## 2020 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)		
You MUST enter below the name, So line 17. You MUST also check each below.	ocial Securit	y number and age of al ate if the household me	I household me mber is a deper	mbers who are not alro	eady listed on MI-1040CR-7, or qualified alien.	
			D. Ente	D. Enter "X" for all that apply		
A. Household Member's Name	B. S	B. Social Security Number		ars Dependent	U.S. citizen or qualified alien	