

# 2020 MICHIGAN Homestead Property Tax Credit Claim for Veterans and Blind People MI-1040CR-2

Amended Return

Type or print in blue or black ink.

**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. 2020 FILING STATUS:</b><br>Check one.<br>a. <input type="checkbox"/> Single<br>b. <input type="checkbox"/> Married filing jointly<br>c. <input type="checkbox"/> Married filing separately<br>(Include Form 5049) | <b>6. 2020 RESIDENCY STATUS:</b><br>Check all that apply.<br>a. <input type="checkbox"/> Resident<br>b. <input type="checkbox"/> Nonresident<br>c. <input type="checkbox"/> Part-Year Resident * | *If you checked box "c," enter dates of Michigan residency in 2020.<br>Enter dates as MM-DD-YYYY (Example: 04-15-2020).<br><table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:30%;">FILER</th> <th style="width:30%;">SPOUSE</th> </tr> </thead> <tbody> <tr> <td>FROM:</td> <td style="text-align:center;">____ - ____ 2020</td> <td style="text-align:center;">____ - ____ 2020</td> </tr> <tr> <td>TO:</td> <td style="text-align:center;">____ - ____ 2020</td> <td style="text-align:center;">____ - ____ 2020</td> </tr> </tbody> </table> |  | FILER | SPOUSE | FROM: | ____ - ____ 2020 | ____ - ____ 2020 | TO: | ____ - ____ 2020 | ____ - ____ 2020 |
|---|--|--|--|-------|--------|-------|------------------|------------------|-----|------------------|------------------|
|   | FILER  | SPOUSE   |  |       |        |       |                  |                  |     |                  |                  |
| FROM:   | ____ - ____ 2020   | ____ - ____ 2020   |  |       |        |       |                  |                  |     |                  |                  |
| TO:   | ____ - ____ 2020   | ____ - ____ 2020   |  |       |        |       |                  |                  |     |                  |                  |

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<br>Enter percent of disability: <input style="width:50px;" type="text"/> % | *d. <input type="checkbox"/> Active military, pensioned veteran or his/her surviving spouse  |
|  | *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 2020 (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 \$1,500).....   | 12. | 00 |

**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.**

|  |     |                 |   |     |    |
|--|-----|-----------------|---|-----|----|
| 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 received 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> |   | 27. | 00 |

Filer's Full Social Security Number

|   |   |
|---|---|
| — | — |
|---|---|

|   |     |    |     |    |
|---|-----|----|-----|----|
| 28. Enter subtotal from line 27.....  |     |    | 28. | 00 |
| 29. <b>Other adjustments</b> (see instructions).<br>Describe: _____   | 29. | 00 |     |    |
| 30. Medical insurance/HMO premiums you paid for you and your family<br>(see instructions).....  | 30. | 00 |     |    |
| 31. Add lines 29 and 30.....  | 31. | 00 |     |    |
| 32. <b>TOTAL HOUSEHOLD RESOURCES.</b> Subtract line 31 from line 28.<br><b>If more than \$60,000, STOP; you are not eligible for this credit.</b> .....   | 32. | 00 |     |    |
| 33. <b>PROPERTY TAX CREDIT.</b> (Maximum \$1,500). Enter one of the following:<br>a. FIP/MDHHS RECIPIENTS, enter amount from Worksheet on page 8.<br>b. If line 32 is more than \$51,000, see instructions and enter the reduced amount.<br>c. ALL OTHERS, enter the amount from line 12.<br>If you file an MI-1040, carry this amount to MI-1040, line 25..... | 33. | 00 |     |    |

**PART 1: HOMEOWNERS WHO MOVED IN 2020.** 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, 2020, if different than reported on line 1.         | Taxable Value | 00 |
| 35. Address of homestead sold (moved from) during 2020 (Number, Street, City, State, ZIP Code). | Taxable Value | 00 |

|  |     | 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 2020.....  | 38. | 00            | 00            |
| 39. Prorated taxes. Multiply line 38 by percentage on line 37.....   | 39. | 00            | 00            |
| 40. Taxable value allowance (see Table 2).....   | 40. | 00            | 00            |
| 41. Taxable value.....   | 41. | 00            | 00            |
| 42. Divide line 40 by line 41 and enter percentage here .....  | 42. | %             | %             |
| 43. <b>Prorated credit.</b> Multiply line 39 by line 42.....   | 43. | 00            | 00            |
| 44. <b>Property tax credit.</b> Add line 43 columns A and B. Enter here and on line 12.<br><b>Part-year renters:</b> do not carry to line 12; complete lines 45 through 56 instead. .... | 44. | 00            | 00            |

**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

|     |
|-----|
| — — |
|-----|

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

| 45. | A<br>Address of Homestead You Rented<br>(Number, Street, Apt. #, City, State, ZIP Code)  | B<br>Landowner's Name and Address<br>(City, State and ZIP Code) | C<br># Months Rented | D<br>Monthly Rent<br>(see instructions) | E<br>Total Rent Paid |
|-----|--|---|----------------------|---|----------------------|
|     |  |   |                      | 00                                      | 00                   |
|     |  |   |                      | 00                                      | 00                   |
| 46. | Total rent you paid (not more than 12 months). Add total rent for each period. ....  |   |                      | 46.                                     | 00                   |
| 47. | Multiply line 46 by 23% (0.23). Service fee housing residents use 10% (0.10) (see instructions).<br>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 23% (0.23). 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, 2019, enter dates below.  
**ENTER DATE OF DEATH ONLY.** Example: 04-15-2020 (MM-DD-YYYY)

|       |     |        |     |
|-------|-----|--------|-----|
| Filer | — — | Spouse | — — |
|-------|-----|--------|-----|

**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

|   |      |  |
|---|------|--|
| <b>Taxpayer Certification.</b> 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 PTIN, FEIN or SSN                           |
| Filer's Signature   | Date | Preparer's Name (print or type)                        |
| Spouse's Signature  | Date | Preparer's Signature                                   |
|   |      | Preparer's Business Name, Address and Telephone Number |
| <input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.  |      |  |

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