

**2008 MICHIGAN Schedule of Taxes and Allocation to Each Agreement**

Issued under authority of Public Act 281 of 1967.

Type or print in blue or black ink. Print numbers like this : 0123456789 - NOT like this: Ø 1 4 7  
Attach to Form MI-1040. Read the instructions before completing this form.

**Attachment 04**

1. Filer's First Name	M.I.	Last Name	2. Filer's Social Security Number (Example: 123-45-6789)
			— —
If a Joint Return, Spouse's First Name	M.I.	Last Name	Spouse's Social Security Number (Example: 123-45-6789)
			— —

**INSTRUCTIONS:** Complete columns A through F. If you have more than one agreement, complete columns G and H.

▶ A Agreement Number			▶ B	▶ C		D <i>See Instructions</i>		▶ E	F	G	H
County Code (2 digits)	Contract Number	Expiration Date (Enter as MM-DD-YY)	2008 Total Taxable Value	2007 or 2008 Paid Tax Receipts Attached	Type of Ownership	Percent of Income or Ownership		Total Tax for Each Agreement	Total Tax for Each Agreement	Divide Each Amount in Column F by Total on Line 3, Column F	Allocated Tax Credit. Multiply MI-1040CR-5 Line 13 or 18 by Percent Computed in Column G
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%			%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%			%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%			%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%			%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%			%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%			%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%			%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%			%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%			%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%			%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%			%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%			%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%			%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%			%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%			%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%			%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%			%	
<input type="checkbox"/> Check here if additional page(s) used. Enter total from additional page(s), if applicable.										%	
3. Enter total of columns F through H (total of column G must equal 100%). Carry total from Column F to your MI-1040CR-5, line 4.										%	