

Financial Disclosure Form

Reporting calendar year **2009**

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:

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

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

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	\$118,519 (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	\$ 76,511 (c)¹

¹ Includes adjustment for underpayment in previous tax year.

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	\$226,000 (d)
Cash/Savings	\$ 15,000 (b)
Ford stock	\$ 4,000 (a)
GE stock	\$ 1,500 (a)

Assets cont.

State of Michigan 401k (filer)	\$ 97,000	(c)
Wayne County 401k (filer)	\$ 133,000	(d)
Wayne County 401k (Immed Fam)	\$ 55,000	(c)
Federal 401k (Immed Fam)	\$ 213,000	(d)
Wayne County deferred Comp (Immed Fam)	\$ 39,000	(b)
Roth IRAs	\$ 4,000	(a)

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	\$201,000 (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
Exxon Stock	Sale	\$ 15,000 (b)
MESP (Michigan Ed Savings Plans)	Purchase	\$ 9,999 (a)

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

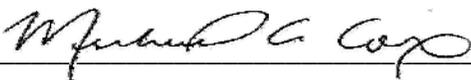
Gifts & Reimbursements – Aggregating \$250 or more (Sec. 4(1)(j))

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

I certify that the information contained herein is complete and accurate to the best of my knowledge. Signed and sworn to this 12th day of March, 2010.



Michael A Cox

COPY

Form 1040

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return 2009

IRS Use Only—Do not write or staple in this space.

Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type.

Form header section containing personal information: For the year Jan. 1-Dec. 31, 2009, or other tax year beginning, 2009, ending, 20. OMB No. 1545-0074. Your social security number, Spouse's social security number, Home address (35039 MUNGER CT, Livonia MI 48154), City, town or post office, state, and ZIP code.

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

Filing Status 1 [] Single 2 [X] 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 16)

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [X] Spouse. 6c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if qual. child for child tax cr. (see page 17) [X] lived with you [X] did not live with you due to divorce or separation (see page 18) Total number of exemptions claimed 5

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 195,030 8a Taxable interest. Attach Schedule B if required 8a 31 b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 348 b Qualified dividends (see page 22) 9b 348 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here [] 13 4,264 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a b Taxable amount (see page 24) 15b 16a Pensions and annuities 16a b Taxable amount (see page 25) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation in excess of \$2,400 per recipient (see page 27) 19 20a Social security benefits 20a b Taxable amount (see page 27) 20b 21 Other income. List type and amount (see page 29) 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 199,673

Adjusted Gross Income 23 Educator expenses (see page 29) 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 30) 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction (see page 31) 32 33 Student loan interest deduction (see page 34) 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 37 199,673

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits, and lines 56-60 for Other Taxes. Total tax is 30,202.

Other Taxes

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 61-71 for Payments. Total payments are 31,213.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 72-74 for Refund. Amount of refund is 1,011.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-76 for Amount You Owe. Total amount owed is 30,202.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 75)? [X] Yes. Complete the following. [] No. Designee's name: Mark W. Sasena, EA. Personal identification number (PIN): [REDACTED].

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: [REDACTED]. Date: [REDACTED]. Your occupation: [REDACTED]. Daytime phone number: [REDACTED].

Paid

Preparer's signature: Mark W. Sasena, EA. Date: 03/02/10. Check if self-employed: [X]. Preparer's SSN or PTIN: [REDACTED].

Preparer's Use Only

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

Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

2009

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) **00385561104740**

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, 2009 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	199,673
2	Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11)	2	30,202
3	Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7)	3	31,213
4	Refund (Form 1040, line 73a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 13a)	4	1,011
5	Amount you owe (Form 1040, line 75; Form 1040A, line 48; 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 and accompanying schedules and statements for the tax year ending December 31, 2009, 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 2009 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 2009 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 ▶ 02/19/10

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 2009 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 2009 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 ▶ 02/19/10

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 2009 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 ▶ 02/19/10

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

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2009

Attachment Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040.**

▶ **See Instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

Your social security number

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)	1	
2	Enter amount from Form 1040, line 38	2	199,673
3	Multiply line 2 by 7.5% (.075)	3	14,975
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local (check only one box):		
	a <input checked="" type="checkbox"/> Income taxes, or	5	8,965
	b <input type="checkbox"/> General sales taxes	6	4,364
6	Real estate taxes (see page A-5)	6	4,364
7	New motor vehicle taxes from line 11 of the worksheet on back. Skip this line if you checked box 5b	7	1,980
8	Other taxes. List type and amount Personal Property Taxes	8	327
9	Add lines 5 through 8	9	15,636
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	10,562
	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-7 and show that person's name, identifying no., and address	11	
	Note. Personal interest is not deductible.	12	
	12 Points not reported to you on Form 1098. See page A-7 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-8.)	14	
	15 Add lines 10 through 14	15	10,562
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8	16	5,391
	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	490
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	5,881
Casualty and Theft Losses	20 Casually or theft loss(es). Attach Form 4684. (See page A-10.)	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.)	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	199,673
	26 Multiply line 25 by 2% (.02)	26	3,993
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
Other Miscellaneous Deductions	28 Other—from list on page A-11. List type and amount	28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$166,800 (over \$83,400 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 28. Also, enter this amount on Form 1040, line 40a.	29	31,750
	<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-11 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

Schedule A (Form 1040) 2009

**Worksheet
for Line 7—
New motor
vehicle
taxes**

Before you begin: ✓ You cannot take this deduction if the amount on Form 1040, line 38, is equal to or greater than \$135,000 (\$260,000 if married filing jointly).
 ✓ See the instructions for line 7 that begin on page A-6.

Use this worksheet to figure the amount to enter on line 7.

(Keep a copy for your records.)

1	Enter the state or local sales or excise taxes you paid in 2009 for the purchase of any new motor vehicle(s) after February 16, 2009 (see page A-6)	1	1,980		
2	Enter the purchase price (before taxes) of the new motor vehicle(s)	2	33,000		
3	Is the amount on line 2 more than \$49,500? <input checked="" type="checkbox"/> No. Enter the amount from line 1. <input type="checkbox"/> Yes. Figure the portion of the tax from line 1 that is attributable to the first \$49,500 of the purchase price of each new motor vehicle and enter it here (see page A-6).	3		1,980	
4	Enter the amount from Form 1040, line 38	4	199,673		
5	Enter the total of any— ● Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and ● Exclusion of income from Puerto Rico	5			
6	Add lines 4 and 5	6	199,673		
7	Enter \$125,000 (\$250,000 if married filing jointly)	7	250,000		
8	Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Enter the amount from line 3 above on Schedule A, line 7. Do not complete the rest of this worksheet. <input type="checkbox"/> Yes. Subtract line 7 from line 6	8			
9	Divide the amount on line 8 by \$10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	9			
10	Multiply line 3 by line 9	10			
11	Deduction for new motor vehicle taxes. Subtract line 10 from line 3. Enter the result here and on Schedule A, line 7	11			

SCHEDULE B

Interest and Ordinary Dividends

2009

Attachment Sequence No. 08

(Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Attach to Form 1040A or 1040.

See instructions on back.

Name(s) shown on return

MICHAEL A & LAURA L COX

Your social security number

		Amount
Part I Interest (See instructions on back and the instructions for Form 1040A, or 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.	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 instructions on back and list this interest first. Also, show that buyer's social security number and address ▶ BANK OF AMERICA	31
	2 Add the amounts on line 1	31
	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 1040A, or Form 1040, line 8a ▶	31

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

		Amount
Part II Ordinary Dividends (See instructions on back and the instructions for Form 1040A, or 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	270
	6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	348

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

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
Part III Foreign Accounts and Trusts	7a At any time during 2009, 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 instructions on back for exceptions and filing requirements for Form TD F 90-22.1		
	b If "Yes," enter the name of the foreign country ▶		
(See instructions on back)	8 During 2009, 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 instructions on back		X

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2009

Department of the Treasury
Internal Revenue Service (99)

▶ 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.

Attachment
Sequence No. **12**

Name(s) shown on return

MICHAEL A & LAURA L COX

Your social security number

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

(a) Description of property (Example: 100 sh. 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)
1					
2 Enter your short-term totals, if any, from Schedule D-1, line 2			2		
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)			3		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824					4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet on page D-7 of the instructions					6 ()
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)					7 0

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

(a) Description of property (Example: 100 sh. 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)
8 XOM	Various	08/14/09	15,053	10,789	4,264
9 Enter your long-term totals, if any, from Schedule D-1, line 9			9		
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)			10 15,053		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					12
13 Capital gain distributions. See page D-2 of the instructions					13
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet on page D-7 of the instructions					14 ()
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on the back					15 4,264

For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR Instructions.

Schedule D (Form 1040) 2009

MICHAEL A & LAURA L COX

Schedule D (Form 1040) 2009

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	4,264
<p>If line 16 is:</p> <ul style="list-style-type: none"> • A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • A 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. 		
<p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
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	
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input checked="" type="checkbox"/> 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 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below.</p> <p><input type="checkbox"/> 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.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	21	
<p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> 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 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

Schedule D (Form 1040) 2009

Form **6251**

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

▶ See separate instructions.

2009

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

MICHAEL A & LAURA L COX

Your social security number

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 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.)	167,923
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), lines 5, 6, and 8	13,656
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 \$166,800 (over \$83,400 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-11 of the instructions for Schedule A (Form 1040)	329
7	If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 20 from that schedule	
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	Alternative tax net operating loss deduction	
13	Interest from specified private activity bonds exempt from the regular tax	
14	Qualified small business stock (7% of gain excluded under section 1202)	
15	Exercise of incentive stock options (excess of AMT income over regular tax income)	
16	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	
17	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	
18	Disposition of property (difference between AMT and regular tax gain or loss)	
19	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	
20	Passive activities (difference between AMT and regular tax income or loss)	
21	Loss limitations (difference between AMT and regular tax income or loss)	0
22	Circulation costs (difference between regular tax and AMT)	
23	Long-term contracts (difference between AMT and regular tax income)	
24	Mining costs (difference between regular tax and AMT)	
25	Research and experimental costs (difference between regular tax and AMT)	
26	Income from certain installment sales before January 1, 1987	
27	Intangible drilling costs preference	
28	Other adjustments, including income-based related adjustments	
29	Alternative minimum taxable income. Combine lines 1 through 28. (If married filing separately and line 29 is more than \$216,900, see page 8 of the instructions.)	181,250

Part II Alternative Minimum Tax (AMT)

30	Exemption. (If you were under age 24 at the end of 2009, see page 8 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 \$46,700 Married filing jointly or qualifying widow(er) 150,000 70,950 Married filing separately 75,000 35,475 If line 29 is over the amount shown above for your filing status, see page 8 of the instructions.	63,137
31	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.	118,113
32	<ul style="list-style-type: none"> 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 (\$87,500 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. 	30,202
33	Alternative minimum tax foreign tax credit (see page 9 of the instructions)	
34	Tentative minimum tax. Subtract line 33 from line 32	30,202
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)	29,573
36	AMT. Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45	629



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	118,113
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	4,612	
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	4,612	
41	Enter the smaller of line 37 or line 40		41	4,612
42	Subtract line 41 from line 37		42	113,501
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	29,510
44	Enter: <ul style="list-style-type: none"> • \$67,900 if married filing jointly or qualifying widow(er), • \$33,950 if single or married filing separately, or • \$45,500 if head of household. 	44	67,900	
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	145,061	
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	4,612	
48	Enter the smaller of line 46 or line 47	48		
49	Subtract line 48 from line 47	49	4,612	
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	692
51	Subtract line 47 from line 41	51		
52	Multiply line 51 by 25% (.25)		52	
53	Add lines 43, 50, and 52		53	30,202
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	30,709
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	30,202

Form 1040	Qualified Dividends and Capital Gain Tax Worksheet	2009
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Name MICHAEL A & LAURA L COX	Taxpayer Identification Number [REDACTED]
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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.	<u>149,673</u>
2. Enter the amount from Form 1040, line 9b*	2.	<u>348</u>
3. Are you filing Schedule D?*		
<input checked="" 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.	<u>4,264</u>
<input type="checkbox"/> No. Enter the amount from Form 1040, line 13		
4. Add lines 2 and 3	4.	<u>4,612</u>
5. If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise, enter -0-	5.	<u>0</u>
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	<u>4,612</u>
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	<u>145,061</u>
8. Enter the smaller of:		
● The amount on line 1, or		
● \$33,950 if single or married filing separately		
● \$67,900 if married filing jointly or qualifying widow(er), or		
● \$45,500 if head of household	8.	<u>67,900</u>
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.	<u>0</u>
<input type="checkbox"/> No. Enter the amount from line 7	10.	<u>0</u>
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		
<input checked="" type="checkbox"/> No. Enter the smaller of line 1 or line 6	11.	<u>4,612</u>
12. Enter the amount from line 10 (if line 10 is blank, enter -0-)	12.	<u>0</u>
13. Subtract line 12 from line 11	13.	<u>4,612</u>
14. Multiply line 13 by 15% (.15)	14.	<u>692</u>
15. Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies	15.	<u>28,881</u>
16. Add lines 14 and 15	16.	<u>29,573</u>
17. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies	17.	<u>30,172</u>
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.	<u>29,573</u>

*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

2009

Name as shown on return

MICHAEL A & LAURA L COX

Taxpayer Identification Number

██████████

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>199,673</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 following nontaxable items: nontaxable combat pay, public assistance, veteran's benefits, workers' compensation, nontaxable unemployment compensation and economic recovery payments. Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits received in 2009 | 3. | _____ |
| 4. Add lines 1 through 3, this is income for general sales tax table purposes | 4. | <u>199,673</u> |
| 5. Enter the amount from the sales tax table in the Schedule A instructions. | 5. | <u>1,424</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. | 9. | <u>1,424</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>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>1,424</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>1,424</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>1,424</u> |
| 25. Enter the state and local taxes paid on specified items (Major purchases)* | 25. | <u>1,980</u> |
| 26. Add lines 24 and 25, this is the deductible General Sales tax | 26. | <u>3,404</u> |
| 27. Enter total state and local income taxes paid* | 27. | <u>10,945</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.

* Includes allowable new motor vehicle taxes, when applicable. If line 27 is greater, and includes new motor vehicle taxes, allowable new motor vehicle taxes are reported on Schedule A, line 7, and all state and local income taxes are reported on Schedule A, line 5.

Form **1040**

AMT Exemption and Sch D Ln 19 Worksheets

2009

Name
MICHAEL A & LAURA L COX

Taxpayer Identification Number
[REDACTED]

Exemption Worksheet - Form 6251, Line 30

1. Enter \$46,700 if single or head of household; \$70,950 if married filing jointly or qualifying widow(er); \$35,475 if married filing separately	1.	<u>70,950</u>
2. Enter your alternative minimum taxable income (AMTI) from Form 6251, line 29	2.	<u>181,250</u>
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.	<u>150,000</u>
4. Subtract line 3 from line 2. If zero or less, enter -0-	4.	<u>31,250</u>
5. Multiply line 4 by 25% (.25)	5.	<u>7,813</u>
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.	<u>63,137</u>
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 In 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	1.	<u>*</u>
2. Enter the amount from Form 4797, In 26g, for the property for which you made an entry on line 1	2.	<u>*</u>
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 (AMT 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.	<u>0</u>
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 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 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-	14.	_____
15. Enter the (loss), if any, from the Schedule D, line 7. If zero or gain enter -0-	15.	<u>0</u>
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.	<u>0</u>
18. Subtract line 17 from line 13. If zero or less, enter -0-. Enter the result on Form 6251, page 2, line 40	18.	<u>0</u>

Form **1040**

AMT Schedule D Tax Worksheet

2009

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. 118,113
2. Enter your qualified dividends from Form 1040, line 9b (or Form 1040NR, line 10b) 2. 348
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. 348
7. Enter the **smaller** of line 15 or line 16 of Schedule D 7. 4,264
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. 4,264
10. Add lines 6 and 9 10. 4,612
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. Enter the result here and on Form 6251, line 38 13. 4,612

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

- | | | |
|--|--|--|
| <ol style="list-style-type: none"> 1. Enter your taxable compensation _____ 2. Enter the smaller of line 1 or \$5,000 (\$6,000 if 50 or older) _____ 3. Enter your total contributions to traditional IRAs for 2009 _____ 4. Subtract line 3 from line 2 _____ 5. Enter: \$176,000 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. All other filers, enter \$120,000 _____ 6. Enter your modified AGI for purposes of Roth IRAs _____ 7. Subtract line 6 from line 5. If zero or less, stop here; you may not contribute to a Roth IRA for 2009. See Recharacterizations on page 3 of Form 8606 instructions if you made Roth IRA contributions for 2009 _____ 8. If line 5 above is \$120,000, 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 _____ 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" _____ 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) _____ 11. Enter the greater of \$200 or the amount on line 10 _____ 12. Maximum 2009 Roth IRA contribution. Enter the smaller of line 4 or line 11. See Recharacterizations on page 3 of Form 8606 instructions if you contributed more than this amount to Roth IRAs for 2009 _____ | <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. 0 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ | <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. 0 8. _____ 9. _____ 10. _____ 11. _____ 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

- | | | |
|---|---|---|
| <ol style="list-style-type: none"> 1. Basis in your Roth IRA contributions as of December 31, 2008 _____ 2. Enter your Roth IRA contributions for 2009, 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 23, not reduced by distributions _____ 6. Basis in your Roth IRA contributions as of December 31, 2009. Subtract lines 4 and 5 from line 3. If zero or less, enter -0- _____ 7. Basis in your Roth IRA conversions as of December 31, 2008. _____ 8. Enter the amount, if any, from Form 8606 line 16 _____ 9. Add lines 7 and 8 _____ 10. Enter the amount, if any, from Form 8606, line 23 _____ 11. Conversion basis deducted as loss on Schedule A, line 23, not reduced by distributions _____ 12. Basis in your Roth IRA conversions as of December 31, 2009. Subtract line 10 and 11 from line 9. If zero or less, enter -0- _____ | <ol style="list-style-type: none"> 1. 4,000 2. _____ 3. 4,000 4. _____ 5. _____ 6. 4,000 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. 0 | <ol style="list-style-type: none"> 1. 4,000 2. _____ 3. 4,000 4. _____ 5. _____ 6. 4,000 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. 0 |
|---|---|---|

Form 1040	Tax Refund Worksheet - No Tax Benefit Derived Due to AMT	2010
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Name MICHAEL A & LAURA L COX	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>
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2009 State and Local Refunds Not Taxable in 2010 Due to AMT

1. Total refund attributable to 2009 (from total on Wrk 10, Tax Refund Wrk - 2009 State and Local Refunds)	1.	<u>465</u>	
2. 2009 regular tax	2.	<u>29,573</u>	
3. 2009 AMT	3.	<u>629</u>	
4. 2009 Total Tax (line 2 + line 3)	4.	<u>30,202</u>	
5. 2009 Federal Marginal Tax Rate	5.	<u>0.280</u>	
6. Tentative no benefit (line 3 divided by line 5)	6.	<u>2,246</u>	
7. Adjustment (smaller of line 1 or line 6)	7.	<u>465</u>	
8. Recalculated 2009 Itemized Deductions	8.	<u>31,285</u>	
9. Recalculated 2009 Taxable Income	9.	<u>150,138</u>	
10. Recalculated 2009 Tax	10.	<u>29,703</u>	
Recalculated 2009 Tax using Sch D Tax Wrk or QDCGTW		<u>29,703</u>	
Recalculated 2009 Form 8615		_____	
Recalculated 2009 Schedule J		_____	
11. Recalculated 2009 AMT	11.	<u>499</u>	
12. New 2009 Total Tax (line 10 + line 11)	12.	<u>30,202</u>	
13. 2009 state and local refunds not taxable in 2010 (equals line 7, if line 12 < or = line 4)	13.	<u>465</u>	

The amount from Line 13 will carry to the 2010 Tax Refund Worksheet

Form **1040**

Tax Refund Worksheet - 2009 State and Local Refunds

2010

Name

Taxpayer Identification Number

MICHAEL A & LAURA L COX

[REDACTED]

MI

1. 2009 payments paid in 2010	1.	_____	
2. 2009 extension paid in 2010	2.	_____	
3. 2009 additional payment paid in 2010	3.	_____	
4. Total 2009 payments paid in 2010 (sum of lines 1 through 3)	4.	_____	
5. Total payments on the 2009 return	5.	<u>7,364</u>	
6. Total 2009 overpayment/refund	6.	<u>228</u>	
7. 2009 refund attributable to tax paid in 2010 (line 4 divided by line 5 multiplied by line 6)	7.	_____	
8. 2009 state/local tax refund attributable to tax paid in 2009 (line 6 minus line 7)	8.	_____	228

MI - DET

1. 2009 payments paid in 2010	1.	_____	
2. 2009 extension paid in 2010	2.	_____	
3. 2009 additional payment paid in 2010	3.	_____	
4. Total 2009 payments paid in 2010 (sum of lines 1 through 3)	4.	_____	
5. Total payments on the 2009 return	5.	<u>1,195</u>	
6. Total 2009 overpayment/refund	6.	<u>84</u>	
7. 2009 refund attributable to tax paid in 2010 (line 4 divided by line 5 multiplied by line 6)	7.	_____	
8. 2009 state/local tax refund attributable to tax paid in 2009 (line 6 minus line 7)	8.	_____	84

MI - LAN

1. 2009 payments paid in 2010	1.	_____	
2. 2009 extension paid in 2010	2.	_____	
3. 2009 additional payment paid in 2010	3.	_____	
4. Total 2009 payments paid in 2010 (sum of lines 1 through 3)	4.	_____	
5. Total payments on the 2009 return	5.	<u>308</u>	
6. Total 2009 overpayment/refund	6.	<u>153</u>	
7. 2009 refund attributable to tax paid in 2010 (line 4 divided by line 5 multiplied by line 6)	7.	_____	
8. 2009 state/local tax refund attributable to tax paid in 2009 (line 6 minus line 7)	8.	_____	153

1. 2009 payments paid in 2010	1.	_____	
2. 2009 extension paid in 2010	2.	_____	
3. 2009 additional payment paid in 2010	3.	_____	
4. Total 2009 payments paid in 2010 (sum of lines 1 through 3)	4.	_____	
5. Total payments on the 2009 return	5.	_____	
6. Total 2009 overpayment/refund	6.	_____	
7. 2009 refund attributable to tax paid in 2010 (line 4 divided by line 5 multiplied by line 6)	7.	_____	
8. 2009 state/local tax refund attributable to tax paid in 2009 (line 6 minus line 7)	8.	_____	

1. 2009 payments paid in 2010	1.	_____	
2. 2009 extension paid in 2010	2.	_____	
3. 2009 additional payment paid in 2010	3.	_____	
4. Total 2009 payments paid in 2010 (sum of lines 1 through 3)	4.	_____	
5. Total payments on the 2009 return	5.	_____	
6. Total 2009 overpayment/refund	6.	_____	
7. 2009 refund attributable to tax paid in 2010 (line 4 divided by line 5 multiplied by line 6)	7.	_____	
8. 2009 state/local tax refund attributable to tax paid in 2009 (line 6 minus line 7)	8.	_____	

Total of ALL 2009 state/local tax refunds attributable to tax paid in 2010 (sum of lines 7) _____

Total of ALL 2009 state/local tax refunds attributable to tax paid in 2009 (sum of lines 8; for 2010 Tax Refund Wrk) **465**

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	\$ 4,017

Form 1040, Dividend Income

Payer	Ordinary Dividends	Qualified Dividends
EXXON MOBIL	\$ 270	\$ 270
GENERAL ELECTRIC	78	78
Total	\$ 348	\$ 348

COUNTY OF WAYNE**Form W-2, Box 12**

Description	Amount
Section 457(b) contributions	\$ 8,100
Cost of group term life insurance coverage over 50,000	157
Total	\$ 8,257

COUNTY OF WAYNE**Form W-2, Box 14 - Other**

Description	Amount
14Y	\$ 6,000
Total	\$ 6,000

Federal Statements**Schedule A, Line 5 - State and Local Taxes**

<u>Description</u>	<u>Amount</u>
State Withholding on W-2s	\$ 7,364
City Withholding on W-2s	1,503
State Tax Payments	98
Total Income Taxes*	<u>8,965</u>
General Sales Tax	3,404
Total Sales Taxes	<u>3,404</u>

*Income taxes are being deducted

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

<u>Description</u>	<u>Amount</u>
CITIMORTGAGE	\$ 10,562
Total	<u>\$ 10,562</u>

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

<u>Description</u>	<u>Amount</u>	<u>Haiti Relief 1/12/10-2/28/10</u>
THE HENRY FORD	\$ 125	
ST EDITH CHURCH/ST MICHAELS	1,680	
ARCHDIOCESE OF DETROIT	600	
LIVONIA LIBRARY	334	
INFANT MORTALITY	200	
RIGHT TO LIFE MICHIGAN	250	
CHRISTIAN FOUNDATION	240	
KNIGHT OF COLUMBUS	1,500	
MISC CASH/CHECK	412	
HAITI	50	X
Total	<u>\$ 5,391</u>	

General Sales Tax Deduction Worksheet, Line 27 Reconciliation Detail

<u>Description</u>	<u>Amount</u>
State and local income taxes	\$ 8,965
Deductible new motor vehicle taxes	1,980
Total	<u>\$ 10,945</u>

Form **1040** **Salaries & Wages Report** **2009**

Name **MICHAEL A & LAURA L COX** Taxpayer Identification Number **[REDACTED]**

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T STATE OF MICHIGAN	118,519	23,265	106,800
B	T STATE OF MICHIGAN			
C	S COUNTY OF WAYNE	76,511	7,948	84,611
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		118,519	23,265	106,800
Spouse		76,511	7,948	84,611
Totals		195,030	31,213	191,411

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Allocated Tips	Advanced EIC	Dep Care Ben	Other, Box 14
A	6,622	122,266	1,773				
B							
C	5,246	84,611	1,227				6,000
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	6,622	122,266	1,773				
Spouse	5,246	84,611	1,227				6,000
Totals	11,868	206,877	3,000				6,000

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	MI	118,519	4,373	Detroit	DET 118,519	DET 638
B				Lansing	LAN 118,519	LAN 308
C	MI	76,511	2,991	Detroit	DET 76,511	DET 557
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer		118,519	4,373		237,038	946
Spouse		76,511	2,991		76,511	557
Totals		195,030	7,364		313,549	1,503