Type or print in blue or black ink.

2019 MICHIGAN Home Heating Credit Claim MI-1040CR-7 Supplemental

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

INSTRUCTIONS: Complete if you have more than four (4) household members and include with your Form MI-1040CR-7.

Type or print in blue or black ink.		Attachment 08A				
1. Filer's First Name	M.I.	M.I. Last Name		2. Filer's Full Social Security No. (Example: 123-45-6789)		
3. You MUST enter below the name, So line 17. You MUST also check each be	ocial Securi	ty number and age of al	l household memb	ers who are not alread	dy listed on MI-1040CR-7,	
illie 17. Tea Mee'r also shlock daan box te illaleate ii the heasened iii		D. Enter "X" for all that apply				
A. Household Member's Name	В. 9	Social Security Number	C. Age in Years	Dependent	U.S. citizen or qualified alien	
					<u> </u>	