

# Financial Disclosure Form

Reporting calendar year **2008**

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*This form should be completed for the preceding calendar year for the following:*

Governor, Lieutenant governor, Secretary of State, Attorney General, State Senator, State Representative, member of the State Board of Education, Justice of the Supreme Court, Regent of the University of Michigan, member of the Board of Trustees of Michigan State University, or member of the Board of Governors of Wayne State University, an elective public office for which the salary is greater than 1.5 times the statewide median gross income as determined under section 143(f) of the internal revenue code, 26 USC 143(f), the head of each principal department if the office is filled by appointment, and a member of a board or commission heading a principal department if the office is filled by appointment.

*Filer may use actual value or the following categories:*

*(1) An amount or value reported under section 4(c), (d), (e), or (g) shall be reported by category as follows:*

- (a) \$1,000.00 or more but less than \$10,000.00.*
- (b) \$10,000.00 or more but less than \$50,000.00.*
- (c) \$50,000.00 or more but less than \$100,000.00.*
- (d) \$100,000.00 or more but less than \$500,000.00.*
- (e) \$500,000.00 or more.*

*(2) An amount or value reported under section 4(f) shall be reported by category as follows:*

- (a) \$10,000.00 or more but less than \$50,000.00.*
- (b) \$50,000.00 or more but less than \$100,000.00.*
- (c) \$100,000.00 or more but less than \$500,000.00.*
- (d) \$500,000.00 or more.*

*(3) Instead of specifying the category of the amount or value of an item in a report under this act, an individual may indicate the exact amount or value of the item or, if stock shares, the number of shares.*

*Unless otherwise noted, information should be provided for the filer and immediate family members.*

## Personal Information - Filer (Sec. 4(1)(a))

Full Name: **Michael A Cox**  
Address: **35039 Munger Court**  
City, State, Zip: **Livonia, MI 48154**

Current Position Held: **Attorney General**  
Position Sought:

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## Employer Information - Filer (Sec. 4(1)(b))

Name: **State of Michigan**  
Address: **525 W Ottawa St, Lansing, 48909**

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Earned Income (Filer) – \$1,000 or more (Sec. 4(1)(c)(i))

The source, type, and amount or value of earned income received during the preceding calendar year by the individual filing the report if the total earned income from that source equals \$1,000.00 or more during that calendar year.

Source (Employer)	Type (Salary, tips, etc.)	Amt &/or Categ
State of Michigan	Salary	\$119,188 (d)

Earned Income (Im Fam) - \$1,000 or more (Sec. 4(1)(c)(ii))

The source and type of earned income received during the preceding calendar year by the individual filing the report if the total earned income from that source equals \$1,000.00 or more during that calendar year.

Source (Employer)	Type	
Wayne County	Salary	\$ 74,228 (c) <sup>1</sup>

<sup>1</sup> Salary will decrease by 10% on October 1, 2009.

Other Earned Income - \$1,000 or more (Sec. 4(1)(d))

The source, type, and amount or value of all other income not reported under subdivision (c) that is received during the preceding calendar year by the individual filing the report or a member of the immediate family of that individual if the total amount or value of the other income from that source equals \$1,000.00 or more during that calendar year.

Source (Employer)	Type (Interest, Grant, etc.)	Amt &/or Categ
None		

Assets - \$2,500 or more (Sec. 4(1)(e))

The identity and value of each asset, except household assets, held during the preceding calendar year by the individual filing the report or a member of the immediate family of that individual, including real or personal property or cash, if the asset had a fair market value of \$2,500.00 or more at any time the asset was held during the preceding calendar year. However, if the individual filing the report owns, controls, or has an interest in all or a portion of a farm, trust, or business, the identity and value of each asset held during the preceding year that is used in the operation or management of the farm, trust, or business is not required to be reported under this subdivision if the report includes a complete statement of the identity and value of the farm, trust, or business.

Description of Asset	Amt &/or Categ
Principal Dwelling	\$252,140 (d)
Cash/Savings	\$ 5,000 (a)
Exxon stock	\$ 16,000 (b)
Ford stock	\$ 4,000 (a)

Assets cont.

GE stock	\$ 1,800	(a)
State of Michigan 401k (filer)	\$ 64,000	(c)
Wayne County 401k (filer)	\$ 104,000	(d)
Wayne County 401k (Immed Fam)	\$ 30,000	(b)
Federal 401k (Immed Fam)	\$ 180,000	(d)
Wayne County deferred Comp (Immed Fam)	\$ 29,000	(b)
Roth IRAs	\$ 8,000	(b)

Creditor - \$10,000 or more (Sec. 4(1)(f))

*The identity and address of the creditor and value of each liability owed during the preceding calendar year by the individual filing the report or a member of the immediate family of that individual if the amount of the liability was \$10,000.00 or more at any time during the preceding calendar year. This subdivision does not apply to loans secured by household assets.*

Creditor Identity	Address	Amt &/or Categ
CitiMortgage	PO Box 183040, Columbus, OH 43218	\$209,000 (c)

Asset Transfers - \$1,000 or more (Sec. 4(1)(g))

*A brief description and value of a purchase, sale or exchange of real property or of stocks, bonds, commodities, futures, or other forms of securities during the preceding calendar year by the individual filing the report or a member of the immediate family of that individual, if the value is \$1,000.00 or more. This subdivision does not require a description of each purchase, sale, or exchange of stocks, bonds, commodities, or other forms of securities if those items are part of a mutual fund and if the identity and value of the mutual fund is otherwise reported under this act.*

Asset Description	Type of Transfer	Amount Cat
None		

Positions Held – Filer (Sec. 4(1)(h))

*Except as otherwise provided by this subdivision, the identity of all positions held by the individual filing the report during the preceding calendar year as an officer, director, member, trustee, partner, proprietor, representative, employee, or consultant of a corporation, limited liability company, limited partnership, partnership, or other business enterprise; of a nonprofit organization; of a labor organization; or of an educational or other institution other than this state. An individual filing the report who is required to have a license to practice or engage in a particular occupation or profession is not required to identify a position held as a consultant of a corporation unless the corporation is a publicly held corporation that has shares that are listed or traded over the counter or on an organized exchange or has gross revenues over \$4,000,000.00. This subdivision does not require the reporting of a position held in a religious, social, fraternal, or political entity, or of a position solely of an honorary nature for which no compensation is payable.*

Description	Position
None	

Agreements – Filer (Sec. 4(1)(i))

*If the individual filing the report has an agreement or has made an arrangement with respect to future employment, a leave of absence during that individual's term of office, continuation of payments by a former employer, or continuation of participation in an employee benefit plan maintained by a former employer, a description of the agreement or arrangement, including the dates, parties, and terms.*

Agreement/Arrangement	Terms	Date	Parties
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None

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Gifts & Reimbursements – Aggregating \$250 or more (Sec. 4(1)(j))

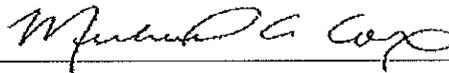
*The source, nature, and value of all gifts or reimbursements, including those related to travel, sporting events, and other recreational activities but excluding campaign contributions, aggregating \$250.00 or more that the individual filing the report or a member of his or her immediate family received during the preceding calendar year from a registered state or federal lobbyist or lobbyist agent.*

Source	Nature	Value (\$)
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None

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I certify that the information contained herein is complete and accurate to the best of my knowledge. Signed and sworn to this 2<sup>nd</sup> day of September, 2009.



Michael A Cox

Form **1040**

Department of the Treasury—Internal Revenue Service  
**U.S. Individual Income Tax Return 2008**

(99)

**COPY**  
IRS Use Only—Do not write or stamp in this space.

OMB No. 1545-0074

**Label**  
(See instructions on page 14.)  
Use the IRS Label. Otherwise, please print or type.  
Presidential Election Campaign

**L  
A  
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E**

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning 2008, ending 20

Your first name and initial <b>MICHAEL A</b>	Last name <b>COX</b>
If a joint return, spouse's first name and initial <b>LAURA L</b>	Last name <b>COX</b>
Home address (number and street). If you have a P.O. box, see page 14. <b>35039 MUNGER CT</b>	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. <b>LIVONIA MI 48154</b>	

Your social security number  
[REDACTED]

Spouse's social security number  
[REDACTED]

You must enter your SSN(s) above.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14)  You  Spouse

**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 page 15.) If the qualifying person is a child but not your dependent, enter this child's name here.

5  Qualifying widow(er) with dependent child (see page 18)

**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 qual. child for child tax cr. (see page 17)
[REDACTED]	<b>COX</b>	[REDACTED]	<b>Daughter</b>	<input checked="" type="checkbox"/>
[REDACTED]	<b>COX</b>	[REDACTED]	<b>Son</b>	<input checked="" type="checkbox"/>
[REDACTED]	<b>COX</b>	[REDACTED]	<b>Son</b>	<input checked="" type="checkbox"/>

Boxes checked on 6a and 6b: 2  
No. of children on 6c who:  
• lived with you: 3  
• did not live with you due to divorce or separation (see page 18):  
Dependents on 6c not entered above:  
Add numbers on lines above: 5

d Total number of exemptions claimed **5**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **193,416**

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **426**

b Qualified dividends (see page 21) **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions **15a** b Taxable amount (see page 23)

16a Pensions and annuities **16a** b Taxable amount (see page 24)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits **20a** b Taxable amount (see page 26)

21 Other income. List type and amount (see page 28)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **193,842**

**Adjusted Gross Income**

23 Educator expenses (see page 28) **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 One-half of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction (see page 29) **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN **31a**

32 IRA deduction (see page 30) **32**

33 Student loan interest deduction (see page 33) **33**

34 Tuition and fees deduction. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 31a and 32 through 35 **36**

37 Subtract line 36 from line 22. This is your adjusted gross income **193,842**

**Tax and Credits**

38 Amount from line 37 (adjusted gross income) 38 193,842

39a Check  You were born before January 2, 1944,  Blind. Total boxes checked  39a

if:  Spouse was born before January 2, 1944,  Blind.  39b

b If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here  39c

c Check if standard deduction includes real estate taxes or disaster loss (see page 34)

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 28,745

41 Subtract line 40 from line 38 41 165,097

42 If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 30. Otherwise, multiply \$9,500 by the total number of exemptions claimed on line 6d 42 17,500

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 147,597

44 Tax (see page 36). Check if any tax is from: a  Form(s) 8814 b  Form 4972 44 30,016

45 Alternative minimum tax (see page 39). Attach Form 6251 45 274

46 Add lines 44 and 45 46 30,290

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Credit for the elderly or the disabled. Attach Schedule R 49

50 Education credits. Attach Form 8863 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit (see page 42). Attach Form 8901 if required 52

53 Credits from Form: a  8396 b  8839 c  5695 53

54 Other credits from Form: a  3800 b  8801 c  54

55 Add lines 47 through 54. These are your total credits 55

56 Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- 56 30,290

**Other Taxes**

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a  4137 b  8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60 Additional taxes: a  AEIC payments b  Household employment taxes. Attach Schedule H 60

61 Add lines 56 through 60. This is your total tax 61 30,290

**Payments**

62 Federal income tax withheld from Forms W-2 and 1099 62 31,987

63 2008 estimated tax payments and amount applied from 2007 return 63

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Excess social security and tier 1 RRTA tax withheld (see page 61) 65

66 Additional child tax credit. Attach Form 8812 66

67 Amount paid with request for extension to file (see page 61) 67

68 Credits from Form: a  2439 b  4136 c  8801 d  8885 68

69 First-time homebuyer credit. Attach Form 5405 69

70 Recovery rebate credit (see worksheet on pages 62 and 63) 70

71 Add lines 62 through 70. These are your total payments 71 31,987

**Refund**

72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid 72 1,697

73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here  73a 1,697

b Routing number  c Type:  Checking  Savings

d Account number

74 Amount of line 72 you want applied to your 2009 estimated tax 74

**Amount You Owe**

75 Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65 75

76 Estimated tax penalty (see page 65) 76

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 66)?  Yes. Complete the following.  No

Designee's name **Preparer** Personal identification number (PIN) Phone no.

**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

Spouse's signature, if a joint return, both must sign Date Spouse's occupation

**Paid Preparer's Use Only**

Preparer's signature **Mark W. Sasena, EA** Date **3/06/09** Check if self-employed  Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code **Sasena's Accounting & Tax Service** EIN

**15751 Farmington Road** Phone no.

**Livonia MI 48154**

Form **8879**

Department of the Treasury  
Internal Revenue Service

**IRS e-file Signature Authorization**

- ▶ Do not send to the IRS. This is not a tax return.
- ▶ Keep this form for your records. See Instructions.

OMB No. 1545-0074

**2008**

Declaration Control Number (DCN) ▶ **00385561019119**

Taxpayer's name  
**MICHAEL A COX**

Social security number  
[REDACTED]

Spouse's name  
**LAURA L COX**

Spouse's social security number  
[REDACTED]

**Part I Tax Return Information—Tax Year Ending December 31, 2008 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	193,842
2	Total tax (Form 1040, line 61; Form 1040A, line 37; Form 1040EZ, line 11)	30,290
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 38; Form 1040EZ, line 7)	31,987
4	Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	1,697
5	Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 13)	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2008, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize Sasena's Accounting & Tax Service to enter or generate my PIN [REDACTED] as my signature on my tax year 2008 electronically filed income tax return. Enter five numbers, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ **3/06/09**

Spouse's PIN: check one box only

I authorize Sasena's Accounting & Tax Service to enter or generate my PIN [REDACTED] as my signature on my tax year 2008 electronically filed income tax return. Enter five numbers, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ **3/06/09**

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication—Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [REDACTED] do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2008 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ Mark W. Sasena, EA Date ▶ **3/06/09**

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

**SCHEDULES A&B**

(Form 1040)

**Schedule A—Itemized Deductions**

(Schedule B is on back)

OMB No. 1545-0074

**2008**

Attachment Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040.

▶ See Instructions for Schedules A&B (Form 1040).

Your social security number

Name(s) shown on Form 1040

**MICHAEL A & LAURA L COX**

**Medical and Dental Expenses**

Caution. Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see page A-1) ..... **193,842**
- 2 Enter amount from Form 1040, line 38 **2** ..... **193,842**
- 3 Multiply line 2 by 7.5% (.075) ..... **14,538**
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

**Taxes You Paid**

(See page A-2.)

- 5 State and local (check only one box):
  - a  Income taxes, or
  - b  General sales taxes
- 6 Real estate taxes (see page A-5) ..... **4,943**
- 7 Personal property taxes ..... **282**
- 8 Other taxes. List type and amount ▶

9 Add lines 5 through 8 ..... **9,322**

**Interest You Paid**

(See page A-5.)

- 10 Home mortgage interest and points reported to you on Form 1098 ..... **10,937**
- 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶

Note. Personal interest is not deductible.

- 12 Points not reported to you on Form 1098. See page A-6 for special rules
- 13 Qualified mortgage insurance premiums (see page A-6)
- 14 Investment interest. Attach Form 4952 if required. (See page A-6.)

15 Add lines 10 through 14 ..... **10,937**

**Gifts to Charity**

If you made a gift and got a benefit for it, see page A-7.

- 16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-7 ..... **2,790**
- 17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500 ..... **810**
- 18 Carryover from prior year
- 19 Add lines 16 through 18 ..... **3,600**

**Casualty and Theft Losses**

20 Casualty or theft loss(es). Attach Form 4684. (See page A-8.)

**Job Expenses and Certain Miscellaneous Deductions**

(See page A-9.)

- 21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶
- 22 Tax preparation fees
- 23 Other expenses—investment, safe deposit box, etc. List type and amount ▶
- 24 Add lines 21 through 23
- 25 Enter amount from Form 1040, line 38 **25** ..... **193,842**
- 26 Multiply line 25 by 2% (.02) ..... **3,877**
- 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-

**Other Miscellaneous Deductions**

28 Other—from list on page A-10. List type and amount ▶

**Total Itemized Deductions**

- 29 Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing separately)?
  - No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. .... **28,745**
  - Yes. Your deduction may be limited. See page A-10 for the amount to enter.
- 30 If you elect to itemize deductions even though they are less than your standard deduction, check here **\* Limited by AGI**

Schedules A&B (Form 1040) 2008

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security number

MICHAEL A & LAURA L COX

Attachment Sequence No. 08

Schedule B—Interest and Ordinary Dividends

Part I Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address

(See page B-1 and the instructions for Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

Note. If line 4 is over \$1,500, you must complete Part III.

Part II Ordinary Dividends

(See page B-1 and the instructions for Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer
EXXON MOBIL
GENERAL ELECTRIC

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a

Note. If line 6 is over \$1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 2008, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1

b If "Yes," enter the name of the foreign country
8 During 2008, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2

(See page B-2.)

Table with Yes/No columns for questions 7a and 8. Question 7a has 'X' in the No column.

# Alternative Minimum Tax—Individuals

OMB No. 1545-0074

Form **6251**

▶ See separate instructions.

**2008**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

Attachment  
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

**MICHAEL A & LAURA L COX**

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 2), and go to line 7. (If less than zero, enter as a negative amount.)	165,097
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	
3	Taxes from Schedule A (Form 1040), line 9	14,547
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	0
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	
6	If Form 1040, line 38, is over \$159,950 (over \$79,975 if married filing separately), enter the amount from line 11 of the <b>Itemized Deductions Worksheet</b> on page A-10 of the instructions for Schedule A (Form 1040)	339
7	If claiming the standard deduction, enter any amount from Form 4684, line 18a, as a negative amount	
8	Tax refund from Form 1040, line 10 or line 21	
9	Investment interest expense (difference between regular tax and AMT)	
10	Depletion (difference between regular tax and AMT)	
11	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	
12	Interest from specified private activity bonds exempt from the regular tax	
13	Qualified small business stock (7% of gain excluded under section 1202)	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	
17	Disposition of property (difference between AMT and regular tax gain or loss)	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	
19	Passive activities (difference between AMT and regular tax income or loss)	
20	Loss limitations (difference between AMT and regular tax income or loss)	0
21	Circulation costs (difference between regular tax and AMT)	
22	Long-term contracts (difference between AMT and regular tax income)	
23	Mining costs (difference between regular tax and AMT)	
24	Research and experimental costs (difference between regular tax and AMT)	
25	Income from certain installment sales before January 1, 1987	
26	Intangible drilling costs preference	
27	Other adjustments, including income-based related adjustments	
28	Alternative tax net operating loss deduction	
29	<b>Alternative minimum taxable income.</b> Combine lines 1 through 28. (If married filing separately and line 29 is more than \$214,900, see page 8 of the instructions.)	179,305

**Part II Alternative Minimum Tax (AMT)**

30	Exemption. (If you were under age 24 at the end of 2008, see page 9 of the instructions.) IF your filing status is ... AND line 29 is not over... THEN enter on line 30... Single or head of household \$112,500 \$46,200 Married filing jointly or qualifying widow(er) 150,000 69,950 Married filing separately 75,000 34,975	62,624
31	If line 29 is over the amount shown above for your filing status, see page 8 of the instructions. Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II	116,681
32	• If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here. • All others: If line 31 is \$175,000 or less (\$97,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	30,290
33	Alternative minimum tax foreign tax credit (see page 9 of the instructions)	
34	Tentative minimum tax. Subtract line 33 from line 32	30,290
35	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see page 11 of the instructions)	30,016
36	<b>AMT.</b> Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45	274

Part III Tax Computation Using Maximum Capital Gains Rates

37	Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet on page 9 of the instructions		37	116,681
38	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the Instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see page 11 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter	38	426	
39	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see page 11 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter	39		
40	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 38. Otherwise, add lines 38 and 39, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see page 11 of the instructions for the amount to enter	40	426	
41	Enter the smaller of line 37 or line 40		41	426
42	Subtract line 41 from line 37		42	116,255
43	If line 42 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 42 by 26% (.26). Otherwise, multiply line 42 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result		43	30,226
44	Enter: • \$65,100 if married filing jointly or qualifying widow(er), • \$32,550 if single or married filing separately, or • \$43,650 if head of household.	44	65,100	
45	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	45	147,171	
46	Subtract line 45 from line 44. If zero or less, enter -0-	46	0	
47	Enter the smaller of line 37 or line 38	47	426	
48	Enter the smaller of line 46 or line 47	48		
49	Subtract line 48 from line 47	49	426	
50	Multiply line 49 by 15% (.15) If line 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.		50	64
51	Subtract line 47 from line 41	51		
52	Multiply line 51 by 25% (.25)		52	
53	Add lines 43, 50, and 52		53	30,290
54	If line 37 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 37 by 26% (.26). Otherwise, multiply line 37 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result		54	30,337
55	Enter the smaller of line 53 or line 54 here and on line 32. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 32. Instead, enter it on line 4 of the worksheet on page 9 of the instructions		55	30,290

Form **8283**

(Rev. December 2006)

Department of the Treasury  
Internal Revenue Service

# Noncash Charitable Contributions

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ See separate instructions.

OMB No. 1545-0008

Attachment Sequence No. **155**

Name(s) shown on your income tax return

**MICHAEL A & LAURA L COX**

Identifying number

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

## Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities- List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

### Part I Information on Donated Property- If you need more space, attach a statement.

	(a) Name and address of the donee organization	(b) Description of donated property (For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)
1		
A	<b>ST VINCENT DE PAUL 3000 GRATIOT AVE DETROIT MI 48207</b>	<b>CLOTHING, HOUSEHOLD ITEMS</b>
B		
C		
D		
E		

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A	<b>Various</b>	<b>Various</b>	<b>Purchase</b>	<b>4,455</b>	<b>810</b>	<b>Thrift Shop Value</b>
B						
C						
D						
E						

### Part II Partial Interests and Restricted Use Property- Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ \_\_\_\_\_  
If Part II applies to more than one property, attach a separate statement.
- b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ \_\_\_\_\_  
(2) For any prior tax years ▶ \_\_\_\_\_
- c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):  
Name of charitable organization (donee) \_\_\_\_\_  
Address (number, street, and room or suite no.) \_\_\_\_\_  
City or town, state, and ZIP code \_\_\_\_\_
- d For tangible property, enter the place where the property is located or kept ▶ \_\_\_\_\_  
e Name of any person, other than the donee organization, having actual possession of the property ▶ \_\_\_\_\_

- 3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? 

Yes	No
- b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? 

Yes	No
- c Is there a restriction limiting the donated property for a particular use? 

Yes	No

Form **1040**

**Qualified Dividends and Capital Gain Tax Worksheet**

**2008**

Name

Taxpayer Identification Number

**MICHAEL A & LAURA L COX**

If you do not have to use the Schedule D Tax Worksheet use this worksheet to figure your tax if any of the following applies:

- You reported qualified dividends on Form 1040, line 9b (or Form 1040NR, line 10b)
  - You do not have to file Schedule D and you reported capital gain distributions on Form 1040, line 13 (or Form 1040NR, line 14)
- You do not have to file Schedule D if both of the following apply:
- The only amounts you have to report on Schedule D are capital gain distributions from Form(s) 1099-DIV, box 2a, or substitute statement(s)
  - None of the Forms 1099-DIV or substitute statements have an amount in box 2b (unrecaptured section 1250 gain), box 2c (section 1202 gain), or box 2d (collectibles (28%) gain).
- You are filing Schedule D and Schedule D, lines 15 and 16, are both more than zero.

**Qualified Dividends and Capital Gain Tax Worksheet - Form 1040, Line 44**

1. Enter the amount from Form 1040, line 43. (However if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheets)	1.	147,597
2. Enter the amount from Form 1040, line 9b*	2.	426
3. Are you filing Schedule D?*		
<input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is a loss, enter -0-	3.	
<input checked="" type="checkbox"/> No. Enter the amount from Form 1040, line 13		
4. Add lines 2 and 3	4.	426
5. If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise, enter -0-	5.	
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	426
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	147,171
8. Enter the smaller of:		
• The amount on line 1, or		
• \$32550 if single or married filing separately		
• \$65100 if married filing jointly or qualifying widow(er), or		
• \$43650 if head of household	8.	65,100
9. Is the amount on line 7 equal to or more than the amount on line 8?		
<input checked="" type="checkbox"/> Yes. Skip lines 9 and 10; go to line 11 and check the "No" box	9.	
<input type="checkbox"/> No. Enter the amount from line 7	10.	
10. Subtract line 9 from line 8		
11. Are the amounts on lines 6 and 10 the same?		
<input type="checkbox"/> Yes. Skip lines 11 through 14; go to line 15	11.	426
<input checked="" type="checkbox"/> No. Enter the smaller of line 1 or line 6	12.	
12. Enter the amount from line 10 (if line 10 is blank, enter -0-)	13.	426
13. Subtract line 12 from line 11		
14. Multiply line 13 by 15% (.15)	14.	64
15. Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies	15.	29,952
16. Add lines 14 and 15	16.	30,016
17. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies	17.	30,071
18. Tax on all taxable income. Enter the smaller of line 16 or line 17. Also include this amount on Form 1040, line 44. (If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet)	18.	30,016

\*If you are filing Form 2555 or 2555-EZ, these lines maybe reduced (but not below zero) by your capital gain excess. Please refer to Foreign Earned Income Tax Worksheets - Excess Capital Gain for detail if the lines have been reduced.

Form **1040**

**General Sales Tax Deduction Worksheet**

**2008**

Name as shown on return

Taxpayer Identification Number

**MICHAEL A & LAURA L COX**

State of  
**Michigan**

Locality of

**General Sales Tax from IRS Tables**

- |   |    |                |
|---|----|----------------|
| 1. Enter the amount of adjusted gross income (AGI) from Form 1040, Line 37 .....  | 1. | <u>193,842</u> |
| 2. Add the nontaxable amounts from Form 1040, lines 8b, 15a, 16a, 20a (Exclude rollovers and tax-free Sec. 1035 exchanges) .....  | 2. | _____          |
| 3. Add the nontaxable amounts from combat pay, public assistance, veteran's benefits, unemployment compensation. Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits received in 2008, as well as any economic stimulus payment you received in 2008 ..... | 3. | _____          |
| 4. Add lines 1 through 3, this is income for general sales tax table purposes .....   | 4. | <u>193,842</u> |
| 5. Enter the amount from the sales tax table in the Schedule A instructions. ....   | 5. | <u>1,580</u>   |
| Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8 and enter the amount from line 5 on line 9  |    |                |
| 6. Enter the number of days of residence in state .....   | 6. | _____          |
| 7. Total days in year .....   | 7. | <u>366</u>     |
| 8. Divide line 6 by line 7 (rounded to at least 3 decimal places) .....   | 8. | _____          |
| 9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table. ....  | 9. | <u>1,580</u>   |

**Local Sales Tax Using IRS Tables**

- |  |     |            |
|--|-----|------------|
| 10. Enter the amount from the sales tax table in the Schedule A instructions. ....   | 10. | _____      |
| 11. If you are a resident of Alaska, Arizona, Arkansas, California (Los Angeles County only), Colorado, Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah, or Virginia, enter the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions. .... | 11. | _____      |
| 12. Enter the local general sales tax rate (exclude statewide local sales tax rate) .....  | 12. | _____      |
| 13. Enter the state general sales tax rate (include statewide local sales tax rate) .....  | 13. | _____      |
| 14. Divide line 12 by line 13 (rounded to at least 3 decimal places) .....   | 14. | _____      |
| 15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax using the optional local sales tax tables. ....  | 15. | _____      |
| Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19   |     |            |
| If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax using the optional state and certain local sales tax tables.   |     |            |
| Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19   |     |            |
| 16. Enter the number of days of residence in locality .....  | 16. | _____      |
| 17. Total days in year .....   | 17. | <u>366</u> |
| 18. Divide line 16 by line 17 (rounded to at least 3 decimal places) .....   | 18. | _____      |
| 19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables. ....   | 19. | _____      |

**General Sales Tax Summary**

- |   |     |              |
|---|-----|--------------|
| 20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets .....     | 20. | <u>1,580</u> |
| 21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets .....    | 21. | _____        |
| 22. Add lines 20 and 21, this is the total General Sales taxes using the tables ..... | 22. | <u>1,580</u> |
| 23. Enter the actual state and local general sales taxes paid .....                   | 23. | _____        |
| 24. Enter the greater of line 22 or line 23 .....                                     | 24. | <u>1,580</u> |
| 25. Enter the state and local taxes paid on specified items (Major purchases) .....   | 25. | _____        |
| 26. Add lines 24 and 25, this is the deductible General Sales tax .....               | 26. | <u>1,580</u> |
| 27. Enter total state and local income taxes paid .....                               | 27. | <u>9,322</u> |

Enter the greater of line 26 or 27 on Schedule A line 5. If line 26 is greater, mark Schedule A line 5b. If line 27 is greater, mark Schedule A line 5a.

Form <b>1040</b>	<b>AMT Exemption and Sch D Ln 19 Worksheets</b>	<b>2008</b>
------------------	---	-------------

Name <b>MICHAEL A &amp; LAURA L COX</b>	Taxpayer Identification Number [REDACTED]
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**Exemption Worksheet - Form 6251, Line 30**

1. Enter \$46,200 if single or head of household; \$69,950 if married filing jointly or qualifying widow(er); \$34,975 if married filing separately .....	1.	69,950
2. Enter your alternative minimum taxable income (AMTI) from Form 6251, line 29 .....	2.	179,305
3. Enter \$112,500 if single or head of household; \$150,000 if married filing jointly or qualifying widow(er); \$75,000 if married filing separately .....	3.	150,000
4. Subtract line 3 from line 2. If zero or less, enter -0- .....	4.	29,305
5. Multiply line 4 by 25% (.25) .....	5.	7,326
6. Subtract line 5 from line 1. If zero or less, enter -0-. If any of the three conditions under Certain Children Under Age 24 apply to you, complete lines 7 through 10. Otherwise, stop here and enter this amount on Form 6251, line 30, and go to Form 6251, line 31 .....	6.	62,624
7. Minimum exemption amount for certain children under age 24 .....	7.	
8. Enter your earned income, if any. See Instructions .....	8.	
9. Add lines 7 and 8 .....	9.	
10. Enter the smaller of line 6 or line 9 here and on Form 6251, line 30, and go to Form 6251, line 31 .....	10.	

**Schedule D Line 19 Refigured for AMT Worksheet - Form 6251, Line 40**

All forms referenced are the AMT version of the form. If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10

1. If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not on Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. ....	2.	*
2. Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 .....	3.	*
3. Subtract line 2 from line 1. *(Total amount is reported. See the Unrecaptured Section 1250 Gains stmt for detail) .....	4.	
4. Enter the total unrecaptured section 1250 gain included on line 26 or line 37 of Form(s) 6252 from installment sales of trade or business property held more than 1 year .....	5.	
5. Enter the total of any amounts reported to you on Sch K-1 from partnership/S corp as unrecap sect 1250 gain .....	6.	
6. Add lines 3 through 5 .....	7.	
7. Enter the smaller of line 6 or gain from Form 4797, line 7 (AMT Form 4797 line 7) .....	8.	
8. Enter the amount, if any, from Form 4797, line 8 .....	9.	0
9. Subtract line 8 from line 7. If zero or less, enter -0- .....	10.	
10. Enter the gain from the sale/exchange of a partnership interest attributable to unrecaptured section 1250 gain .....	11.	
11. Enter the total AMT amount reported to you on a Schedule K-1, Form 1099-DIV or Form 2439 as "unrecaptured section gain" from an estate, trust, real estate investment trust, or mutual fund (or other regulated invest co) .....	12.	
12. Enter the total of any unrecaptured sect 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Form 4797 for the yr of sale .....	13.	
13. Add lines 9 through 12 .....	14.	
14. If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 through 4 of the 28% Rate Gain Worksheet on page D-7. Otherwise, enter -0- .....	15.	0
15. Enter the (loss), if any, from the Schedule D, line 7. If zero or gain enter -0- .....	16.	
16. Enter your long-term capital loss carryovers from Sch D, line 14 and Schedule K-1 (Form 1041), box 11, code C .....	17.	0
17. Combine lines 14 thru 16. If result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0- .....	18.	0
18. Subtract line 17 from line 13. If zero or less, enter -0-. Enter the result on Form 6251, page 2, line 40 .....		

Form **1040**

**AMT Schedule D Tax Worksheet**

**2008**

Name  
**MICHAEL A & LAURA L COX**

Taxpayer Identification Number  
[REDACTED]

NOTE: All forms referenced below refer to the AMT versions

- 1. Enter the amount from Form 6251, line 31. (However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter instead the amount from line 3 of the AMT Foreign Earned Income Tax Worksheet on page 9 of the Form 6251 instructions) 1. 116,681
- 2. Enter your qualified dividends from Form 1040, line 9b (or Form 1040NR, line 10b) 2. 426
- 3. Form 4952, line 4g amount 3. \_\_\_\_\_
- 4. Form 4952, line 4e amount 4. \_\_\_\_\_
- 5. Subtract line 4 from line 3. If zero or less, enter -0- 5. 0
- 6. Subtract line 5 from line 2. If zero or less, enter -0- 6. 426
- 7. Enter the smaller of line 15 or line 16 of Schedule D 7. \_\_\_\_\_
- 8. Enter the smaller of line 3 or line 4 8. \_\_\_\_\_
- 9. Subtract line 8 from line 7. If zero or less, enter -0- 9. 0
- 10. Add lines 6 and 9 10. 426
- 11. Add the AMT 28% Rate Capital Gain and the AMT Unrecaptured Section 1250 Gain 11. 426
- 12. Enter the smaller of line 9 or line 11 12. \_\_\_\_\_
- 13. Subtract line 12 from line 10. Enter the result here and on Form 6251, line 38 13. 426

Form **1040****Tax Refund Worksheet - No Tax Benefit Derived Due to AMT****2009**

Name **MICHAEL A & LAURA L COX** Taxpayer Identification Number XXXXXXXXXX

**2008 State and Local Refunds Not Taxable in 2009 Due to AMT**

1. Total refund attributable to 2008 (from total on Wrk 10, Tax Refund Wrk - 2008 State and Local Refunds)		1.	<u>871</u>
2. 2008 regular tax	2.	<u>30,016</u>	
3. 2008 AMT	3.	<u>274</u>	
4. 2008 Total Tax (line 2 + line 3)	4.	<u>30,290</u>	
5. 2008 Federal Marginal Tax Rate	5.	<u>0.280</u>	
6. Tentative no benefit (line 3 divided by line 5)	6.	<u>979</u>	
7. Adjustment (smaller of line 1 or line 6)	7.	<u>871</u>	
8. Recalculated 2008 Itemized Deductions	8.	<u>27,874</u>	
9. Recalculated 2008 Taxable Income	9.	<u>148,468</u>	
10. Recalculated 2008 Tax	10.	<u>30,260</u>	
Recalculated 2008 Tax using Sch D Tax Wrk or QDCGTW		<u>30,260</u>	
Recalculated 2008 Form 8615			
Recalculated 2008 Schedule J			
11. Recalculated 2008 AMT	11.	<u>30</u>	
12. New 2008 Total Tax (line 10 + line 11)	12.	<u>30,290</u>	
13. 2008 state and local refunds not taxable in 2009 (equals line 7, if line 12 = line 4)	13.	<u>871</u>	

The amount from Line 13 will carry to the 2009 Tax Refund Worksheet

Form **1040**

**Tax Refund Worksheet - 2008 State and Local Refunds**

**2009**

Name **MICHAEL A & LAURA L COX** Taxpayer Identification Number XXXXXXXXXX

**MI - DET**

1. 2008 payments paid in 2009	1. _____	
2. 2008 extension paid in 2009	2. _____	
3. 2008 additional payment paid in 2009	3. _____	
4. Total 2008 payments paid in 2009 (sum of lines 1 through 3)	4. _____	
5. Total payments on the 2008 return	5. <u>1,042</u>	
6. Total 2008 overpayment/refund	6. <u>154</u>	
7. 2008 refund attributable to tax paid in 2009 (line 4 divided by line 5 multiplied by line 6)	7. _____	
8. 2008 state/local tax refund attributable to tax paid in 2008 (line 6 minus line 7)	8. <u>154</u>	

**MI - IAN**

1. 2008 payments paid in 2009	1. _____	
2. 2008 extension paid in 2009	2. _____	
3. 2008 additional payment paid in 2009	3. _____	
4. Total 2008 payments paid in 2009 (sum of lines 1 through 3)	4. _____	
5. Total payments on the 2008 return	5. <u>887</u>	
6. Total 2008 overpayment/refund	6. <u>717</u>	
7. 2008 refund attributable to tax paid in 2009 (line 4 divided by line 5 multiplied by line 6)	7. _____	
8. 2008 state/local tax refund attributable to tax paid in 2008 (line 6 minus line 7)	8. <u>717</u>	

1. 2008 payments paid in 2009	1. _____	
2. 2008 extension paid in 2009	2. _____	
3. 2008 additional payment paid in 2009	3. _____	
4. Total 2008 payments paid in 2009 (sum of lines 1 through 3)	4. _____	
5. Total payments on the 2008 return	5. _____	
6. Total 2008 overpayment/refund	6. _____	
7. 2008 refund attributable to tax paid in 2009 (line 4 divided by line 5 multiplied by line 6)	7. _____	
8. 2008 state/local tax refund attributable to tax paid in 2008 (line 6 minus line 7)	8. _____	

1. 2008 payments paid in 2009	1. _____	
2. 2008 extension paid in 2009	2. _____	
3. 2008 additional payment paid in 2009	3. _____	
4. Total 2008 payments paid in 2009 (sum of lines 1 through 3)	4. _____	
5. Total payments on the 2008 return	5. _____	
6. Total 2008 overpayment/refund	6. _____	
7. 2008 refund attributable to tax paid in 2009 (line 4 divided by line 5 multiplied by line 6)	7. _____	
8. 2008 state/local tax refund attributable to tax paid in 2008 (line 6 minus line 7)	8. _____	

1. 2008 payments paid in 2009	1. _____	
2. 2008 extension paid in 2009	2. _____	
3. 2008 additional payment paid in 2009	3. _____	
4. Total 2008 payments paid in 2009 (sum of lines 1 through 3)	4. _____	
5. Total payments on the 2008 return	5. _____	
6. Total 2008 overpayment/refund	6. _____	
7. 2008 refund attributable to tax paid in 2009 (line 4 divided by line 5 multiplied by line 6)	7. _____	
8. 2008 state/local tax refund attributable to tax paid in 2008 (line 6 minus line 7)	8. _____	

Total of ALL 2008 state/local tax refunds attributable to tax paid in 2009 (sum of lines 7) \_\_\_\_\_

Total of ALL 2008 state/local tax refunds attributable to tax paid in 2008 (sum of lines 8; for 2009 Tax Refund Wrk) 871

**Federal Statements**

**STATE OF MICHIGAN**

Form W-2, Box 12

Description	Amount
Cost of group term life insurance coverage over 50,000	\$ 270
Section 401(k) contributions	3,747
Total	<u>\$ 4,017</u>

Form 1040, Dividend Income

Payer	Ordinary Dividends	Qualified Dividends
EXXON MOBIL	\$ 314	\$ 314
GENERAL ELECTRIC	112	112
Total	<u>\$ 426</u>	<u>\$ 426</u>

**COUNTY OF WAYNE**

Form W-2, Box 12

Description	Amount
Section 457(b) contributions	\$ 7,800
Cost of group term life insurance coverage over 50,000	78
Total	<u>\$ 7,878</u>

**COUNTY OF WAYNE**

Form W-2, Box 14 - Other

Description	Amount
14Y	\$ 6,000
Total	<u>\$ 6,000</u>

## Federal Statements

Schedule A, Line 5 - State and Local Taxes

<u>Description</u>	<u>Amount</u>
State Withholding on W-2s	\$ 7,292
City Withholding on W-2s	1,929
State Tax Payments	101
Total Income Taxes*	<u>9,322</u>
General Sales Tax	1,580
Total Sales Taxes	<u>1,580</u>

\*Income taxes are being deducted

Schedule A, Line 10 - Home Mortgage Interest From Form 1098

<u>Description</u>	<u>Amount</u>
CITIMORTGAGE	\$ 10,937
Total	<u>\$ 10,937</u>

Schedule A, Line 16 - Charitable Contributions by Cash or Check

<u>Description</u>	<u>Amount</u>	<u>Qualifying Midwestern Disaster Relief Contrib</u>
CASH/CHECK	\$ 990	
THE HENRY FORD	125	
MSU	25	
CHURCH	1,600	
LIVONIA LIBRARY	50	
Total	<u>\$ 2,790</u>	

Schedule A, Line 17 - Charitable Contributions Other Than Cash or Check

<u>Description</u>	<u>Amount</u>
50% Contrib from 8283	\$ 810
Total	<u>\$ 810</u>

**Label**  
See instructions on page 12.) Use the IRS label. Otherwise, please print or type.  
Presidential Election Campaign

For the year Jan. 1-Dec. 31, 2007, or other tax year beginning \_\_\_\_\_, 2007, ending \_\_\_\_\_, 20

Your first name and initial: **MICHAEL A** Last name: **COX**

If a joint return, spouse's first name and initial: **LAURA L** Last name: **COX**

Home address (number and street). If you have a P.O. box, see page 12. Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. **LIVONIA MI 48154**

Your social security number  
[REDACTED]

Spouse's social security number  
[REDACTED]

You must enter your SSN(s) above.  You  Spouse

Checking a box below will not change your tax or refund.  
 You  Spouse

**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 page 13.) If the qualifying person is a child but not your dependent, enter this child's name here. ◆

5  Qualifying widow(er) with dependent child (see page 14)

**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 qual. child for child tax cr. (see page 15)
[REDACTED]	COX	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>
[REDACTED]	COX	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>
[REDACTED]	COX	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>

d Total number of exemptions claimed **5**

Boxes checked on 6a and 6b No. of children on 6c who:  
 • lived with you **3**  
 • did not live with you due to divorce or separation (see page 16) \_\_\_\_\_  
 Dependents on 6c not entered above \_\_\_\_\_  
 Add numbers on lines above **5**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **195,570**

8a Taxable interest. Attach Schedule B if required **9**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **357**

b Qualified dividends (see page 19) **9b 357**

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) **470**

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  **16**

14 Other gains or (losses). Attach Form 4797

15a IRA distributions **15a** b Taxable amount (see page 21) **15b**

16a Pensions and annuities **16a** b Taxable amount (see page 22) **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits **20a** b Taxable amount (see page 24) **20b**

21 Other income. List type and amount (see page 24)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **196,422**

**Adjusted Gross Income**

23 Educator expenses (see page 26) **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 One-half of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction (see page 26) **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN ◆ **31a**

32 IRA deduction (see page 27) **32**

33 Student loan interest deduction (see page 30) **33**

34 Tuition and fees deduction. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 31a and 32 through 35 **36**

37 Subtract line 36 from line 22. This is your adjusted gross income **196,422**

38	Amount from line 37 (adjusted gross income)	38	196,422
39a	Check <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	28,413
41	Subtract line 40 from line 38	41	168,009
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33	42	17,000
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	151,009
44	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	31,227
c	<input type="checkbox"/> Form(s) 8889	45	550
45	Alternative minimum tax (see page 36). Attach Form 6251	46	31,777
46	Add lines 44 and 45		
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see page 39). Attach Form 8901 if required	52	
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801	55	
c	<input type="checkbox"/> Form		
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	31,777
58	Self-employment tax. Attach Schedule SE	58	
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	31,777
64	Federal income tax withheld from Forms W-2 and 1099	64	32,677
65	2007 estimated tax payments and amount applied from 2006 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	32,677
73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	900
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> 74a	74a	900
b	Routing number <input type="checkbox"/> 74b		
c	Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
d	Account number <input type="checkbox"/> 74d		
75	Amount of line 73 you want applied to your 2008 estimated tax <input type="checkbox"/> 75		
76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60	76	
77	Estimated tax penalty (see page 61)	77	

Do you want to allow another person to discuss this return with the IRS (see page 61)?  Yes. Complete the following.  No

Designee's name: **Preparer** Personal identification number (PIN)  Phone no.

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: \_\_\_\_\_

Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

Preparer's signature: \_\_\_\_\_ Date: 2/27/08 Check if self-employed  Preparer's SSN or PTIN: \_\_\_\_\_

Preparer's name (or yours if self-employed), address, and ZIP code: **Sasena's Accounting & Tax Service**  
**15751 Farmington Road**  
**Livonia MI 48154**

EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

IRS e-file Signature Authorization

- ▶ Do not send to the IRS. This is not a tax return.
- ▶ Keep this form for your records. See instructions.

Control Number (DCN) [Redacted]

NAME SOCIAL A COX Social security number [Redacted]

NAME SOCIAL A COX Spouse's social security number [Redacted]

**Tax Return Information—Tax Year Ending December 31, 2007 (Whole Dollars Only)**

Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	196,422
Capital gains (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 10)	2	31,777
Employer's tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7)	3	32,677
Refundable tax credits (Form 1040, line 74a; Form 1040A, line 44a; Form 1040EZ, line 11a; Form 1040-SS, Part 1, line 12a)	4	900
Other payments (Form 1040, line 76; Form 1040A, line 46; Form 1040EZ, line 12)	5	

**Part I Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts shown on this return are from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator to transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the date of any refund, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account designated on this account for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit my account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN). This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To terminate this authorization, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I understand that the institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer my questions related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic return originator. If applicable, my Electronic Funds Withdrawal Consent.

Practitioner's PIN, check one box only

Sasena's Accounting & Tax Service to enter or generate my PIN [Redacted] do not enter all zeros

ERO firm name

Signature on my tax year 2007 electronically filed income tax return.

I enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III

Date " 2/22/08

Practitioner's PIN, check one box only

Sasena's Accounting & Tax Service to enter or generate my PIN [Redacted] do not enter all zeros

ERO firm name

Signature on my tax year 2007 electronically filed income tax return.

I enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III

Date " 2/22/08

**Practitioner PIN Method Returns Only—continue below**

**Certification and Authentication—Practitioner PIN Method Only**

Enter your six-digit EFIN followed by your five-digit self-selected PIN. [Redacted] do not enter all zeros

The PIN entry is my PIN, which is my signature for the tax year 2007 electronically filed income tax return for the taxpayer(s) indicated on this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Practitioners of Individual Income Tax Returns.

Date " 2/22/08

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

# Schedule A—Itemized Deductions

OMB No. 1545-0074

**2007**

Attachment Sequence No. **07**

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See instructions for Schedules A&B (Form 1040).

Your social security number

**LAURA L COX**

Caution: Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see page A-1)	1	
2	Enter amount from Form 1040, line 38	2	196,422
3	Multiply line 2 by 7.5% (.075)	3	14,732
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
5	State and local (check only one box):	5	8,327
a	<input checked="" type="checkbox"/> Income taxes, or		
b	<input type="checkbox"/> General sales taxes		
6	Real estate taxes (see page A-5)	6	5,594
7	Personal property taxes	7	242
8	Other taxes. List type and amount ▶	8	
9	Add lines 5 through 8	9	14,163
10	Home mortgage interest and points reported to you on Form 1098	10	11,293
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶	11	
12	Points not reported to you on Form 1098. See page A-6 for special rules	12	
13	Qualified mortgage insurance premiums (See page A-7)	13	
14	Investment interest. Attach Form 4952 if required. (See page A-7.)	14	
15	Add lines 10 through 14	15	11,293
16	Gifts by cash or check. If you made any gift of \$250 or more, see page A-8	16	2,858
17	Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500	17	900
18	Carryover from prior year	18	
19	Add lines 16 through 18	19	3,758
20	Casualty or theft loss(es). Attach Form 4684. (See page A-9.)	20	
21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶	21	
22	Tax preparation fees	22	
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23	
24	Add lines 21 through 23	24	
25	Enter amount from Form 1040, line 38	25	196,422
26	Multiply line 25 by 2% (.02)	26	3,928
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
28	Carryover from list on page A-10. List type and amount ▶	28	
29	<p>Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?</p> <p><input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.</p> <p><input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-10 for the amount to enter.</p>	*	28,413

LAURENCE L. COX

Your social security number

# Schedule B—Interest and Ordinary Dividends

Attachment Sequence No. **08**

If you received any interest from a seller-financed mortgage and the property was a personal residence, see page B-1 and list this mortgage on Form 1040, line 12. If you received any interest from a mortgage on a property that is not your personal residence, see page B-1 and list this mortgage on Form 1040, line 13. If you received any interest from a mortgage on a property that is not your personal residence, see page B-1 and list this mortgage on Form 1040, line 13.

MARSHALL BANK

	Amount
1	9
2	9
3	
4	9

Enter the amount on line 1  
 Enter the amount on series EE and I U.S. savings bonds issued after 1989.  
 Enter the amount on line 2. Enter the result here and on Form 1040, line 8a.  
 If the amount is over \$1,500, you must complete Part III.

MOBIL  
 GENERAL ELECTRIC  
 GENERAL ELECTRIC

	Amount
5	258
	1
	98
6	357

Enter the amount on line 5. Enter the total here and on Form 1040, line 9a.

If you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

During 2007, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? (See page B-2 for exceptions and filing requirements for Form TD F 90-22.1)

If "yes," enter the name of the foreign country

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? (If "yes," you may have to file Form 3520. See page B-2.)

Yes	No
	X
	X

If you are a U.S. citizen or resident, see Form 1040 instructions.

### Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).

▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

Your social security number

**WILLIAM A & LAURA L COX**

#### Short-Term Capital Gains and Losses-Assets Held One Year or Less

(a) Description of property (Include full name of XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
Enter your short-term totals, if any, from Schedule D-1,			2		
Enter short-term sales price amounts. Add lines 1 and 2 in			3		
Enter long-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824					4
Enter long-term gain or (loss) from partnerships, S corporations, estates, and trusts from					5
Enter long-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss					6
Enter Worksheet on page D-7 of the instructions					7
Enter short-term capital gain or (loss). Combine lines 1 through 6 in column (f).					0

#### Long-Term Capital Gains and Losses-Assets Held More Than One Year

(a) Description of property (Include full name of XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
<b>GENERAL ELECTRIC</b>	<b>Various</b>	<b>11/14/07</b>	<b>26</b>	<b>10</b>	<b>16</b>
Enter your long-term totals, if any, from Schedule D-1,			9		
Enter long-term sales price amounts. Add lines 8 and 9 in			10	<b>26</b>	
Enter long-term gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or					11
loss from Forms 4684, 6781, and 8824					12
Enter long-term gain or (loss) from partnerships, S corporations, estates, and trusts from					13
Enter Worksheet on page D-7 of the instructions					14
Enter long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to					15
					<b>16</b>

Summary

16 Enter the amount from line 7 and 15 and enter the result

16

16

Instructions

- If gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- If loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- Zero. Skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 both gains?

- Yes. Go to line 18.
- No. Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions

18

19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions

19

20 Are lines 18 and 19 both zero or blank?

- Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below.
- No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.

21 If line 15 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller

- The loss on line 16 or
- \$3,000, or if married filing separately, (\$1,500)

21

When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

- Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).
- No. Complete the rest of Form 1040 or Form 1040NR.

6251

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

2007

Attachment Sequence No. 32

See separate instructions.

Attach to Form 1040 or Form 1040NR.

Treasury Department (99)

Form 1040 or Form 1040NR

Your social security number

MICHAEL A & LAURA L COX

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

Table with 28 rows for Alternative Minimum Taxable Income. Line 1: 168,009; Line 2: -0; Line 3: 14,163; Line 4: 0; Line 5: -0; Line 6: 801; Line 7: 470; Line 8: -0; Line 9: -0; Line 10: -0; Line 11: -0; Line 12: -0; Line 13: -0; Line 14: -0; Line 15: -0; Line 16: -0; Line 17: -0; Line 18: -0; Line 19: 0; Line 20: -0; Line 21: -0; Line 22: -0; Line 23: -0; Line 24: -0; Line 25: -0; Line 26: -0; Line 27: -0; Line 28: 180,901

Part II Alternative Minimum Tax

Table with 5 rows for Alternative Minimum Tax. Line 29: 58,525; Line 30: 122,376; Line 31: 31,777; Line 32: 31,777; Line 33: 31,227; Line 34: 31,227; Line 35: 550

Work Reduction Act Notice, see page 10 of the instructions.

**Tax Computation Using Maximum Capital Gains Rates**

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from the worksheet on page 8 of the instructions.	122,376
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 10 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see page 9 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 10 of the instructions for the amount to enter.	373
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see page 9 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 10 of the instructions for the amount to enter.	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see page 10 of the instructions for the amount to enter.	373
40	Enter the smaller of line 36 or line 39.	373
41	Subtract line 40 from line 36.	122,003
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	31,721
43	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 10 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-.	63,700
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 10 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-.	150,636
45	Subtract line 44 from line 43. If zero or less, enter -0-.	0
46	Enter the smaller of line 36 or line 37.	373
47	Enter the smaller of line 45 or line 46.	
48	Multiply line 47 by 5% (.05).	
49	Subtract line 47 from line 46.	373
50	Multiply line 49 by 15% (.15).	56
51	If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.	
52	Subtract line 46 from line 40.	
53	Multiply line 51 by 25% (.25).	
54	Add lines 42, 48, 50, and 52.	31,777
55	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	31,818
56	Enter the smaller of line 53 or line 54 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet on page 8 of the instructions.	31,777

8283

# Noncash Charitable Contributions

OMB No. 1545-0908

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

Attachment Sequence No. **155**

▶ See separate instructions.

Identifying number

MICHAEL A & LAURA L COX

Enter the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section 2. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities-** List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

### Part I Information on Donated Property-

 If you need more space, attach a statement.

(a) Name and address of the donee organization	(b) Description of donated property (For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)
ST VINCENT DE PAUL 5000 GRATIOT AVE DETROIT MI 48207	CLOTHING, HOUSEHOLD ITEMS

If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

Date of contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
Various	Various	Purchase	4,950	900	Thrift Shop Value

### Part II Partial Interests and Restricted Use Property-

 Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ \_\_\_\_\_

2b If Part I applies to more than one property, attach a separate statement.

2c Enter amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ \_\_\_\_\_ (2) For any prior tax years ▶ \_\_\_\_\_

2d Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of donee organization (donee) \_\_\_\_\_

Address (number, street, and room or suite no.) \_\_\_\_\_

City, state, and ZIP code \_\_\_\_\_

2e Enter the place where the property is located or kept ▶ \_\_\_\_\_

2f Name of any person, other than the donee organization, having actual possession of the property ▶ \_\_\_\_\_

2g Describe restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property	Yes	No
2g-1 Do you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?		
2g-2 Do you have a restriction limiting the donated property for a particular use?		

For Paperwork Reduction Act Notice, see separate instructions.

1040

Qualified Dividends and Capital Gain Tax Worksheet

2007

Taxpayer Identification Number

MICHAEL A & LAURA L COX

1



If you do not have to use the Schedule D Tax Worksheet use this worksheet to figure your tax if any of the following applies:

- You reported qualified dividends on Form 1040, line 9b (or Form 1040NR, line 10b)
- You do not have to file Schedule D and you reported capital gain distributions on Form 1040, line 13 (or Form 1040NR, line 14)
- You do not have to file Schedule D if both of the following apply:
  - The only amounts you have to report on Schedule D are capital gain distributions from Form(s) 1099-DIV, box 2a, or substitute statement(s)
  - None of the Forms 1099-DIV or substitute statements have an amount in box 2b (unrecaptured section 1250 gain), box 2c (section 1202 gain), or box 2d (collectibles (28%) gain).
- You are filing Schedule D and Schedule D, lines 15 and 16, are both more than zero.

Qualified Dividends and Capital Gain Tax Worksheet - Form 1040, Line 44

Enter the amount from Form 1040, line 43	1.	151,009
Enter the amount from Form 1040, line 9b	2.	357
Are you filing Schedule D?		
<input checked="" type="checkbox"/> Yes Enter the smaller of line 15 or 16 of Schedule D, but do not enter less than -0-	3.	16
<input type="checkbox"/> No Enter the amount from Form 1040, line 13		
Combine lines 2 and 3	4.	373
Are you claiming investment interest expense on Form 1040? Enter the amount from line 4g of that form.		
Otherwise, enter -0-	5.	
Subtract line 5 from line 4. If zero or less, enter -0-	6.	373
Subtract line 6 from line 1. If zero or less, enter -0-	7.	150,636
Enter the smaller of:		
<ul style="list-style-type: none"> <li>The amount on line 1, or</li> <li>\$31,850 if single or married filing separately</li> <li>\$63,700 if married filing jointly or qualifying widow(er), or</li> <li>\$42,850 if head of household</li> </ul>	8.	63,700
Is the amount on line 7 equal to or more than the amount on line 8?		
<input checked="" type="checkbox"/> Yes Skip lines 9 through 11; go to line 12 and check the "No" box		
<input type="checkbox"/> No Enter the amount from line 7	9.	
Subtract line 9 from line 8	10.	
Multiply line 10 by 5% (.05)		11.
Are the amounts on lines 6 and 10 the same?		
<input checked="" type="checkbox"/> Yes Skip lines 12 through 15; go to line 16		
<input type="checkbox"/> No Enter the smaller of line 1 or line 6	12.	373
Enter the amount from line 10 (if line 10 is blank, enter -0-)	13.	
Subtract line 13 from line 12	14.	373
Multiply line 14 by 15% (.15)		15.
15. 56		
Enter the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies	16.	31,171
16. 31,171		
17. 31,227		
17. 31,227		
18. 31,275		
18. 31,275		
19. 31,227		
19. 31,227		

Taxpayer Identification Number

MICHAEL A & LAURA L COX

Locality of

Michigan

General Sales Tax from IRS Tables

Table with 9 rows for General Sales Tax from IRS Tables. Line 1: 196,422; Line 4: 196,422; Line 5: 1,674; Line 9: 1,674.

Local Sales Tax Using IRS Tables

Table with 19 rows for Local Sales Tax Using IRS Tables. Line 11: blank; Line 15: blank; Line 19: blank.

General Sales Tax Summary

Table with 7 rows for General Sales Tax Summary. Line 22: 1,674; Line 24: 1,674; Line 26: 1,674; Line 27: 8,327.

Enter the greater of line 26 or 27 on Schedule A line 5. If line 26 is greater, mark Schedule A line 5b. If line 27 is greater, mark Schedule A line 5a.

NAME: MICHAEL A & LAURA L COX

Taxpayer Identification Number

Exemption Worksheet - Form 6251, Line 29

1. Enter \$44,250 if single or head of household; \$66,250 if married filing jointly or qualifying widow(er); \$33,125 if married filing separately	1.	66,250
2. Enter the alternative minimum taxable income (AMTI) from Form 6251, line 28	2.	180,901
3. Enter \$112,500 if single or head of household; \$150,000 if married filing jointly or qualifying widow(er); \$75,000 if married filing separately	3.	150,000
4. Subtract line 3 from line 2. If zero or less, enter -0-	4.	30,901
5. Multiply line 4 by 25% (.25)	5.	7,725
6. Enter the smaller of line 5 from line 1. If zero or less, enter -0-. If this form is for a child under age 18, go to line 7 below. If zero, stop here and enter this amount on Form 6251, line 29 and go to Form 6251, line 30	6.	58,525
7. Enter the maximum exemption amount	7.	
8. Enter the child's earned income, if any. See instructions	8.	
9. Enter lines 7 and 8	9.	
10. Enter the smaller of line 6 or line 9 here and on Form 6251, line 29, and go to Form 6251, line 30	10.	

Schedule D Line 19 Refigured for AMT Worksheet - Form 6251, Line 38

Forms referenced are the AMT version of the form. If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10

1. Enter the section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not on Form 4797) enter the smaller of line 22 or line 24 of Form 4797 for that property	2.	*
3. Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	3.	
4. Subtract line 3 from line 1. *(Total amount is reported. See the Unrecaptured Section 1250 Gains stmt for detail)	4.	
5. Enter the total unrecaptured section 1250 gain included on line 26 or line 37 of Form(s) 6252 from	5.	
6. Subtract sales of trade or business property held more than 1 year	6.	
7. Enter the total of any amounts reported to you on Sch K-1 from partnership/S corp as unrecap sect.1250 gain	7.	
8. Enter the smaller of line 6 or gain from Form 4797, line 7 (AMT Form 4797 line 7)	8.	
9. Enter the amount, if any, from Form 4797, line 8	9.	0
10. Subtract line 8 from line 7. If zero or less, enter -0-	10.	
11. Enter the gain from the sale/exchange of a partnership interest attributable to unrecaptured section 1250 gain	11.	
12. Enter the total AMT amount reported to you on a Schedule K-1, Form 1099-DIV or Form 2439 as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust, or mutual fund (or other regulated invest co)	12.	
13. Enter the total of any unrecaptured sect 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Form 4797 for the yr of sale	13.	
14. Enter lines 9 through 12	14.	
15. Enter any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 through 4 of the 28% Rate Gain Worksheet on page D-7. Otherwise, enter -0-	15.	0
16. Enter the (loss), if any, from the Schedule D, line 7. If zero or gain enter -0-	16.	
17. Enter your long-term capital loss carryovers from Sch D, line 14 and Schedule K-1 Form 1041, Box 11; code C	17.	0
18. Combine lines 14 thru 16. If result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	18.	0
19. Subtract line 17 from line 13. If zero or less, enter -0-. Enter the result on Form 6251, page 2, line 38	19.	

Taxpayer Identification Number

MICHAEL A & LAURA L COX

1. 122,376

2. 357

3. \_\_\_\_\_

4. 16

5. 0

6. 357

7. 16

8. \_\_\_\_\_

9. 16

10. 373

11. \_\_\_\_\_

12. \_\_\_\_\_

13. 373

14. 122,003

15. 63,700

16. 63,700

17. 122,003

18. 122,003

19. \_\_\_\_\_

20. \_\_\_\_\_

21. 373

22. 0

23. 373

24. \_\_\_\_\_

25. \_\_\_\_\_

26. \_\_\_\_\_

27. \_\_\_\_\_

28. \_\_\_\_\_

29. \_\_\_\_\_

30. \_\_\_\_\_

31. \_\_\_\_\_

32. \_\_\_\_\_

33. \_\_\_\_\_

34. \_\_\_\_\_

35. \_\_\_\_\_

36. \_\_\_\_\_

37. \_\_\_\_\_

Taxpayer Identification Number

MICHAEL A & LAURA L COX

Taxpayer IRA

Spouse IRA

Adjusted adjusted gross income for Roth IRA contributions

Roth IRA Contribution Worksheet

1. Enter your taxable compensation

2. Enter the smaller of line 1 or \$4,000 (\$5,000 if 50 or older)

3. Enter your total contributions to traditional IRAs for 2007

4. Subtract line 3 from line 2

5. Enter \$166,000 if married filing jointly or qualifying widow(er); \$10,000 if

married filing separately and you lived with your spouse at any time during the year.

6. All other filers, enter \$114,000

7. Enter your modified AGI for purposes of Roth IRAs

8. Subtract line 6 from line 5. If zero or less, stop here; you may not contribute

to a Roth IRA for 2007. See Recharacterizations on page 3 of Form 8606

instructions if you made Roth IRA contributions for 2007

9. If line 8 above is \$114,000, enter \$15,000; otherwise, enter \$10,000.

10. If line 9 is greater than or equal to line 8, skip lines 9 and 10, and enter

the amount from line 4 on line 12

11. Divide line 7 by line 8 and enter the result as a decimal (rounded to at

least 3 places). Do not enter more than "1.000"

12. Multiply line 2 by line 11. If the result is not a multiple of \$10, round it up to the next

multiple of \$10 (e.g., round \$611.40 to \$620)

13. Enter the greater of \$200 or the amount on line 10

14. Maximum 2007 Roth IRA contribution. Enter the smaller of line 4 or line 11.

15. See Recharacterizations on page 3 of Form 8606 instructions if you contributed

more than this amount to Roth IRAs for 2007

Taxpayer IRA

Spouse IRA

Adjusted adjusted gross income for Roth IRA conversions (does not include

premium required distributions)

Worksheet for Determining Roth IRA Basis Amounts

1. Basis in your Roth IRA contributions as of December 31, 2006

2. Enter your Roth IRA contributions for 2007, adjusted

for any recharacterizations

3. Add lines 1 and 2

4. Enter the amount, if any, from Form 8606, line 19

5. Contribution basis deducted as loss on Schedule A, line 22, not

deducted by distributions

6. Basis in your Roth IRA contributions as of December 31, 2007.

7. Subtract lines 4 and 5 from line 3. If zero or less, enter -0-

8. Basis in your Roth IRA conversions as of December 31, 2006.

9. Enter the amount, if any, from Form 8606 line 16

10. Add lines 7 and 8

11. Enter the amount, if any, from Form 8606, line 23

12. Conversion basis deducted as loss on Schedule A, line 22, not

deducted by distributions

13. Basis in your Roth IRA conversions as of December 31, 2007.

14. Subtract line 10 and 11 from line 9. If zero or less, enter -0-

## Federal Statements

## STATE OF MICHIGAN

Form W-2, Box 12

Description	Amount
Cost of group term life insurance coverage over 50,000	\$ 270
Section 401(k) contributions	3,689
Total	\$ 3,959

## STATE OF MICHIGAN

Form W-2, Box 14 - Other

Description	Amount
	\$ 3,327
Total	\$ 3,327

Form 1040, Dividend Income

Payer	Ordinary Dividends	Qualified Dividends
EXXON MOBIL	\$ 258	\$ 258
GENERAL ELECTRIC	1	1
GENERAL ELECTRIC	98	98
Total	\$ 357	\$ 357

## COUNTY OF WAYNE

Form W-2, Box 12

Description	Amount
Section 457(b) contributions	\$ 7,800
Cost of group term life insurance coverage over 50,000	22
Total	\$ 7,822

## COUNTY OF WAYNE

Form W-2, Box 14 - Other

Description	Amount
	\$ 6,000
Total	\$ 6,000

Schedule A, Line 5 - State and Local Taxes

Description	Amount
State Withholding on W-2s	\$ 6,795
City Withholding on W-2s	1,532
Total Income Taxes*	8,327
General Sales Tax	1,674

**Federal Statements**

**Schedule A, Line 5 - State and Local Taxes (continued)**

Description	Amount
Total Sales Taxes	1,674
Some taxes are being deducted	

**Schedule A, Line 10 - Home Mortgage Interest From Form 1098**

Description	Amount
MORTGAGE	\$ 11,293
Total	\$ 11,293

**Schedule A, Line 16 - Charitable Contributions by Cash or Check**

Description	Amount
/CHECK	\$ 1,176
HENRY FORD	100
	25
ERCH	1,117
TONIA LIBRARY	140
Total	\$ 2,558

**Schedule A, Line 17 - Charitable Contributions Other Than Cash or Check**

Description	Amount
Contrib from 8283	\$ 900
Total	\$ 900

Salaries & Wages Report

MICHAEL A & LAURA L COX Taxpayer Identification Number

Table with columns: Employer, Federal Wages, Federal Withheld, Soc Sec Wages. Rows include STATE OF MICHIGAN and COUNTY OF WAYNE, with a Totals row at the bottom.

Table with columns: Soc Sec Withheld, Medicare Wages, Medicare Withheld, Allocated Tips, Advanced EIC, Dep Care Ben, Other, Box 14. Includes a Totals row at the bottom.

Table with columns: State, State Wages, State Withheld, Name of Locality, Local Wages, Local Withheld. Includes a Totals row at the bottom.

COPY

Form 1040

Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return 2006

(99) IRS Use Only - Do not write or staple in this space.

OMB No. 1545-0074

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.

Label A B E L H E R E

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning 2006, ending 20
Your first name and initial MICHAEL A Last name COX
If a joint return, spouse's first name and initial LAURA L Last name COX
Home address (number and street), if you have a P.O. box, see page 16. Apt. no.
City, town or post office, state, and ZIP code, if you have a foreign address, see page 16. LIVONIA MI 48154

Your social security number
Spouse's social security number
You must enter your SSN(s) above.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) You Spouse

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 page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) with dependent child (see page 17)

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) if you, child for child tax cr. (see page 19)
Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required
b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
b Qualified dividends (see page 23)
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)
11 Allimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
14 Other gains or (losses). Attach Form 4797
15a IRA distributions
16a Pensions and annuities
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits
21 Other income. List type and amount (see page 29)
22 Add the amounts in the far right column for lines 7 through 21. This is your total income

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
25 Health savings account deduction. Attach Form 8889
26 Moving expenses. Attach Form 3903
27 One-half of self-employment tax. Attach Schedule SE
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction (see page 29)
30 Penalty on early withdrawal of savings
31a Alimony paid b Recipient's SSN
32 IRA deduction (see page 31)
33 Student loan interest deduction (see page 33)
34 Jury duty pay you gave to your employer
35 Domestic production activities deduction. Attach Form 8903
36 Add lines 23 through 31a and 32 through 35
37 Subtract line 36 from line 22. This is your adjusted gross income

<b>Tax</b>	38	Amount from line 37 (adjusted gross income)	38	192,959
<b>and Credits</b>	39a	Check <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind. checked <input type="checkbox"/> 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here <input type="checkbox"/> 39b		
<b>Standard Deduction for-</b>	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	29,444
<b>* People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34. * All others:</b>	41	Subtract line 40 from line 38	41	163,515
Single or Married filing separately, \$5,150	42	If line 38 is over \$112,675, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	16,500
Married filing jointly or Qualifying widow(er), \$10,300	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	147,015
Head of household, \$7,550	44	Tax (see page 36). Check if any tax is from: a. <input type="checkbox"/> Form(s) 8814	44	30,512
	b	<input type="checkbox"/> Form 4972	45	780
	45	Alternative minimum tax (see page 39). Attach Form 6251	46	31,292
	46	Add lines 44 and 45		
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	600
	49	Credit for the elderly or the disabled. Attach Schedule R	49	
	50	Education credits. Attach Form 8863	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Child tax credit (see page 42). Attach Form 8901 if required	53	
	54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54	
	55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
	56	Add lines 47 through 55. These are your total credits	56	600
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	30,692
<b>Other Taxes</b>	58	Self-employment tax. Attach Schedule SE	58	
	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
	61	Advance earned income credit payments from Form(s) W-2, box 9	61	
	62	Household employment taxes. Attach Schedule H	62	
	63	Add lines 57 through 62. This is your total tax	63	30,692
<b>Payments</b>	64	Federal income tax withheld from Forms W-2 and 1099	64	31,501
<b>If you have a qualifying child, attach Schedule EIC.</b>	65	2006 estimated tax payments and amount applied from 2005 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election <input type="checkbox"/> 66b		
	67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67	
	68	Additional child tax credit. Attach Form 8812	68	
	69	Amount paid with request for extension to file (see page 60)	69	
	70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	60
	72	Add lines 64, 65, 66a, & 67 - 71. These are your total payments	72	31,561
<b>Refund</b>	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you were paid	73	869
<b>Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.</b>	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	869
	b	Routing number		
	c	Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
	d	Account number		
	75	Amount of line 73 you want applied to your 2007 estimated tax <input type="checkbox"/> 75	75	
	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	
<b>Amount You Owe</b>	77	Estimated tax penalty (see page 62)	77	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see page 63)?  Yes. Complete the following.  No

Designee's name **Preparer** Personal identification number (PIN) \_\_\_\_\_ Phone no. \_\_\_\_\_

**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 \_\_\_\_\_

Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

**Paid Preparer's Use Only** Preparer's signature \_\_\_\_\_ Date **3/07/07** Check if self-employed  Preparer's SSN or PTIN \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP code **Sasena's Accounting & Tax Service** EIN \_\_\_\_\_  
**15751 Farmington Road** Phone no. \_\_\_\_\_  
**Livonia MI 48154**

Form **8879**

**IRS e-file Signature Authorization**

**2006**

Department of the Treasury  
Internal Revenue Service

- ▶ Do not send to the IRS. This is not a tax return.
- ▶ Keep this form for your records. See instructions.

Declaration Control Number (DCN)

Taxpayer's name  
**MICHAEL A COX**

Social security number

Spouse's name  
**LAURA L COX**

Spouse's social security number

**Part I Tax Return Information-Tax Year Ending December 31, 2006 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	192,959
2	Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 11)	2	30,692
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7)	3	31,501
4	Refund (Form 1040, line 74a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040EZ-T, line 1a)	4	869
5	Amount you owe (Form 1040, line 76; Form 1040A, line 47; Form 1040EZ, line 13)	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return or request for refund and accompanying schedules and statements for the tax year ending December 31, 2006, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return or request for refund. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return or request to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return or request for refund and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize Sasena's Accounting & Tax Service to enter or generate my PIN ERO firm name do not enter all zeros as my signature on my tax year 2006 electronically filed income tax return or request for refund.
- I will enter my PIN as my signature on my tax year 2006 electronically filed income tax return or request for refund. Check this box only if you are entering your own PIN and your return or request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature " \_\_\_\_\_ Date " 3/05/07

Spouse's PIN: check one box only

- I authorize Sasena's Accounting & Tax Service to enter or generate my PIN ERO firm name do not enter all zeros as my signature on my tax year 2006 electronically filed income tax return or request for refund.
- I will enter my PIN as my signature on my tax year 2006 electronically filed income tax return or request for refund. Check this box only if you are entering your own PIN and your return or request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature " \_\_\_\_\_ Date " 3/05/07

**Practitioner PIN Method Returns Only-continue below**

**Part III Certification and Authentication-Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2006 electronically filed income tax return or request for refund for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature " \_\_\_\_\_ Date " 3/05/07

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**SCHEDULES A&B**  
(Form 1040)

**Schedule A—Itemized Deductions**

(Schedule B is on back)

**2006**

Attachment Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See instructions for Schedules A&B (Form 1040).

Name(s) shown on Form 1040

**MICHAEL A & LAURA L COX**

Your social security number

<b>Medical and Dental Expenses</b>		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1)				
2	Enter amount from Form 1040, line 38	2	192,959		
3	Multiply line 2 by 7.5% (.075)	3		14,472	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4
<b>Taxes You Paid</b>		5	8,060		
5	State and local income taxes	6	5,431		
6	Real estate taxes (see page A-3)	7	314		
7	Personal property taxes	8			
8	Other taxes. List type and amount				
9	Add lines 5 through 8				9
					13,805
<b>Interest You Paid</b>		10	11,631		
10	Home mortgage interest and points reported to you on Form 1098	11			
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address	11			
12	Points not reported to you on Form 1098. See page A-4 for special rules	12			
13	Investment interest. Attach Form 4952 if required. (See page A-4.)	13			
14	Add lines 10 through 13				14
					11,631
<b>Gifts to Charity</b>		15	3,644		
15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-5.	16	1,213		
16	Other than by cash or check. If any gift of \$250 or more, see page A-5. You must attach Form 8283 if over \$500	17			
17	Carryover from prior year				
18	Add lines 15 through 17				18
					4,857
<b>Casualty and Theft Losses</b>					19
19	Casualty or theft loss(es). Attach Form 4684. (See page A-6.)				
<b>Job Expenses and Certain Miscellaneous Deductions</b>		20			
20	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.)	21			
21	Tax preparation fees	22			
22	Other expenses—investment, safe deposit box, etc. List type and amount	22			
23	Add lines 20 through 22	23			
24	Enter amount from Form 1040, line 38	24	192,959		
25	Multiply line 24 by 2% (.02)	25		3,859	
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-				26
<b>Other Miscellaneous Deductions</b>					27
27	Other—from list on page A-7. List type and amount				
<b>Total Itemized Deductions</b>					28
28	Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)?				
	<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.				
	<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-7 for the amount to enter.				
29	If you elect to itemize deductions even though they are less than your standard deduction, check here				
					29,444

For Paperwork Reduction Act Notice, see Form 1040 instructions.

\* Limited by AGI

Schedule A (Form 1040) 2006

Schedules A&B (Form 1040) 2006

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security number

MICHAEL A & LAURA L COX

Attachment Sequence No. 08

Schedule B—Interest and Ordinary Dividends

		Amount
<b>Part I Interest</b>	1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address▶ LaSALLE BANK	15
	2 Add the amounts on line 1	15
	3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
	4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	15

Note. If line 4 is over \$1,500, you must complete Part III.

Part II  
Ordinary Dividends

See page B-1 and the instructions for Form 1040, line 9a.

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
<b>Part II Ordinary Dividends</b>	5 List name of payer ▶ EXXON MOBIL	171
	EXXON MOBIL	56
	FORD MOTOR COMPANY	48
	FORD MOTOR COMPANY	73
	GENERAL ELECTRIC	43
	GENERAL ELECTRIC	43
	6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a	434

Note. If line 6 is over \$1,500, you must complete Part III.

Part III  
Foreign Accounts and Trusts

See page B-2.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

	Yes	No
7a At any time during 2006, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," enter the name of the foreign country▶		
8 During 2006, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2441**

**Child and Dependent Care Expenses**

OMB No. 1545-0074

**2006**

Attachment Sequence No. **21**

▶ Attach to Form 1040 or Form 1040NR.

▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service (99)

Information shown on return

**MICHAEL A & LAURA L COX**

Your social security number

Before you begin; You need to understand the following terms. See Definitions on page 1 of the instructions.

• Dependent Care Benefits

• Qualifying Person(s)

• Qualified Expenses

**Part I: Persons or Organizations Who Provided the Care- You must complete this part.**

(If you need more space, use the bottom of page 2.)

(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
CHILDRENS WORLD	38880 SIX MILE LIVONIA MI 48152	06-1097006	1,894
ST EDITH SCHOOL	15089 NEWBURGH LIVONIA MI 48154	38-1707340	1,106

Did you receive dependent care benefits?  No  Yes

Complete only Part II below.  
Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 62, or Form 1040NR, line 57.

**Part II: Credit for Child and Dependent Care Expenses**

Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2006 for the person listed in column (a)
First	Last		
[REDACTED]	COX	[REDACTED]	3,000

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 30	3	3,000
4 Enter your earned income. See instructions	4	127,279
5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4	5	76,778
6 Enter the smallest of line 3, 4, or 5	6	3,000
7 Enter the amount from Form 1040, line 38, or Form 1040NR, line 36	7	192,959
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X .20
9 Multiply line 6 by the decimal amount on line 8. If you paid 2005 expenses in 2006, see the instructions	9	600
10 Enter the amount from Form 1040, line 46, minus any amount on Form 1040, line 47, or Form 1040NR, line 43, minus any amount on Form 1040NR, line 44	10	31,292
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 48, or Form 1040NR, line 45	11	600

If line 7 is:

Over	But not over	Decimal amount is
\$0-15,000		.35
15,000-17,000		.34
17,000-19,000		.33
19,000-21,000		.32
21,000-23,000		.31
23,000-25,000		.30
25,000-27,000		.29
27,000-29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000-31,000		.27
31,000-33,000		.26
33,000-35,000		.25
35,000-37,000		.24
37,000-39,000		.23
39,000-41,000		.22
41,000-43,000		.21
43,000-No limit		.20

Paperwork Reduction Act Notice, see page 4 of the instructions.

**6251**

**Alternative Minimum Tax-Individuals**

OMB No. 1545-0074

**2006**

Attachment Sequence No. **32**

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

Department of the Treasury  
Internal Revenue Service (99)

Name shown on Form 1040 or Form 1040NR

Your social security number

**MICHAEL A & LAURA L COX**

**Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)**

1	Starting with Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 1040, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 1040, line 6), and go to line 7. (If less than zero, enter as a negative amount.)	163,515
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 38	
3	Taxes from Schedule A (Form 1040), line 9	13,805
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	
5	Miscellaneous deductions from Schedule A (Form 1040), line 26	
6	If Form 1040, line 38, is over \$150,500 (over \$75,250 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-7 of the Instructions for Schedule A (Form 1040)	849
7	Tax refund from Form 1040, line 10 or line 21	
8	Investment interest expense (difference between regular tax and AMT)	
9	Depreciation (difference between regular tax and AMT)	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	
11	Interest from specified private activity bonds exempt from the regular tax	
12	Qualified small business stock (7% of gain excluded under section 1202)	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	
16	Disposition of property (difference between AMT and regular tax gain or loss)	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	
18	Passive activities (difference between AMT and regular tax income or loss)	
19	Loss limitations (difference between AMT and regular tax income or loss)	0
20	Circulation costs (difference between regular tax and AMT)	
21	Long-term contracts (difference between AMT and regular tax income)	
22	Mining costs (difference between regular tax and AMT)	
23	Research and experimental costs (difference between regular tax and AMT)	
24	Income from certain installment sales before January 1, 1987	
25	Intangible drilling costs preference	
26	Other adjustments, including income-based related adjustments	
27	Alternative tax net operating loss deduction	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$200,100, see page 7 of the instructions.)	176,471

**Part II Alternative Minimum Tax**

29	<p>Exemption. (If this form is for a child under age 18, see page 7 of the instructions.)</p> <p>If your filing status is ... AND line 28 is not over... THEN enter on line 29...</p> <table border="0"> <tr> <td>Single or head of household</td> <td>\$112,500</td> <td>\$42,500</td> <td rowspan="3">}</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er)</td> <td>150,000</td> <td>62,550</td> </tr> <tr> <td>Married filing separately</td> <td>75,000</td> <td>31,275</td> </tr> </table>	Single or head of household	\$112,500	\$42,500	}	Married filing jointly or qualifying widow(er)	150,000	62,550	Married filing separately	75,000	31,275	55,932
Single or head of household	\$112,500	\$42,500	}									
Married filing jointly or qualifying widow(er)	150,000	62,550										
Married filing separately	75,000	31,275										
30	<p>If line 28 is over the amount shown above for your filing status, see page 7 of the instructions.</p> <p>Subtract line 29 from line 28. If more than zero you are filing Form 2555 or 2555-EZ, go to line 31. If zero or less and you are not filing Form 2555 or 2555-EZ, enter -0- on lines 33 and 35 and skip the rest of Part II</p>	120,539										
31	<p>If you are filing Form 2555 or 2555-EZ, see page 8 of the instructions for the amount to enter.</p> <p>If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here.</p> <p>All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.</p>	31,292										
32	Alternative minimum tax foreign tax credit (see page 8 of the instructions)											
33	Tentative minimum tax. Subtract line 32 from line 31	31,292										
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount for line 44 of Form 1040 must be refigured without using Schedule J (see page 9 of the instructions)	30,512										
35	Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	780										

For Paperwork Reduction Act Notice, see page 10 of the instructions.

**Part III Tax Computation Using Maximum Capital Gains Rates**

36	Enter the amount from Form 6251, line 30.....	36	120,539
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 10 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see page 10 of the instructions).....	37	434
38	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see page 10 of the instructions).....	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary).....	39	434
40	Enter the smaller of line 36 or line 39.....	40	434
41	Subtract line 40 from line 36.....	41	120,105
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.....	42	31,227
43	Enter: <ul style="list-style-type: none"> <li>• \$61,300 if married filing jointly or qualifying widow(er),</li> <li>• \$30,650 if single or married filing separately, or</li> <li>• \$41,050 if head of household.</li> </ul>	43	61,300
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-.....	44	146,581
45	Subtract line 44 from line 43. If zero or less, enter -0-.....	45	0
46	Enter the smaller of line 36 or line 37.....	46	434
47	Enter the smaller of line 45 or line 46.....	47	
48	Multiply line 47 by 5% (.05).....	48	
49	Subtract line 47 from line 46.....	49	434
50	Multiply line 49 by 15% (.15).....	50	65
51	Subtract line 46 from line 40.....	51	
52	Multiply line 51 by 25% (.25).....	52	
53	Add lines 42, 48, 50, and 52.....	53	31,292
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.....	54	31,340
55	Enter the smaller of line 53 or line 54 here and on line 31.....	55	31,292

8283

# Noncash Charitable Contributions

OMB No. 1545-0008

December 2006

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

Attachment Sequence No. **155**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

Shown on your income tax return

Identifying number

**MICHAEL A & LAURA L COX**

Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

## Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities- List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

### Part I. Information on Donated Property- If you need more space, attach a statement.

(a) Name and address of the donee organization	(b) Description of donated property (For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1099-C if required.)
ST VINCENT DE PAUL 27114 MICHIGAN AVE INKSTER MI 48141	CLOTHING, HOUSEHOLD ITEMS

If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
Various	Various	Purchase	7,300	1,213	Thrift Shop Value

### Part II. Partial Interests and Restricted Use Property- Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

2 Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ \_\_\_\_\_

3 If Part II applies to more than one property, attach a separate statement.

4 Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ \_\_\_\_\_ (2) For any prior tax years ▶ \_\_\_\_\_

5 Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee) \_\_\_\_\_

Address (number, street, and room or suite no.) \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

6 For tangible property, enter the place where the property is located or kept ▶ \_\_\_\_\_

7 Name of any person, other than the donee organization, having actual possession of the property ▶ \_\_\_\_\_

8 Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? \_\_\_\_\_

9 Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? \_\_\_\_\_

10 Is there a restriction limiting the donated property for a particular use? \_\_\_\_\_

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

1040

Qualified Dividends and Capital Gain Tax Worksheet

2006

Name: **MICHAEL A & LAURA L COX** Taxpayer Identification Number: XXXXXXXXXX

If you do not have to use the Schedule D Tax Worksheet use this worksheet to figure your tax if any of the following applies:

- You reported qualified dividends on Form 1040, line 9b (or Form 1040NR, line 10b)
- You do not have to file Schedule D and you reported capital gain distributions on Form 1040, line 13 (or Form 1040NR, line 14)  
You do not have to file Schedule D if both of the following apply:
  - The only amounts you have to report on Schedule D are capital gain distributions from Form(s) 1099-DIV, box 2a, or substitute statement(s)
  - None of the Forms 1099-DIV or substitute statements have an amount in box 2b (unrecaptured section 1250 gain), box 2c (section 1202 gain), or box 2d (collectibles (28%) gain).
- You are filing Schedule D and Schedule D, lines 15 and 16, are both more than zero.

Qualified Dividends and Capital Gain Tax Worksheet - Form 1040, Line 44

1. Enter the amount from Form 1040, line 43	1.	147,015	
2. Enter the amount from Form 1040, line 9b	2.	434	
3. Are you filing Schedule D? Yes. Enter the smaller of line 15 or 16 of Schedule D, but do not enter less than -0- <input checked="" type="checkbox"/> No. Enter the amount from Form 1040, line 13	3.		
4. Add lines 2 and 3	4.	434	
5. If you are claiming investment interest expense on Form 1040, enter the amount from line 4g of that form. Otherwise, enter -0-	5.		
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	434	
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	146,581	
8. Enter the smaller of: • The amount on line 1, or • \$30,650 if single or married filing separately • \$61,300 if married filing jointly or qualifying widow(er), or • \$41,050 if head of household	8.	61,300	
9. Is the amount on line 7 equal to or more than the amount on line 8? <input checked="" type="checkbox"/> Yes. Skip lines 9 through 11; go to line 12 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 7	9.		
10. Subtract line 9 from line 8	10.		
11. Multiply line 10 by 5% (.05)			11.
12. Are the amounts on lines 6 and 10 the same? <input checked="" type="checkbox"/> Yes. Skip lines 12 through 15; go to line 16 <input type="checkbox"/> No. Enter the smaller of line 1 or line 6	12.	434	
13. Enter the amount from line 10 (if line 10 is blank, enter -0-)	13.		
14. Subtract line 13 from line 12	14.	434	
15. Multiply line 14 by 15% (.15)			15. 65
16. Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies	16.	30,447	
17. Add lines 11, 15, and 16	17.	30,512	
18. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies	18.	30,568	
19. Tax on all taxable income. Enter the smaller of line 17 or line 18. Also include this amount on Form 1040, line 44	19.	30,512	

Form **1040**

**General Sales Tax Deduction Worksheet**

**2006**

Business shown on return

Taxpayer Identification Number

**MICHAEL A & LAURA L COX**

[REDACTED]

State of  
**Michigan**

Locality of

**General Sales Tax from IRS Tables**

1. Enter the amount of adjusted gross income (AGI) from Form 1040, Line 37	1.	<u>192,959</u>
2. Add the nontaxable amounts from Form 1040, lines 8b, 15a, 16a, 2 (Exclude rollovers and tax-free Sec. 1035 exchanges)	2.	_____
3. Add the nontaxable amounts from combat pay, public assistance, veteran's benefits, unemployment compensation	3.	_____
4. Add lines 1 through 3, this is income for general sales tax table purposes	4.	<u>192,959</u>
5. Enter the amount from the sales tax table in IRS Publication 600.	5.	<u>1,576</u>
Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8 and enter the amount from line 5 on line 9		
6. Enter the number of days of residence in state	6.	_____
7. Total days in year	7.	<u>365</u>
8. Divide line 6 by line 7 (rounded to at least 3 decimal places)	8.	_____
9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table from IRS Publication 600.	9.	<u>1,576</u>

**Local Sales Tax Using IRS Tables**

10. Enter the amount from the sales tax table in the Schedule A instructions.	10.	_____
11. If you are a resident of Alaska, Arizona, Arkansas (Texarkana only), California (Los Angeles County only), Colorado, Georgia, Illinois, Louisiana, New York, or North Carolina, enter the amount from the applicable Optional Local Sales Tax Table in IRS Publication 600.	11.	_____
12. Enter the local general sales tax rate (exclude statewide local sales tax rate)	12.	_____
13. Enter the state general sales tax rate (include statewide local sales tax rate)	13.	_____
14. Divide line 12 by line 13 (rounded to at least 3 decimal places)	14.	_____
15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax using the optional local sales tax tables.		
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19		
16. If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax using the optional state and certain local sales tax tables.	15.	_____
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19		
16. Enter the number of days of residence in locality	16.	_____
17. Total days in year	17.	<u>365</u>
18. Divide line 16 by line 17 (rounded to at least 3 decimal places)	18.	_____
19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables.	19.	_____

**General Sales Tax Summary**

20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets	20.	<u>1,576</u>
21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets	21.	_____
22. Add lines 20 and 21, this is the total General Sales taxes using the tables	22.	<u>1,576</u>
23. Enter the actual state and local general sales taxes paid	23.	_____
24. Enter the greater of line 22 or line 23	24.	<u>1,576</u>
25. Enter the state and local taxes paid on specified items (Major purchases)	25.	_____
26. Add lines 24 and 25, this is the deductible General Sales tax	26.	<u>1,576</u>
27. Enter total state and local income taxes paid	27.	<u>8,060</u>

Enter the greater of line 26 or 27 on Schedule A line 5. If line 26 is greater, enter "ST" next to Schedule A, line 5.

1040

AMT Exemption and Sch D Line 25 Worksheets

2006

Taxpayer Identification Number

MICHAEL A & LAURA L COX

Exemption Worksheet - Form 6251, Line 29

1. Enter \$42,500 if single or head of household; \$62,550 if married filing jointly or qualifying widow(er); \$31,275 if married filing separately	1.	62,550
2. Enter your alternative minimum taxable income (AMTI) from Form 6251, line 28	2.	176,471
3. Enter \$112,500 if single or head of household; \$150,000 if married filing jointly or qualifying widow(er); \$75,000 if married filing separately	3.	150,000
4. Subtract line 3 from line 2. If zero or less, enter -0-	4.	26,471
5. Multiply line 4 by 25% (.25)	5.	6,618
6. Subtract line 5 from line 1. If zero or less, enter -0-. If this form is for a child under age 18, go to line 7 below. Otherwise, stop here and enter this amount on Form 6251, line 29 and go to Form 6251, line 30	6.	55,932
7. Enter the child's minimum exemption amount	7.	
8. Enter the child's earned income, if any. See instructions	8.	
9. Add lines 7 and 8	9.	
10. Enter the smaller of line 6 or line 9 here and on Form 6251, line 29, and go to Form 6251, line 30	10.	

Schedule D Line 19 Refigured for AMT Worksheet - Form 6251, Line 38

All forms referenced are the AMT version of the form. If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10

1. Enter the smaller of line 22 or line 24 of Form 4797 for that property	1.	*
2. Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2.	*
3. Subtract line 2 from line 1. *(Total amount is reported. See the Unrecaptured Section 1250 Gains stmt for detail)	3.	
4. Enter the total unrecaptured section 1250 gain included on line 26 or line 37 of Form(s) 6252 from installment sales of trade or business property held more than 1 year	4.	
5. Enter the total of any amounts reported to you on Sch K-1 from partnership/S corp as unrecap sect 1250 gain	5.	
6. Add lines 3 through 5	6.	
7. Enter the smaller of line 6 or gain from Form 4797, line 7	7.	
8. Enter the amount, if any, from Form 4797, line 8	8.	
9. Subtract line 8 from line 7. If zero or less, enter -0-	9.	0
10. Enter the gain from the sale/exchange of a partnership interest attributable to unrecaptured section 1250 gain	10.	
11. Enter the total AMT amount reported to you on a Schedule K-1, Form 1099-DIV or Form 2439 as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust, or mutual fund (or other regulated invest co)	11.	
12. Enter the total of any unrecaptured sect 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Form 4797 for the yr of sale	12.	
13. Add lines 9 through 12	13.	
14. If you realized any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 through 4 of the 28% Rate Gain Worksheet on page D-7. Otherwise, enter -0-	14.	
15. Enter the (loss), if any, from the Schedule D, line 7. If zero or gain enter -0-	15.	0
16. Enter your long-term capital loss carryovers from Sch D, line 14 and Schedule K-1 (Form 1041), box 11, code C	16.	
17. Combine lines 14 thru 16. If result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17.	0
18. Subtract line 17 from line 13. If zero or less, enter -0-. Enter the result on Form 6251, page 2, line 38	18.	0

1040

AMT Schedule D Tax Worksheet

2006

Taxpayer Identification Number

MICHAEL A & LAURA L COX

1. Enter the amount from Form 6251, line 30. NOTE: All forms referenced below refer to the AMT versions ..... 120,539

2. Enter your qualified dividends from Form 1040, line 9b (or Form 1040NR, line 10b) ..... 434

3. Form 4952, line 4g amount ..... 3.

4. Form 4952, line 4e amount ..... 4.

5. Subtract line 4 from line 3. If zero or less, enter -0- ..... 0

6. Subtract line 5 from line 2. If zero or less, enter -0- ..... 434

7. Enter the smaller of line 15 or line 16 of Schedule D ..... 7.

8. Enter the smaller of line 3 or line 4 ..... 8.

9. Subtract line 8 from line 7. If zero or less, enter -0- ..... 0

10. Add lines 6 and 9 ..... 434

11. Add the AMT 28% Rate Capital Gain and the AMT Unrecaptured Section 1250 Gain ..... 11.

12. Enter the smaller of line 9 or line 11 ..... 12.

13. Subtract line 12 from line 10 ..... 13. 434

14. Subtract line 13 from line 1. If zero or less, enter -0- ..... 14. 120,105

15. Enter the smaller of line 14 or line 15 or:

- \$30,650 if single or married filing separately, or
- \$61,300 if married filing jointly or qualifying widow(er); or
- \$41,050 if head of household.

15. 61,300

16. 61,300

17. Subtract line 10 from line 1. If zero or less, enter -0- ..... 17. 120,105

18. Enter the larger of line 16 or line 17 ..... 18. 120,105

19. If lines 15 and 16 are the same, skip lines 19 and 20 and go to line 21. Otherwise, go to line 19. .... 19.

20. Subtract line 16 from line 15 ..... 20.

21. Multiply line 19 by 5% (.05) ..... 21.

22. If lines 1 and 15 are the same, skip lines 21 through 33 and go to line 34. Otherwise, go to line 21. .... 22.

23. Enter the smaller of line 1 or line 13 ..... 23. 434

24. Enter the amount from line 19 (if line 19 is blank, enter -0-) ..... 24. 0

25. Subtract line 22 from line 21. If zero or less, enter -0- ..... 25. 434

26. Multiply line 23 by 15% (.15) ..... 26.

27. Schedule D, line 19, is zero or blank, skip lines 25 through 30 and go to line 31. Otherwise, go to line 25. .... 27.

28. Enter the smaller of line 9 above or Schedule D, line 19 ..... 28.

29. Add lines 10 and 18 ..... 29.

30. Enter the amount from line 1 above ..... 30.

31. Subtract line 27 from line 26. If zero or less, enter -0- ..... 31.

32. Subtract line 28 from line 25. If zero or less, enter -0- ..... 32.

33. Multiply line 29 by 25% (.25) ..... 33.

34. Schedule D, line 18, is zero or blank, skip lines 31 through 33 and go to line 34. Otherwise, go to line 31. .... 34.

35. Add lines 18, 19, 23, and 29 ..... 35.

36. Subtract line 31 from line 1 ..... 36.

37. Multiply line 32 by 28% (.28) ..... 37.

38. If line 18 is \$175,000 (\$87,500 if mfs) or less multiply line 18 by 26%; otherwise multiply line 18 by 28% and subtract \$3,500 (\$1,750 mfs) ..... 38.

39. Add lines 20, 24, 30, 33, and 34 ..... 39.

40. If line 1 is \$175,000 (\$87,500 if mfs) or less multiply line 1 by 26%; otherwise multiply line 1 by 28% and subtract \$3,500 (\$1,750 mfs) ..... 40.

41. Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 35 or line 36 ..... 41.

Form **1040**

**Roth IRA Worksheets**

**2006**

Name

**MICHAEL A & LAURA L COX**

Taxpayer Identification Number

[REDACTED]

Taxpayer IRA

Spouse IRA

Modified adjusted gross income for Roth IRA contributions

**Roth IRA Contribution Worksheet**

1. Enter your taxable compensation	1.		
2. Enter the smaller of line 1 or \$4,000 (\$5,000 if 50 or older)	2.		
3. Enter your total contributions to traditional IRAs for 2006	3.		
4. Subtract line 3 from line 2	4.		
5. Enter \$160,000 if married filing jointly or surviving widow(er); \$10,000 if married filing separately and you lived with your spouse at any time during the year. If other filers, enter \$110,000	5.		
6. Enter your modified AGI for purposes of Roth IRAs	6.		
7. Subtract line 6 from line 5. If zero or less, stop here; you may not contribute to a Roth IRA for 2006. See Recharacterizations on page 2 of Form 8606 instructions if you made Roth IRA contributions for 2006	7.	0	0
8. If line 5 above is \$110,000, enter \$15,000; otherwise, enter \$10,000. If line 7 is greater than or equal to line 8, skip lines 9 and 10, and enter the amount from line 4 on line 12	8.		
9. Divide line 7 by line 8 and enter the result as a decimal (rounded to at least 3 places). Do not enter more than 1.000	9.		
10. Multiply line 2 by line 9. If the result is not a multiple of \$10, round it up to the next multiple of \$10 (e.g., round \$611.40 to \$620)	10.		
11. Enter the greater of \$200 or the amount on line 10	11.		
12. Maximum 2006 Roth IRA contribution. Enter the smaller of line 4 or line 11. See Recharacterizations on page 2 of Form 8606 instructions if you contributed more than this amount to Roth IRAs for 2006	12.		

Taxpayer IRA

Spouse IRA

Modified adjusted gross income for Roth IRA conversions (does not include minimum required distributions)

**Worksheet for Determining Roth IRA Basis Amounts**

1. Basis in your Roth IRA contributions as of December 31, 2005	1.	4,000	4,000
2. Enter your Roth IRA contributions for 2006, adjusted for any recharacterizations	2.		
3. Add lines 1 and 2	3.	4,000	4,000
4. Enter the amount, if any, from Form 8606, line 19	4.		
5. Contribution basis deducted as loss on Schedule A, line 22, not reduced by distributions	5.		
6. Basis in your Roth IRA contributions as of December 31, 2006. Subtract lines 4 and 5 from line 3. If zero or less, enter -0-	6.	4,000	4,000
7. Basis in your Roth IRA conversions as of December 31, 2005	7.		
8. Enter the amount, if any, from Form 8606 line 16	8.		
9. Add lines 7 and 8	9.		
10. Enter the amount, if any, from Form 8606, line 23	10.		
11. Conversion basis deducted as loss on Schedule A, line 22, not reduced by distributions	11.		
12. Basis in your Roth IRA conversions as of December 31, 2006. Subtract line 10 and 11 from line 8. If zero or less, enter -0-	12.	0	0

Name: MICHAEL A & LAURA L COX Taxpayer Identification Number

Exemptions Worksheet

1. Enter the amount from Form 1040, line 6d 16,500
2. Enter the amount from Form 1040, line 38 192,959
3. Enter on line 3 the amount shown below for your filing status: 225,750
4. Subtract line 3 from line 2. If zero or less, stop here enter the amount from line 2 above on Form 1040, line 42 0
5. Multiply line 4 by the total number of exemptions claimed on Form 1040, line 6d. Do not complete the rest of this worksheet.
6. Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, round it up to the next higher whole number (for example, increase 200 to 201)
7. Multiply line 5 by 2% (.02) and enter the result as a decimal amount
8. Multiply line 1 by line 6
9. Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42

Itemized Deductions Worksheet

1. Enter the total of the amounts from Schedule A, lines 4, 9, 14, 18, 19, 26, and 27 30,293
2. Enter the total of the amounts from Schedule A, lines 4, 13, and 19, plus any gambling and casualty or theft losses included on line 27.
3. Subtract line 2 from line 1. If the result is zero, stop here enter the amount from line 1 above on Schedule A, line 28 30,293
4. Multiply line 3 by 80% (.80) 24,234
5. Enter the amount from Form 1040, line 38 192,959
6. Subtract line 4 from line 5. If the result is zero or less, stop here enter the amount from line 1 above on Schedule A, line 28 150,500
7. Multiply line 6 by 3% (.03) 42,459
8. Enter the smaller of line 4 or line 8 1,274
9. Divide line 9 by 3 425
10. Subtract line 10 from line 9 849
11. Total itemized deductions. Subtract line 11 from line 1. Enter the result here and on Schedule A, line 28 29,444

Standard Deduction Worksheet for Dependents

1. Earned income more than \$550?
Yes. Add \$300 to your earned income. Enter the total
No. Enter \$850
2. Enter the amount shown below for your filing status:
Single - \$5,150
Married filing separately - \$5,150
Married filing jointly or qualifying widow(er) - \$10,300
Head of household - \$7,550
3a. Standard deduction. Enter the smaller of line 1 or line 2. If under 65 and not blind, stop here and enter this amount on Form 1040, line 40 (Form 1040A, line 24). Otherwise, go to line 5b
3b. Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind. Total boxes checked
3c. If 65 or older or blind, multiply \$1,000 (\$1,250 if single or head of household) by the number in the box above
4. Add lines 3a and 3b. Enter the total here and on Form 1040, line 40 (Form 1040A, line 24)

**Federal Statements**

**STATE OF MICHIGAN**

Form W-2, Box 12

Description	Amount
Cost of group term life insurance coverage over 50,000	\$ 266
Section 401(k) contributions	3,747
<b>Total</b>	<b>\$ 4,013</b>

**STATE OF MICHIGAN**

Form W-2, Box 14 - Other

Description	Amount
SEVAL	\$ 4,046
<b>Total</b>	<b>\$ 4,046</b>

Form 1040, Dividend Income

Payer	Ordinary Dividends	Qualified Dividends
EXXON MOBIL	\$ 171	\$ 171
EXXON MOBIL	56	56
FORD MOTOR COMPANY	48	48
FORD MOTOR COMPANY	73	73
GENERAL ELECTRIC	43	43
GENERAL ELECTRIC	43	43
<b>Total</b>	<b>\$ 434</b>	<b>\$ 434</b>

**COUNTY OF WAYNE**

Form W-2, Box 12

Description	Amount
Section 457(b) contributions	\$ 7,800
Cost of group term life insurance coverage over 50,000	20
<b>Total</b>	<b>\$ 7,820</b>

**COUNTY OF WAYNE**

Form W-2, Box 14 - Other

Description	Amount
RAY	\$ 6,000
<b>Total</b>	<b>\$ 6,000</b>

## Federal Statements

Schedule A, Line 5 - State and Local Taxes

Description	Amount
State Withholding on W-2s	\$ 6,564
Local Withholding on W-2s	1,496
Total Income Taxes*	<u>8,060</u>
General Sales Tax	1,576
Total Sales Taxes	<u>1,576</u>

\*Some taxes are being deducted

Schedule A, Line 10 - Home Mortgage Interest From Form 1098

Description	Amount
HEMORTGAGE	\$ 11,631
Total	<u>\$ 11,631</u>

Schedule A, Line 15 - Charitable Contributions by Cash or Check

Description	Amount
CASH/CHECK	\$ 3,285
HENRY FORD	159
	150
CHIN SOUP KITCHEN	50
Total	<u>\$ 3,644</u>

Schedule A, Line 16 - Charitable Contributions Other Than Cash or Check

Description	Amount
Contrib from 8283	\$ 1,213
Total	<u>\$ 1,213</u>

