Reset Form

Issued under authority of P.A. 281 of 1967.
Type or print in blue or black ink.

2005 MICHIGAN Homestead Property Tax Credit Claim for Veterans and Blind People MI-1040CR-2

Click on the (i) for instructions.

Print numbers like this: 0123456789 - NOT like this: 0147

Attachment Sequence No. 06

(i) PLACE LABEL HERE

1. Filer's First Name	M.I.	Last Name	2. Filer's Social Security Number (Example: 123-45-6789) (i) — —
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Social Security Number (Example: 123-45-6789) (i) — —
Home Address (No., Street, P.O. Box or Rural Route)			
City or Town	State	ZIP Code	4. School District Code (5 digits - see p. 15) (i)

5. Residency Status in 2005: (i)

a. ☐ Resident

b. ☐ Nonresident

c. ☐ Part-Year Resident*

*If you checked box "c," enter dates of residency in 2005.
Enter dates as MM-DD-YYYY (Example: 04-15-2005)

	YOU	SPOUSE
FROM:	— — 2005	— — 2005
TO:	— — 2005	— — 2005

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

a. ☐ Blind and own your homestead

b. ☐ Veteran with service-connected disability or veteran's surviving spouse.
Enter percent of disability: ____ %

c. ☐ Surviving spouse of veteran deceased in service

* d. ☐ Active military, pensioned veteran or his/her surviving spouse

* e. ☐ Surviving spouse of a nondisabled or nonpensioned veteran of the Korean War, World War II, or World War I

* If you checked "d" or "e" above and your household income (line 29) is more than $7,500, you cannot claim a credit on this form.

	7. Taxable value allowance from Table 1, p.10	7.	00
(i)	8. **Taxable value** of homestead	8.	00
(i)	9. Property taxes levied on your home for 2005 (see pages 4-5)	9.	00
(i)	10. Percent of tax relief. Divide line 7 by line 8	10.	%
	11. Multiply line 9 by line 10. Enter the result (maximum $1,200)	11.	00
	HOUSEHOLD INCOME. Include income from both spouses.		
(i)	12. Wages, salaries, tips, sick, strike and SUB pay, etc.	12.	00
	13. All interest and dividend income (including nontaxable interest)	13.	00
(i)	14. Net rent, business or royalty income (including self-employment)	14.	00
(i)	15. Retirement pension, annuity, and IRA benefits. Name of payer: _____	15.	00
(i)	16. Net farm income	16.	00
(i)	17. Capital gains less capital losses (see p. 7)	17.	00
(i)	18. Alimony and other taxable income (see p. 8). Describe: _____	18.	00
(i)	19. Social Security, SSI and/or railroad retirement benefits	19.	00
(i)	20. Child support (see p. 8)	20.	00
	21. Unemployment compensation	21.	00
(i)	22. Other nontaxable income (see p. 8). Describe: _____	22.	00
(i)	23. Workers' compensation, veterans' disability compensation and pension benefits	23.	00
(i)	24. FIP and other DHS benefits	24.	00
	25. **SUBTOTAL.** Add lines 12-24 ..... **SUBTOTAL**	25.	00
(i)	26. Other adjustments (see p. 8). Describe: _____ 26.		00
(i)	27. Medical insurance or HMO premiums you paid for you and your family 27.		00
	28. Add lines 26 and 27	28.	00
(i)	29. **HOUSEHOLD INCOME.** Subtract line 28 from line 25. If greater than $82,650, STOP; you are not eligible	29.	00
(i)	30. **PROPERTY TAX CREDIT** (maximum $1,200). Enter one of the following:		
	a. FIP/DHS RECIPIENTS, enter amount from the Worksheet on p. 8.		
	b. If line 29 is more than $73,650, see instructions on p. 9 and enter the reduced amount.		
	c. ALL OTHERS, enter the amount from line 11.		
	If you file an MI-1040, carry this amount to your MI-1040, line 33 ..... **CREDIT**	30.	00

+ 0000 2005 29 01 27 0

Continue and sign on page 2.

Filer's Social Security Number
— —

PART 1: HOMEOWNERS. Report on lines 31 and 32 the addresses of the homesteads you are claiming credit on.

31. Address of where you lived on December 31, 2005, if different than reported on line 1.
32. Address of homestead sold during 2005 (No., street and city).

If you bought or sold your home in 2005, complete lines 33-41. If you also rented a homestead during 2005, complete lines 42-53.

		HOMESTEAD A. Moved Into	HOMESTEAD B. Moved From
33. Number of days occupied (total cannot be more than 365)	▶ **33.**		
34. Divide line 33 by 365 and enter percentage here	34.	%	%
35. Property taxes levied in calendar year 2005	35.		
36. Prorated taxes. Multiply line 35 by percentage on line 34	36.		
37. Taxable value allowance (see Table 1, p. 10)	37.		
38. Taxable value	38.		
39. Divide line 37 by line 38	39.	%	%
40. Prorated credit. Multiply line 36 by line 39	40.		
41. Property tax credit (add columns A and B on line 40). Enter here and on line 11. **Part-year renters**, do not carry to line 11; complete lines 42-53	41.		00

PART 2: RENTERS (Veterans Only)

(i)

42. Address of Homestead You Rented (No., Street, Apt. #, City)	Landowner's Name and Address	# Months Rented	Monthly Rent	▶ Total Rent Paid for Each Homestead
A.				
B.				

43. Total rent paid (not more than 12 months). Add total rent for each period	43.		00
44. Multiply line 43 by 20% (.20). Service fee housing residents use 10% (.10) (see p. 5). Full-year renters, enter here and on line 9	44.		00
45. Multiply non-homestead property tax millage by .001 (see page 10, Credit Computation Examples)	45.		
46. **Full-year renters,** divide line 44 by line 45 to get your taxable value. Enter here and on line 8	46.		00
Part-year renters, complete lines 47 through 53.			
47. Divide line 43 by the number of months you rented	47.		00
48. Multiply line 47 by 12 months	48.		00
49. Multiply line 48 by 20% (.20). Service fee housing residents, use 10% (.10) (see p. 5)	49.		00
50. Divide line 49 by line 45. This is your taxable value	50.		00
51. Percent of tax relief. Divide line 7 by line 50	51.		%
52. Multiply line 44 by line 51	52.		00
53. Add lines 41 and 52. Enter here and on line 11	53.		00

DIRECT DEPOSIT
Deposit your refund directly into your bank account! See p. 9 and complete a, b and c.

a. Routing Number ▶ b. Account Type: ▶ (1) ☐ Checking (2) ☐ Savings

c. Account Number ▶

Deceased Taxpayers. If Filer and/or Spouse died after 12-31-2004, enter dates below. ***ENTER DATE OF DEATH ONLY***. *Example: 04-15-2006 (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)

✚ 0000 2005 29 02 27 8

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**