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

rint numbers like this : 0/234567	M.I.	Last Name			Attachment 06 2. Filer's Social Security Number (Example: 123-45-6789)			
1. Filet 3 Filst Name	IVI.I.	w.i. Last Name		2. There social security Num	mber (Example: 123-43-0709)			
If a Joint Return, Spouse's First Name	M.I.	Last Name			<u> </u>			
Home Address (No., Street or P.O. Box)					3. Spouse's Social Security	Number (Example: 123-45-6789)		
Tronic Address (No., Street of F.S. Box)								
City or Town				State	ZIP Code	4. County Code (p. 19)		
5. 2012 FILING STATUS :	6. 201 2	RESIDENCY STATUS	S:	*If vou	u checked box "c." enter dates	of Michigan residency in 2012.		
Check one.	Che	Check all that apply. Ente			dates as MM-DD-YYYY (Example: 04-15-2012). FILER SPOUSE			
a. Single	а. Г							
	a. Resident		FRO	ом:		2012		
b. Married, filing jointly	b	Nonresident	T 0			<u> </u>		
c. Married, filing separately	с	Part-Year Resident*	TO:			1		
Check the box if your heating costs rent or in someone else's name (so		Exemptions. Enter the number that applies to you your spouse, or your dependents and complete line 14 below.						
Check the box if you want your na other government assistance pro-	ame and add grams for wl	dress referred to hich you may qualify.			Personal Exemption (You and your spouse only)	a.		
Check the box if you or your sponsor Supplemental Security Income			Deaf, Disabled or Blind b.					
10. ENTER YOUR AGE if you are aલ્	ge 60 or olde		Qualified Disabled Veteran c. Number of children living with you: • Ages 2 and under d.					
11. How much were you billed for heat between 11/1/2011 - 10/31/	2012?		• Ages 3-5 e.					
 If you lived in one of these CARI complex) for all of 2012, check the 	5.	Ages 6-18 f. Dependent adults, other than						
a. Nursing Home		ome	your spouse, who live with you g.					
c. Licensed Home for the A	Aged	d. Substance Abo	use C	enter	Add lines 13a through	13g h		
14. You MUST enter below the name,								
A. Dependent's Name	B. D	ependent's Relationsh	ip to Y	ou	C. Social Security Nun	nber D. Age in Years		
						I		

any overpayment to your heat account, if eligible. See instructions, p. 7.

2012 N	/II-1040CR-7, Page 2		Filer's Social Sec	urity Number			
TOT	AL HOUSEHOLD RESOURCES.	Include inc					
	Wages, salaries, tips, sick, strike			· ·	cial Security and/or		
	and SUB pay, etc	16	00		road retirement benefits	3 23.	00
17.	All interest and dividend income (including nontaxable interest)	17.	00		ld support and foster ent payments	24.	00
18.	Net business income (including net farm income). If negative, enter "0"	18.	00		employment npensation	25.	00
19.	Net royalty or rent income. If negative, enter "0"	19.	00		ts or expenses paid on ir behalf	26.	00
20.	Retirement pension, annuity, and IRA benefits	20.	00		ner nontaxable income. scribe:	27.	00
21.	Capital gains less capital losses	21.	00	28. _{Wor}	rkers'/veterans' disability		00
22.	Alimony and other taxable income. Describe:	22.	00	29. FIP	and other DHS benefit not include food assistance	s	00
30.	Add lines 16 through 29				SUBTOTA		00
31.	Other adjustments. Describe:			3	31.	00	
	•						
	Medical insurance or HMO premiums Add lines 31 and 32				·	00	00
აა.	Add lifles 31 and 32					33.	
34.	Subtract line 33 from line 30		тс	TAL HOU	JSEHOLD RESOURCE	S. 34.	00
Stan	dard and Alternate Home Heatin	g Credit C	omputations				
35.	STANDARD CREDIT. Standard allow		•			00	
36.		-	•		36.	00	
37.	Subtract line 36 from line 35 for stand greater than line 35, enter "0"				37.	00	
38.	If you checked the box on line 7, mul and on line 43. (If approved, the final					38.	00
39.	ALTERNATE CREDIT. Total heating				200		
40.	line 11 or \$2,598 (whichever is less). Multiply line 34 by 11% (0.11) (if nega				39. 10. 	00	
41.			•		11.	00	
42.	Multiply line 41 by 70% (0.70) for alte	rnate credit	amount	4	12.	00	
43.	If you completed line 38 enter that an	nount here.	Otherwise ente	r the large	er of lines 37 or 42 here.	43.	00
44.	HOME HEATING CREDIT. Multiply I	ine 43 by 48	3% (0.48)			. 44.	00
	eased Taxpayers. If Filer and/or Spouse di ER DATE OF DEATH ONLY. Example: 04-15-2	ed after 12-31-2	2011, enter dates be	low. P	reparer Certification. I de turn is based on all information		f perjury that this
Filer	— — Spous		- 	Pr	reparer's PTIN, FEIN or SSN		
Tax	oayer Certification. / declare under penalt	y of perjury tha	t the information in t	his return Pr	reparer's Business Name (prin	nt or type)	
and a	ttachments is true and complete to the best of m	y knowledge.			rongrar's Pusings Address (n	rint or typo)	
Filers	s Signature		Date		reparer's Business Address (p	init or type)	
Spou	se's Signature		Date				
	By checking this box, I authorize Treasury	to discuss m	y return with my p	reparer.			

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