Reset Form

Michigan Department of Treasury
4976 (Rev. 03-24)

2024 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.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
			___ ___

3. You MUST enter below the name, Social Security number and age of all household members (except for filer and spouse) who are not already listed on MI-1040CR-7, line 17. You MUST also check each box to indicate if the household member is a dependent and U.S. citizen or qualified alien.

A. Household Member's Name	B. Social Security Number	C. Age in Years	D. Enter "X" for all that apply	
			Dependent	U.S. citizen or qualified alien
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