## 2012 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR

	numbers like this: 012345678	89 - N	IOT like this: $\emptyset$ :	147						Atta	chment 05
1. Filer's First Name M.I. Last Name			Last Name					2. Filer's Social Security No. (Example: 123-45-6789)			
If a Joint Return, Spouse's First Name M			M.I. Last Name								
						3. Spouse's Social Security No. (Example: 123-45-6789)					
Home	Address (Number, Street, P.O. Box) If	using a	a P.O. Box, you must o	complete line	46, p	age 3.					
City o	r Town			State	ZIF	Code		4. School District Code	(5 digit	s - see p. 60)	
5. C	neck the box for which you or yo	our sp	ouse qualify (exc	luding depe	ende	ents). If	you qu	alify for both boxes,	see in	structions on	page 27.
a.	Age 65 or older; or an uni			person		b		hemiplegic, paraple ermanently disable		uadriplegic,	or totally
6. <b>2</b> 0			RESIDENCY ST	TATUS:		*		ecked box "c," enter date		higan residency	in 2012.
_	Check one.		ck all that apply.					es as MM-DD-YYYY (Exa			
a	Single a.		Resident					FILER		SPOUSE	
b. [	Married, Filing jointly b.		Nonresident				_	— — 2012			2012
с. [	Married, Filing separately c.		Part-Year Resident	t *			_	— <u> </u>			2012
8. H	 omestead Status										
	Check here if the taxable value	e of yo	ur homestead inclu	ides unoccu	pied	farmland	d classif	fied as agricultural by	your as	ssessor.	
					. ,		_\				
9.	Homeowners: Enter the 2012 box 8 above and your taxab										
	Farmers: enter your taxable								. 9.		00
40	Dramarty Taylor laying an year			- 24)			l: F0	F7 F0	40		
10.	Property Taxes levied on you	r nom	ie for 2012 (see p	o. 24) or an	noui	nt from	line <u>52</u>	, 57, Or 58	. 10. 7		00
11.	Renters: Enter rent you paid	for 20	012 from line 54	or 56			11	00	)		
10	Multiply line 11 by 20% (0.20)	١							. 12.		00
12.	wulliply lifle 11 by 20% (0.20)	)			•••••				. 12.		100
13.	Total. Add lines 10 and 12								. 13.		00
TOTA	L HOUSEHOLD RESOURCE : For line by line instructions so	S. Ind	clude income fro	om both s	pou	ises.					
					_	04 0					
14.	Wages, salaries, tips, sick, st and SUB pay, etc.	rike	14.		00			ecurity and/or etirement benefits	21.		00
15.	All interest and dividend inco							port and foster			
16	(including nontaxable interest Net business income (including		15		00	pa 23. Un		lyments	22.		00
10.	farm income). If negative enter		16		00		mpens	,	23.		00
17.	Net royalty or rent income. If negative enter "0"		17.		00		fts or e ur beha	xpenses paid on alf	24.		00
18.	Retirement pension, annuity, IRA benefits.	and	18.		00		her noi	ntaxable income	25.		00
19.	Capital gains less capital loss	ses.				26. Wo	rkers'/v	eterans' disability			
00	Alimony and atherateurs !		19.		00			tion/pension benefits	26.		00
20.	Alimony and other taxable inc Describe:		20		00			other DHS benefits clude food assistance)	27.		00
28.	SUBTOTAL. Add lines 14 thr	ough	27					SUBTOTAL	28.		00

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29.	Enter subtotal from line 28, page 1		29.	00
30.	Other adjustments (see p. 28). Describe:		30.	00
31.	Medical insurance/HMO premiums you paid for	you and your family (see p. 28)	31.	00
32.	Add lines 30 and 31		32.	00
33.	TOTAL HOUSEHOLD RESOURCES. Subtract lind If more than \$50,000, STOP; you are not eligible.		33.	00
34.	Multiply line 33 by 3.5% (0.035) or by the percer	nt in Table 2 (see p. 29). If negation	ve, enter "0" 34.	00
35.	Subtract line 34 from line 13 and enter the amou and STOP; you are not eligible for this credit		•	00
PAR	T 1: ALLOWABLE COMPUTATION BA	SED ON CLAIMANT STAT	гus	
	plete only section A, B, OR C in Part 1. ENIOR CLAIMANTS (if you checked box 5	a)		
36.	Amount from line 35	······································		00
37.	Percentage from Table A below that applies to the	ne amount on line 33 37	%	
38.	Multiply line 36 by line 37 (maximum \$1,200). En	nter amount here and on line 42.		00
	ISABLED CLAIMANTS (if you checked bo			
39.	Amount from line 35 (maximum \$1,200). Enter a	mount here and on line 42		00
	LL OTHER CLAIMANTS			
40.	Amount from line 35		40.	00
41.	Multiply amount on line 40 by 60% (0.60) (maxir	num \$1,200). Enter amount here	and on line 42 41.	00
PAR	T 2: PROPERTY TAX CREDIT CALCU	LATION		
42.	Enter amount from line 38, 39 or 41, or from Wo	rksheet 3 (see p. 30) for FIP/DH	S Recipients 42.	00
	If your total household resources are less that on line 45. All others continue to line 43.	an or equal to \$41,000, enter ar	mount from line 42	
43.		ne amount on line 33 43.	%	
4.4	M III			
44. 45.	Multiply amount on line 42 by line 43. Enter amount of the PROPERTY TAX CREDIT. If you completed line			00
	amount from line 42. If you file an MI-1040, carr			00
	Note: Seniors who pay rent, complete Works amount from worksheet on line 45 (maximum		40 book and enter	
	TABLE A — SENIOR CREDIT REDUCTION	TABLE B - HOMESTEAD	PROPERTY TAX CREDIT F	PHASE OUT
	Total Household Resources Percentage	Total Household Resource	ces Percentage Allo	owed for
	\$0 - \$21,000	1 !	90% (0.9	
	\$21,001 - \$22,000		80% (0.8	
	\$23,001 - \$24,000		60% (0.6	
	\$24,001 - \$25,000 84% (0.84)	\$45,001 - \$46,000	50% (0.5	50)
	\$25,001 - \$26,000		40% (0.4	
	\$26,001 - \$27,000 76% (0.76)	\$47,001 - \$48,000	30% (0.3	3U)

\$50,001 - above......0% (0.00)

\$29,001 - \$30,000 ...... 64% (0.64)

\$30,001 - above ...... 60% (0.60)

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PART 3: HOMEOWNERS WHO MO	OVED IN 20	<b>12.</b> Report on	lines 46 and 47 t	he addres	ses of the hom	esteads for which you	
are claiming a credit. <b>Homesteads with a t</b> 46. Address where you lived on December 31, 2012, i			135,000 are not	eligible fo			
46. Address where you lived on December 31, 2012,	i dillereni triari rep	orted off lifte 1.		Taxable	value		
47. Address of homestead sold (moved from) during 2	Taxable	Taxable Value					
						STEAD	
Homeowners who moved during 2012, c 48. Number of days occupied (total cannot					Moved Into	B. Moved From	
	•			%	%		
<ol> <li>Divide line 48A and 48B each by 366 and enter the percentages for each</li> <li>Property taxes levied for calendar year 2012</li> </ol>						1,0	
51. Prorated property taxes. Multiply line 50 by the percentages on line 49							
52. Taxes eligible for credit. Add line 51,						00	
PART 4: RENTERS (Do not include A	iternate Hol		information, s	c c			
^		В			D	E Total Dant Daid	
Address of Homestead You Rented (Number, Street, Apt. #, City, ZIP Code)	Lar	ndowner's Name ar	nd Address	# Months Rented	Monthly Rent	Total Rent Paid Less Mobile Home Taxes	
				ļ			
54. Total rent you paid (not more than 12 m	onths) Add tot	al rent for each	neriod Enter here	and on line	e 11 54.	100	
PART 5: ALTERNATE HOUSING FAC			,				
55. If you lived in one of these types of fa		or part of 2012,	check the approp	oriate box	and see instruc	ctions.	
a. Subsidized Housing: complete						ete lines 56 and 57.	
56. Enter the total rent you paid in 2012 what amounts paid on your behalf by a gove			•			00	
amounts paid on your bondin by a gove	minoni agency	'					
57. If you checked 55b, multiply line 56 b	y 10% (0.10) (	(see instruction	s). Enter here an	d on line	10 57.	00	
58. <b>Special Housing:</b> If you lived in one	of these facilit	y types for all o	r part of 2012, ch	eck the ap	opropriate box	and see instructions.	
a. Cooperative Housing	ь 🗀 Цото	for the Aged	۰. 🗆	Nursing H	omo		
a. Cooperative Housing	b nome	for the Aged	с	ivursing n	one		
d. Adult Foster Care Home	e. Paid F	Room and Boar	·d				
Enter your prorated share of taxes from					) 58.	00	
59. Name and Address (including ZIP Code) of Hou	sing Facility, Lan	downer, or Care F	acility if you complet	ted Part 5			
DIRECT DEPOSIT	a. Routing Trai	nsit Number	b. Account N	lumber	c. T	Type of Account	
Deposit your refund directly to your financial institution! See page 13 and					1. Check	ing 2. Savings	
complete a, b and c.			<u></u>				
Deceased Taxpayer. If Filer and/or Spouse died			s below. Preparer	Certificat	ion. I declare un	der penalty of perjury that ich I have any knowledge.	
ENTER DATE OF DEATH ONLY. Example: 04-15	-2012 (MM-DD-YY	YY)		PTIN, FEIN c		cn i nave any knowledge.	
Filer — — Spo	ouse -		T Toparor o	,			
Taxpayer Certification. I declare under penalty	of periury that the	e information in this	return Preparer's	Business Na	me (print or type)		
and attachments is true and complete to the best of my	knowledge.						
Filer's Signature		Date	Preparer's I	Business Add	dress (print or type)	ı	
Spouse's Signature		Date					
By checking this box. I authorize Treasury	to discuss my r	eturn with my pre	eparer.				

If you are also filing Form MI-1040, attach this form behind it. If not, mail this form to: Michigan Department of Treasury, Lansing, MI 48956