2018 MICHIGAN Farmland Preservation Tax Credit Claim MI-1040CR-5 Issued under authority of Public Act 281 of 1967, as amended.

Include with Form MI-1040.	Type or print	n blue or black ink.	Print numbers like th	is: 01234567	89 - NOT like this: \emptyset	147
						ttachment 03

1. File	er's First Name	M.I.	Last Name		2. Filer's Full Social S	ecurity No. (Exa	mple: 123-45-6789)
					_		
If a Jo	pint Return, Spouse's First Name	M.I.	Last Name		3. Spouse's Full Socia	l Security No. (E	Example: 123-45-6789)
					_		
PAR	T 1: COMPUTATION OF C	REDI	T — Complete a Schedule CR	-5 before co	mpleting Part 1.		
4.	Total taxes for all agreements	s from	Schedule CR-5, line 3, column	F		4.	00
5.	Check this box if all of y are included in line 4.	our ta	xes that qualify for a Homestea	ad Property	Tax Credit		
6.			5, enter the taxes on your hom				
	property tax credit but are no	t unde	er a Farmland Developmental R	lights Agreer	ment	6.	[00]
7.	Total. Add lines 4 and 6			·····		7	00
8.	Total Household Resources f		II-1040CR, line 33, R-7, line 34	8.	00		
9.	Total Loss Adjustment from li			0.			
	(must be less than zero)			9.	00		
10.	Total Household Income, con	nbine	lines 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	-		13.	00		
	Agreement from line 4			13.	00		
14.	Multiply line 12 by 3.5% (0.03	35). If	negative, enter "0"	14.	00		
15.	Subtract line 14 from line 13.			15.	00		
16.	Homestead Property Tax Cre			40			
	MI-1040CR-2, line 33			16	00		
17.	Total Property Tax Credits.	Add I	ines 15 and 16			17	00
IF LII	NE 17 IS LESS THAN LINE 7,	CAR	RY THE AMOUNT FROM LINE	15 TO YOU	JR MI-1040, LINE 26	, AND STOP	HERE.
18.	If line 17 is greater than 7, er	nter the	e amount from line 7			18.	00
19.	Enter the amount from line 10	6				19.	00
20	Subtract line 10 from line 19	Enter	here and on Form MI-1040, lin	e 26		20	00
۷٠.	Subtract file 13 HOTH file 10.	LIILEI	nore and on rount wir-1040, IIII	L 20		20.	

Continued on Page 2.

Filer's Full Social Security Number	

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.

	Α		В	С	D	E
	Agreement N	lumber				
County Code (2 digits)	Contract Number	Expiration Date (Enter as MM-DD-YYYY)		Partner's or	Partner's o	
01	EXAMPI 98765	LE: 12 - 31 - 2060	Partner's or Joint Owner's Social Security Number	Joint Owner's Percentage of Income	Joint Owne Percentag of Ownersh	e Signatures are required of all partners
				%		%
				%		%
				%		%
				%		%
				%		%

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

21.	Business income or (loss) from U.S. Form 1040	21.	C	00
22.	Farm income or (loss) from U.S. Form 1040	22.	C	00
23.	Net business income/farm loss, combine lines 21 and 22 (must be less than zero)	23.	c	00

PART 4: NET ROYALTY/RENT LOSS

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

			i I	
24.	Rental, Real Estate, Royalty Loss from U.S. Form 1040 (must be less than zero)	24.		00

PART 5: NET OPERATING LOSS

25.	Enter the lesser of your federal net operating loss deduction or federal modified taxable income		
	(as a negative number)	25.	00

26.	Total Loss Adjustment. Combine lines 23, 24, and 25.		Т
	Carry to line 9, page 1 (must be less than zero)	26.	00