

# 2009 MICHIGAN Home Heating Credit Claim MI-1040CR-7

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

Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

**Attachment 08**

PLACE LABEL HERE	▶ 1. Filer's First Name	M.I.	Last Name	▶ 2. Filer's Social Security Number (Example: 123-45-6789)	— —	
	If a Joint Return, Spouse's First Name	M.I.	Last Name		▶ 3. Spouse's Social Security Number (Example: 123-45-6789)	— —
	Home Address (No., Street, P.O. Box or Rural Route)					
	City or Town	State		ZIP Code	▶ 4. County Code (p. 15)	

<p>▶ 5. Are your heating costs currently included in your rent or in someone else's name (see instructions)? ..... <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>▶ 6. Do you want your name and address referred to other government assistance programs for which you may qualify?.... <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>▶ 7. Do you or your spouse now receive Supplemental Security Income (SSI)?..... <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>▶ 8. ENTER YOUR AGE if you are age 60 or older... <table style="display: inline-table; border: 1px solid black; margin-left: 10px;"><tr><td style="width: 40px;">You</td><td style="width: 40px;">Spouse</td></tr></table></p> <p>▶ 9. How much were you billed for heat between 11/1/2008 - 10/31/2009? ..... <table style="display: inline-table; border: 1px solid black; margin-left: 10px;"><tr><td style="width: 80px;"></td><td style="width: 20px; text-align: center;">00</td></tr></table></p> <p>▶ 10. If you lived in one of these <b>CARE</b> facilities (not a senior apartment complex) for all of 2009, check the box and STOP here, see instructions.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">a. <input type="checkbox"/> Nursing Home</td> <td style="width: 50%;">b. <input type="checkbox"/> Adult Foster Care Home</td> </tr> <tr> <td>c. <input type="checkbox"/> Licensed Home for the Aged</td> <td>d. <input type="checkbox"/> Substance Abuse Center</td> </tr> </table>	You	Spouse		00	a. <input type="checkbox"/> Nursing Home	b. <input type="checkbox"/> Adult Foster Care Home	c. <input type="checkbox"/> Licensed Home for the Aged	d. <input type="checkbox"/> Substance Abuse Center	<p>▶ 11. <b>Exemptions.</b> Enter the number that applies to you, your spouse, or your dependents and complete line 12 below.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 85%;">Personal Exemption (You and your spouse only) .....</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 10%; text-align: center;">a.</td> <td style="width: 10%; border: 1px solid black;"></td> </tr> <tr> <td>Age 65 or older .....</td> <td style="text-align: center;">▶</td> <td style="text-align: center;">b.</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>Deaf, Disabled or Blind, Qualified Disabled Veteran .....</td> <td style="text-align: center;">▶</td> <td style="text-align: center;">c.</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>Unemployment compensation greater than 50% of AGI .....</td> <td style="text-align: center;">▶</td> <td style="text-align: center;">d.</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>Number of children living with you:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Ages 2 and under .....</td> <td style="text-align: center;">▶</td> <td style="text-align: center;">e.</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>• Ages 3-5.....</td> <td style="text-align: center;">▶</td> <td style="text-align: center;">f.</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>• Ages 6-18.....</td> <td style="text-align: center;">▶</td> <td style="text-align: center;">g.</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>Dependent adults, other than your spouse, who live with you.....</td> <td style="text-align: center;">▶</td> <td style="text-align: center;">h.</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>Add lines 11a through 11h .....</td> <td style="text-align: center;">▶</td> <td style="text-align: center;">i.</td> <td style="border: 1px solid black;"></td> </tr> </table>	Personal Exemption (You and your spouse only) .....	▶	a.		Age 65 or older .....	▶	b.		Deaf, Disabled or Blind, Qualified Disabled Veteran .....	▶	c.		Unemployment compensation greater than 50% of AGI .....	▶	d.		Number of children living with you:				• Ages 2 and under .....	▶	e.		• Ages 3-5.....	▶	f.		• Ages 6-18.....	▶	g.		Dependent adults, other than your spouse, who live with you.....	▶	h.		Add lines 11a through 11h .....	▶	i.	
You	Spouse																																																
	00																																																
a. <input type="checkbox"/> Nursing Home	b. <input type="checkbox"/> Adult Foster Care Home																																																
c. <input type="checkbox"/> Licensed Home for the Aged	d. <input type="checkbox"/> Substance Abuse Center																																																
Personal Exemption (You and your spouse only) .....	▶	a.																																															
Age 65 or older .....	▶	b.																																															
Deaf, Disabled or Blind, Qualified Disabled Veteran .....	▶	c.																																															
Unemployment compensation greater than 50% of AGI .....	▶	d.																																															
Number of children living with you:																																																	
• Ages 2 and under .....	▶	e.																																															
• Ages 3-5.....	▶	f.																																															
• Ages 6-18.....	▶	g.																																															
Dependent adults, other than your spouse, who live with you.....	▶	h.																																															
Add lines 11a through 11h .....	▶	i.																																															

12. Enter below the name, Social Security number, relationship and age of the dependents you claimed in line 11, e - h above.

Dependent's Name	Dependent's Relationship to You	Social Security Number	Age in Years
a.			
b.			
c.			
d.			

13. Wages, salaries, tips, sick, strike and SUB pay, etc.....	13.		00
14. All interest and dividend income (including nontaxable interest).....	14.		00
15. Net business, royalty or rent income (including self-employment) .....	▶ 15.		00
16. Annuity, retirement pension and IRA benefits. Name of Payer: _____	16.		00
17. Net farm income .....	17.		00
18. Capital gains less capital losses.....	18.		00
19. Alimony and other taxable income (see instructions). Describe: _____	19.		00
20. Social Security, Supplemental Security Income (SSI) and/or railroad retirement benefits .....	▶ 20.		00
21. Child support .....	21.		00
22. Unemployment compensation (taxable and nontaxable) .....	▶ 22.		00
23. Other nontaxable income (see instructions). Describe: _____	23.		00
24. Workers' compensation, veterans' disability compensation and pension benefits .....	24.		00
25. FIP and other DHS benefits (do not include Food Assistance Program benefits).....	▶ 25.		00
26. <b>Subtotal.</b> Add lines 13 through 25. Enter here and carry amount to line 27 .....	26.		00

Filer's Social Security Number
— —

27. Enter amount from line 26 .....	27.		00
28. Other adjustments (see instructions). Describe: _____	28.		00
29. Medical insurance or HMO premiums you paid for you and your family ....	29.		00
30. Add lines 28 and 29.....	30.		00
31. <b>HOUSEHOLD INCOME.</b> Subtract line 30 from line 27 .....	▶ 31.		00

**Standard and Alternate Home Heating Credit Computations**

32. <b>STANDARD CREDIT.</b> Standard allowance from Table A, p.15.....	32.		00
33. Multiply line 31 (Household Income) by 3.5% (0.035) (if negative, enter "0")	33.		00
34. Subtract line 33 from line 32 for standard credit amount. If line 33 is greater than line 32, enter "0".....	34.		00
35. If you answered "Yes" to line 5, multiply the amount on line 34 by 50% (0.50). Enter here and on line 40. (If approved, the final amount as shown on line 41 is issued as a check.).....	35.		00
36. <b>ALTERNATE CREDIT.</b> Total heating costs from line 9 or \$2,430 (whichever is less).....	36.		00
37. Multiply line 31 (Household Income) by 11% (0.11) (if negative, enter "0")..	37.		00
38. Subtract line 37 from line 36. If line 37 is greater than line 36, enter "0".....	38.		00
39. Multiply line 38 by 70% (0.70) for alternate credit amount .....	39.		00
40. If you completed line 35, enter that amount here. Otherwise, enter the larger of lines 34 or 39 here .....	40.		00
41. <b>HOME HEATING CREDIT.</b> Multiply line 40 by 65% (0.65) .....	▶ 41.		00

42. RESIDENCY in 2009:

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

- a.  Resident
- b.  Nonresident
- c.  Part-Year Resident\*

FROM:  
TO:

FILER		SPOUSE	
—	— 2009	—	— 2009
—	— 2009	—	— 2009

**IMPORTANT**

43. ▶  **You must check this box to receive a refund from your heat provider for any overpayment to your heat account, if eligible. See instructions, p. 8.**

Before you sign, please review your claim. Make sure your name, Social Security number and current mailing address are on the form and that you have answered all the questions that pertain to you.

<p><b>Deceased Taxpayers.</b> If Filer and/or Spouse died after 12-31-2008, enter dates below. <b>ENTER DATE OF DEATH ONLY.</b> Example: 04-15-2010 (MM-DD-YYYY).</p> <p>▶ Filer <input type="text"/> — — ▶ Spouse <input type="text"/> — —</p>		<p><b>Preparer Certification.</b> 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><input type="text"/></p> <p>▶ Preparer's Business Name (print or type)</p> <p><input type="text"/></p> <p>Preparer's Business Address (print or type)</p> <p><input type="text"/></p>	
<p><b>Taxpayer Certification.</b> 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 type="checkbox"/> No</p>			

**File (postmark) your claim by September 30, 2010. Mail your claim to: Michigan Department of Treasury  
Lansing, MI 48956**