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

2012 MICHIGAN Farmland Preservation Tax Credit Claim MI-1040CR-5

Issued under authority of Public Act 281 of 1967.

Attach to Form MI-1040. Read all instructions before completing this form. Type or print in blue or black ink.

1. Filer's First Name		M.I.	Last Name	2. Filer's Social Security No. (Example: 123-45-6789)					
If a Jo	oint Return, Spouse's First Name	M.I.	Last Name			3. Spouse's Social Se	curity I	No. (Example: 123-45-6789)	
PAR	T 1: COMPUTATION OF C	REDI	T — Complete a Schedule CR-	5 befor	re com	pleting Part 1.		Г	
4.	Total taxes for all agreements	from	Schedule CR-5, line 3, column F	F			4.	00	
5.	Check this box if all of you in line 4.	our ta	xes that qualify for a homestead	prope	rty tax	credit are included			
6.			5, enter the taxes on your home r a Farmland Developmental Rig				6.	00	
7.	Total. Add lines 4 and 6						7.	00	
8.	Total Household Resources fr MI-1040CR-2, line 31 or MI-10		II-1040CR, line 33, R-7, line 34	8.		00			
9.	Total Loss Adjustment from lir (must be less than zero)		page 2	9.		00			
10.	Total Household Income, com	bine	ines 8 and 9	10.		00			
11.	Depletion allowance claimed	on yo	ur federal return	11.		00			
12.	Total. Add lines 10 and 11			12.		00			
13.	Total taxes on land covered by Agreement from line 4		mland Developmental Rights	13.		00			
14.	Multiply line 12 by 3.5% (0.03	5). If	negative, enter "0"	14.		00			
15.	Subtract line 14 from line 13			15.		00			
16.	Homestead Property Tax Cred	dit fro	m MI-1040CR or MI-1040CR-2	16.		00			
17.	Total Property Tax Credits. Ad	dd line	es 15 and 16				17.	00	
IF LIN	NE 17 IS LESS THAN LINE 7,	CAR	RY THE AMOUNT FROM LINE	15 TO	YOUR	MI-1040, LINE 26	, ANI	D STOP HERE.	
18.	If line 17 is greater than 7, ent	ter the	e amount from line 7				18.	00	
19.	Enter the amount from line 16	i					19.	00	
20.	Subtract line 19 from line 18.	Enter	here and on Form MI-1040, line	26			20.	00	

Continued on Page 2.

Attachment 03

Filer's Social Security Number	
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PART 2: SIGNED DISTRIBUTION STATEMENT FOR JOINT OWNERS

Complete only if you are a joint owner with someone other than your spouse. Part 2 must be signed by all joint owners.

A			В	С	D			E
County Code (2 digits)	Code Expiration Date		Partner's or Joint Owner's Social Security Number	Partner's or Joint Owner's Percentage of Income	3 .	Partner's or Joint Owner's Percentage of Ownership		Signatures are required of all partners or joint owners other than your spouse.
				%	,		%	
				%	,		%	
				%			%	
				%	,		%	
				%	, o		%	

PART 3: NET BUSINESS/FARM LOSS

Taxpayers that had a net loss from business or farm on MI-1040CR line 16, MI-1040CR-2 line 15, MI-1040CR-7 line 18

PART 4: NET ROYALTY/RENT LOSS

Taxpayers that had a net loss from royalty or rent on MI-1040CR line 17, MI-1040CR-2 line 16, MI-1040CR-7 line 19

PART 5: NET OPERATING LOSS