

2016 MICHIGAN Home Heating Credit Claim MI-1040CR-7

Type or print in blue or black ink. Print numbers like this : 0123456789 - NOT like this: 0 1 4 7

Attachment 08

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789) _____	
If a Joint Return, Spouse's First Name	M.I.	Last Name		
Home Address (Number, Street or P.O. Box)			3. Spouse's Full Social Security No. (Example: 123-45-6789) _____	
City or Town				
State		ZIP Code	4. County Code (see instr.)	

<p>5. 2016 FILING STATUS: Check one.</p> <p>a. <input type="checkbox"/> Single</p> <p>b. <input type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately (Attach Form 5049)</p>	<p>6. 2016 RESIDENCY STATUS: Check all that apply.</p> <p>a. <input type="checkbox"/> Resident</p> <p>b. <input type="checkbox"/> Nonresident</p> <p>c. <input type="checkbox"/> Part-Year Resident*</p>	<p>*If you checked box "c," enter dates of Michigan residency in 2016. Enter dates as MM-DD-YYYY (Example: 04-15-2016).</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">FILER</th> <th style="width:15%;">SPOUSE</th> </tr> </thead> <tbody> <tr> <td>FROM:</td> <td style="text-align:center;">— — 2016</td> <td style="text-align:center;">— — 2016</td> </tr> <tr> <td>TO:</td> <td style="text-align:center;">— — 2016</td> <td style="text-align:center;">— — 2016</td> </tr> </tbody> </table>		FILER	SPOUSE	FROM:	— — 2016	— — 2016	TO:	— — 2016	— — 2016
	FILER	SPOUSE									
FROM:	— — 2016	— — 2016									
TO:	— — 2016	— — 2016									

<p>7. Check the box if your heating costs are currently included in your rent (see instructions)..... <input type="checkbox"/></p> <p>8. Check the box if you want your name and address referred to other government assistance programs for which you may qualify. <input type="checkbox"/></p> <p>9. Check the box if you or your spouse now receive Supplemental Security Income (SSI)..... <input type="checkbox"/></p> <p>10. ENTER YOUR AGE if you are age 60 or older... <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:50px; text-align:center;">Filer</td> <td style="width:50px; text-align:center;">Spouse</td> </tr> </table></p> <p>11. Amount you were billed for heat between 11/1/2015 and 10/31/2016 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:100px; height: 20px;"></td> <td style="width:30px; text-align:center;">00</td> </tr> </table></p> <p>12. If you lived in one of these CARE facilities (not a senior apartment complex) for all of 2016, check the box and STOP here, see instructions.</p> <p>a. <input type="checkbox"/> Nursing Home b. <input type="checkbox"/> Adult Foster Care Home</p> <p>c. <input type="checkbox"/> Licensed Home for the Aged d. <input type="checkbox"/> Substance Abuse Center</p>	Filer	Spouse		00	<p>13. Exemptions. Enter the number that applies to you, your spouse, or your dependents and complete line 14 below. See instructions if you are age 66 or older.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Personal Exemption (You and your spouse only)</td> <td style="width:20%; text-align:center;">a.</td> </tr> <tr> <td>Deaf, Disabled or Blind</td> <td style="text-align:center;">b.</td> </tr> <tr> <td>Qualified Disabled Veteran</td> <td style="text-align:center;">c.</td> </tr> <tr> <td>Number of children living with you:</td> <td></td> </tr> <tr> <td>• Ages 2 and under</td> <td style="text-align:center;">d.</td> </tr> <tr> <td>• Ages 3-5</td> <td style="text-align:center;">e.</td> </tr> <tr> <td>• Ages 6-18</td> <td style="text-align:center;">f.</td> </tr> <tr> <td>Dependent adults, other than your spouse, who live with you</td> <td style="text-align:center;">g.</td> </tr> <tr> <td>Add lines 13a through 13g</td> <td style="text-align:center;">h.</td> </tr> </table>	Personal Exemption (You and your spouse only)	a.	Deaf, Disabled or Blind	b.	Qualified Disabled Veteran	c.	Number of children living with you:		• Ages 2 and under	d.	• Ages 3-5	e.	• Ages 6-18	f.	Dependent adults, other than your spouse, who live with you	g.	Add lines 13a through 13g	h.
Filer	Spouse																						
	00																						
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Dependent adults, other than your spouse, who live with you	g.																						
Add lines 13a through 13g	h.																						

14. You MUST enter below the name, relationship, Social Security number, and age of all dependents you claimed in lines 13d - 13g above.

A. Dependent's Name	B. Dependent's Relationship to You	C. Social Security Number	D. Age in Years

If you have more than six (6) dependents, complete Home Heating Credit Claim MI-1040CR-7 Supplemental (Form 4976).

15. You must check this box to receive a refund from your heat provider for any overpayment to your heat account, if eligible (see instructions).

Filer's Full Social Security Number

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TOTAL HOUSEHOLD RESOURCES. If filing a joint return, include income from both spouses. If married filing separately, you must attach Form 5049 available on Treasury's Web site.

<p>16. Wages, salaries, tips, sick, strike and SUB pay, etc. 16.</p> <p>17. All interest and dividend income (including nontaxable interest)..... 17.</p> <p>18. Net business income (including net farm income). If negative, enter "0" .. 18.</p> <p>19. Net royalty or rent income. If negative, enter "0" 19.</p> <p>20. Retirement pension, annuity, and IRA benefits..... 20.</p> <p>21. Capital gains less capital losses (see instructions) 21.</p> <p>22. Alimony and other taxable income. Describe:..... 22.</p> <p>30. Add lines 16 through 29.....</p> <p>31. Other adjustments. Describe:..... 31.</p> <p>32. Medical insurance or HMO premiums paid 32.</p> <p>33. Add lines 31 and 32..... 33.</p> <p>34. Subtract line 33 from line 30.....</p>	<p>23. Social Security, SSI, and/or railroad retirement benefits.... 23.</p> <p>24. Child support and foster parent payments..... 24.</p> <p>25. Unemployment compensation 25.</p> <p>26. Gifts or expenses paid on your behalf..... 26.</p> <p>27. Other nontaxable income. Describe:..... 27.</p> <p>28. Workers'/veterans' disability compensation/pension benefits... 28.</p> <p>29. FIP and other MDHHS benefits (Do not include food assistance) 29.</p> <p>30. SUBTOTAL 30.</p> <p>31. 31.</p> <p>32. 32.</p> <p>33. 33.</p> <p>34. TOTAL HOUSEHOLD RESOURCES. 34.</p>
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Standard and Alternate Home Heating Credit Computations

<p>35. STANDARD CREDIT. Standard allowance from Table A (see instr.) 35.</p> <p>36. Multiply line 34 by 3.5% (0.035) (if negative, enter "0")..... 36.</p> <p>37. Subtract line 36 from line 35 for standard credit amount. If line 36 is greater than line 35, enter "0" 37.</p> <p>38. If you checked the box on line 7, multiply the amount on line 37 by 50% (0.50). Enter here and on line 43. (If approved, the final amount as shown on line 44 is issued as a check.)..... 38.</p> <p>39. ALTERNATE CREDIT. Total heating costs from line 11 or \$2,642 (whichever is less) 39.</p> <p>40. Multiply line 34 by 11% (0.11) (if negative, enter "0") 40.</p> <p>41. Subtract line 40 from line 39. If line 40 is greater than line 39, enter "0". 41.</p> <p>42. Multiply line 41 by 70% (0.70) for alternate credit amount 42.</p> <p>43. If you completed line 38 enter that amount here. Otherwise enter the larger of lines 37 or 42 here.. 43.</p> <p>44. HOME HEATING CREDIT. Multiply line 43 by 67% (0.67) 44.</p>	<p>00</p> <p>00</p> <p>00</p> <p>00</p> <p>00</p> <p>00</p> <p>00</p> <p>00</p> <p>00</p> <p>00</p> <p>00</p>
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<p>Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2015, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2016 (MM-DD-YYYY)</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>Filer <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table></p>	<p>Spouse <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table></p>	<p>Preparer's PTIN, FEIN or SSN</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>		<p>Preparer's Name (print or type)</p>	
<p>Filer's Signature</p>	<p>Date</p>	<p>Preparer's Business Name, Address and Telephone Number</p>	
<p>Spouse's Signature</p>	<p>Date</p>		
<p><input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.</p>			

**File (postmark) your claim by September 30, 2017. Mail your claim to: Michigan Department of Treasury
Lansing, MI 48956**