaring.	
▶ 7. FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input checked="" type="checkbox"/> Married, filing jointly c. <input type="checkbox"/> Married, filing separately* <div style="margin-left: 100px;"> * If you check box "c," complete line 3 and enter spouse's name below: <div style="border: 1px solid black; height: 20px; width: 150px;"></div> </div>		▶ 8. RESIDENCY. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident* c. <input type="checkbox"/> Part-Year Resident* <div style="margin-left: 100px;"> * If you check box "b" or "c," you must complete and attach Schedule NR. </div>	

▶ 9. EXEMPTIONS					
a. Number of exemptions you claimed on your 2011 federal return	▶ 9a.	2	x \$3,700	7,400	00
b. Number of individuals 65 or older who qualify for a special exemption.....	▶ 9b.		x \$2,400		00
c. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	▶ 9c.		x \$2,400		00
d. Number of children ages 18 and under you claimed as Michigan exemptions	▶ 9d.		x \$600		00
e. Number of qualified disabled veterans	▶ 9e.		x \$300		00
f. If your unemployment compensation is 50% or more of your Adjusted Gross Income (amount claimed on line 10) check (X) the box and enter \$2,400.....	▶ 9f.	<input type="checkbox"/>	\$2,400		00
g. If someone else can claim you as a dependent, check (X) the box, complete Worksheet 2 on p.10, and enter the amount from the worksheet	▶ 9g.	<input type="checkbox"/>	9g.		00
h. Add lines 9a, 9b, 9c, 9d, 9e, 9f and 9g. Enter here and on line 15	9h.			7,400	00
10. Adjusted Gross Income from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see p. 10)	▶ 10.			51,804	00
11. Additions from Michigan Schedule 1, line 7. Attach Schedule 1.....	▶ 11.				00
12. Total. Add lines 10 and 11	12.			51,804	00
13. Subtractions from Michigan Schedule 1, line 21. Attach Schedule 1	▶ 13.				00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".	14.			51,804	00
15. Exemption allowance. Amount from line 9h or Schedule NR, line 20.....	▶ 15.			7,400	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.			44,404	00
17. Tax. Multiply line 16 by 4.35% (0.0435)	17.			1,932	00
18. Total Nonrefundable Credits. Amount from Schedule 2, line 11. Attach Schedule 2	18.				00
19. Income Tax. Subtract line 18 from line 17. If line 18 is greater than line 17, enter "0"	▶ 19.			1,932	00

 DIRECT DEPOSIT Deposit your refund directly to your financial institution! See p. 11 and complete a, b and c.	a. Routing Transit Number	▶ 272480678	b. Type of Account	▶ (1) <input checked="" type="checkbox"/> Checking (2) <input type="checkbox"/> Savings
	c. Account Number	▶ 101008088612		

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Filer's Social Security Number

373 — 02 — 2259

20. Enter amount of Income Tax from line 19.....	20.	1,932	00
21. Voluntary Contributions from Form 4642, line 7. Attach Form 4642.....	21.		00
22. USE TAX Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1, line 3, p. 9.	22.	0	00
23. Add lines 20, 21 and 22.....	23.	1,932	00

REFUNDABLE CREDITS AND PAYMENTS

24. Property Tax Credit. Attach MI-1040CR or MI-1040CR-2.....	24.		00
25. Farmland Preservation Credit. Attach MI-1040CR-5.....	25.		00
26. Qualified Adoption Expenses. Attach U.S. Form 8839 and MI-8839.....	26.		00
27. Stillbirth Credit. Amount from Worksheet 3, line B, p. 11.....	27.		00
28. a. Federal Earned Income Tax Credit.....	28a.		00
b. Michigan Earned Income Tax Credit. Multiply line 28a by 20% (0.20).....	28b.		00
29. Energy Efficient Qualified Home Improvement Credit. Attach Form 4764.....	29.		00
30. Michigan Historic Preservation Tax Credit (refundable). Attach Form 3581.....	30.		00
31. Michigan tax withheld from Schedule W, line 3. Attach Schedule W (do not submit W-2's).....	31.	2,293	00
32. Estimated tax, extension payments and 2010 credit forward.....	32.		00
33. Total refundable credits and payments. Add lines 24 through 27, 28b, and 29 through 32.....	33.	2,293	00

REFUND OR TAX DUE

34. If line 33 is less than line 23, subtract line 33 from line 23. Include interest and penalty if applicable (see p. 11).... YOU OWE	34.		00
35. Overpayment. If line 33 is greater than line 23, subtract line 23 from line 33.....	35.	361	00
36. Credit Forward. Amount of line 35 to be credited to your 2012 estimated tax for your 2012 tax return.....	36.		00
37. Subtract line 36 from line 35..... REFUND	37.	361	00

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2010, check the appropriate box below.
☐ Filer is Deceased
 ☐ Spouse is Deceased
Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

☐ I authorize Treasury to discuss my return with my preparer.
 ☐ Yes
 ☐ No
Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN

Preparer's Business Name (print or type)

SELF PREPARED

Preparer's Business Address (print or type)

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956****Pay** amount on line 34. Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

Make your check payable to "State of Michigan." Print your **Social Security number** and "2011 income tax" on the front of your check. If paying on behalf of another taxpayer, **write the taxpayer's name and Social Security number** on the check. Do not staple your check to the return. Keep a copy of your return and all supporting schedules for six years. To check the status of your refund, have a copy of your MI-1040 available when you visit: www.michigan.gov/iit

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2011 MICHIGAN Direct Deposit of Refund

Issued under authority of Public Act 281 of 1967.

*** Attach to Form MI-1040CR-7. Type or print in blue or black ink.**

Print numbers like this: 0123456789 - NOT like this: Ø 1 4 7

Attachment 11

► 1. Filer's First Name JARED	M.I. B	Last Name SWETS	► 2. Filer's Social Security Number (Example: 123-45-6789) 373 — 02 — 2259
3. If a Joint Return, Spouse's First Name KRISTIN	M.I. M	Last Name SWETS	4. Spouse's Social Security Number (Example: 123-45-6789) 367 — 06 — 3258
5. Name of Financial Institution LAKE MICHIGAN CREDIT UNION			

► 6. Routing Transit
Number (RTN)

272480678

The first two numbers of the
RTN must be 01 through 12
or 21 through 32.

► 8. Type of Account

☒ (1) Checking

☐ (2) Savings

► 7. Account
Number

101008088612

Why Use Direct Deposit?

Convenient: Your refund is deposited directly into your account at the financial institution of your choice.

Safe: Direct Deposit eliminates lost or stolen refund checks.

Reliable: Direct Deposit is done electronically. Your refund is deposited timely, even if you are on vacation or traveling on business.

General Instructions

If you file an MI-1040CR-7 and are not receiving an energy draft, complete this form to have your check directly deposited into your financial institution account.

First check with your financial institution to (1) make sure it will accept Direct Deposit, (2) obtain the correct RTN and account number, and (3) if applicable, verify that your financial institution will allow a joint refund to be deposited into an individual account.

Direct Deposit requests associated with a foreign financial institution account are classified as International ACH Transactions (IAT). If your income tax refund Direct Deposit is forwarded or transferred to a bank account in a foreign country your Direct Deposit will be returned to Treasury. If this occurs, your refund will be converted to a check (warrant) and mailed to the address on your tax return. Contact your financial institution for questions regarding the status of your account.

You may also use Direct Deposit if you file an MI-1040, MI-1040CR or MI-1040CR-2. The request for Direct Deposit information is contained on these forms. A separate Direct Deposit of Refund, Form 3174, is not required.

You should NOT file this form if:

- You file an MI-1040CR-7 and an energy draft will be issued or a credit will be sent to your heat provider.
- You are a personal representative filing a return on behalf of a deceased taxpayer.

- You file electronically. Give your RTN and financial institution account number to your tax preparer. This information will become part of the electronic file.

- You completed the Direct Deposit information on the MI-1040, MI-1040CR or MI-1040CR-2.

Line-by-Line Instructions

Lines not listed are self-explanatory.

Line 5: Enter the name of the financial institution where the Direct Deposit will be made.

Line 6: Enter the 9-digit RTN. The RTN is usually found between the symbols |: and |: on the bottom of your check (see check sample). The first two digits must be 01 through 12 or 21 through 32.

Line 7: Enter your financial institution account number up to 17 characters (both numbers and letters). The account number is usually found immediately to the right of the RTN on the bottom of your check (see check sample). Include hyphens but omit spaces and special symbols. Enter the number from left to right and leave unused boxes blank. Do not include the check number.

Richard and Cindy Jones 123 Main Street Anytown, MI 49111		Date: _____	1800
DO NOT ATTACH A CHECK OR CHECK COPY TO THIS FORM		\$ _____	
FINANCIAL INSTITUTION Anytown, MI 49111		Dollars	
Routing Transit Number	Account Number		
: 270000065	: 300000915	“ 1800	
		Do not include check number	

The Routing Transit Number and
Account Number may appear in a
different location on your check.

2011 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967.

INSTRUCTIONS: If you had Michigan income tax withheld in 2011, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 31). Attach your completed Schedule W to Form MI-1040 or MI-1040X where applicable. See complete instructions on page 2 of this form. Type or print in blue or black ink.

Print numbers like this: 0123456789 - NOT like this: Ø 1 4 7

Attachment 13

Filer's First Name JARED	M.I. B	Last Name SWETS	Filer's Social Security Number (Example: 123-45-6789) <div>373 — 02 — 2259</div>
If a Joint Return, Spouse's First Name KRISTIN	M.I. M	Last Name SWETS	Spouse's Social Security Number (Example: 123-45-6789) <div>367 — 06 — 3258</div>

TABLE 1: MICHIGAN TAX WITHHELD ON W-2, W-2G or CORRECTED W-2 FORMS

▶ A Enter "X" if for: You or Spouse	▶ B Box b - Employer's federal identification number	C Box c - Employer's name	D Box 1 - Wages, tips, other compensation	▶ E Box 17 - Michigan income tax withheld	F Box 19 - City income tax withheld
X	62-1808017	FEDEX CORPORATE SERVIC	38,176 00	1,661 00	
X	38-1368360	PINE REST CHRISTIAN ME	126 00	5 00	
X	27-1803143	MC EQUITIES EA 1	7,581 00	330 00	
X	74-2850746	HVM LLC	6,900 00	297 00	
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....				00	00
1. SUBTOTAL. Enter total of Table 1, columns E and F. Carry total of column F to Worksheet 4 (City Income Tax Credit), p. 15.....				1. 2,293 00	00

IMPORTANT: If you have no entries for Table 2, carry total of line 1, column E, to line 3 below.

TABLE 2: MICHIGAN TAX WITHHELD ON 1099 and 4119 FORMS

▶ A Enter "X" if for: You or Spouse	▶ B Payer's federal identification number	C Payer's name	D Taxable pension distribution, misc. income, etc. (see instr.)	▶ E Michigan income tax withheld	F Box 7 - Distribution Code (1099-R only)
			00	00	
			00	00	
			00	00	
			00	00	
			00	00	
			00	00	
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....				00	
2. SUBTOTAL. Enter total of Table 2, column E.....				2. 00	
3. TOTAL. Add line 1 and line 2, column E. Carry total to your MI-1040, line 31				▶ 3. 2,293 00	

GRAND RAPIDS**2011 INDIVIDUAL CITY INCOME TAX
BARCODE DATASHEET**

This datasheet is the cover sheet of your return.
For your return to be complete you **must** include
this cover sheet with your individual income tax
return and all required attachments. Staple this
form to the top of your city income tax return for

Taxpayer's SSN 373-02-2259	Taxpayer's first name JARED	Initial B	Last name SWETS
Spouse's SSN 367-06-3258	If joint return spouse's first name KRISTIN	Initial M	Last name SWETS
Present home address (Number and street) 4542 MARSHALL AVE			Apt. no.
Address line 2 (P.O. Box address for mailing use only)			
City, town or post office KENTWOOD		State MI	Zip code 49508
Foreign country name	Foreign province/county		Foreign postal code



MAIL TO ADDRESS:

INCOME TAX DEPARTMENT, ADDRESS, CITY, ST ZIP CODE

GRAND RAPIDS INCOME TAX DEPARTMENT

P.O. BOX 107

GRAND RAPIDS, MI 49501-0107

Form CF-4220 Revised 10/21/2011

1555

REV 02/14/12 TTW

Taxpayer's SSN 373-02-2259		Taxpayer's first name JARED		Initial B	Last name SWETS	RESIDENCE STATUS <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/> Part-year resident	
Spouse's SSN 367-06-3258		If joint return spouse's first name KRISTIN		Initial M	Last name SWETS	Part-year resident - dates of residency From 0 1 / 0 1 / 2 0 1 1 To 0 6 / 0 6 / 2 0 1 1	
Make sure the SSN(s) above and on page 2, line 1d are correct.		Present home address (Number and street) 4542 MARSHALL AVE				Apt. no.	
Check box if you need a return form mailed to you next year. <input type="checkbox"/>		Address line 2 (P.O. Box address for mailing use only)				FILING STATUS <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly	
For city use only		City, town or post office KENTWOOD		State MI	Zip code 49508	<input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.	
		Foreign country name		Foreign province/county		Foreign postal code >>	

INCOME		ROUND ALL FIGURES TO NEAREST DOLLAR (\$0.50 next dollar)		Column A Federal Return Data	Column B Exclusions/Adjustments	Column C Taxable Income
ATTACH COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1		.00	.00	.00 *
	2. Taxable interest	2		.00	.00	.00
	3. Ordinary dividends	3		.00	.00	.00
	4. Taxable refunds, credits or offsets	4		.00	.00	NOT TAXABLE
	5. Alimony received	5		.00	.00	.00
	6. Business income or (loss) (Attach federal Schedule C.)	6		.00	.00	.00
	7. Capital gain or (loss) (Attach copy of fed. Sch. D.) 7a. <input type="checkbox"/> Mark if federal Sch. D not required.	7		.00	.00	.00
	8. Other gains or (losses) (Attach copy of federal Form 4797.)	8		.00	.00	.00
	9. Taxable IRA distributions	9		.00	.00	.00
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10		.00	.00	.00
	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach federal Schedule E.)	11		.00	.00	.00
	12. Subchapter S corporation distributions (Attach federal Sch. K-1.)	12	NOT APPLICABLE		.00	.00
	13. Farm income or (loss) (Attach federal Schedule F.)	13		.00	.00	.00
	14. Unemployment compensation	14		.00	.00	NOT TAXABLE
	15. Social security benefits	15		.00	.00	NOT TAXABLE
	16. Other income (Attach statement listing type and amount.)	16		.00	.00	.00
	17. Total additions (Add lines 2 through 16.)	17		.00	.00	.00 *
	18. Total income (Add lines 1 through 16.)	18		.00	.00	.00
ATTACH W-2 FORMS HERE	19. Total deductions (Subtractions) (Total from page 2, Deductions Schedule, line 7.)	19				.00 *
	20. Total income after deductions (Subtract line 19 from line 18.)	20				.00
	21. Exemptions (Enter the total exemptions, from Form CF-1040, page 2, box 1h, in line 21a and multiply this number by the value of an exemption and enter on line 21b) 21a <input type="checkbox"/> 21b					.00
	22. Total income subject to tax (Subtract line 21b from line 20.)	22				.00
	23. Tax at (Multiply line 22 by resident or nonresident tax rate for city and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d.) 23a <input checked="" type="checkbox"/> 23b					388 .00
	24. Total payments and credits (Total from page 2, Payments and Credits Schedule, line 4)	24				.00
	25. Estimated tax or late payment interest and penalty Interest 25a <input type="checkbox"/> .00 Penalty 25b <input type="checkbox"/> .00 Total interest and penalty 25c					.00
	26. MAKE CHECK OR MONEY ORDER PAYABLE TO: GRAND RAPIDS CITY TREASURER OR PAY WITH A DIRECT ELECTRONIC WITHDRAWAL (Mark pay tax due, line 31b, and complete line 31c, d & e.)	26				388 .00
	27. Tax overpayment (Subtract lines 23b and 25c from line 24)	27				.00
	28. Donations 28a <input type="checkbox"/> .00 28b <input type="checkbox"/> .00 28c <input type="checkbox"/> .00 Total donations 28d					.00
29. Amount of Overpayment to be credited forward to 2012	29				.00	
30. Amount of Overpayment to be refunded (Line 27 less lines 28d and 29) (For direct deposit mark refund box, line 31a, and complete line 31 c, d & e.) Refund amount >> 30					.00	
ENCLOSE CHECK OR MONEY ORDER	31. Direct deposit refund or direct withdrawal payment (Mark appropriate box 31a or 31b and complete lines 31c, 31d and 31e)	31a <input type="checkbox"/> 31b <input type="checkbox"/>	31c Refund (direct deposit) 31d Pay tax due (direct withdrawal)	31e Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

GRAND RAPIDS

FORM CF-1040, PAGE 2		Taxpayer's name JARED B & KRISTIN M SWETS				Taxpayer's SSN 373-02-2259		MI-GRR 2	
-----------------------------	--	---	--	--	--	--------------------------------------	--	-----------------	--

EXEMPTIONS SCHEDULE		Date of birth (mm/dd/yyyy)					Regular	65 or over	Blind	Deaf	Disabled		
1a. You	0 5 / 2 3 / 1 9 8 7						X					1e. Enter the number of boxes checked on lines 1a and 1b 2	
1b. Spouse	1 2 / 2 9 / 1 9 8 7						X						
1d. List Dependents		1c. <input type="checkbox"/> Check box if you can be claimed as a dependent on another person's tax return											

#	First Name	Last Name	Social Security Number	Relationship	Date of Birth	1f. Enter number of dependent children listed on line 1d	
1							
2							
3							
4							
5							
6							
7							
8							

1g. Enter number of other dependents listed on line 1d	
1h. Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a) 2	

EXCLUDED WAGES SCHEDULE (See instructions. Resident wages generally not excludible.)							
W-2 #	COLUMN A EMPLOYER'S ID	COLUMN B RESIDENT EXCLUDED WAGES	COLUMN C NONRESIDENT EXCLUDED WAGES	W-2 #	COLUMN A EMPLOYER'S ID	COLUMN B RESIDENT EXCLUDED WAGES	COLUMN C NONRESIDENT EXCLUDED WAGES
1		.00	.00	6		.00	.00
2		.00	.00	7		.00	.00
3		.00	.00	8		.00	.00
4		.00	.00	9		.00	.00
5		.00	.00	10		.00	.00

DEDUCTIONS SCHEDULE (See instructions. Deductions must be allocated on the same basis as related income.)		
1. IRA deduction (Attach copy of page 1 of federal return & evidence of payment.)	1	.00
2. Self Employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of federal return.)	2	.00
3. Employee business expenses (See instructions and attach copy of federal Form 2106.)	3	.00
4. Moving expenses (Into city area only) (Attach copy of federal Form 3903.)	4	.00
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of page 1 of federal return.)	5	.00
6. Renaissance Zone deduction (Attach Schedule RZ OF 1040.)	6	.00
7. Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)	7	.00

PAYMENTS AND CREDITS SCHEDULE		
1. Tax withheld by your employer for GRAND RAPIDS (Attach W-2 Forms showing tax withheld for GRAND RAPIDS)	1	.00
2. Estimated income tax payments, extension payment and credit forward	2	.00
3. Credit for tax paid to another city and for tax paid by a partnership (Attach copy of other city's return.)	3	.00
4. Total payments and credits (Add lines 1 through 3, enter total here and on page 1, line 24)	4	.00

ADDRESS SCHEDULE					
ADDRESSES WHERE TAXPAYER (T), SPOUSE (S) OR BOTH (B) RESIDED DURING YEAR AND DATES OF RESIDENCY					
MARK T, S, B	ADDRESS (INCLUDE CITY, STATE & ZIP CODE) Start with address used on last year's return. If the address is the same as listed on page 1 of this return, print "Same." If no return filed, list reason. Continue listing residence addresses from this year.	FROM		TO	
		MONTH	DAY	MONTH	DAY
	SAME				

THIRD PARTY DESIGNEE			
Do you want to allow another person to discuss this return with the Income Tax Office?		Yes. Complete the following.	No
Designee's name		Phone No.	Personal identification number (PIN)

Under the penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which preparer has any knowledge.					
SIGN HERE ====>	TAXPAYER'S SIGNATURE - If joint return, both spouses must sign		Date (MM/DD/YY)	Taxpayer's occupation	Daytime phone number
				TECH SUPPORT	(616) 805-9546
	SPOUSE'S SIGNATURE		Date (MM/DD/YY)	Spouse's occupation	Daytime phone number
				FOSTER CARE CASE MANAGER	
PREPARER'S SIGNATURE	SIGNATURE OF PREPARER OTHER THAN TAXPAYER			Date (MM/DD/YY)	PTIN, EIN or SSN
					Preparer's phone no.
	FIRM'S NAME (or yours if self employed), ADDRESS AND ZIP CODE			SELF-PREPARED	
					NACTP number of software used to prepare tax 1555

Taxpayer's name JARED B & KRISTIN M SWETS	Taxpayer's SSN 373-02-2259	2011 GRAND RAPIDS
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SCHEDULE TC, PART-YEAR RESIDENT TAX CALCULATION - CF-1040, PAGE 1, LINES 23a AND 23b

A part-year resident is required to complete and attach this schedule to the city return:

2011 Schedule TC, revised: 12/07/2011

- Box A to report dates of residency of the taxpayer and spouse during the tax year
- Box B to report the former address of the taxpayer and spouse.
- Column A to report all income from their federal return.
- Column B to report all income taxable on their federal return not taxable to **GRAND RAPIDS**
- Column C to report income taxable as a **GRAND RAPIDS** resident and compute tax due on this income at the resident tax rate
- Column D to report income taxable as a nonresident and compute tax due on this income at the nonresident tax rate.

A. PART-YEAR RESIDENCY PERIOD			B. PART-YEAR RESIDENT'S FORMER ADDRESS			
Taxpayer			From	To	Taxpayer 380 FREDERICK	
Spouse			01-01-2011	06-06-2011	Spouse 380 FREDERICK	
INCOME			Column A Federal Return Data	Column B Exclusions and Adjustments	Column C Resident Income	Column D Nonresident Income
1. Wages, salaries, tips, etc. (Attach Form(s) W-2)	1		52,783.00	.00	.00	52,783.00
2. Taxable interest	2		146.00	.00	146.00	NOT TAXABLE
3. Ordinary dividends	3		.00	.00	.00	NOT TAXABLE
4. Taxable refunds, credits or offsets	4		.00	.00	NOT APPLICABLE	NOT TAXABLE
5. Alimony received	5			.00	.00	.00
6. Business income or (loss) (Att. copy of fed. Sch. C.)	6		.00	.00	.00	.00
7. Capital gain or (loss) (Att. copy of Sch. D.)	7a	Mark if Sch. D not required. 7b	.00	.00	.00	.00
8. Other gains or (losses) (Att. copy of Form 4797.)	8		.00	.00	.00	.00
9. Taxable IRA distributions	9		.00	.00	.00	.00
10. Taxable pensions and annuities (Attach copy of Form 1099-R.)	10		.00	.00	.00	.00
11. Rental real estate, royalties, partnerships, S corps., trusts, etc. (Attach copy of fed. Sch. E.)	11		.00	.00	.00	.00
12. Subchapter S corporation distributions (Attach copy of federal. Schedule K-1.)	12		NOT APPLICABLE	.00	.00	.00
13. Farm income or (loss) (Att. copy of fed. Sch. F.)	13		.00	.00	.00	.00
14. Unemployment compensation	14		.00	.00	NOT APPLICABLE	NOT TAXABLE
15. Social security benefits	15		.00	.00	NOT APPLICABLE	NOT TAXABLE
16. Other income (Att. statement listing type and amt.)	16		.00	.00	.00	.00
17. Total additions (Add lines 2 through 16.)	17		146.00	.00	146.00	.00
18. Total income (Add lines 1 through 16.)	18		52,929.00	.00	146.00	52,783.00

DEDUCTIONS SCHEDULE See instructions. Deductions must be allocated on the same basis as related income.

1. IRA deduction (Attach copy of page 1 of federal return & evidence of payment.)	1		.00	.00	.00	.00
2. Self Employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of fed. return.)	2		.00	.00	.00	.00
3. Employee business expenses (See instructions & att. copy of fed. Form 2106.)	3		.00	.00	.00	.00
4. Moving expenses (Into city area only.) (Attach copy of federal Form 3903.)	4		.00	.00	.00	.00
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. (Att. copy of page 1 of fed. return.)	5		.00	.00	.00	.00
6. Renaissance Zone deduction (Att. Sch. RZ.)	6			.00	.00	.00
19. Total deductions (Add lines 1 through 6.)	19				.00	.00
20. Total income after deductions (Subtract line 19 from line 18.)	20				146.00	52,783.00
21. Exemptions (Enter the number of exemptions from Form CF-1040, page 2, box 1h, on line 21a and multiply by the value of an exemption, and enter on line 21b) (If the amount on line 21b exceeds the amount of resident income on line 20, enter unused portion on line 21c)	21a	2		21b	1,200.00	
				21c		1,054.00
22a. Total income subject to tax as a resident (Subtract line 21b from line 20.)	22a				.00	
22b. Total income subject to tax as a nonresident (Subtract line 21c from line 20.)	22b					51,729.00
23a. Line not used on this form	23a					
23b. Tax at resident rate (MULTIPLY LINE 22a BY RESIDENT TAX RATE.)	23b				.00	
23c. Tax at nonresident rate (MULTIPLY LINE 22b BY NONRESIDENT TAX RATE.)	23c					388.00
23d. Total tax (Add lines 23b and 23c.) (ENTER HERE AND ON FORM CF-1040, PAGE 1, LINE 23b, AND PLACE A MARK (X) IN BOX 23a OF FORM CF-1040.)	23d				388.00	

Michigan Information Worksheet

2011

► Keep for your records

Part I – Personal Information

Taxpayer:

Last Name Swets
 First Name Jared
 Middle Initial B Suffix
 Social Security No. 373-02-2259
 Date of Birth 05/23/1987 (mm/dd/yyyy)
 Age as of 1/1/2012 24
 Date of death
 Occupation Tech Support
 Work Phone (616) 805-9546
 Home Phone

Spouse:

Last Name Swets
 First Name Kristin
 Middle Initial M Suffix
 Social Security No. 367-06-3258
 Date of Birth 12/29/1987 (mm/dd/yyyy)
 Age as of 1/1/2012 24
 Date of death
 Occupation Foster Care Case Manager
 Work Phone (616) 826-4291

Print phone number on city returns ☐ Home ☒ TP work ☐ Spouse work

c/o Name
 Address 4542 Marshall Ave Apt No.
 City Kentwood State . . MI ZIP Code . . 49508
 Foreign province/county Foreign postal code
 Foreign country
 School District Name ► Kentwood
 School District Code ► 41160

Part II – Main Form

Taxpayer

Spouse (if different)

☒ ☒ Form MI-1040: Full-Year Resident ►
☐ ☐ Form MI-1040: Nonresident ►
☐ ☐ Form MI-1040: Part-Year Resident ►
 Enter Nonresident and Part-Year Resident allocations on Schedule NR. ►
 Taxpayer residency dates From To
 Spouse residency dates From To

City Resident Status (complete if filing a city income tax return):

Detroit Full-year resident Nonresident Part-year resident
☐ ☐ ☐

Other cities:

Important: Complete the table below to indicate the residency status and activate the income tax return(s) for any of the following cities: (The program will prepare **Form(s) CF-1040** for you)

- Albion • Battle Creek • Big Rapids • Flint • Grand Rapids • Grayling
- Hamtramck • Highland Park • Ionia • Jackson • Lansing • Lapeer
- Muskegon • Muskegon Heights • Pontiac • Portland • Saginaw • Springfield
- Walker

City name	Residency Status				Part-year residents only:		
	Full year	Non res	Part-year	Do Not File	Taxpayer's Former address	Dates of residency	
					Spouse's Former address	From	To
Grand Rapids	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	380 Frederick	01/01/2011	06/06/2011
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	380 Frederick	01/01/2011	06/06/2011
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Part III – Filing Status

- ☐ Single
☒ Married, filing jointly
☐ Married, filing separately

Part IV – Dependent Information

Full Name	Relationship	Age	Disabled Veteran	Special exemption code	Filing a 2011 Michigan tax return
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

Part V – Homeowner/Renter Information**Taxpayer's status:**

- ☒ Homeowner who paid property tax
☐ Renter (including alternate housing facilities)
☐ Mobile home park resident

QuickZoom to Property Tax Information Worksheet ► _____

Part VI – Electronic Filing Information**Fed/State (F/S) Return:**

- Yes No**
☐ ☐ Use Federal Signature (PIN) in place of MI-8453 (See Help)

State-Only (SO) Return:

- Yes No**
☐ ☒ Use Electronic Signature Alternative, (ESA) (Shared Secrets) in place of MI-8453 (See Help)

TP's Prior Year Adjusted Gross Income or Household Income (See Help) _____

TP's Prior Year Refund or Tax Due Amount (See Help) _____

Spouse's Prior Year Adjusted Gross Income or Household Income (See Help) . . . _____

Spouse's Prior Year Refund or Tax Due Amount (See Help) _____

Part VII – Direct Deposit Information or Direct Debit Information

Yes No

- ☒ ☐ Use **direct deposit** for any **state tax refund**
☒ ☐ Use **direct deposit** for any **city tax refund** (see help)
☐ ☒ Use **direct debit** for any **city tax due** (see help)

Enter the payment date to withdraw from the account below _____

Bank Information:

For any of above options, fill out information below:

Name of financial institution . . Lake Michigan Credit Union

Account type . . . Checking ☒ Savings ☐

Routing number 272480678

Account number. 101008088612

International ACH Transactions

- Yes No**
☐ ☒ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VIII – Additional Return Information**Exemptions:****Taxpayer**
☐
☐
☐
☐
☐
☐
Spouse
☐
☐
☐
☐
☐
☐

Blind

Deaf

Paraplegic/Hemiplegic/Quadriplegic

Totally and Permanently Disabled

Disabled Veteran

Can be claimed as a dependent on someone else's return

Person Filing on Behalf of Deceased:
☐
☐
☐

Use federal Form 1310 in place of Form MI-1310

Personal Representative

Claimant

First Name . . . _____ Middle Initial . . . _____ Last Name . . . _____

Address _____

City _____ State . . . _____ ZIP Code . . . _____

Address Change for CF-1040 city returns only (excludes Detroit):☐

Address is same as last year

State Campaign Fund:**Yes No**
☐
☐

Does TP want \$3 to go to State Campaign Fund?

Does spouse want \$3 to go to State Campaign Fund?

Third Party Designee (See Help):**Yes No**
☐
☐
TP authorizes another person (designee) to discuss return with **city** Income Tax Department (**CF-1040 only**)?

Designee's name (other than preparer) _____

Designee's phone number (other than preparer) _____

Personal identification number _____

Part IX – Extension Status**Yes No**
☐
☒

Tax return due date extended?

Extended due date . . . _____

QuickZoom to Form 4: Application for extension to file tax returns ► _____**Part X – Amended Return**☐

Filing a Michigan amended return

Enter the tax year you are amending . . . _____

Payment with original return _____ NOTE: Do not include penalties or interest

Overpayment from original return _____

QuickZoom to Form MI-1040X: Amended Income Tax Return ► _____**QuickZoom** to Form MI-1040: Individual Income Tax Return ► _____

Michigan Household Income Worksheet

► Keep for your records

2011

Name as Shown on Return Jared B & Kristin M Swets	Social Security Number 373-02-2259
--	---------------------------------------

Household Income Computation (for full year and part-year residents)

	Column A Total Amount	Column B Received during Michigan residency
Full year residents: Complete column A only. Part-year residents: Complete columns A and B. QuickZoom to Schedule NR before completing column B . . . ► _____		
1 Wages, salaries, tips, sick, strike and SUB pay ► 1	52,783.	
Interest and dividends:		
2 a Taxable interest and dividend income	146.	
b Nontaxable interest		
Interest and dividends (including nontaxable interest) ► 2	146.	
Net rent, business or royalty income:		
3 a U.S. Schedule C income		
b U.S. Schedule E income		
c Other gains or losses		
Net rent, business or royalty income ► 3		
Retirement pension and annuity benefits:		
4 a Pension and IRA distributions		
b Lump-sum distribution		
Name of payer: _____		
Retirement pension and annuity benefits ► 4		
5 Net farm income ► 5		
Capital gains or (losses):		
6 a Capital gains or losses		
b Excluded gain on sale of residence		
Combine lines 6a and 6b ► 6		
Alimony and other taxable income:		
7 a Gambling/lottery winnings		
b Prizes and awards from Form 1099-MISC		
c Combine lines 7a and 7b		
d Line 7c minus \$300		
e Other income from Form 1099-MISC		
f Alimony received		
g Other taxable income		
h Combine lines 7d through 7g		
less: prior year Michigan Property Tax Credit (see tax help)		
Total. Describe: _____ . . . ► 7		
Social security, SSI and railroad retirement benefits:		
8 a Social security or railroad retirement benefits		
b Less deductions for medicare premiums		
c Supplemental security income		
d Death benefits and amounts received for minor children or other dependent adults who live with you		
Combine lines 8a through 8d ► 8		
9 Child support and foster parent payments ► 9		
10 Unemployment compensation ► 10		

Other nontaxable income:			
11 a	Compensation for damages to character or for personal injury or sickness		
b	An inheritance or life insurance proceeds (from other than spouse)		
c	Death benefits paid by or on behalf of an employer.		
d	Minister's housing allowance		
e	Forgiveness of debt to the extent not included in income		
f	Cash or merchandise received or expenses paid on your behalf (rents, taxes, utilities, food, medical care, etc.) by parents, relatives or friends in excess of \$300		
g	Adoption subsidies.		
h	Other (see <i>Tax Help</i>). Enter description:		
	Total. Describe: ► 11		
12	Workers' compensation, veterans' disability compensation ► 12		
13	FIP and other DHS benefits. ► 13		
14	Subtotal. Add lines 1 through 13. ► 14	52,929.	
Adjustments:			
15 a	IRA deduction		
b	Moving expenses		
c	One half of self-employment tax		
d	Self-employment health insurance deduction		
e	SEP, SIMPLE or qualified plans		
f	Penalty for early withdrawal.		
g	Alimony paid		
h	Student loan interest deduction.	1,125.	
i	Health savings account deduction		
j	Net operating loss deduction:		
	(1) Federal net operating loss deduction.		
	(2) Federal modified taxable income (see <i>Help</i>).		
	(3) Enter the smaller of (1) or (2). If less than zero, enter -0-.		
k	Educator expenses		
l	Tuition and fees deduction		
m	Certain business expenses of reservists, performing artists, and fee-basis government officials		
n	Domestic production activities deduction		
o	Archer MSA deduction		
p	Jury duty pay given to employer		
q	Other adjustments		
15	Total adjustments. Describe:		
	Student loan interest ► 15	1,125.	
16 a	Medical insurance or HMO premiums you paid for you and your family (after tax premiums only).		
b	Automobile insurance premiums (medical care portion only)		
16	Total medical insurance (line 16a plus line 16b) ► 16		
17	Add lines 15 and 16 ► 17	1,125.	
18	Household Income. Subtract line 17 from line 14 ► 18	51,804.	

QuickZoom to Form MI-1040CR (Homestead Property Tax Credit) **►**

QuickZoom to Form MI-1040CR2 (Property Tax Credit for Veterans and Blind People) **►**

QuickZoom to Form MI-1040CR7 (Home Heating Credit) **►**

Property Tax Information Worksheet

2011

► Keep for your records

Name as Shown on Return
Jared B & Kristin M Swets

Social Security Number
373-02-2259

☐ The homestead referenced on this worksheet was **NOT** located in Michigan

* **Caution:** marking this box disables the Homestead Property Tax Credit and the Home Heating Credit

MI-1040CR-2 eligibility:

- 1 ☐ Blind and own your homestead.
☐ Veteran with service-connected disability. Enter percent of disability. %
☐ Surviving spouse of veteran deceased in service
☐ Veteran of wars before World War I, pensioned veteran, his/her surviving spouse, or an active military
☐ Surviving spouse of a veteran of the Korean War, World War II or World War I

Homeowners:

	Lived in same residence all year ▼	If you bought or sold your home in 2011	
		Bought ▼	Sold ▼
2a Number of days occupied	365		
b Property taxes levied in 2011	237.		

Home Office Worksheet

lines c, d and e only apply if part of the home was used for business - all others continue with line f

c	Percent of home used for business	_____ %	_____ %	_____ %
d	Business portion of taxes (Line 2b X line 2c) . . .	_____	_____	_____
e	Personal portion of taxes (Line 2b - line 2d) . . .	_____	_____	_____

f Taxable value of homestead _____

- 3 Address on December 31, 2011, if different from your current address:
 Address Zip code
 4 Address of homestead sold during 2011:
 Address Zip code

Renters or Mobile Home Park Residents:

5 a Enter information below:

Address of mobile home park or homestead rented		Landowner's name and address	Veterans only - Millage rate
Number of months rented	Number of months paid \$3 mobile home tax	Monthly rent	
Address _____ City State Zip code Months _____ Months _____		Name Address _____ City State Zip code Monthly Rent	
Address _____ City State Zip code Months _____ Months _____		Name Address _____ City State Zip code Monthly Rent	

b **Renters age 65 and older:** If you moved from one rental homestead to another during the last two years, enter the final month's rent on your **previous** rented homestead

Alternate Housing Facilities

- 6** Name of housing project or landowner _____
Address _____ Zip code _____

a *Subsidized housing or Service-fee housing residents:*

If you lived in one of these types of facilities for all or part of 2011, check the appropriate box below

- ☐ Subsidized Housing
☐ Service Fee Housing

Number of months rented _____

Total rent paid in 2011 _____

Percentage attributed to property (Service Fee Housing only) (defaults to 10%) _____ %

b *Special housing:*

If you lived in one of these types of facilities for all or part of 2011, check the appropriate box below

- ☐ Cooperative Housing
☐ Home for the Aged
☐ Nursing Home
☐ Adult Foster Care Home
☐ Paid Room and Board

Your prorated share of taxes paid by the landowner _____

Tax Payments Worksheet

2011

► Keep for your records

Name as Shown on Return
Jared B & Kristin M Swets

Social Security Number
373-02-2259

Tax Payments for the Current Year

	State		Local	
	Date	Amount	Date	Amount
1 First Payment				
2 Second Payment				
3 Third Payment				
4 Fourth Payment				
Additional Payments				
5 a Payment				
b Payment				
c Payment				
d Payment				
e Payment				
6 Overpayment from previous year applied to current year				
7 Amount paid with current year extension . .				
8 Total tax payments				

Income Taxes Withheld for the Current Year

9 Withholding on Forms W-2		2,293.		
10 Withholding on Forms W-2G				
11 Withholding on Forms 1099-R				
12 a Withholding on Forms 1099-MISC				
b Withholding on Forms 1099-G				
13 Other tax withholding				
14 Total income tax withheld		2,293.		

Prior Year Taxes Paid in 2011

15 2010 estimated taxes paid in 2011				
16 Prior year taxes				

State or Local Income Tax Refund Received in 2011

17 Refund from Form(s) 1099-G (or similar statement)				
18 Date return will be filed and balance paid				

2011

QuickZoom to Form CF-1040 ➡ _____
QuickZoom to Excludible Wages Schedule ➡ _____
QuickZoom to Another copy of W-2 Worksheet. ➡ _____
QuickZoom to Form CF-2106. ➡ _____

Part 1 – Wages

Part 2 – Employee Business Expenses

Part 3 – Nonresident and Part-Year Resident Wage Allocation

1	Enter actual number of days or hours on job for employer during period. (Do not include weekends you did not work)	
2	Vacation, holiday and sick days or hours included in line 1	
3	Actual number of days or hours worked (Line 1 less line 2)	
4	Enter actual number of days or hours worked in City	
5	Percentage of days or hours worked in City. (Line 4 divided by line 3; default is 100%).	%
6	Form W-2, Box 1, Wages tips other compensation	
7	Wages earned in city. (Line 6 times line 5)	
8	Excludible wages from employer. (Line 6 less Line 7)	

**Grand Rapids
W-2 Worksheet**
► Keep for your records

2011

Name as Shown on Return <u>Jared B & Kristin M Swets</u>	Social Security No. <u>373-02-2259</u>
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QuickZoom to Form CF-1040	➔ _____
QuickZoom to Excludible Wages Schedule	➔ _____
QuickZoom to Another copy of W-2 Worksheet	➔ _____
QuickZoom to Form CF-2106	➔ _____

☐ This income was reported on federal Form 1040, line 7 but not on Form W-2, box 1
T for taxpayer's or S for Spouse's employer S
Employer's ID Number 38-1368360
Employer's name PINE REST CHRISTIAN MENTAL HEALTH
Employer's address from Form W-2 300 68TH SE PO BOX 165
☐ Check if address above is the address where you worked
If not, enter the address where you actually worked _____
SSN from Form W-2, box a. 367-06-3258
☐ Worked for this employer the whole year
or dates of employment during tax year From _____
To _____
Type of wages (i.e., military or S.U.B. pay) _____

Part 1 – Wages

1 Total wages from Form W-2, box 1	126.
Resident Period	
2 a Total wages	_____
b Taxable wages	_____
c Excludible wages	_____
Nonresident Period Note: to allocate nonresident wages, use Part 3 below	
3 a Total wages	126.
b Taxable wages	126.
c <input type="checkbox"/> All nonresident wages were earned outside the city (fully excludible)	_____
d Excludible wages	_____
4 Reason excludible wages are not taxable	_____
5 City income tax withheld from Form W-2, box 19	_____

Part 2 – Employee Business Expenses

1 Total business expense deduction	_____
2 Nondeductible business expenses	_____
3 Resident deductible employee business expenses	_____
4 Nonresident deductible employee business expenses	_____

Part 3 – Nonresident and Part-Year Resident Wage Allocation

For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use wage allocation to determine wages earned in city while a nonresident; use only wages and days worked while a nonresident for computations.

1 Enter actual number of days or hours on job for employer during period. (Do not include weekends you did not work)	_____
2 Vacation, holiday and sick days or hours included in line 1	_____
3 Actual number of days or hours worked (Line 1 less line 2)	_____
4 Enter actual number of days or hours worked in City	_____
5 Percentage of days or hours worked in City. (Line 4 divided by line 3; default is 100%). .	%
6 Form W-2, Box 1, Wages tips other compensation	_____
7 Wages earned in city. (Line 6 times line 5)	_____
8 Excludible wages from employer. (Line 6 less Line 7)	_____

**Grand Rapids
W-2 Worksheet**
► Keep for your records

2011

Name as Shown on Return <u>Jared B & Kristin M Swets</u>	Social Security No. <u>373-02-2259</u>
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QuickZoom to Form CF-1040	→ _____
QuickZoom to Excludible Wages Schedule	→ _____
QuickZoom to Another copy of W-2 Worksheet	→ _____
QuickZoom to Form CF-2106.	→ _____

☐ This income was reported on federal Form 1040, line 7 but not on Form W-2, box 1
T for taxpayer's or S for Spouse's employer S
Employer's ID Number 27-1803143
Employer's name MC EQUITIES EA 1
Employer's address from Form W-2 2604 BURTON SE
☐ Check if address above is the address where you worked
If not, enter the address where you actually worked _____
SSN from Form W-2, box a. 367-06-3258
☐ Worked for this employer the whole year
or dates of employment during tax year From _____
To _____
Type of wages (i.e., military or S.U.B. pay) _____

Part 1 – Wages

1 Total wages from Form W-2, box 1	7,581.
Resident Period	
2 a Total wages	_____
b Taxable wages	_____
c Excludible wages	_____
Nonresident Period Note: to allocate nonresident wages, use Part 3 below	
3 a Total wages	7,581.
b Taxable wages	7,581.
c <input type="checkbox"/> All nonresident wages were earned outside the city (fully excludible)	_____
d Excludible wages	_____
4 Reason excludible wages are not taxable	_____
5 City income tax withheld from Form W-2, box 19	_____

Part 2 – Employee Business Expenses

1 Total business expense deduction	_____
2 Nondeductible business expenses	_____
3 Resident deductible employee business expenses	_____
4 Nonresident deductible employee business expenses	_____

Part 3 – Nonresident and Part-Year Resident Wage Allocation

For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use wage allocation to determine wages earned in city while a nonresident; use only wages and days worked while a nonresident for computations.

1 Enter actual number of days or hours on job for employer during period. (Do not include weekends you did not work)	_____
2 Vacation, holiday and sick days or hours included in line 1	_____
3 Actual number of days or hours worked (Line 1 less line 2)	_____
4 Enter actual number of days or hours worked in City	_____
5 Percentage of days or hours worked in City. (Line 4 divided by line 3; default is 100%).	%
6 Form W-2, Box 1, Wages tips other compensation	_____
7 Wages earned in city. (Line 6 times line 5)	_____
8 Excludible wages from employer. (Line 6 less Line 7)	_____

**Grand Rapids
W-2 Worksheet**
► Keep for your records

2011

Name as Shown on Return Jared B & Kristin M Swets	Social Security No. 373-02-2259
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QuickZoom to Form CF-1040	→	_____
QuickZoom to Excludible Wages Schedule	→	_____
QuickZoom to Another copy of W-2 Worksheet	→	_____
QuickZoom to Form CF-2106.	→	_____

☐ This income was reported on federal Form 1040, line 7 but not on Form W-2, box 1
T for taxpayer's or S for Spouse's employer S
Employer's ID Number 74-2850746
Employer's name HVM LLC
Employer's address from Form W-2 100 DUNBAR ST.
☐ Check if address above is the address where you worked
If not, enter the address where you actually worked
SSN from Form W-2, box a. 367-06-3258
☐ Worked for this employer the whole year
or dates of employment during tax year From
To
Type of wages (i.e., military or S.U.B. pay)

Part 1 – Wages

1	Total wages from Form W-2, box 1.	6,900.
Resident Period		
2 a	Total wages	
b	Taxable wages	
c	Excludible wages	
Nonresident Period Note: to allocate nonresident wages, use Part 3 below		
3 a	Total wages	6,900.
b	Taxable wages	6,900.
c	<input type="checkbox"/> All nonresident wages were earned outside the city (fully excludible)	
d	Excludible wages	
4	Reason excludible wages are not taxable	
5	City income tax withheld from Form W-2, box 19	

Part 2 – Employee Business Expenses

1	Total business expense deduction	
2	Nondeductible business expenses	
3	Resident deductible employee business expenses	
4	Nonresident deductible employee business expenses	

Part 3 – Nonresident and Part-Year Resident Wage Allocation

For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use wage allocation to determine wages earned in city while a nonresident; use only wages and days worked while a nonresident for computations.

1	Enter actual number of days or hours on job for employer during period. (Do not include weekends you did not work)	
2	Vacation, holiday and sick days or hours included in line 1	
3	Actual number of days or hours worked (Line 1 less line 2)	
4	Enter actual number of days or hours worked in City	
5	Percentage of days or hours worked in City. (Line 4 divided by line 3; default is 100%).	%
6	Form W-2, Box 1, Wages tips other compensation	
7	Wages earned in city. (Line 6 times line 5)	
8	Excludible wages from employer. (Line 6 less Line 7)	