

2010 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR

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

Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

Attachment 05

▶ 1. Filer's First Name	M.I.	Last Name	▶ 2. Filer's Social Security Number (Example: 123-45-6789)
If a Joint Return, Spouse's First Name	M.I.	Last Name	— —
Home Address (No., Street, P.O. Box or Rural Route)			▶ 3. Spouse's Social Security Number (Example: 123-45-6789)
			— —
City or Town	State	ZIP Code	▶ 4. School District Code (5 digits - see p. 49)

▶ 5. Check the box(es) for which you or your spouse qualify (excluding dependents):

a. Age 65 or older; or an unmarried spouse of a person who was 65 or older at the time of death

b. Deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled

6. Homeowners: Enter the 2010 taxable value of your homestead (see p. 20).....	▶ 6.		00
7. Property Taxes levied on your home in 2010 (see p. 18) or amount from line 42, 47 and 49	▶ 7.		00
8. Renters: Enter rent you paid in 2010 from line 44	▶ 8.	00	
9. Multiply line 8 by 20% (0.20)	▶ 9.		00
10. Total. Add lines 7 and 9.....	▶ 10.		00

HOUSEHOLD INCOME. Include income from both spouses.

11. Wages, salaries, tips, sick, strike and SUB pay, etc.	▶ 11.		00
12. All interest and dividend income (including nontaxable interest).....	▶ 12.		00
13. Net business, royalty or rent income (including self-employment)	▶ 13.		00
14. Retirement pension, annuity, and IRA benefits. Name of payer: _____	▶ 14.		00
15. Net farm income	▶ 15.		00
16. Capital gains less capital losses (see p. 21).....	▶ 16.		00
17. Alimony and other taxable income (see p. 21). Describe: _____	▶ 17.		00
18. Social Security, SSI and/or railroad retirement benefits	▶ 18.		00
19. Child support and foster parent payments (see p. 21)	▶ 19.		00
20. Unemployment compensation	▶ 20.		00
21. Other nontaxable income (see p. 21). Describe: _____	▶ 21.		00
22. Workers' compensation, veterans' disability compensation and pension benefits	▶ 22.		00
23. FIP and other DHS benefits (do not include Food Assistance Program benefits)	▶ 23.		00
24. SUBTOTAL. Add lines 11 through 23.....	▶ 24.	SUBTOTAL	00

25. Other adjustments (see p. 21). Describe: _____	25.		00
26. Medical insurance or HMO premiums you paid for you and your family (see p. 21)	26.		00

27. Add lines 25 and 26.....	▶ 27.		00
28. HOUSEHOLD INCOME. Subtract line 27 from line 24. If more than \$82,650, STOP; you are not eligible	▶ 28.		00
29. Multiply line 28 by 3.5% (0.035) or by the percent in Table 2 (see p. 22) (if negative, enter "0")	▶ 29.		00
30. Subtract line 29 from line 10. If line 29 is more than line 10, enter "0" and STOP; you are not eligible	▶ 30.		00

If you checked a box on line 5, complete line 32 or 33. FIP/DHS recipients, complete line 32. All others must complete line 31.

31. Multiply line 30 by 60% (0.60) (maximum \$1,200). Go to line 34	▶ 31.		00
32. FIP/DHS recipients , enter amount from Worksheet 5 on p. 22. Seniors who pay rent , complete Worksheet 6 on p. 22 and enter amount from worksheet here (maximum \$1,200). Go to line 34	▶ 32.		00
33. If you checked a box on line 5 (if you completed line 32, skip this line), enter the amount from line 30 (maximum \$1,200). Go to line 34	▶ 33.		00
34. CREDIT. If your household income (line 28) is less than or equal to \$73,650, enter the amount that applies to you from line 31, 32 or 33 here. If household income is more than \$73,650, you must reduce your credit (see instructions on p. 22). If you file an MI-1040, carry this amount to your MI-1040, line 24	▶ 34.		00

Filer's Social Security Number
— —

▶ 35. Residency Status in 2010: *If you checked box "c," enter dates of Michigan residency in 2010. Enter dates as MM-DD-YYYY (Example: 04-15-2010)

a. Resident

b. Nonresident

c. Part-Year Resident*

	FROM:	TO:	FILER	SPOUSE
			— — 2010	— — 2010
			— — 2010	— — 2010

PART 1: HOMEOWNERS. Report on lines 36 and 37 the addresses of the homesteads for which you are claiming a credit.

36. Address where you lived on December 31, 2010, if different than reported on line 1.	Taxable Value
37. Address of homestead sold during 2010 (No., Street, City, ZIP Code).	Taxable Value

Homeowners who moved during 2010, complete lines 38 through 42.

HOMESTEAD	
A. Moved Into	B. Moved From
38. _____	38. _____
39. _____ %	39. _____ %
40. _____	40. _____
41. _____	41. _____
42. _____	42. _____ 00

38. Number of days occupied (total cannot be more than 365)..... ▶ 38.

39. Divide line 38 by 365 and enter percentage here..... 39.

40. Property taxes levied and assessed in calendar year 2010..... 40.

41. Prorated taxes. Multiply line 40 by percentage on line 39..... 41.

42. Taxes eligible for credit. Add line 41, columns A and B. Enter here and on line 7..... 42.

PART 2: RENTERS

43. A Address of Homestead You Rented (No., Street, Apt. #, City, ZIP Code)	B Landowner's Name and Address	C # Months Rented	D Monthly Rent	▶ E Total Rent Paid Less Mobile Home Taxes

44. Total rent you paid (not more than 12 mos). Add total rent for each period. Enter here and on line 8... 44. _____ 00

PART 3: OCCUPANTS OF HOUSING ON WHICH SERVICE FEES ARE PAID INSTEAD OF TAXES

45. Name and Address of Housing Project or Landowner

46. Enter the total rent you paid in 2010. Do not include amounts paid on your behalf by a government agency.. 46. _____ 00

47. Multiply line 46 by 10% (0.10) (see instructions). Enter here and on line 7..... 47. _____ 00

PART 4: OCCUPANTS OF NURSING OR ADULT FOSTER CARE HOMES OR HOMES FOR THE AGED

48. Name and Address of Care Facility

49. Your share of taxes paid by the landowner (see p. 19). Enter here and on line 7..... 49. _____ 00

DIRECT DEPOSIT a. Routing Transit Number ▶ _____ b. Type of Account: ▶ (1) Checking (2) Savings

Deposit your refund directly into your bank account! See p. 11 and complete a, b and c. c. Account Number ▶ _____

Deceased Taxpayers. If Filer and/or Spouse died after 12-31-2009, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2011 (MM-DD-YYYY).

▶ Filer — — ▶ Spouse — —

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

▶ I authorize Treasury to discuss my return with my preparer. Yes No

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 Business Name (print or type)

Preparer's Business Address (print or type)

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