Reset Form

Issued under authority of Public Act 281 of 1967, as amended.

2015 MICHIGAN Home Heating Credit Claim MI-1040CR-7

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

5. **2015 FILING STATUS:** Check one.

a. ☐ Single

b. ☐ Married filing jointly

c. ☐ Married filing separately (Attach Form 5049)

6. **2015 RESIDENCY STATUS:** Check all that apply.

a. ☐ Resident

b. ☐ Nonresident

c. ☐ Part-Year Resident*

*If you checked box "c," enter dates of Michigan residency in 2015. Enter dates as MM-DD-YYYY (Example: 04-15-2015).

	FILER	SPOUSE
FROM:	— — 2015	— — 2015
TO:	— — 2015	— — 2015

7. Check the box if your heating costs are currently included in your rent (see instructions)..... ☐

8. Check the box if you want your name and address referred to other government assistance programs for which you may qualify. ☐

9. Check the box if you or your spouse now receive Supplemental Security Income (SSI)..... ☐

10. ENTER YOUR AGE if you are age 60 or older... Filer ____ Spouse ____

11. Amount you were billed for heat between 11/1/2014 and 10/31/2015 ..... ____ 00

12. If you lived in one of these **CARE** facilities (not a senior apartment complex) for all of 2015, check the box and STOP here, see instructions.

a. ☐ Nursing Home b. ☐ Adult Foster Care Home

c. ☐ Licensed Home for the Aged d. ☐ Substance Abuse Center

13. **Exemptions.** Enter the number that applies to you, your spouse, or your dependents and complete line 14 below. See instructions if you are over age 66.

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.	

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).**

✚ 0000 2015 37 01 27 2

Filer's Full Social Security Number ___ ___

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.

16.	Wages, salaries, tips, sick, strike and SUB pay, etc.	16.	23.	Social Security, SSI, and/or railroad retirement benefits	23.
17.	All interest and dividend income (including nontaxable interest)	17.	24.	Child support and foster parent payments	24.
18.	Net business income (including net farm income). If negative, enter "0"	18.	25.	Unemployment compensation	25.
19.	Net royalty or rent income. If negative, enter "0"	19.	26.	Gifts or expenses paid on your behalf	26.
20.	Retirement pension, annuity, and IRA benefits.	20.	27.	Other nontaxable income. Describe:_____	27.
21.	Capital gains less capital losses (see instructions)	21.	28.	Workers'/veterans' disability compensation/pension benefits	28.
22.	Alimony and other taxable income. Describe:_____	22.	29.	FIP and other MDHHS benefits (Do not include food assistance)	29.

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 (see instr.) 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 $2,642 (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 50% (0.50) 44. 00

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2014, enter dates below. ***ENTER DATE OF DEATH ONLY.*** Example: 04-15-2015 (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 Name (print or type)

Preparer's Business Name, Address and Telephone Number

File (postmark) your claim by September 30, 2016. Mail your claim to: Michigan Department of Treasury Lansing, MI 48956

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