2013 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR

Print numbers like this: 0/23456789 = NOT like this: 0/147

Print	numbers like this: 0/2345	6789	- NOT like this	Ø147					Attach	ment 05
1. File	er's First Name	M.I.	Last Name				2. Filer's Social Security	/ No. (E	xample: 123-45-67	89)
lf a Jo	vint Return, Spouse's First Name	M.I.	Last Name							
Llama	Address (Number Street DO Dev			t complete line 45			3. Spouse's Social Secu	urity No	. (Example: 123-45	-6789)
Home	Address (Number, Street, P.O. Box) if using a	P.O. Box, you mus	st complete line 45	on page	93.				
City o	r Town			State	ZIP Code	9	4. School District Code	(5 digits	s - see p. 60)	
5. Cl	neck the box for which you or	your sp	ouse qualify (e	cluding deper	dents).	. If you q	ualify for both boxes, s	ee ins	structions on pa	ge 27.
a.	Age 65 or older; or an ι who was 65 or older at			a person	b. [f, blind, hemiplegic, pa		• • • •	ic, or
6 20			RESIDENCY	STATUS:			ly and permanently di			
	Check one.		ck all that apply.	51/1100.			ates as MM-DD-YYYY (Exa			2013.
а. 🗌	Single	a. 🔄 I	Resident				FILER		SPOUSE	
b. 🗌	Married, Filing jointly	b. 🚺 I	Nonresident		FROM:	:	2013			2013
c. 🗌	Married, Filing separately	c. 🔲 I	Part-Year Reside	nt *	TO:		20/3		<u></u>	2013
8 H	omestead Status									
	Check here if the taxable va	lue of you	ur homestead inc	ludes unoccupi	ed farml	land class	sified as agricultural by y	our as	sessor.	
<u> </u>				·			0 , ,			
9.	Homeowners: Enter the 20									
	box 8 above and your tax							0		
	Farmers: enter your taxabl	le value	including your	nomestead an	a unoc	cupled to	armiand	9.		00
10.	Property Taxes levied on ye	our hom	e for 2013 (see	e p. 24) or amo	ount fro	m line <u>5</u>	1, 56 and/or 57	10.		00
11.	Renters: Enter rent you pa	aid for 20	13 from line 5	3 and/or 55		11.	00	J		<u> </u>
12.	Multiply line 11 by 20% (0.2	20)						12.		00
40	T . () I () () () () () () () () () (40		
	Total. Add lines 10 and 12							13.		00
	L HOUSEHOLD RESOUR			from both sp	ouses.	lf marri	ed, filing separately,	1		
	-	•	, 		٦					
14.	Wages, salaries, tips, sick, and SUB pay, etc		14.	00			Security, SSI, and/or retirement benefits	21.		00
15.	All interest and dividend ind				1		pport and foster			
	(including nontaxable intere		15	00		parent p	ayments	22.		00
16.	Net business income (inclu farm income). If negative e		16	00		Unempl compen	oyment sation	23.		00
17.	Net royalty or rent income. If negative enter "0"		17.	00			expenses paid on half	24.		00
18.	Retirement pension, annuit	ty, and			25.	Other no	ontaxable income			
	IRA benefits.		18	00	1	Describ		25.		00
19.	(see p. 28)		19	00		compens	/veterans' disability ation/pension benefits	26.		00
20.	Alimony and other taxable Describe:	income	20.	00			other DHS benefits nclude food assistance)	27.		00
	2000100.		<u>~</u> ~.	100	J	12011011		21.		
28.	SUBTOTAL. Add lines 14 t	hrough 2	27				SUBTOTAL	28.		00

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Continue on page 2. This form cannot be processed if pages 2 and 3 are not complete and attached. Filer's Social Security No.

29.	Enter subtotal from line 28, page 1	29.	00
30.	Other adjustments (see p. 29). Describe: 30 00		
31.	Medical insurance/HMO premiums you paid for you and your family (see p. 29)		
32.	Add lines 30 and 31	32.	00
33.	TOTAL HOUSEHOLD RESOURCES. Subtract line 32 from line 29. If more than \$50,000, STOP; you are not eligible for this credit.	33.	00
34.	Multiply line 33 by 3.5% (0.035) or by the percent in Table 2 (see p. 29). If negative, enter "0"	34.	00
35.	Subtract line 34 from line 13 and enter the amount here. If line 34 is more than line 13, enter "0" and STOP; you are not eligible for this credit. All others continue to Part 1.	35.	00

PART 1: ALLOWABLE COMPUTATION Complete one of the sections below, either A, B, or C (see instructions).

A. SENIOR CLAIMANTS (if you checked box 5a)						
36.	Enter amount from line 35	36.				
37.	Percentage from Table A (see p. 29) that applies to the amount on line 33					
38.	Multiply line 36 by line 37. Enter amount here and on line 42 (maximum \$1,200)	38.				
B. D	ISABLED CLAIMANTS (if you checked box 5b)					
39.	Enter amount from line 35 here and on line 42 (maximum \$1,200)	39.				
C. Al	LL OTHER CLAIMANTS					
40.	Enter amount from line 35.	40.				

41.	Multiply amount on line 40 by 60% (0.60). Enter amount here and on line 42 (maximum \$1,200)	41.	

PART 2: PROPERTY TAX CREDIT CALCULATION All filers must complete this section.

42.	Enter amount from line 38, 39 or 41, or from Worksheet 3 (see p. 30) for FIP/DHS recipients	42.	00
43.	Percentage from Table B (see p. 30) that applies to the amount on line 33		
44.	PROPERTY TAX CREDIT. Multiply amount on line 42 by percentage on line 43. Enter amount here and if you file an MI-1040, carry this amount to MI-1040, line 25	44.	00

Note: Seniors who pay rent, complete Worksheet 4 on page 30 of the MI-1040 book and enter amount from worksheet on line 44 (maximum \$1,200).

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Filer's Social Security No.

PART 3: HOMEOWNERS WHO MOVED IN 2013. Report on lines 45 and 46 the addresses of the homesteads for which you

	aiming a credit. Homesteads with a taxa			000 are not elig	ible for this Taxable Value	s credit.			
46. Address of homestead sold (moved from) during 2013 (Number, Street, City, ZIP Code).					Taxable Value				
				_		HOME	STEAD		
	owners who moved during 2013, com			Ļ	A. Move	d Into	B. Moved From		
	Number of days occupied (total cannot be								
	Divide line 47 by 365 and enter percentag					%	%		
	Property taxes levied for calendar year 20								
	Prorated property taxes. Multiply line 49 transferred property taxes. Multiply line 49 transferred to credit. Add line 50, colu		-			51.	00		
	4: RENTERS (Do not include Alte					01.			
52.	Α		B		C C	D	Е		
	Address of Homestead You Rented		Landowner's Name and	Address	# Months	Monthly	Total Rent Paid		
	(Number, Street, Apt. #, City, ZIP Code)		(City, State and ZIP		Rented	Rent	Less Mobile Home Taxes		
52	Total rent you paid (not more than 12 mont	ha) Add tat	tal rant far agab paria	d Entor horo one		I 53.	00		
	5: ALTERNATE HOUSING FACILI		lai terit ibi each perio	u. Enter here and		55.			
55. 56. 57.	 a. Subsidized Housing: complete line Enter the total rent you paid in 2013 while amounts paid on your behalf by a governm If you checked box 54b, multiply line 55 Special Housing: If you lived in one of t (see instructions). a. Cooperative Housing b. 	a resident c lent agency by 10% (0. hese types	of an Alternate Housir / 10) (see instructions	ng Facility. Do not s). Enter here an r part of 2013, cl	t include 	55. 0 56.			
	d. Adult Foster Care Home e.	Paid F	Room and Board						
	Enter your prorated share of taxes from						00		
58. Na	me and Address (including city, state and zip coo	le) of Housin	ng Facility, Landowner, o	r Care Facility if yo	u completed F	Part 5			
7	DIRECT DEPOSIT Deposit your refund directly to your financial institution! See page 11 and complete a, b and c.	Routing Transi	it Number	b. Account Number	1.	c. ⁻ Check	Type of Account king _{2.} Savings		
	ased Taxpayer. If Filer and/or Spouse died after R DATE OF DEATH ONLY. Example: 04-15-201			this return is bas	ed on all inforn	nation of wh	nder penalty of perjury that ich I have any knowledge.		
Filer	— — Spouse	_		Preparer's PTIN	, FEIN or SSN				
	ayer Certification. I declare under penalty of particular penalty penalty of particular penalty penalty of particular penalty		e information in this return	Preparer's Busir	ness Name (pri	nt or type)			
Filer's	Signature		Date	Preparer's Busir	ness Address (j	orint or type)		
Spous	e's Signature		Date	1					
	By checking this box, I authorize Treasury to o	liscuss my r	eturn with my prepare						

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