Attachment 08

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

Amended Return ☐

Issued under authority of Public Act 281 of 1967, as amended. Type or print in blue or black ink.

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 instructions)

5. Citizenship Status

a. ☐ Filer is a U.S. citizen or qualified alien

b. ☐ Spouse is a U.S. citizen or qualified alien

6. Heat Provider Name Code (see instructions)

7. Heat Type Code (see instructions)

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8. **2019 FILING STATUS:** Check one.

a. ☐ Single

b. ☐ Married filing jointly

c. ☐ Married filing separately (**Include Form 5049**)

9. **2019 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 2019. Enter dates as MM-DD-YYYY (Example: 04-15-2019).

	FILER	*SPOUSE*
FROM:	— — 2019	— — 2019
TO:	— — 2019	— — 2019

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

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

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

13. ENTER YOUR AGE if you are age 60 or older...

Filer	Spouse

14. Amount you were billed for heat between 11/1/2018 and 10/31/2019 .... | | 00

15. If you lived in one of these **CARE** facilities (not a senior apartment complex) for all of 2019, 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

16. **Exemptions.** Enter the number that applies to you, your spouse, or your dependents and complete line 17 below. See instructions if you are age 66 or older.

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 16a through 16g.............. h. | |

17. You MUST enter below the name, Social Security number and age of all household members. You MUST also check each box to indicate if the household member is a dependent and U.S. citizen or qualified alien.

			D. Enter "X" for all that apply	
A. Household Member's Name	**B. Social Security Number**	**C. Age in Years**	**Dependent**	**U.S. citizen or qualified alien**

If you have more than four (4) household members, complete Home Heating Credit Claim *MI-1040CR-7 Supplemental* (Form 4976).

18. ☐ **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 2019 37 01 27 4

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 include Form 5049 available on Treasury's Web site.

19. Wages, salaries, tips, sick, strike and SUB pay, etc. .... 19.	00
20. All interest and dividend income (including nontaxable interest)........ 20.	00
21. Net business income (including net farm income). If negative, enter "0" .. 21.	00
22. Net royalty or rent income. If negative, enter "0" .... 22.	00
23. Retirement pension, annuity, and IRA benefits. .... 23.	00
24. Capital gains less capital losses (see instructions) .... 24.	00
25. Alimony and other taxable income. Describe:_____ 25.	00

26. Social Security, SSI, and/or railroad retirement benefits.... 26.	00
27. Child support and foster parent payments........ 27.	00
28. Unemployment compensation .... 28.	00
29. Gifts received or expenses paid on your behalf........ 29.	00
30. Other nontaxable income. Describe:_____ 30.	00
31. Workers'/veterans' disability compensation/pension benefits... 31.	00
32. FIP and other MDHHS benefits (Do not include food assistance) 32.	00

33. Add lines 19 through 32...**SUBTOTAL** 33. `00`

34. **Other adjustments.**
Describe:_____ 34. `00`

35. Medical insurance or HMO premiums paid .... 35. `00`

36. Add lines 34 and 35... 36. `00`

37. Subtract line 36 from line 33..............................**TOTAL HOUSEHOLD RESOURCES.** 37. `00`

Standard and Alternate Home Heating Credit Computations

38. **STANDARD CREDIT.** Standard allowance from Table A (see instr.) ..... 38. `00`

39. Multiply line 37 by 3.5% (0.035) (if negative, enter "0")........... 39. `00`

40. Subtract line 39 from line 38 for standard credit amount. If line 39 is greater than line 38, enter "0" .... 40. `00`

41. If you checked the box on line 10, multiply the amount on line 40 by 50% (0.50). Enter here and on line 46. (If approved, the final amount as shown on line 47 is issued as a check.)............... 41. `00`

42. **ALTERNATE CREDIT.** Total heating costs from line 14 or $2,741 (whichever is less) .... 42. `00`

43. Multiply line 37 by 11% (0.11) (if negative, enter "0") .... 43. `00`

44. Subtract line 43 from line 42. If line 43 is greater than line 42, enter "0". 44. `00`

45. Multiply line 44 by 70% (0.70) for alternate credit amount .... 45. `00`

46. If you completed line 41 enter that amount here. Otherwise enter the larger of lines 40 or 45 here.. 46. `00`

47. **HOME HEATING CREDIT.** Multiply line 46 by 80% (0.80) .... 47. `00`

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2018, enter dates below. ***ENTER DATE OF DEATH ONLY.*** Example: 04-15-2019 (MM-DD-YYYY)	**Preparer Certification.** *I declare under penalty of perjury that this return is based on all information of which I have any knowledge.*
Filer ___ — ___ — ___ Spouse ___ — ___ — ___	Preparer's PTIN, FEIN or SSN
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.*	Preparer's Name (print or type)
Filer's Signature Date	Preparer's Business Name, Address and Telephone Number
Spouse's Signature Date	
☐ By checking this box, I authorize Treasury to discuss my return with my preparer.	

**File (postmark) your claim by September 30, 2020. Mail your claim to: Michigan Department of Treasury
Lansing, MI 48956**

✚ 0000 2019 37 02 27 2