

## **Submission Sample**

Forms should be submitted with three samples:

- A fully maxed out samples with fields filled with 9's or X's.
- A blank sample
- A variable filled sample. A sample of a form that could be filed.

All forms should be submitted with three samples preferable in the order listed on the letter of intent (Form 4430), separated by tax, and in PDF format.

When submitted by tax, all forms for that tax (IIT, CIT, SUW, etc.) should be submitted in one PDF file per tax.

# 2016 MICHIGAN Homestead Property Tax Credit Claim for Veterans and Blind People MI-1040CR-2

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

Attachment 06

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, P.O. Box) If using a P.O. Box, you must complete line 34.			4. School District Code (5 digits - see p. 19)
City or Town		State	ZIP Code

<b>5. 2016 FILING STATUS:</b> Check one. a. <input type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately <b>(Attach Form 5049)</b>	<b>6. 2016 RESIDENCY STATUS:</b> Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident c. <input type="checkbox"/> Part-Year Resident *	*If you checked box "c," enter dates of Michigan residency in 2016. Enter dates as MM-DD-YYYY (Example: 04-15-2016).							
		<table border="1"> <thead> <tr> <th></th> <th>FILER</th> <th>SPOUSE</th> </tr> </thead> <tbody> <tr> <td>FROM:</td> <td>— — 2016</td> <td>— — 2016</td> </tr> <tr> <td>TO:</td> <td>— — 2016</td> <td>— — 2016</td> </tr> </tbody> </table>		FILER	SPOUSE	FROM:	— — 2016	— — 2016	TO:
	FILER	SPOUSE							
FROM:	— — 2016	— — 2016							
TO:	— — 2016	— — 2016							

7. Check one of the following that applies to you:

a. <input type="checkbox"/> Blind and own your homestead	c. <input type="checkbox"/> Surviving spouse of veteran deceased in service
b. <input type="checkbox"/> Veteran with service-connected disability or veteran's surviving spouse	*d. <input type="checkbox"/> Active military, pensioned veteran or his/her surviving spouse
Enter percent of disability: <input type="text"/> %	*e. <input type="checkbox"/> Surviving spouse of a nondisabled or nonpensioned veteran of the Korean War, World War II, or World War I

\* If you check "d" or "e" above and your Total Household Resources (line 32) are more than \$7,500, you cannot claim a credit on this form.

8. Taxable value allowance from Table 2.....	8.	00
9. <b>Taxable Value</b> of homestead. <b>Homeowners: If greater than \$135,000, STOP; you are not eligible..</b>	9.	00
10. Property Taxes levied on your home for 2016 (see instructions).....	10.	00
11. <b>Percent of tax relief.</b> Divide line 8 by line 9 (not to exceed 100%).....	11.	%
12. Multiply line 10 by line 11. Enter the result (maximum \$1,200) .....	12.	00

**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.**

13. Wages, salaries, tips, sick, strike and SUB pay, etc.....	13.	00	20. Social Security, SSI, and/or railroad retirement benefits...	20.	00
14. All interest and dividend income (including nontaxable interest).....	14.	00	21. Child support and foster parent payments received ....	21.	00
15. Net business income (including net farm income). If negative enter "0"	15.	00	22. Unemployment compensation .....	22.	00
16. Net royalty or rent income. If negative enter "0". .....	16.	00	23. Gifts or expenses paid on your behalf.....	23.	00
17. Retirement pension, annuity, and IRA benefits.....	17.	00	24. Other nontaxable income Describe: .....	24.	00
18. Capital gains less capital losses (see instructions).. .....	18.	00	25. Workers'/veterans' disability compensation/pension benefits	25.	00
19. Alimony and other taxable income Describe: .....	19.	00	26. FIP and other MDHHS benefits (Do not include food assistance)	26.	00
27. <b>SUBTOTAL.</b> Add lines 13 through 26 .....	27.	<b>SUBTOTAL</b>			00

Filer's Full Social Security Number

—	—
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28. Enter subtotal from line 27.....			28.	00
29. <b>Other adjustments</b> (see instructions). Describe: _____	29.	00		
30. Medical insurance/HMO premiums you paid for you and your family (see instructions).....	30.	00		
31. Add lines 29 and 30.....			31.	00
32. <b>TOTAL HOUSEHOLD RESOURCES.</b> Subtract line 31 from line 28. <b>If more than \$50,000, STOP; you are not eligible for this credit.</b> .....			32.	00
33. <b>PROPERTY TAX CREDIT.</b> (Maximum \$1,200). Enter one of the following: a. FIP/MDHHS RECIPIENTS, enter amount from Worksheet on page 8. b. If line 32 is more than \$41,000, see instructions and enter the reduced amount. c. ALL OTHERS, enter the amount from line 12. If you file an MI-1040, carry this amount to MI-1040, line 25.....			33.	00

**PART 1: HOMEOWNERS WHO MOVED IN 2016.** Report on lines 34 and 35 the addresses and taxable values of the homesteads for which you are claiming a credit. **Homesteads with a taxable value greater than \$135,000 are not eligible for this credit.**

34. Address where you lived on December 31, 2016, if different than reported on line 1.	Taxable Value
35. Address of homestead sold (moved from) during 2016 (Number, Street, City, State, ZIP Code).	Taxable Value

**Homeowners who moved during 2016, complete lines 36 through 44. If you also rented a homestead during 2016, complete lines 45 through 56.**

		HOMESTEAD	
		A. Moved Into	B. Moved From
36. Number of days occupied (total cannot be more than 366).....	36.		
37. Divide line 36 by 366 and enter percentage here.....	37.	%	%
38. Property taxes levied for calendar year 2016.....	38.		
39. Prorated taxes. Multiply line 38 by percentage on line 37.....	39.		
40. Taxable value allowance (see Table 2).....	40.		
41. Taxable value.....	41.		
42. Divide line 40 by line 41 and enter percentage here .....	42.	%	%
43. <b>Prorated credit.</b> Multiply line 39 by line 42.....	43.		
44. <b>Property tax credit.</b> Add line 43 columns A and B. Enter here and on line 12. <b>Part-year renters:</b> do not carry to line 12; complete lines 45 through 56 instead. ....	44.		

**Veterans who rent or all other individuals who are not required to file an MI-1040 should continue to and complete page 3.**

Filer's Full Social Security Number

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**PART 2: RENTERS (Veterans Only)**

45.	A Address of Homestead You Rented (Number, Street, Apt. #, City, State, ZIP Code)	B Landowner's Name and Address (City, State and ZIP Code)	C # Months Rented	D Monthly Rent (see instructions)	E Total Rent Paid
46.	Total rent you paid (not more than 12 months). Add total rent for each period. ....				46. 00
47.	Multiply line 46 by 20% (0.20). Service fee housing residents use 10% (0.10) (see instructions). Full-year renters, enter here and on line 10. ....				47. 00
48.	Multiply <b>non-homestead</b> property tax millage by 0.001 (see Credit Computation Examples in instructions) .....				48.
49.	<b>Full-year renters only</b> , divide line 47 by line 48 to get your taxable value. Enter here and on line 9 ...				49. 00

**Part-year renters, complete lines 50 through 56**

50.	Divide line 46 by the number of months you rented .....	50.	00
51.	Multiply line 50 by 12 months .....	51.	00
52.	Multiply line 51 by 20% (0.20). Service fee housing residents use 10% (0.10) (see instructions) .....	52.	00
53.	Divide line 52 by line 48 to get your taxable value. Enter here and on line 9 .....	53.	00
54.	Percent of tax relief. Divide line 8 by line 53 .....	54.	%
55.	Multiply line 47 by line 54 .....	55.	00
56.	Add lines 44 and 55. Enter here and on line 12. ....	56.	00

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account
		1. <input type="checkbox"/> Checking    2. <input type="checkbox"/> Savings

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2015, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2016 (MM-DD-YYYY)

Filer	— —	Spouse	— —
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**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

If you are also filing Form MI-1040, attach this form behind it. If not, mail this form to: **Michigan Department of Treasury, Lansing, MI 48956**

# 2016 MICHIGAN Homestead Property Tax Credit Claim for Veterans and Blind People MI-1040CR-2

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

**Attachment 06**

1. Filer's First Name Bruce	M.I.	Last Name Longfellow	2. Filer's Full Social Security No. (Example: 123-45-6789)  456 — 77 — 9898
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, P.O. Box) If using a P.O. Box, you must complete line 34.			4. School District Code (5 digits - see p. 19)
City or Town		State	ZIP Code

<b>5. 2016 FILING STATUS:</b> Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately <b>(Attach Form 5049)</b>	<b>6. 2016 RESIDENCY STATUS:</b> Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident c. <input type="checkbox"/> Part-Year Resident *	*If you checked box "c," enter dates of Michigan residency in 2016. Enter dates as MM-DD-YYYY (Example: 04-15-2016). <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">FILER</th> <th style="width:15%;">SPOUSE</th> </tr> </thead> <tbody> <tr> <td>FROM:</td> <td style="text-align:center;">— — 2016</td> <td style="text-align:center;">— — 2016</td> </tr> <tr> <td>TO:</td> <td style="text-align:center;">— — 2016</td> <td style="text-align:center;">— — 2016</td> </tr> </tbody> </table>		FILER	SPOUSE	FROM:	— — 2016	— — 2016	TO:	— — 2016	— — 2016
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7. Check one of the following that applies to you:

a. <input type="checkbox"/> Blind and own your homestead	c. <input type="checkbox"/> Surviving spouse of veteran deceased in service
b. <input type="checkbox"/> Veteran with service-connected disability or veteran's surviving spouse Enter percent of disability: <input type="text"/> %	*d. <input type="checkbox"/> Active military, pensioned veteran or his/her surviving spouse
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10. Property Taxes levied on your home for 2016 (see instructions).....	10.	9999999999	00
11. <b>Percent of tax relief.</b> Divide line 8 by line 9 (not to exceed 100%).....	11.	9999999999	%
12. Multiply line 10 by line 11. Enter the result (maximum \$1,200) .....	12.	9999999999	00

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13. Wages, salaries, tips, sick, strike and SUB pay, etc.....	13.	9999999999	00	20. Social Security, SSI, and/or railroad retirement benefits...	20.	9999999999	00
14. All interest and dividend income (including nontaxable interest).....	14.	9999999999	00	21. Child support and foster parent payments received....	21.	9999999999	00
15. Net business income (including net farm income). If negative enter "0"	15.	9999999999	00	22. Unemployment compensation.....	22.	9999999999	00
16. Net royalty or rent income. If negative enter "0".	16.	9999999999	00	23. Gifts or expenses paid on your behalf.....	23.	9999999999	00
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18. Capital gains less capital losses (see instructions).....	18.	9999999999	00	25. Workers'/veterans' disability compensation/pension benefits	25.	9999999999	00
19. Alimony and other taxable income Describe: _____	19.	9999999999	00	26. FIP and other MDHHS benefits (Do not include food assistance)	26.	9999999999	00
27. <b>SUBTOTAL.</b> Add lines 13 through 26 .....				<b>SUBTOTAL</b>	27.	9999999999	00

Filer's Full Social Security Number

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39. Prorated taxes. Multiply line 38 by percentage on line 37.....	39.	9999999999	9999999999
40. Taxable value allowance (see Table 2).....	40.	9999999999	9999999999
41. Taxable value.....	41.	9999999999	9999999999
42. Divide line 40 by line 41 and enter percentage here.....	42.	9999999999 %	9999999999 %
43. <b>Prorated credit.</b> Multiply line 39 by line 42.....	43.	9999999999	9999999999
44. <b>Property tax credit.</b> Add line 43 columns A and B. Enter here and on line 12. <b>Part-year renters:</b> do not carry to line 12; complete lines 45 through 56 instead.....	44.	9999999999	9999999999

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	99999999999999999999999999999999	99999999999999999999999999999999			999999999999
	99999999999999999999999999999999	99999999999999999999999999999999			999999999999
46.	Total rent you paid (not more than 12 months). Add total rent for each period. ....				9999999999 00
47.	Multiply line 46 by 20% (0.20). Service fee housing residents use 10% (0.10) (see instructions). Full-year renters, enter here and on line 10. ....				9999999999 00
48.	Multiply <b>non-homestead</b> property tax millage by 0.001 (see Credit Computation Examples in instructions) .....				999999999999
49.	<b>Full-year renters only</b> , divide line 47 by line 48 to get your taxable value. Enter here and on line 9 ...				9999999999 00

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Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account
99999999999999999999	99999999999999999999	1. <input checked="" type="checkbox"/> Checking 2. <input type="checkbox"/> Savings

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2015, enter dates below.  
**ENTER DATE OF DEATH ONLY.** Example: 04-15-2016 (MM-DD-YYYY)

Filer	— —	Spouse	— —
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**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	99999999999999999999999999999999
------------------------------	----------------------------------

**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)	99999999999999999999999999999999
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Filer's Signature	Date
Spouse's Signature	Date

Preparer's Business Name, Address and Telephone Number	99999999999999999999999999999999
	99999999999999999999999999999999
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By checking this box, I authorize Treasury to discuss my return with my preparer.

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10. Property Taxes levied on your home for 2016 (see instructions).....	10.	4920	00
11. <b>Percent of tax relief.</b> Divide line 8 by line 9 (not to exceed 100%).....	11.	3.33	%
12. Multiply line 10 by line 11. Enter the result (maximum \$1,200) .....	12.	84	00

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40. Taxable value allowance (see Table 2).....	40.		
41. Taxable value.....	41.		
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43. <b>Prorated credit.</b> Multiply line 39 by line 42.....	43.		
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54.	Percent of tax relief. Divide line 8 by line 53 .....	%
55.	Multiply line 47 by line 54 .....	00
56.	Add lines 44 and 55. Enter here and on line 12. ....	84 00

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account
30111222	343444	1. <input checked="" type="checkbox"/> Checking 2. <input type="checkbox"/> Savings

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2015, enter dates below.  
**ENTER DATE OF DEATH ONLY.** Example: 04-15-2016 (MM-DD-YYYY)

Filer	— —	Spouse	— —
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**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  
P12345678

**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)  
Robert Smith

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Business Name, Address and Telephone Number  
  
Tax Preparer  
123 Vermont Street  
Signature  
Phone Number

By checking this box, I authorize Treasury to discuss my return with my preparer.

If you are also filing Form MI-1040, attach this form behind it. If not, mail this form to: Michigan Department of Treasury, Lansing, MI 48956