

2012 MICHIGAN Home Heating Credit Claim MI-1040CR-7

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

Attachment 08

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 or P.O. Box)				
City or Town		State	ZIP Code	4. County Code (p. 19)

5. 2012 FILING STATUS: Check one. a. <input type="checkbox"/> Single b. <input type="checkbox"/> Married, filing jointly c. <input type="checkbox"/> Married, filing separately	6. 2012 RESIDENCY STATUS: Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident c. <input type="checkbox"/> Part-Year Resident*	*If you checked box "c," enter dates of Michigan residency in 2012. Enter dates as MM-DD-YYYY (Example: 04-15-2012). <table border="1"> <thead> <tr> <th></th> <th>FILER</th> <th>SPOUSE</th> </tr> </thead> <tbody> <tr> <td>FROM:</td> <td>— — 2012</td> <td>— — 2012</td> </tr> <tr> <td>TO:</td> <td>— — 2012</td> <td>— — 2012</td> </tr> </tbody> </table>		FILER	SPOUSE	FROM:	— — 2012	— — 2012	TO:	— — 2012	— — 2012
	FILER	SPOUSE									
FROM:	— — 2012	— — 2012									
TO:	— — 2012	— — 2012									

7. Check the box if your heating costs are currently included in your rent or in someone else's name (see instructions) <input type="checkbox"/> 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"/> 9. Check the box if you or your spouse now receive Supplemental Security Income (SSI)..... <input type="checkbox"/> 10. ENTER YOUR AGE if you are age 60 or older... <table border="1"> <tr> <td>Filer</td> <td>Spouse</td> </tr> </table> 11. How much were you billed for heat between 11/1/2011 - 10/31/2012? <table border="1"> <tr> <td></td> <td>00</td> </tr> </table> 12. If you lived in one of these CARE facilities (not a senior apartment complex) for all of 2012, check the box and STOP here, see instructions. 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	Filer	Spouse		00	13. Exemptions. Enter the number that applies to you, your spouse, or your dependents and complete line 14 below. Personal Exemption (You and your spouse only) a. <table border="1"> <tr><td></td></tr> </table> Deaf, Disabled or Blind..... b. <table border="1"> <tr><td></td></tr> </table> Qualified Disabled Veteran c. <table border="1"> <tr><td></td></tr> </table> Number of children living with you: • Ages 2 and under d. <table border="1"> <tr><td></td></tr> </table> • Ages 3-5..... e. <table border="1"> <tr><td></td></tr> </table> • Ages 6-18..... f. <table border="1"> <tr><td></td></tr> </table> Dependent adults, other than your spouse, who live with you..... g. <table border="1"> <tr><td></td></tr> </table> Add lines 13a through 13g..... h. <table border="1"> <tr><td></td></tr> </table>								
Filer	Spouse												
	00												

14. You MUST enter below the name, relationship, Social Security number, and age of all dependents you claimed in line 13, d - g 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-1040 CR-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, p. 7.

Filer's Social Security Number

TOTAL HOUSEHOLD RESOURCES. Include income from both spouses.

16. Wages, salaries, tips, sick, strike and SUB pay, etc.....	16.		00	23. Social Security and/or railroad retirement benefits....	23.		00
17. All interest and dividend income (including nontaxable interest).....	17.		00	24. Child support and foster parent payments.....	24.		00
18. Net business income (including net farm income). If negative, enter "0" ..	18.		00	25. Unemployment compensation	25.		00
19. Net royalty or rent income. If negative, enter "0"	19.		00	26. Gifts or expenses paid on your behalf.....	26.		00
20. Retirement pension, annuity, and IRA benefits.	20.		00	27. Other nontaxable income. Describe:.....	27.		00
21. Capital gains less capital losses.....	21.		00	28. Workers'/veterans' disability compensation/pension benefits...	28.		00
22. Alimony and other taxable income. Describe:.....	22.		00	29. FIP and other DHS benefits (Do not include food assistance)	29.		00
30. Add lines 16 through 29.....				SUBTOTAL	30.		00
31. Other adjustments. Describe:.....	31.		00				
32. Medical insurance or HMO premiums paid	32.		00				
33. Add lines 31 and 32.....					33.		00
34. Subtract line 33 from line 30.....				TOTAL HOUSEHOLD RESOURCES.	34.		00

Standard and Alternate Home Heating Credit Computations

35. STANDARD CREDIT. Standard allowance from Table A, p.19	35.		00
36. Multiply line 34 by 3.5% (0.035) (if negative, enter "0").....	36.		00
37. Subtract line 36 from line 35 for standard credit amount. If line 36 is greater than line 35, enter "0"	37.		00
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.		00
39. ALTERNATE CREDIT. Total heating costs from line 11 or \$2,598 (whichever is less)	39.		00
40. Multiply line 34 by 11% (0.11) (if negative, enter "0")	40.		00
41. Subtract line 40 from line 39. If line 40 is greater than line 39, enter "0".	41.		00
42. Multiply line 41 by 70% (0.70) for alternate credit amount	42.		00
43. If you completed line 38 enter that amount here. Otherwise enter the larger of lines 37 or 42 here..	43.		00
44. HOME HEATING CREDIT. Multiply line 43 by 48% (0.48)	44.		00

Deceased Taxpayers. If Filer and/or Spouse died after 12-31-2011, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2012 (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

☐ By checking this box, 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)

Preparer's Business Address (print or type)

**File (postmark) your claim by September 30, 2013. Mail your claim to: Michigan Department of Treasury
 Lansing, MI 48956**

+ 0000 2012 37 02 27 6