

2012 MICHIGAN Home Heating Credit Claim MI-1040CR-7

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

FINAL DRAFT 9/21/12

Attachment 08

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		3. Spouse's Social Security Number (Example: 123-45-6789)			
Home Address (No., Street or P.O. Box)								
City or Town				State	ZIP Code	4. County Code (p. 19)		

5. 2012 FILING STATUS: Check one.		6. 2012 RESIDENCY STATUS: Check all that apply.		*If you checked box "c," enter dates of Michigan residency in 2012. Enter dates as MM-DD-YYYY (Example: 04-15-2012).			
a. <input type="checkbox"/> Single		a. <input type="checkbox"/> Resident		FILER		SPOUSE	
b. <input type="checkbox"/> Married, filing jointly		b. <input type="checkbox"/> Nonresident		FROM:		FROM:	
c. <input type="checkbox"/> Married, filing separately		c. <input type="checkbox"/> Part-Year Resident*		TO:		TO:	

7. Check the box if your heating costs are currently included in your rent or in someone else's name (see instructions)..... <input type="checkbox"/>				13. Exemptions. Enter the number that applies to you, your spouse, or your dependents and complete line 14 below.			
8. Check the box if you want your name and address referred to other government assistance programs for which you may qualify. <input type="checkbox"/>				Personal Exemption (You and your spouse only) a.			
9. Check the box if you or your spouse now receive Supplemental Security Income (SSI)..... <input type="checkbox"/>				Deaf, Disabled or Blind b.			
				Qualified Disabled Veteran c.			
10. ENTER YOUR AGE if you are age 60 or older...				Number of children living with you:			
<input type="text"/> Filer		<input type="text"/> Spouse		• Ages 2 and under d.			
11. How much were you billed for heat between 11/1/2011 - 10/31/2012? <input type="text"/> 00				• Ages 3-5..... e.			
12. If you lived in one of these CARE facilities (not a senior apartment complex) for all of 2012, check the box and STOP here, see instructions.				• Ages 6-18..... f.			
a. <input type="checkbox"/> Nursing Home		b. <input type="checkbox"/> Adult Foster Care Home		Dependent adults, other than your spouse, who live with you..... g.			
c. <input type="checkbox"/> Licensed Home for the Aged		d. <input type="checkbox"/> Substance Abuse Center		Add lines 13a through 13g..... h.			

14. You MUST enter below the name, relationship, Social Security number, and age of all dependents you claimed in line 13, d - g above.

A. Dependent's Name	B. Dependent's Relationship to You	C. Social Security Number	D. Age in Years

If you have more than six (6) dependents, complete Home Heating Credit Claim MI-1040 CR-7 Supplemental (Form 4976).

15. You must check this box to receive a refund from your heat provider for any overpayment to your heat account, if eligible. See instructions, p. 7.

Filer's Social Security Number

TOTAL HOUSEHOLD RESOURCES. Include income from both spouses.

Table with 4 columns: Line number, Description, Amount, and Total. Rows include 16-34 covering various income sources like wages, interest, retirement, and adjustments, culminating in 'TOTAL HOUSEHOLD RESOURCES' on line 34.

Standard and Alternate Home Heating Credit Computations

Table with 4 columns: Line number, Description, Amount, and Total. Rows include 35-44 covering credit calculations for standard and alternate home heating credits.

Deceased Taxpayers. If Filer and/or Spouse died after 12-31-2011, enter dates below.

ENTER DATE OF DEATH ONLY. Example: 04-15-2012 (MM-DD-YYYY).

Form fields for Filer and Spouse dates of death.

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.

Form fields for Filer's Signature and Date.

Form fields for Spouse's Signature and 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 Business Name (print or type)

Preparer's Business Address (print or type)

File (postmark) your claim by September 30, 2013. Mail your claim to: Michigan Department of Treasury Lansing, MI 48956