

First of Michigan
Corporation

The Self-Directed, Individual Retirement Portfolio.

Form **1040** Department of the Treasury—Internal Revenue Service **1985** (O)
U.S. Individual Income Tax Return
For the year January 1, December 31, 1985, or other tax year beginning 1985, ending 19 OMB No. 1545-0074

Presidential Election Campaign

Yourselves.
Check other
boxes if they
apply.

Do you want \$1 to go to this fund?

If joint return, does your spouse want \$1 to go to this fund?

Yes No

Yes No

(Note: Checking "Yes" will
not change your tax or
reduce your refund.)d First names of your dependent children who did not live with you (see page 6).
(If pre-1985 agreement, check here ☐)

e Other dependents:

(1) Name

(2) Relationship

(3) Number of
months lived
in your home(4) Did dependent
have income of
\$1,040 or more?(5) Did you provide
more than one-half of
dependent's support?Enter number
of children
listed on 6dEnter number
of other
dependentsAdd numbers
entered in
boxes above

f Total number of exemptions claimed (also complete line 36)

Income

Please attach
Copy B of your
Forms W-2, W-2G,
and W-2P here.

If you do not have
a W-2, see
page 4 of the
Instructions.

Please
attach check
or money
order here.

Adjustments to Income

(See
Instructions
on page 11.)

7	Wages, salaries, tips, etc. (Attach Form(s) W-2.)	7
8	Interest income (also attach Schedule B if over \$400)	8
9a	Dividends (also attach Schedule B if over \$400)	9a
9b	Exclusion	9b
c	Subtract line 9b from line 9a and enter the result.	9c
10	Taxable refunds of state and local income taxes, if any, from the worksheet on page 9 of Instructions.	10
11	Alimony received	11
12	Business income or (loss) (attach Schedule C)	12
13	Capital gain or (loss) (attach Schedule D)	13
14	40% of capital gain distributions not reported on line 13 (see page 9 of Instructions)	14
15	Other gains or (losses) (attach Form 4797)	15
16	Fully taxable pensions, IRA distributions, and annuities not reported on line 17 (see page 9)	16
17a	Other pensions and annuities, including rollovers. Total received	17a
b	Taxable amount, if any, from the worksheet on page 10 of Instructions	17b
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18
19	Farm income or (loss) (attach Schedule F)	19
20a	Unemployment compensation (insurance). Total received	20a
b	Taxable amount, if any, from the worksheet on page 10 of Instructions	20b
21a	Social security benefits (see page 10). Total received	21a
b	Taxable amount, if any, from worksheet on page 11. Tax exempt interest	21b
22	Other income (list type and amount—see page 11 of Instructions)	22
23	Add lines 7 through 22. This is your total income.	23
24	Moving expense (attach Form 3903 or 3903F)	24
25	Employee business expenses (attach Form 2106)	25
26	IRA deduction, from the worksheet on page 12	26
27	Keogh retirement plan deduction	27
28	Penalty on early withdrawal of savings	28
29	Alimony paid (recipient's last name) and social security no.	29
30	Deduction for a married couple when both work (attach Schedule W)	30
31	Add lines 24 through 30. These are your total adjustments.	31

First of Michigan Representatives are well-qualified to explain the benefits of The Self-Directed Individual Retirement Portfolio. We hope to hear from you...

BIRMINGHAM
280 N. Woodward
647-1400

WEST BLOOMFIELD
6705 Orchard Lk. Rd.
855-2100

ROCHESTER
1000 W. University
651-8880

PLEASE SEND ME MORE INFORMATION.

Name _____
Address _____
City _____
State _____ Zip _____

Business Phone _____
Home Phone _____
My FOM Representative is _____

SIPC