

FINANCIAL ANALYSIS FORM

Mortgage Account Number (s) 0602033718

Name (Borrower): <u>Zeinab Issa</u>	Home Phone: <u>313-207-7785</u>	Work Phone: <u>313-717-1148</u>	Alternate/Cell Phone:
Preferred Method of Contact <u>Phone</u>	<input checked="" type="checkbox"/> Home Phone	<input checked="" type="checkbox"/> Work Phone	<input type="checkbox"/> Alternate/Cell
Borrower Social Security Number <u>362-94-2846</u>			
Name (Co-borrower):	Home Phone:	Work Phone:	Alternate/Cell Phone:
Preferred Method of Contact	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Alternate/Cell
Co-Borrower Social Security Number			
Mailing Address: <u>1322 Plainfield, Dearborn Heights, MI 48127</u>			
May we contact you via email:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide your email address:	<u>Alimayaya@yahoo.com</u>		
Is the property occupied?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is it owner occupied or tenant occupied?	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant		
Condition of the property?	Excellent	<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair <input type="checkbox"/> Condemned
Have you received a notice of condemnation?	Yes <input checked="" type="checkbox"/> No		
Have you filed bankruptcy?	Yes <input checked="" type="checkbox"/> No		
Amount of funds available to contribute towards a workout?	\$		
Total number of individuals in your household:	<u>4</u>		
Do you want to keep the property?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is your home listed for sale?	Yes <input checked="" type="checkbox"/> No		
If yes, what is the list price?	\$		
What is your agent's (realtor) name and telephone number? If applicable	Realtor Name: Realtor Phone:		
Do you have a second mortgage?	Yes/No		
If yes, please provide contact information for your second mortgage company.	Name/phone number of second mortgage company:		

EMPLOYMENT HISTORY

	Borrower		Co-Borrower	
Currently employed?	Yes	<input checked="" type="checkbox"/> No	Yes	No
How long?				
Present employer:				
If self-employed, name of company:	<u>Relyon Husband</u>			
Income *All income must have documented proof as outlined in the Fax Cover Sheet.				
Description *	Borrower	Co-Borrower	Total	
Gross Salary / Wages (monthly) **	\$	\$ <u>3,000-</u>	\$	
Unemployment Income (monthly)	\$	\$	\$	
Child Support / Alimony (monthly)	\$	\$	\$	
Disability Income (monthly)	\$	\$	\$	
Rental Income (monthly)	\$	\$	\$	

**Gross salary/wages is your total monthly income before any tax withholding or employer deductions.

FAX COVER SHEET (This page should be returned to us with your *completed* financial analysis form)

To: Loss Mitigation

From: Zeinab Issa

Account Number(s) 0602033718

Fax to: 1-866-709-4744 or mail to: Loss Mitigation

2711 North Haskell Avenue, Suite 900

Dallas TX 75204

The following documentation must be included to determine eligibility:

- **Financial Analysis Form (no notary required) – 2 pages**
- **The enclosed Financial Hardship Affidavit completed and signed by all borrowers (no notary required) – 3 pages,**
- **A signed and dated copy of the IRS Form 4506-T (Request for Transcript of Tax Return) for each borrower (borrowers who filed their tax returns jointly may send in one IRS Form 4506-T signed and dated by both the joint filers) – 2 pages, and**
- **Documentation to verify all of the income of each borrower (including any alimony or child support that you choose to rely upon to qualify). This documentation should include:**

For each borrower who is paid by an employer:

- Copy of the most recent filed federal tax return with all schedules required by the IRS at the time you filed your return; and
- Copy of the two most recent pay stubs or other proof of income from your employer including the frequency in which you get paid (example: monthly, bi-weekly, or weekly).
- To utilize commissions and/or overtime listed on pay stubs, a letter from your employer stating that commissions and/or overtime will continue must be included.

For each borrower who is self-employed:

- Copy of the most recent filed federal tax return with all schedules required by the IRS at the time you filed your return, and
- Copy of the most recent quarterly or year-to-date profit/loss statement.

For each borrower who has income such as Social Security, disability or death benefits, or pension:

- Copy of most recent federal tax return with all schedules and W-2 or copies of two most recent bank statements.
- Copy of benefits statement or letter from the provider that states the amount, frequency and duration of the benefit. Such benefit must continue for at least 3 years to be considered qualifying income under this program.

For each borrower who has income such as public assistance, or unemployment:

- Copy of most recent federal tax return with all schedules and W-2 or copies of two most recent bank statements.
- Copy of benefits statement or letter from the provider that states the amount, frequency and duration of the benefit. Such benefit must continue for at least 9 months to be considered qualifying income under this program.

For each borrower who is relying on alimony or child support as qualifying income:

- Copy of divorce decree, separation agreement or other written agreement or decree that states the amount of alimony or child support and period of time over which it will be received. Payments must continue for at least 3 years to be considered qualifying income under this program.
- Proof of full, regular and timely payments; for example, deposit slips, bank statements, court verification or filed federal tax return with all schedules.

For each borrower who has rental income:

- Copies of most recent two years filed federal tax returns with all schedules, including Schedule E-Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent.

Additional items required if you are requesting a sale of your property:

- **Copy of listing agreement**
- **Copy of the sales contract**
- **Copy of the estimated Settlement Statement (HUD 1) if available**
- **Signed "third party authorization" form**

ASSETS/LIABILITIES

If you own real estate in addition to your personal residence, please attach a complete list of property addresses / name(s) of Lender / Lender's address and phone number / account numbers / monthly payment / amount owed / estimated value & rental income.

Assets

Description	Estimated Value	Amount Owed	Net Value (est. value less amount owed)
Personal Residence	\$ 115,000	\$ 188,000	\$
Personal Property	\$	\$	\$
Checking Accounts	\$ 1,100-	\$	\$
Savings Accounts	\$	\$	\$
IRA / 401(k) / Keogh Accounts	\$	\$	\$
Stocks / Bonds / CDs	\$	\$	\$
Cash Value of Life Insurance	\$	\$	\$
Other	\$	\$	\$
Totals	\$	\$	\$

Liabilities (Expenses)

Description	Monthly Payment	Balance Due	Delinquent?	
First Mortgage Lender	\$ 1,008-	\$	Yes	No
Other Mortgages / Liens / Rents	\$	\$	Yes	No
Alimony / Child Support	\$	\$	Yes	No
Homeowners Assoc. Dues	\$	\$	Yes	No
Property Taxes (if not escrowed and included in your current mortgage payment)	\$ 300-	\$ 3,500	Yes	No
Homeowner's (hazard) Insurance (if not escrowed and included in your current mortgage payment)	\$ 60-	\$ 1,000	Yes	No
Other insurance (i.e. wind, flood) (If not escrowed and included in your current mortgage payment.)	\$	\$	Yes	No
Health Insurance	\$	\$	Yes	No
Medical Expenses	\$	\$	Yes	No
Child Care	\$	\$	Yes	No
Credit Card / Installment Loans	\$ 200-	\$	Yes	<input checked="" type="radio"/> No
Student Loans / Personal Loans	\$ 65-	\$ 7,000	Yes	No
Auto Loan(s)	\$ 400-	\$ 21,000	Yes	<input checked="" type="radio"/> No
Auto Expenses / Gasoline / Insurance	\$ 300-	\$	Yes	<input checked="" type="radio"/> No
Food / Household Supplies	\$ 200	\$	Yes	No
Water / Sewer / Utilities / Phone(s) / Cable	\$ 350-	\$	Yes	<input checked="" type="radio"/> No
Other RECURRING	\$ 200	\$	Yes	<input checked="" type="radio"/> No

If additional space is needed for Liabilities (Expenses), please include an additional page.

Note: Some of the items included are not applicable to the Making Home Affordable (MHA) program. However, this form is used for various modification programs, including the MHA.

Borrower Signature

Date

Co-borrower Signature

Date

[Handwritten Signature] 12/27/2010

Financial Hardship Affidavit

Borrower Name: Zeinab Issa Date of Birth 10/15/83
 Co-Borrower Name: _____ Date of Birth _____
 Property Street Address: 1322 Plainfield
 Property City, State, Zip: Dearborn Heights, MI 48127
 Account Number(s): 0602033718

In order to qualify for our offer to enter into an agreement to modify my loan, I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks (" ") the one or more events that contribute to my/our financial hardship and difficulty in making payments on my/our mortgage loan.

Borrower Co-Borrower

- My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details under "Explanation" and have attached verifying documentation.
- My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, divorce, incarceration, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details under "Explanation" and have attached verifying documentation.
- My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details under "Explanation" and have attached verifying documentation.
- My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details under "Explanation" and have attached verifying documentation.
- My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details under "Explanation" and have attached verifying documentation.
- There are other reasons I/we cannot make our mortgage payments. I have provided details under "Explanation" and have attached verifying documentation.

Explanation (Required):

My husband has had a reduction in his income. He is not working as many hours as he used to because of reduced demand for his services.

We have young children who require increased expenditures for clothing, food, etc.

Information for Government Monitoring Purposes

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person.

If you do not wish to furnish the Information for Government Monitoring Purposes, please check the box below.

BORROWER <input checked="" type="checkbox"/> I do not wish to furnish this information	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male


Borrower/Co-Borrower Acknowledgement:

1. Under penalty of perjury, I/we certify, represent and agree that all of the documents and information I/we have provided in connection with the Financial Analysis Form and this Affidavit are true and correct and the event(s) identified in the Financial Analysis Form and this Affidavit has/have contributed to my/our financial hardship and the need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers/co-borrowers or a joint report for a married couple.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
6. I/we certify that I/we are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.
7. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this Affidavit.
8. I/we authorize and consent to Servicer disclosing to the U.S. Department of Treasury or other government agency, Fannie Mae and/or Freddie Mac any information provided by me/us retained by Servicer in connection with the Making Home Affordable (MHA) program.

NOTICE TO BORROWERS

Be advised that you are signing these documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income may subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud.

The information contained in these documents is subject to examination and verification. Any potential misrepresentation may be referred to the appropriate law enforcement authority for investigation and prosecution.

w/credit

 Borrower Signature _____
 Date 12/27/2010

Co-Borrower Signature _____
 Date _____

THIRD PARTY AUTHORIZATION and AGREEMENT to RELEASE

(Please complete and return if you want us to speak with your Real Estate Agent, or any other designated third party on your behalf.)

Account Number: 0602033718
Name: Zeinab Issa
Property Address: 1322 Plainfield
Newborn Heights, AZ 48107

I/we do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to
David A. Chami of _____ in his/her capacity as
Name Company (if applicable)
Relationship (if applicable) 313-204-8484 Phone Number

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above names requestor or person identifying themselves to be that requestor.

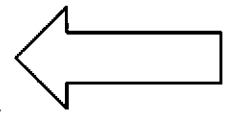
If you agree to this Authorization and the terms of the Release as stated above, please sign, date, and return with the Financial Analysis form.

NOTE: No information concerning your account will be provided until we have received this executed document. The authorization needs to be in the name of an individual (not a company) and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

Zeinab Issa
Printed Borrower Name
[Signature]
Borrower Signature

X _____ Date 12/27/2010
Printed Borrower Name

Borrower Signature



Form **4506-T**

Request for Transcript of Tax Return

(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

▶ **Do not sign this form unless all applicable lines have been completed.**
Read the instructions on page 2.
▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first. <u>Ali Barakat</u>	1b First social security number on tax return or employer identification number (see instructions) <u>386-92-7533</u>
2a If a joint return, enter spouse's name shown on tax return <u>Zeinab Issa</u>	2b Second social security number if joint tax return <u>362-94-2846</u>
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code <u>1322 Plainfield Street, Dbn Hgts MI, 48127</u>	
4 Previous address shown on the last return filed if different from line 3	

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

GMAC Mortgage

Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

- 6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____
- a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
 - b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days
 - c **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
 - 7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days
 - 8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

12/31/07 12/31/08 12/31/09 12/31/10

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Sign Here	<u>Ali Barakat</u> Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ()
	<u>Ali Barakat</u> Title (if line 1a above is a corporation, partnership, estate, or trust)	Date	
	<u>Zeinab Issa</u> Spouse's signature	Date	

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Note. You can also call 1-800-829-1040 to request a transcript or get more information.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-292-8102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave., NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

General Notification

The enclosed package encompasses requirements for all available programs, including the Making Home Affordable program established under the Obama administration. For information and eligibility requirements under the Making Home Affordable program, visit www.makinghomeaffordable.gov or www.financialstability.gov website. **Please wait to submit the financial package until ALL required forms are completed and necessary attachments included.**

Please continue to make your monthly payment. If assistance is needed, it is recommended that you contact a credit counselor who is trained to guide you through your current financial situation. You can access www.hud.gov or call 800-225-5342 for more information regarding credit counselors.

You may receive phone calls or letters from our office asking for a payment while we consider any options that might be available.

A trial modification or permanent modification may require:

- Non-escrowed accounts: An escrow account to pay taxes and/or insurance is required for most modification programs.
- You may be required to enroll in an electronic payment program.

Frequently Asked Questions

How long will it take to process my modification request and determine if I qualify for the program?

First, we will review your request as quickly as possible. Once the package is returned to our office, you will hear something from Loss Mitigation within **14** business days advising the package was received and notifying you if additional information is required. Within **60** days from the date a complete package is received, you will be notified as to the modification option available to you. If you aren't eligible for a modification, the reason for denial will be provided. Please note, however, that your modification will not be effective unless you meet all of the applicable conditions.

The Financial Analysis Form asks, "Amount of funds available to contribute towards a workout?" What does that mean?

We are attempting to determine the amount of funds that you currently have available to contribute towards any delinquency. In some instances, this may be called a down payment or a borrower's contribution. (Not applicable to the Making Home Affordable Program.)

On the Financial Analysis Form, what would be included as Personal Property under the Asset section?

Personal property is an item of worth that you may own. Some examples of personal property may include a vehicle or recreational vehicle, collectibles, etc.

Under Liabilities (Expenses), I pay my car insurance on a semi-annual or annual basis. How do I list that?

Please make sure that the amount of the expense is broken down to a monthly premium amount. Example: If the car insurance is \$500 for a 6 month period, divide \$500 by 6 (\$83.33) to determine the monthly premium.

If I am submitting my tax returns, why do I need to complete the 4506-T form?

The 4506-T form is a required for a modification. If information is missing that you are unable to provide we will utilize the 4506-T form to obtain the necessary information.

What information is needed on the form 4506-T?

Please complete the following:

- 1a – 4: List information as shown on your tax returns
- 5: Third party name (the mortgage company), address, and telephone number
- 6: Transcript requested the form used to file your tax return (example form 1040)
- 6a, 6b, and 6c: Should all include a check mark
- 7: Verification of Nonfiling should include a check mark
- 8: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript should include a check mark
- 9: Year or period requested should include previous two years tax returns (example 12/31/2007 and 12/31/2008)
- Signature and Spouses Signature and Dates

The 4506-T form states, "Caution: DO NOT SIGN this form if a 3rd party required you to complete and lines 6 and 9 are blank." What do I enter for those items?

All applicable blanks on the form need to be completed. This disclaimer is provided as a warning that lines 6 a,b,c and 9 must be completed prior to signing the form.

LAPROMAN, LLC

3116

EMPLOYEE NO.	EMPLOYEE NAME		SOCIAL SECURITY NO.	PAY PERIOD ENDING	CHECK DATE	
ALBA	Ali N. Barakat		386927533	12/15/10	12/15/10	
ITEM	RATE	HOURS	TOTAL	ITEM	THIS CHECK	YEAR TO DATE
Salary			1,500.00	Gross	1,500.00	34,500.00
				Fed Income	-61.83	-1,422.09
				Soc Sec	-93.00	-2,139.00
				Medicare	-21.75	-500.25
				State	-47.18	-1,085.14
				Benefits		-1,035.00
HOURS WORKED	GROSS THIS PAY PERIOD		GROSS YEAR TO DATE	NET CHECK		CHECK NO.
	1500.00		34500.00	\$1,276.24		3116

LAPROMAN, LLC

3111

EMPLOYEE NO.	EMPLOYEE NAME			SOCIAL SECURITY NO.	PAY PERIOD ENDING	CHECK DATE
ALBA	Ali N. Barakat			386927533	12/1/10	12/1/10
ITEM	RATE	HOURS	TOTAL	ITEM	THIS CHECK	YEAR TO DATE
Salary			1,500.00	Gross	1,500.00	33,000.00
				Fed Income	-61.83	-1,360.26
				Soc Sec	-93.00	-2,046.00
				Medicare	-21.75	-478.50
				State	-47.18	-1,037.96
				Benefits	-131.00	-1,035.00
HOURS WORKED	GROSS THIS PAY PERIOD		GROSS YEAR TO DATE	NET CHECK		CHECK NO.
	1500.00		33000.00	\$1,145.24		3111



44411

Label (See instructions.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2009, or other tax year beginning, 2009, ending, 20. OMB No. 1545-0074. Your first name MI Last name ALI BARAKAT. Your social security number 386-92-7533. If a joint return, spouse's first name MI Last name ZEINAB ISSA. Spouse's social security number 362-94-2846. Home address (number and street). If you have a P.O. box, see instructions. Apartment no. 1322 PLAINFIELD ST. City, town or post office. If you have a foreign address, see instructions. State ZIP code MI 48127. DEARBORN HEIGHTS. Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) [] You [] Spouse

Filing Status

1 [] Single 4 [] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 2 [X] Married filing jointly (even if only one had income) 3 [] Married filing separately. Enter spouse's SSN above & full name here. 5 [] Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [X] Spouse. Boxes checked on 6a and 6b 2. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if qualifying child for child tax credit (see instrs). MAYA BARAKAT 363-29-2350 Daughter [X]. HADI A BARAKAT 362-35-2436 Son [X]. Dependents on 6c not entered above. Add numbers on lines above 4.

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 36,000. 8a Taxable interest. Attach Schedule B if required 8a 50. b Tax-exempt interest. Do not include on line 8a 8b. 9a Ordinary dividends. Attach Schedule B if required 9a. b Qualified dividends (see instrs) 9b. 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 222. 11 Alimony received 11. 12 Business income or (loss). Attach Schedule C or C-EZ 12. 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here [] 13. 14 Other gains or (losses). Attach Form 4797 14. 15a IRA distributions 15a. b Taxable amount (see instrs) 15b. 16a Pensions and annuities 16a. b Taxable amount (see instrs) 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 instructions) 19. 20a Social security benefits 20a. b Taxable amount (see instrs) 20b. 21 Other income 21. 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 36,272.

Adjusted Gross Income

23 Educator expenses (see instructions) 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 instructions) 29. 30 Penalty on early withdrawal of savings 30. 31a Alimony paid b Recipient's SSN 31a. 32 IRA deduction (see instructions) 32. 33 Student loan interest deduction (see instructions) 33. 34 Tuition and fees deduction. Attach Form 8917 34. 35 Domestic production activities deduction. Attach Form 8903 35. 36 Add lines 23 - 31a and 32 - 35 36. 37 Subtract line 36 from line 22. This is your adjusted gross income 37 36,272.

Tax and Credits

Standard Deduction for -
 • People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see instructions.
 • All others:
 Single or Married filing separately, \$5,700
 Married filing jointly or Qualifying widow(er), \$11,400
 Head of household, \$8,350

38	Amount from line 37 (adjusted gross income)	38	36,272.
39a	Check if: <input type="checkbox"/> You were born before January 2, 1945, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a		
	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here ▶ 39b		
40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40a	17,775.
41	Subtract line 40a from line 38	41	18,497.
42	Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see instructions	42	14,600.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	3,897.
44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	388.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	388.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 29	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	388.
52	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	52	
53	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	388.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H	59	
60	Add lines 55-59. This is your total tax	60	0.

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	1,455.
62	2009 estimated tax payments and amount applied from 2008 return	62	
63	Making work pay and government retiree credit. Attach Schedule M	63	800.
64a	Earned income credit (EIC)	64a	1,900.
	b Nontaxable combat pay election ▶ 64b		
65	Additional child tax credit. Attach Form 8812	65	1,612.
66	Refundable education credit from Form 8863, line 16	66	
67	First-time homebuyer credit. Attach Form 5405	67	
68	Amount paid with request for extension to file (see instructions)	68	
69	Excess social security and tier 1 RRTA tax withheld (see instructions)	69	
70	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	70	
71	Add lns 61-63, 64a, & 65-70. These are your total pmts	71	5,767.

Refund

Direct deposit? See instructions and fill in 73b, 73c, and 73d or Form 8888.

72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	5,767.
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	73a	5,767.
	▶ b Routing number 072486791 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	▶ d Account number 0004096244		
74	Amount of line 72 you want applied to your 2010 estimated tax	74	

Amount You Owe

75	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see instructions	75	
76	Estimated tax penalty (see instructions)	76	

Third Party Designee

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

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

Sign Here

Joint return? See instructions. Keep a copy for your records.

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
		WORKER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
		WORKWE	

Paid Preparer's Use Only

Preparer's signature _____ Date 01/25/2010 Check if self-employed Preparer's SSN or PTIN p00159193

Firm's name (or yours if self-employed) address, and ZIP code
 Massarani Accounting & Tax Services
 12958 Michigan Ave, Ste 101
 Dearborn MI 48126
 EIN 38-3434478
 Phone no. _____

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

ALI BARAKAT & ZEINAB ISSA

386-92-7533

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 7.5% (.075)	3			
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				
b	<input type="checkbox"/> General sales taxes	5	1,132.		
6	Real estate taxes (see instructions)	6	5,752.		
7	New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b	7			
8	Other taxes. List type and amount ▶ <u>Personal property taxes</u> 281.	8	281.		
9	Add lines 5 through 8	9			7,165.
Interest You Paid		10	10,610.		
10	Home mtg interest and points reported to you on Form 1098	10			
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶	11			
12	Points not reported to you on Form 1098. See instrs for spl rules	12			
13	Qualified mortgage insurance premiums (see instructions)	13			
14	Investment interest. Attach Form 4952 if required. (See instrs.)	14			
15	Add lines 10 through 14	15			10,610.
Gifts to Charity		16			
16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16			
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17			
18	Carryover from prior year	18			
19	Add lines 16 through 18	19			
Casualty and Theft Losses		20			
20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20			
Job Expenses and Certain Miscellaneous Deductions		21			
21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	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			
26	Multiply line 25 by 2% (.02)	26			
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			
Other Miscellaneous Deductions		28			
28	Other — from list in the instructions. List type and amount ▶	28			
Total Itemized Deductions		29			17,775.
29	Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)? <input checked="" 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. <input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.	29			
30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>	30			

SCHEDULE EIC
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service

Earned Income Credit
Qualifying Child Information

Complete and attach to Form 1040A or 1040
only if you have a qualifying child.

OMB No. 1545-0074

2009

Attachment
Sequence No. **43**

Name(s) shown on return

ALI BARAKAT & ZEINAB ISSA

Your social security number

386-92-7533

Before you begin:

- See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

CAUTION!

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you only have to list three to get the maximum credit	First name Last name MAYA BARAKAT	First name Last name HADI A BARAKAT	First name Last name
2 Child's SSN The child must have an SSN as defined in the Form 1040A or Form 1040 instructions unless the child was born and died in 2009. If your child was born and died in 2009 and did not have an SSN, enter 'Died' on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	363-29-2350	362-35-2436	
3 Child's year of birth	Year <u>2002</u> <small>If born after 1990 AND the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	Year <u>2007</u> <small>If born after 1990 AND the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>	Year _____ <small>If born after 1990 AND the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small>
4a Was the child under age 24 at the end of 2009, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.
b Was the child permanently and totally disabled during any part of 2009?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc)	Daughter	Son	
6 Number of months child lived with you in the United States during 2009 • If the child lived with you for more than half of 2009 but less than 7 months, enter '7'. • If the child was born or died in 2009 and your home was the child's home for the entire time he or she was alive during 2009, enter '12'	<u>12</u> months Do not enter more than 12 months.	<u>12</u> months Do not enter more than 12 months.	____ months Do not enter more than 12 months.

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 2009

Additional Child Tax Credit

2009

Department of the Treasury
Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

ALI BARAKAT & ZEINAB ISSA

386-92-7533

Part I All Filers

<p>1 1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51). 1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33). 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 47).</p> <p>If you used Pub 972, enter the amount from line 8 of the worksheet on page 4 of the publication.</p>	1	2,000.
2 Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 47	2	388.
3 Subtract line 2 from line 1. If zero, stop ; you cannot take this credit	3	1,612.
4a Earned income (see instructions)	4a	36,000.
b Nontaxable combat pay (see instructions)	4b	
5 Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5	33,000.
6 Multiply the amount on line 5 by 15% (.15) and enter the result	6	4,950.
Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop ; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.		

Part II Certain Filers Who Have Three or More Qualifying Children

7 Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see the instructions	7	
8 1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code 'UT' and entered on the dotted line next to line 60. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, line 53, plus any taxes that you identified using code 'UT' and entered on the dotted line next to line 57.	8	
9 Add lines 7 and 8	9	
10 1040 filers: Enter the total of the amounts from Form 1040, lines 64a and 69. 1040A filers: Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 44 (see instructions). 1040NR filers: Enter the amount from Form 1040NR, line 63.	10	
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	
12 Enter the larger of line 6 or line 11	12	
Next, enter the smaller of line 3 or line 12 on line 13.		

Part III Additional Child Tax Credit

13 This is your additional child tax credit	13	1,612.
--	----	--------

Enter this amount on Form 1040, line 65, or Form 1040A, line 42, or Form 1040NR, line 61.

SCHEDULE M
(Form 1040A or 1040)

Making Work Pay and Government Retiree Credits

OMB No. 1545-0074

2009

Department of the Treasury
Internal Revenue Service (99)

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

▶ See separate instructions.

Attachment
Sequence No. **166**

Name(s) shown on return

ALI BARAKAT & ZEINAB ISSA

Your social security number

386-92-7533

1 a Important: See the instructions if you can be claimed as someone else's dependent or are filing Form 1040NR. Check the 'No' box below and see the instructions if (a) you have a net loss from a business, (b) you received a taxable scholarship or fellowship grant not reported on a Form W-2, (c) your wages include pay for work performed while an inmate in a penal institution, (d) you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or (e) you are filing Form 2555 or 2555-EZ.

Do you (and your spouse if filing jointly) have 2009 wages of more than \$6,451 (\$12,903 if married filing jointly)?

Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.

No. Enter your earned income (see instructions) **1 a**

b Nontaxable combat pay included on line 1a (see instructions) **1 b**

2 Multiply line 1a by 6.2% (.062) **2**

3 Enter \$400 (\$800) if married filing jointly **3**

4 Enter the **smaller** of line 2 or line 3 (unless you checked 'Yes' on line 1a) **4** 800.

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22 **5** 36,272.

6 Enter \$75,000 (\$150,000 if married filing jointly) **6** 150,000.

7 Is the amount on line 5 more than the amount on line 6?

No. Skip line 8. Enter the amount from line 4 on line 9 below.

Yes. Subtract line 6 from line 5 **7**

8 Multiply line 7 by 2% (.02) **8**

9 Subtract line 8 from line 4. If zero or less, enter -0- **9** 800.

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2009? You may have received this payment if you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits (see instructions).

No. Enter -0- on line 10 and go to line 11.

Yes. Enter the total of the payments received by you (and your spouse, if filing jointly). Do not enter more than \$250 (\$500 if married filing jointly) **10** 0.

11 Did you (or your spouse, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work **not** covered by social security? Do not include any pension or annuity reported on Form W-2.

No. Enter -0- on line 11 and go to line 12.

Yes. • If you checked 'No' on line 10, enter \$250 (\$500 if married filing jointly and the answer on line 11 is 'Yes' for both spouses)
• If you checked 'Yes' on line 10, enter -0- (exception: enter \$250 if filing jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10) **11** 0.

12 Add lines 10 and 11 **12** 0.

13 Subtract line 12 from line 9. If zero or less, enter -0- **13** 800.

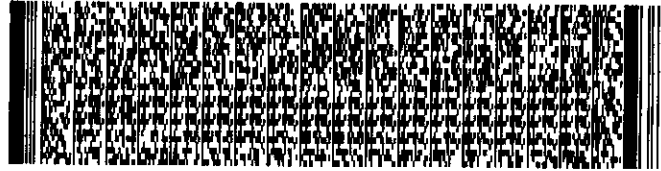
14 Making work pay and government retiree credits. Add lines 11 and 13. Enter the result here and on Form 1040, line 63, Form 1040A, line 40; or Form 1040NR, line 60 **14** 800.

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

BAA For Paperwork Reduction Act Notice, see Form 1040A, 1040, or 1040NR instructions.

Schedule **M** (Form 1040A or 1040) 2009

2009 MICHIGAN Individual Income Tax Barcode Datasheet



This datasheet is PAGE 1 of your individual income tax return and/or home heating credit claim. You must staple this form to the top of Form MI-1040 or MI-1040CR-7 for your return to be complete and to speed the processing.

Do **NOT** file this form alone.

See additional instructions below.



Software Use Only	
<input checked="" type="checkbox"/> MI-1040 included	<input type="checkbox"/> MI-1040CR-7 included

FILER'S IDENTIFICATION

Filer's First Name ALI	MI	Last Name BARAKAT	Filer's Social Security Number 386-92-7533
If a Joint Return, Spouse's First Name ZEINAB	MI	Last Name ISSA	Spouse's Social Security Number 362-94-2846
Home Address (No., Street, P.O. Box or Rural Route) 1322 PLAINFIELD ST			
City or Town DEARBORN HEIGHTS		State MI	ZIP Code 48127

Instructions

Staple this form to the top of your MI-1040 *Individual Income Tax Return* or your MI-1040CR-7 *Home Heating Credit Claim*. **Do NOT file this form alone.**

If you make a correction to any of your data, **you must reprint the corrected page** of the return and this barcode datasheet to capture the corrected information in the barcode.

Mail the original datasheet and original return/claim (not photocopies) to the address on your return/claim.

Make your check payable to "**State of Michigan**" and **print the filer's Social Security Number** and "**2009 income tax**" on the front of your check.

2009 MICHIGAN Individual Income Tax Return MI-1040

Return is due April 15, 2010.

Type or print in blue or black ink.

PLACE HERE LABEL	▶ 1 Filer's First Name ALI		M.I.	Last Name BARAKAT		▶ 2 Filer's Social Security No. 386-92-7533	
	If a Joint Return, Spouse's First Name ZEINAB		M.I.	Last Name ISSA		▶ 3 Spouse's Social Security No. 362-94-2846	
	Home Address (No., Street, P.O. Box or Rural Route) 1322 PLAINFIELD ST						▶ 4 School District Code (5 digits - see instructions) 82040
	City or Town DEARBORN HEIGHTS			State MI	ZIP Code 48127		

You may contribute to the **CHILDREN'S TRUST FUND** on line 22 of this form.

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

▶ 9 **EXEMPTIONS**

a Number of exemptions you claimed on your 2009 federal return	▶ 9a	<input type="text" value="4"/>	x \$3,600	<input type="text" value="14,400.00"/>	<input type="text" value="00"/>
b Number of individuals 65 or older who qualify for a special exemption	▶ 9b	<input type="text"/>	x \$ 2,300	<input type="text"/>	<input type="text" value="00"/>
c Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	▶ 9c	<input type="text"/>	x \$ 2,300	<input type="text"/>	<input type="text" value="00"/>
d Number of children ages 18 and under you claimed as Michigan exemptions	▶ 9d	<input type="text" value="2"/>	x \$600	<input type="text" value="1,200.00"/>	<input type="text" value="00"/>
e Number of qualified disabled veterans	▶ 9e	<input type="text"/>	x \$300	<input type="text"/>	<input type="text" value="00"/>
f If your unemployment compensation is 50% or more of your Adjusted Gross Income (amount claimed on line 10) check (X) the box and enter \$2,300	▶ 9f	<input type="checkbox"/>	(✓) \$ 2,300	<input type="text"/>	<input type="text" value="00"/>
g If someone else can claim you as a dependent, check (X) the box, complete Worksheet 2 in the instructions, and enter the amount from the worksheet	▶ 9g	<input type="checkbox"/>	(✓) 9g	<input type="text"/>	<input type="text" value="00"/>
h Add lines 9a, 9b, 9c, 9d, 9e, 9f and 9g. Enter here and on line 15	▶ 9h			<input type="text" value="15,600.00"/>	<input type="text" value="00"/>

10 Adjusted Gross Income from your U.S. 1040, 1040A, 1040EZ or 1040NR (see instructions)	▶ 10	<input type="text" value="36,272.00"/>	<input type="text" value="00"/>
11 Additions from Michigan Schedule 1, line 7. Attach Schedule 1	▶ 11	<input type="text"/>	<input type="text" value="00"/>
12 Total. Add lines 10 and 11	▶ 12	<input type="text" value="36,272.00"/>	<input type="text" value="00"/>
13 Subtractions from Michigan Schedule 1, line 21. Attach Schedule 1	▶ 13	<input type="text" value="222.00"/>	<input type="text" value="00"/>
14 Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter '0'	▶ 14	<input type="text" value="36,050.00"/>	<input type="text" value="00"/>
15 Exemption allowance. Amount from line 9h or Schedule NR, line 20	▶ 15	<input type="text" value="15,600.00"/>	<input type="text" value="00"/>
16 Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter '0'	▶ 16	<input type="text" value="20,450.00"/>	<input type="text" value="00"/>
17 Tax. Multiply line 16 by 4.35% (.0435).	▶ 17	<input type="text" value="890.00"/>	<input type="text" value="00"/>
18 Total Nonrefundable Credits. Amount from Schedule 2, line 11. Attach Schedule 2	▶ 18	<input type="text"/>	<input type="text" value="00"/>
19 Income tax. Subtract line 18 from line 17. If line 18 is greater than line 17, enter '0'	▶ 19	<input type="text" value="890.00"/>	<input type="text" value="00"/>

DIRECT DEPOSIT
Deposit your refund directly into your bank account! See instructions and complete a, b and c.

a Routing Transit Number	▶ <input type="text" value="072486791"/>	b Type of Account:	▶ (1) <input checked="" type="checkbox"/> Checking (2) <input type="checkbox"/> Savings
c Account Number	▶ <input type="text" value="0004096244"/>		

20	Enter amount of Income Tax from line 19	20	890.	00
21	Military Family Relief Fund. Enter your contribution amount (\$1 minimum)	▶ 21		00
22	Children's Trust Fund. Enter your contribution amount (\$5 minimum)	▶ 22		00
23	Children of Veterans Tuition Grant Program. Enter your contribution amount (\$2 minimum)	▶ 23		00
24	Additional Voluntary Contributions from Form 4642, line 12, Attach Form 4642	24		00
25	USE TAX Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1, line 3, in the instructions.	▶ 25	0.	00
26	Add lines 20, 21, 22, 23, 24 and 25	26	890.	00

REFUNDABLE CREDITS AND PAYMENTS

27	Property Tax Credit. Attach MI-1040CR or MI-1040CR-2	▶ 27	1,200.	00
28	Farmland Preservation Credit. Attach MI-1040CR-5	▶ 28		00
29	Qualified Adoption Expenses. Attach U.S. 8839 and MI-8839	▶ 29		00
30	Stillbirth Credit. Amount from Worksheet 3, in the instructions	▶ 30		00
31 a	Federal Earned Income Tax Credit	31 a	1,900.	00
	b Michigan Earned Income Tax Credit. Multiply line 31a by 20% (0.20)	▶ 31 b	380.	00
32	Energy Efficient Qualified Home Improvement Credit. Amount from Form 4764, line 7	▶ 32		00
33	Michigan Historic Preservation Tax Credit (refundable). Amount from Form 3581, line 16a or 16b	▶ 33		00
34	Michigan tax withheld from Schedule W, line 3. Attach Schedule W (do not submit W-2's)	▶ 34	1,132.	00
35	Estimated tax, extension payments and 2008 credit forward	▶ 35		00
36	Total refundable credits and payments. Add lines 27 through 30, 31b, and 32 through 35	36	2,712.	00

REFUND OR TAX DUE

37	If line 36 is less than line 26, subtract line 36 from line 26. Include interest and penalty if applicable (see instr)	▶		00
38	Overpayment. If line 36 is greater than line 26, subtract line 26 from line 36	38	1,822.	00
39	Credit Forward. Amount of line 38 to be credited to your 2010 estimated tax for your 2010 tax return	▶ 39		00
40	Subtract line 39 from line 38	REFUND ▶ 40	1,822.	00

<p>Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2008, check the appropriate box below.</p> <p>▶ <input type="checkbox"/> Filer is Deceased ▶ <input type="checkbox"/> Spouse is Deceased</p>		<p>Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.</p> <p>▶ Preparer's PTIN, FEIN or SSN</p> <p>▶ Preparer's Business Name (print or type)</p> <p>MASSARANI ACCOUNTING & TAX SERVICES</p> <p>Preparer's Business Address (print or type)</p> <p>12958 MICHIGAN AVE STE 101</p> <p>DEARBORN MI 48126</p>	
<p>Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.</p>			
Filer's Signature	Date		
Spouse's Signature	Date		
<p>▶ I authorize Treasury to discuss my return with my preparer. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			

Refund, credit or zero returns. Mail your return to: **Michigan Department of Treasury, P.O. Box 30726, Lansing, MI 48909-8226**

Pay amount on line 37. Mail your check and return to: **Michigan Department of Treasury, P.O. Box 30727, Lansing, MI 48909-8227**

Make your check payable to 'State of Michigan.' Print your Social Security number and '2009 income tax' on the front of your check. If paying on behalf of another taxpayer, write the taxpayer's name and Social Security number on the check. Do not staple your check to the return. Keep a copy of your return and all supporting schedules for six years. To check the status of your refund, have a copy of your MI-1040 available when you visit: www.michigan.gov/fit

2009 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967

Type or print in blue or black ink.

Attach to Form MI-1040.

Attachment 1A

Filer's First Name ALI	M.I.	Last Name BARAKAT	Filer's Social Security Number 386-92-7533
If a Joint Return, Spouse's First Name ZEINAB	M.I.	Last Name ISSA	Spouse's Social Security Number 362-94-2846

Additions to Income

1	Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions	▶ 1		00
2	Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions)	▶ 2		00
3	Gains from Michigan column of MI-1040D and MI-4797	▶ 3		00
4	Losses attributable to other states (see instructions)	▶ 4		00
5	Net loss from federal column of your Michigan MI-1040D or MI-4797	▶ 5		00
6	Other (see instructions). Describe: _____	▶ 6		00
7	Total additions. Add lines 1 through 6. Enter here and on MI-1040, line 11	▶ 7		00

Subtractions from Income

8	Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Attach U.S. Schedule B or 1040A Schedule 1 if over \$5,000.	▶ 8		00
9	Military pay from U.S. Armed Forces included in MI-1040, line 10. Attach Schedule W. (Include retirement pay on line 12 of this schedule.)	▶ 9		00
10	Gains from federal column of Michigan MI-1040D and MI-4797	▶ 10		00
11	Income attributable to another state. Explain type and source: _____	▶ 11		00
12	Retirement or pension benefits included in MI-1040, line 10. (Include military retirement here.) See exceptions in instructions. Name of payer: _____	▶ 12		00
13	Dividend/interest/capital gains deduction for senior citizens (see instructions)	▶ 13		00
14	Social Security benefits from U.S. 1040, line 20b or U.S. 1040A, line 14b	▶ 14		00
15	Income earned while a resident of a renaissance zone. Name of zone: _____	▶ 15		00
16	Michigan state and local income tax refunds received in 2009 and included in MI-1040, line 10	▶ 16	222.	00
17	Michigan Education Savings Program and MI529 Advisor Plan	▶ 17		00
18	Michigan Education Trust	▶ 18		00
19	Venture Capital Deduction. Attach Form 4534	▶ 19		00
20	Miscellaneous subtractions (see instructions). Describe: _____	▶ 20		00
21	Total subtractions. Add lines 8 through 20. Enter here and on MI-1040, line 13	▶ 21	222.	00

2009 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR

Issued under authority of Public Act 281 of 1967. Type or print in blue or black ink.

Attachment 05

F I L E R ' S I N F O R M A T I O N	▶ 1 Filer's First Name ALI	M.I.	Last Name BARAKAT	▶ 2 Filer's Social Security Number 386-92-7533
	If a Joint Return, Spouse's First Name ZEINAB	M.I.	Last Name ISSA	▶ 3 Spouse's Social Security Number 362-94-2846
	Home Address (No., Street, P.O. Box or Rural Route) 1322 PLAINFIELD ST			
	City or Town DEARBORN HEIGHTS		State MI	ZIP Code 48127

▶ 5 Check the box(es) for which you or your spouse qualify (excluding dependents):

a Age 65 or older; or an unremarried spouse of a person who was 65 or older at the time of death

b Deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled

6 Homeowners: Enter the 2009 taxable value of your homestead (see instructions)	▶ 6	100,600.	00
7 Property Taxes levied on your home in 2009 (see instructions) or amount from line 42, 47 and 49	▶ 7	3,846.	00
8 Renters: Enter rent you paid in 2009 from line 44	▶ 8	00	
9 Multiply line 8 by 20% (0.20)	▶ 9		00
10 Total. Add lines 7 and 9	▶ 10	3,846.	00

HOUSEHOLD INCOME. Include income from both spouses.

11 Wages, salaries, tips, sick, strike and SUB pay, etc	▶ 11	36,000.	00
12 All interest and dividend income (including nontaxable interest)	▶ 12	50.	00
13 Net business, royalty or rent income (including self-employment)	▶ 13		00
14 Retirement pension, annuity, and IRA benefits. Name of payer:	▶ 14		00
15 Net farm income	▶ 15		00
16 Capital gains less capital losses (see instructions)	▶ 16		00
17 Alimony and other taxable income (see instructions). Describe:	▶ 17		00
18 Social Security, SSI and/or railroad retirement benefits	▶ 18		00
19 Child support (see instructions)	▶ 19		00
20 Unemployment compensation (taxable and nontaxable)	▶ 20		00
21 Other nontaxable income (see instructions). Describe:	▶ 21		00
22 Workers' compensation, veterans' disability compensation and pension benefits	▶ 22		00
23 FIP and other DHS benefits (do not include Food Assistance Program benefits)	▶ 23		00
24 SUBTOTAL. Add lines 11 through 23	▶ 24	36,050.	00

25 Other adjustments (see instructions). Describe:	▶ 25	00	
26 Medical insurance or HMO premiums you paid for you and your family (see instructions)	▶ 26	00	

27 Add lines 25 and 26	▶ 27		00
28 HOUSEHOLD INCOME. Subtract line 27 from line 24. If more than \$82,650, STOP; you are not eligible	▶ 28	36,050.	00
29 Multiply line 28 by 3.5% (0.035) or by the percent in Table 3 (see instructions) (if negative, enter '0')	▶ 29	1,262.	00
30 Subtract line 29 from line 10. If line 29 is more than line 10, enter '0' and STOP; you are not eligible	▶ 30	2,584.	00

If you checked a box on line 5, complete line 32 or 33. FIP/DHS recipients, complete line 32. All others must complete line 31.

31 Multiply line 30 by 60% (0.60) (maximum \$1,200). Go to line 34	▶ 31	1,200.	
--	------	--------	--

32 FIP/DHS recipients, enter amount from Worksheet 5 in instructions. Seniors who pay rent, complete Worksheet 6 in the instructions and enter amount from worksheet here (maximum \$1,200). Go to line 34	▶ 32		00
--	------	--	----

33 If you checked a box on line 5 (if you completed line 32, skip this line), enter the amount from line 30 (maximum \$1,200). Go to line 34	▶ 33		00
--	------	--	----

34 CREDIT. If your household income (line 28) is less than \$73,650, enter the amount that applies to you from line 31, 32 or 33 here. If household income is more than \$73,650, you must reduce your credit (see instructions). If you file an MI-1040, carry this amount to your MI-1040, line 27	▶ 34		1,200.00
---	------	--	----------

Filer's Social Security Number
386-92-7533

35 Residency Status in 2009:

a Resident

b Nonresident

c Part-Year Resident*

*If you checked box 'c,' enter dates of Michigan residency in 2009. Enter dates as MM-DD-YYYY (Example: 04-15-2009)

FROM:	FILER	SPOUSE
TO:		

PART 1: HOMEOWNERS. Report on lines 36 and 37 the addresses of the homesteads for which you are claiming a credit.

36 Address of where you lived on December 31, 2009, if different than reported on line 1	Taxable Value
37 Address of homestead sold during 2009 (Number, Street and City)	Taxable Value

Homeowners who moved during 2009, complete lines 38 through 42.

38 Number of days occupied (total cannot be more than 365)	38	A Moved Into	B Moved From
39 Divide line 38 by 365 and enter percentage here	39	%	%
40 Property taxes levied and assessed in calendar year 2009	40		
41 Prorated taxes. Multiply line 40 by percentage on line 39	41		
42 Taxes eligible for credit. Add line 41, columns A and B. Enter here and on line 7	42		00

PART 2: RENTERS

43	A	B	C	D	E
	Address of Homestead You Rented (No., Street, Apt. #, City, ZIP Code)	Landowner's Name and Address	# Months Rented	Monthly Rent	Total Rent Paid Less Mobile Home Taxes
44	Total rent you paid (not more than 12 months). Add total rent for each period. Enter here and on line 8				44
					00

PART 3: OCCUPANTS OF HOUSING ON WHICH SERVICE FEES ARE PAID INSTEAD OF TAXES

45 Name and Address of Housing Project or Landowner

46 Enter the total rent you paid in 2009. Do not include amounts paid on your behalf by a government agency

47 Multiply line 46 by 10% (0.10) (see instructions). Enter here and on line 7

46	00
47	00

PART 4: OCCUPANTS OF NURSING OR ADULT FOSTER CARE HOMES OR HOMES FOR THE AGED

48 Name and Address of Care Facility

49 Your share of taxes paid by the landowner (see instructions). Enter here and on line 7

49	00
----	----

DIRECT DEPOSIT Deposit your refund directly into your bank account! See instructions and complete a, b and c.

a Routing Transit Number: 072486791

b Type of Account: (1) Checking (2) Savings

c Account Number: 0004096244

Deceased Taxpayers. If Filer and/or Spouse died after 12-31-2008, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2010 (MM-DD-YYYY)

Filer: [] Spouse: []

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

I authorize Treasury to discuss my return with my preparer. Yes No

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN: []

Preparer's Business Name (print or type): **Massarani Accounting & Tax Services**

Preparer's Business Address (print or type): **12958 Michigan Ave, Ste 101 Dearborn MI 48126**

2009 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967.

INSTRUCTIONS: If you had Michigan income tax withheld in 2009, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 34). Attach your completed Schedule W to your MI-1040 or MI-1040X form where applicable. See complete instructions. Type or print in blue or black ink.

Attachment 13

Filer's First Name ALI	M.I.	Last Name BARAKAT	Filer's Social Security Number (Example: 123-45-6789) 386-92-7533
If a Joint Return, Spouse's First Name ZEINAB	M.I.	Last Name ISSA	Spouse's Social Security Number (Example: 123-45-6789) 362-94-2846

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

▶ A Enter 'X' if for: You or Spouse		▶ B Box b – Employer's federal identification number	C Employer's name	D Box 1 – Wages, tips, other compensation	▶ E Box 17 – Michigan income tax withheld		F Box 19 – City income tax withheld
X		38-3626615	LAPROMAN LLC	36,000.00	1,132.00	00	00
				00	00	00	00
				00	00	00	00
				00	00	00	00
				00	00	00	00
				00	00	00	00
				00	00	00	00
				00	00	00	00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable)					00	00	00
1 SUBTOTAL. Enter total of Table 1, columns E and F. Carry total of column F to the City Income Tax Worksheet in the MI-1040 Instruction Booklet					1	1,132.00	00

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

TABLE 2: MICHIGAN TAX WITHHELD ON 1099 and 4119 FORMS

▶ A Enter 'X' if for: You or Spouse		▶ B Payer's federal identification number	C Payer's name	D Taxable pension distribution, misc. income, etc (see instr.)	▶ E Michigan income tax withheld		F Box 7 – Distribution Code (1099-R only)
				00	00		
				00	00		
				00	00		
				00	00		
				00	00		
				00	00		
Enter Table 2 Subtotal from additional Schedule W forms (if applicable)					00	00	
2 SUBTOTAL. Enter total of Table 2, column E					2	00	
3 TOTAL. Add line 1 and line 2, column E. Carry total to your MI-1040, line 34					3	1,132.00	

* zi ma
 1017-09

Form **1040** U.S. Individual Income Tax Return **2008** (99) IRS Use Only — Do not write or staple in this space.

Department of the Treasury — Internal Revenue Service

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

OMB No. 1545-0074

Label (See instructions.)
 Your first name MI Last name
ALI BARAKAT
 Your social security number
386-92-7533

Use the IRS label. Otherwise, please print or type.
 If a joint return, spouse's first name MI Last name
ZEINAB ISSA
 Spouse's social security number
362-94-2846

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.
1322 PLAINFIELD ST
 You **must** enter your social security number(s) above. ▲

City, town or post office. If you have a foreign address, see instructions. State ZIP code
DEARBORN HEIGHTS MI 48127
 Checking a box below will not change your tax or refund.

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) 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 & full name here . . . ▶
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . . . ▶
 5 Qualifying widow(er) with dependent child (see instructions)

Check only one box.

Exemptions

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

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	No. of children on 6c who:
(1) First name	Last name				• lived with you • did not live with you due to divorce or separation (see instrs)
MAYA	BARAKAT	363-29-2350	Daughter	<input checked="" type="checkbox"/>	2
HADI A	BARAKAT	362-35-2436	Son	<input checked="" type="checkbox"/>	
				<input type="checkbox"/>	Dependents on 6c not entered above
				<input type="checkbox"/>	Add numbers on lines above

d Total number of exemptions claimed **4**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	36,750.
8a Taxable interest. Attach Schedule B if required	8a	0.
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends (see instrs)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	207.
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see instrs)	15b	
16a Pensions and annuities	16a	
b Taxable amount (see instrs)	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount (see instrs)	20b	
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	36,957.

Adjusted Gross Income

23 Educator expenses (see instructions)	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 instructions)	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN ▶	31a	
32 IRA deduction (see instructions)	32	
33 Student loan interest deduction (see instructions)	33	
34 Tuition and fees deduction. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 - 31a and 32 - 35	36	
37 Subtract line 36 from line 22. This is your adjusted gross income	37	36,957.

**36 chg*
11-5-09
388-92-7533 Page 2

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	36,957.
	39a Check if: <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
	<input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes checked ▶ 39b <input type="checkbox"/>		
	c Check if standard deduction includes real estate taxes or disaster loss (see instructions)	39c <input type="checkbox"/>	
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	13,869.
	41 Subtract line 40 from line 38	41	23,088.
	42 If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see instructions. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d	42	14,000.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	9,088.
	44 Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	908.
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Add lines 44 and 45	46	908.
	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 instructions). Attach Form 8901 if required	52	908.
	53 Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	53	
	54 Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55 Add lines 47 through 54. These are your total credits	55	908.
	56 Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-	56	0.

Other Taxes	57 Self-employment tax. Attach Schedule SE	57	
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60 Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H	60	
	61 Add lines 56-60. This is your total tax	61	0.

Payments	62 Federal income tax withheld from Forms W-2 and 1099	62	2,097.
	63 2008 estimated tax payments and amount applied from 2007 return	63	
	64a Earned income credit (EIC)	64a	984.
	b Nontaxable combat pay election	64b	
	65 Excess social security and tier 1 RRTA tax withheld (see instructions)	65	
	66 Additional child tax credit. Attach Form 8812	66	1,092.
	67 Amount paid with request for extension to file (see instructions)	67	
	68 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	68	
	69 First-time homebuyer credit. Attach Form 5405	69	
	70 Recovery rebate credit (see worksheet)	70	235.
	71 Add lines 62 through 70. These are your total payments	71	4,408.

Refund	72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	4,408.
	73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here .. <input type="checkbox"/>	73a	4,408.
	▶ b Routing number	072486791	▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	▶ d Account number	0004096244	
	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 instructions	75	
	76 Estimated tax penalty (see instructions)	76	

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

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

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

Your signature	Date	Your occupation	Daytime phone number
<i>Ali Barakat</i>	11-11-09	WORKER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
<i>Zeinab Issa</i>	11-11-09	WORKWE	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
<i>Ali Barakat</i>	11/05/2009		p00159193
Firm's name (or yours if self-employed)	Address and ZIP code		EIN
Massarani Accounting & Tax Services	12958 Michigan Ave, Ste 101 Dearborn MI 48126		38-3434478
			Phone no.

SCHEDULE A
(Form 1040)

Itemized Deductions

**zhu ma*
11-5-09
OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

2008
Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

ALI BARAKAT & ZEINAB ISSA

386-92-7533

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)			1	
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 7.5% (.075)			3	
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				
	b <input type="checkbox"/> General sales taxes	5	1,159.		
6	Real estate taxes (see instructions)	6	5,949.		
7	Personal property taxes	7	92.		
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8			9	7,200.
Interest You Paid		10 Home mtg interest and points reported to you on Form 1098		10	6,669.
		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶			
		-----		11	

		-----		12	
Note. Personal interest is not deductible.		12 Points not reported to you on Form 1098. See instrs for spcl rules		12	
		13 Qualified mortgage insurance premiums (see instructions)		13	
		14 Investment interest. Attach Form 4952 if required. (See instrs.)		14	
		15 Add lines 10 through 14		15	6,669.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs		16	
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
		21 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		21	

		22 Tax preparation fees		22	
(See instructions.)		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	
		26 Multiply line 25 by 2% (.02)		26	
		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 in the instructions. List type and amount ▶		28	

Total Itemized Deductions		29 Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing separately)?			
		<input checked="" 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.		29	13,869.
		<input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶					

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information

Complete and attach to Form 1040A or 1040
only if you have a qualifying child.

* zlichma
11-5-09

OMB No. 1545-0074

2008

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

ALI BARAKAT & ZEINAB ISSA

Your social security number

386-92-7533

Before you begin:

- See the instructions for Form 1040A, lines 40a and 40b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

CAUTION!

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

1 Child's name	First name	Last name	First name	Last name
	If you have more than two qualifying children, you only have to list two to get the maximum credit	MAYA	BARAKAT	HADI
2 Child's SSN The child must have an SSN as defined in the Form 1040A or Form 1040 instructions unless the child was born and died in 2008. If your child was born and died in 2008 and did not have an SSN, enter 'Died' on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	363-29-2350		362-35-2436	
3 Child's year of birth	Year <u>2002</u> If born after 1989, skip lines 4a and 4b; go to line 5.		Year <u>2007</u> If born after 1989 skip lines 4a and 4b; go to line 5.	
4 If the child was born before 1990 –				
a Was the child under age 24 at the end of 2008 and a student?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue.
b Was the child permanently and totally disabled during any part of 2008?	<input type="checkbox"/> Yes. Continue.	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Continue.	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc)	Daughter		Son	
6 Number of months child lived with you in the United States during 2008 • If the child lived with you for more than half of 2008 but less than 7 months, enter '7'. • If the child was born or died in 2008 and your home was the child's home for the entire time he or she was alive during 2008, enter '12'	<u>12</u> months Do not enter more than 12 months.		<u>12</u> months Do not enter more than 12 months.	

TIP You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2008, and (b) is a U.S. citizen, U.S. National, or U.S. resident alien. For more details, see the instructions for line 41 of Form 1040A or line 66 of Form 1040.

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule **EIC** (Form 1040A or 1040) 2008

** zlicma*
11-5-09
 OMB No. 1545-0074

Department of the Treasury
 Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

2008
 Attachment
 Sequence No. **47**

Name(s) shown on return

ALI BARAKAT & ZEINAB ISSA

Your social security number

386-92-7533

Part I All Filers

1	Enter the amount from line 1 of your Child Tax Credit Worksheet in the Form 1040, Form 1040A or Form 1040NR instructions. If you used Publication 972, enter the amount from line 8 of the worksheet on page 4 of the publication	1	2,000.
2	Enter the amount from Form 1040, line 52, Form 1040A, line 33, or Form 1040NR, line 47	2	908.
3	Subtract line 2 from line 1. If zero, stop ; you cannot take this credit	3	1,092.
4a	Earned income (see instructions). If your main home was in a Midwestern disaster area when the disaster occurred, and you are electing to use your 2007 earned income, check here <input type="checkbox"/>	4a	36,750.
b	Nontaxable combat pay (see instructions)	4b	
5	Is the amount on line 4a more than \$8,500? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$8,500 from the amount on line 4a. Enter the result	5	28,250.
6	Multiply the amount on line 5 by 15% (.15) and enter the result	6	4,238.
Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop ; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.			

Part II Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see the instructions	7	
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code 'UT' and entered on the dotted line next to line 61. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, line 53, plus any taxes that you identified using code 'UT' and entered on the dotted line next to line 57.	8	
9	Add lines 7 and 8	9	
10	1040 filers: Enter the total of the amounts from Form 1040, lines 64a and 65. 1040A filers: Enter the total of the amount from Form 1040A, line 40a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 43 (see instructions). 1040NR filers: Enter the amount from Form 1040NR, line 60.	10	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	
12	Enter the larger of line 6 or line 11	12	
Next, enter the smaller of line 3 or line 12 on line 13.			

Part III Additional Child Tax Credit

13	This is your additional child tax credit	13	1,092.
----	--	----	--------

Enter this amount on
 Form 1040, line 66, or
 Form 1040A, line 41, or
 Form 1040NR, line 61.

** 34 chra*
 Issued under authority of
 Public Act 281 of 1967.
 11-5-09

2008 MICHIGAN Individual Income Tax Return MI-1040

Return is due April 15, 2009.

Type or print in blue or black ink.

PLACE HERE LABEL	▶ 1 Filer's First Name ALI		M.I.	Last Name BARAKAT		▶ 2 Filer's Social Security No. 386-92-7533	
	If a Joint Return, Spouse's First Name ZEINAB		M.I.	Last Name ISSA		▶ 3 Spouse's Social Security No. 362-94-2846	
	Home Address (No., Street, P.O. Box or Rural Route) 1322 PLAINFIELD ST						▶ 4 School District Code (5 digits - see instructions) 82040
	City or Town DEARBORN HEIGHTS			State MI	ZIP Code 48127		

**MILITARY FAMILY RELIEF FUND
 CHILDREN'S TRUST FUND
 CHILDREN OF VETERANS TUITION GRANT PROGRAM**

You may contribute to the Military Family Relief Fund, Children's Trust Fund and the Children of Veterans Tuition Grant Program on lines 21, 22, and 23 of this form.

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

▶ 9 EXEMPTIONS					
a	Number of exemptions you claimed on your 2008 federal return	▶ 9a	<input type="text" value="4"/>	x \$3,500	<input type="text" value="14,000.00"/>
b	Number of individuals 65 or older who qualify for a special exemption	▶ 9b	<input type="text"/>	x \$2,200	<input type="text" value="00"/>
c	Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	▶ 9c	<input type="text"/>	x \$2,200	<input type="text" value="00"/>
d	Number of children ages 18 and under you claimed as Michigan exemptions	▶ 9d	<input type="text" value="2"/>	x \$600	<input type="text" value="1,200.00"/>
e	Number of qualified disabled veterans	▶ 9e	<input type="text"/>	x \$250	<input type="text" value="00"/>
f	If your unemployment compensation is 50% or more of your Adjusted Gross Income (amount claimed on line 10) check the box and enter \$2,200	▶ 9f	<input type="checkbox"/> (✓)	\$2,200	<input type="text" value="00"/>
g	If someone else can claim you as a dependent, check the box, complete Worksheet 2 in the instructions, and enter the amount from the worksheet	▶ 9g	<input type="checkbox"/> (✓)		<input type="text" value="00"/>
h	Add lines 9a, 9b, 9c, 9d, 9e, 9f and 9g. Enter here and on line 15	▶ 9h			<input type="text" value="15,200.00"/>
10	Adjusted Gross Income from your U.S. 1040, 1040A, 1040EZ or 1040NR (see instructions)	▶ 10			<input type="text" value="36,957.00"/>
11	Additions from Michigan Schedule 1, line 7. Attach Schedule 1	▶ 11			<input type="text" value="00"/>
12	Total. Add lines 10 and 11	▶ 12			<input type="text" value="36,957.00"/>
13	Subtractions from Michigan Schedule 1, line 21. Attach Schedule 1	▶ 13			<input type="text" value="207.00"/>
14	Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter '0'	▶ 14			<input type="text" value="36,750.00"/>
15	Exemption allowance. Enter the amount from line 9h or Schedule NR, line 20	▶ 15			<input type="text" value="15,200.00"/>
16	Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter '0'	▶ 16			<input type="text" value="21,550.00"/>
17	Tax. Multiply line 16 by 4.35% (.0435). Enter here and carry amount to line 18	▶ 17			<input type="text" value="937.00"/>

<p>DIRECT DEPOSIT Deposit your refund directly into your bank account! See instructions and complete a, b and c.</p>	a Routing Transit Number	▶ <input type="text" value="072486791"/>	b Type of Account	▶ (1) <input checked="" type="checkbox"/> Checking (2) <input type="checkbox"/> Savings
	c Account Number	▶ <input type="text" value="0004096244"/>		

* zfc ma
11-5-09

2008 MICHIGAN Individual Income Tax Barcode Datasheet



This datasheet is PAGE 1 of your individual income tax return and/or home heating credit claim. You must staple this form to the top of Form MI-1040 or MI-1040CR-7 for your return to be complete and to speed the processing.

Do **NOT** file this form alone.

See additional instructions below.



Software Use Only	
<input checked="" type="checkbox"/> MI-1040 included	<input type="checkbox"/> MI-1040CR-7 included

FILER'S IDENTIFICATION

Filer's First Name ALI	MI	Last Name BARAKAT	Filer's Social Security Number 386-92-7533
If a Joint Return, Spouse's First Name ZEINAB	MI	Last Name ISSA	Spouse's Social Security Number 362-94-2846
Home Address (No., Street, P.O. Box or Rural Route) 1322 PLAINFIELD ST			
City or Town DEARBORN HEIGHTS	State MI	ZIP Code 48127	

INSTRUCTIONS

If you make a correction to any of your data, you must reprint the corrected page of the return and this barcode datasheet to capture the corrected information in the barcode.

Staple this form to the top of your MI-1040 *Individual Income Tax Return* or your MI-1040CR-7 *Home Heating Credit Claim*. Do **NOT** file this form alone.

Mail the original datasheet and original return/claim (not photocopies) to the address on your return/claim. Both forms must be filed with payment, if owed.

If you filed Form MI-1040 form with this barcode datasheet and without payment, and are submitting your payment at a later date, mail to Michigan Department of Treasury, P.O. Box 30727, Lansing, MI 48929. Make your check payable to "**State of Michigan**" and **print the filer's Social Security Number** and "**2008 income tax**" the front of your check.

Do **NOT** include this form when mailing a payment separately from your return.

11-5-09 *Zlu CMG

ALI BARAKAT & ZEINAB ISSA
2008 MI-1040, Page 2

Filer's Social Security Number
386-92-7533

18	Enter amount of tax from line 17	18	937.00
19	Total Nonrefundable Credits. Attach Schedule 2	19	00
20	Income tax. Subtract line 19 from line 18. If line 19 is greater than line 18, enter '0'	20	937.00
21	Military Family Relief Fund. Enter your contribution amount (\$1 minimum)	21	00
22	Children's Trust Fund. Enter your contribution amount (\$5 minimum)	22	00
23	Children of Veterans Tuition Grant Program. Enter your contribution amount (\$2 minimum)	23	00
24	Additional Voluntary Contributions from Form 4642, line 6, Attach Form 4642	24	00
25	USE TAX Enter use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1, line 3, in the instructions.	25	0.00
26	Add lines 20, 21, 22, 23, 24 and 25	26	937.00
REFUNDABLE CREDITS AND PAYMENTS			
27	Property Tax Credit. Attach MI-1040CR or MI-1040CR-2	27	1,200.00
28	Farmland Preservation Credit. Attach MI-1040CR-5	28	00
29	Qualified Adoption Expenses. Attach U.S. 8839 and MI-8839	29	00
30	Stillbirth Credit. Enter amount from Worksheet 3, in the instructions	30	00
31a	Federal Earned Income Tax Credit	31a	984.00
b	Michigan Earned Income Tax Credit. Multiply line 31a by 10% (0.10)	31b	98.00
32	Michigan tax withheld from Schedule W, line 3. Attach Schedule W	32	1,159.00
33	Estimated tax, extension payments and 2007 credit forward	33	00
34	Total refundable credits and payments. Add lines 27, 28, 29, 30, 31b, 32 and 33	34	2,457.00
REFUND OR TAX DUE			
35	If line 34 is less than line 26, subtract line 34 from line 26. Include interest [] and penalty [] if applicable (see instr) PAY ▶	35	00
36	If line 34 is greater than line 26, subtract line 26 from line 34. You overpaid this amount	36	1,520.00
37	Amount of line 36 to be credited to your 2009 estimated tax for your 2009 tax return	37	00
38	Subtract line 37 from line 36	REFUND ▶ 38	1,520.00

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2007, check the appropriate box below.
 Filer is Deceased Spouse is Deceased

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature <i>ali</i>	Date 11-5-09
Spouse's Signature <i>Zlu CMG</i>	Date 11-5-09

I authorize Treasury to discuss my return with my preparer. Yes No

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

▶ Preparer's PTIN, FEIN or SSN
[]

▶ Preparer's Business Name (print or type)
Massarani Accounting & Tax Services

Preparer's Business Address (print or type)
12958 Michigan Ave, Ste 101
Dearborn MI 48126

Refund, Credit or zero returns. Mail your return to: Michigan Department of Treasury, P.O. Box 30726, Lansing, MI 48909-8226
Pay amount on line 35. Mail your check and return to: Michigan Department of Treasury, P.O. Box 30727, Lansing, MI 48909-8227

Make your check payable to 'State of Michigan.' Print your Social Security number and '2008 income tax' on the front of your check. If paying on behalf of another taxpayer, write the taxpayer's name and Social Security number on the check. Do not staple your check to the return. Keep a copy of your return and all supporting schedules for six years. To check the status of your refund, have a copy of your MI-1040 available when you visit: www.michigan.gov/it

**Zu chma*
11-5-09

2008 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967

Type or print in blue or black ink.

Attach to Form MI-1040.

Attachment 1A

Filer's First Name ALI	M.I.	Last Name BARAKAT	Filer's Social Security Number 386-92-7533
If a Joint Return, Spouse's First Name ZEINAB	M.I.	Last Name ISSA	Spouse's Social Security Number 362-94-2846

Additions to Income

1 Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions	▶ 1	00
2 Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions)	▶ 2	00
3 Gains from Michigan column of MI-1040D and MI-4797	▶ 3	00
4 Losses attributable to other states (see instructions)	▶ 4	00
5 Net loss from federal column of your Michigan MI-1040D or MI-4797	▶ 5	00
6 Other (see instructions). Describe: _____	▶ 6	00
7 Total additions. Add lines 1 through 6. Enter here and on MI-1040, line 11	▶ 7	00

Subtractions from Income

8 Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. (Attach U.S. Schedule B or 1040A Schedule 1 if over \$5,000.)	▶ 8	00
9 Military pay from U.S. Armed Forces included in MI-1040, line 10 (attach Schedule W). (Include retirement pay on line 12 of this schedule.)	▶ 9	00
10 Gains from federal column of Michigan MI-1040D and MI-4797	▶ 10	00
11 Income attributable to another state. Explain type and source: _____	▶ 11	00
12 Retirement or pension benefits included in MI-1040, line 10. (Include military retirement here.) See exceptions in instructions. Name of payer: _____	▶ 12	00
13 Dividend/interest/capital gains deduction for senior citizens (see instructions)	▶ 13	00
14 Social Security benefits from U.S. 1040, line 20b or U.S. 1040A, line 14b	▶ 14	00
15 Income earned while a resident of a renaissance zone. Name of zone: _____	▶ 15	00
16 Michigan state and local income tax refunds received in 2008 and included in MI-1040, line 10	▶ 16	207.00
17 Michigan Education Savings Program	▶ 17	00
18 Michigan Education Trust	▶ 18	00
19 Venture Capital Deduction. Attach Form 4534	▶ 19	00
20 Miscellaneous subtractions (see instructions). Describe: _____	▶ 20	00
21 Total subtractions. Add lines 8 through 20. Enter here and on MI-1040, line 13	▶ 21	207.00

** zli chm*
11-5-09

2008 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR

Issued under authority of Public Act 281 of 1967. Type or print in blue or black ink.

Attachment 05

PLACE LABEL	▶ 1 Filer's First Name ALI		M.I.	Last Name BARAKAT		▶ 2 Filer's Social Security Number 386-92-7533		
	If a Joint Return, Spouse's First Name ZEINAB		M.I.	Last Name ISSA		▶ 3 Spouse's Social Security Number 362-94-2846		
	Home Address (No., Street, P.O. Box or Rural Route) 1322 PLAINFIELD ST						▶ 4 School District Code (5 digits - see instructions) 82040	
	City or Town DEARBORN HEIGHTS		State MI	ZIP Code 48127				
▶ 5 Check the box(es) for which you qualify:								
a <input type="checkbox"/> Age 65 or older; or an unremarried spouse of a person who was 65 or older at the time of death				b <input type="checkbox"/> Deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled				
6 Homeowners: Enter the 2008 taxable value of your homestead (see instructions)						6	127,200.00	
7 Property Taxes levied on your home in 2008 (see instructions) or amount from line 42, 47 and 49						7	4,762.00	
8 Renters: Enter rent you paid in 2008 from line 44						8	00	
9 Multiply line 8 by 20% (0.20)						9	00	
10 Total. Add lines 7 and 9						10	4,762.00	

HOUSEHOLD INCOME. Include income from both spouses.

11 Wages, salaries, tips, sick, strike and SUB pay, etc		▶ 11	36,750.00
12 All interest and dividend income (including nontaxable interest)		▶ 12	0.00
13 Net business, royalty or rent income (including self-employment)		▶ 13	00
14 Retirement pension, annuity, and IRA benefits. Name of payer:		▶ 14	00
15 Net farm income		▶ 15	00
16 Capital gains less capital losses (see instructions)		▶ 16	00
17 Alimony & other taxable income (see instructions). Describe		▶ 17	00
18 Social Security, SSI and/or railroad retirement benefits		▶ 18	00
19 Child support (see instructions)		▶ 19	00
20 Unemployment compensation		▶ 20	00
21 Other nontaxable income (see instructions). Describe		▶ 21	00
22 Workers' compensation, veterans' disability compensation and pension benefits		▶ 22	00
23 FIP and other DHS benefits (do not include Food Assistance Program benefits)		▶ 23	00
24 SUBTOTAL. Add lines 11 through 23		SUBTOTAL 24	36,750.00
25 Other adjustments (see instructions). Describe:		25	00
26 Medical insurance or HMO premiums you paid for you and your family		26	00
27 Add lines 25 and 26		▶ 27	00
28 HOUSEHOLD INCOME. Subtract line 27 from line 24. If more than \$82,650, STOP; you are not eligible		▶ 28	36,750.00
29 Multiply line 28 by 3.5% (0.035) or by the percent in Table 3 (see instructions) (if negative, enter '0')		29	1,286.00
30 Subtract line 29 from line 10. If line 29 is more than line 10, enter '0' and STOP; you are not eligible		30	3,476.00
If you checked a box on line 5, complete line 32 or 33. FIP/DHS recipients, complete line 32. All others must complete line 31.			
31 Multiply line 30 by 60% (0.60) (maximum \$1,200). Go to line 34		31	1,200.00
32 FIP/DHS recipients , enter amount from Worksheet 5 in instructions. Seniors who pay rent , complete Worksheet 6 in the instructions and enter amount from worksheet here (maximum \$1,200). Go to line 34 ...		32	00
33 If you checked a box on line 5 (if you completed line 32, skip this line), enter the amount from line 30 (maximum \$1,200). Go to line 34		33	00
34 CREDIT. If your household income (line 28) is less than \$73,650, enter the amount that applies to you from line 31, 32 or 33 here. If household income is more than \$73,650, you must reduce your credit (see instructions). If you file an MI-1040, carry this amount to your MI-1040, line 27		▶ 34	1,200.00

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ALI BARAKAT & ZEINAB ISSA
2008 MI-1040CR, Page 2

Filer's Social Security Number
386-92-7533

35 Residency Status in 2008:

a Resident

b Nonresident

c Part-Year Resident*

*Complete Dates of Michigan Residency in 2008
Enter dates as MM-DD-YYYY (Example: 04-15-2008)

FROM:	YOU	SPOUSE
TO:		

PART 1: HOMEOWNERS. Report on lines 36 and 37 the addresses of the homesteads for which you are claiming a credit.

36 Address of where you lived on December 31, 2008, if different than reported on line 1	Taxable Value
37 Address of homestead sold during 2008 (Number, Street and City)	Taxable Value

If you bought or sold your home in 2008, complete lines 38 through 42.

		HOUSED	
		A Moved Into	B Moved From
38 Number of days occupied (total cannot be more than 366)	38		
39 Divide line 38 by 366 and enter percentage here	39	%	%
40 Property taxes levied in calendar year 2008	40		
41 Prorated taxes. Multiply line 40 by percentage on line 39	41		
42 Taxes eligible for credit. Add line 41, columns A and B. Enter here and on line 7	42		00

PART 2: RENTERS

43	A Address of Homestead You Rented (No., Street, Apt. #, City, ZIP Code)	B Landowner's Name and Address	C # Months Rented	D Monthly Rent	E Total Rent Paid less mobile home taxes
44	Total rent you paid (not more than 12 months). Add total rent for each period. Enter here and on line 8				44 00

PART 3: OCCUPANTS OF HOUSING ON WHICH SERVICE FEES ARE PAID INSTEAD OF TAXES

45	Name and Address of Housing Project or Landowner	
46	Enter the total rent you paid in 2008. Do not include amounts paid on your behalf by a government agency	46 00
47	Multiply line 46 by 10% (0.10) (see instructions). Enter here and on line 7	47 00

PART 4: OCCUPANTS OF NURSING OR ADULT FOSTER CARE HOMES OR HOMES FOR THE AGED

48	Name and Address of Care Facility	
49	Your share of taxes paid by the landowner (see instructions). Enter here and on line 7	49 00

D Direct Deposit Deposit your refund directly into your bank account! See instructions and complete a, b and c.

Routing Number: 072486791

a Transit Number: 0004096244

b Type of Account: (1) Checking (2) Savings

Deceased Taxpayers. If Filer and/or Spouse died after 12-31-2007, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2009 (MM-DD-YYYY)

Filer: Spouse:

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature: Date:

Spouse's Signature: Date:

Yes No I authorize Treasury to discuss my return with my preparer.

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN:

Preparer's Business Name (print or type): **Massarani Accounting & Tax Services**

Preparer's Business Address (print or type): **12958 Michigan Ave, Ste 101 Dearborn MI 48126**

2008 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967.

* zlu chm
Schedule W
11-5-09

Attachment 13

Filer's First Name ALI	M.I.	Last Name BARAKAT	► Filer's Social Security Number (Example: 123-45-6789) 386-92-7533
If a Joint Return, Spouse's First Name ZEINAB	M.I.	Last Name ISSA	Spouse's Social Security Number (Example: 123-45-6789) 362-94-2846

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

► A Enter 'X' if for: You or Spouse	► B Box b – Employer's federal identification number	C Employer's name	D Box 1 – Wages, tips, other compensation	► E Box 17 – Michigan income tax withheld	F Box 19 – City income tax withheld
X	38-3626615	laproman llc	36,750.00	1,159.00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable)				00	00
1 SUBTOTAL. Enter total of Table 1, columns E and F. Carry total of column F to the City Income Tax Worksheet in the MI-1040 Instruction Booklet				1,159.00	00

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

TABLE 2: MICHIGAN TAX WITHHELD ON 1099 and 4119 FORMS

► A Enter 'X' if for: You or Spouse	► B Payer's federal identification number	C Payer's name	D Taxable pension distribution, misc. income, etc (see instr.)	► E Michigan income tax withheld	F Box 7 – Distribution Code (1099-R only)
			00	00	
			00	00	
			00	00	
			00	00	
			00	00	
			00	00	
Enter Table 2 Subtotal from additional Schedule W forms (if applicable)				00	
2 SUBTOTAL. Enter total of Table 2, column E				00	
3 TOTAL. Add line 1 and line 2, column E. Carry total to your MI-1040, line 32				1,159.00	