## Reset Form

## 2012 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR

Print numbers like this: 0123456789 - NOT like this: $\varnothing 147$
Attachment 05


## 8. Homestead Status

Check here if the taxable value of your homestead includes unoccupied farmland classified as agricultural by your assessor.
9. Homeowners: Enter the 2012 taxable value of your homestead (see p. 27). If you did not check box 8 above and your taxable value is greater than $\$ 135,000$, STOP; you are not eligible.
Farmers: enter your taxable value including your homestead and unoccupied farmland
10. Property Taxes levied on your home for 2012 (see p. 24) or amount from line 52, 57, or 58.

11. Renters: Enter rent you paid for 2012 from line 54 or 56 $\qquad$ 11. $\square$

12. Multiply line 11 by $20 \%(0.20)$.
13. Total. Add lines 10 and 12 $\qquad$


TOTAL HOUSEHOLD RESOURCES. Include income from both spouses.
NOTE: For line by line instructions see pages 27-28.
14. Wages, salaries, tips, sick, strike and SUB pay, etc.
15. All interest and dividend income (including nontaxable interest)
16. Net business income (including net farm income). If negative enter " 0 "
17. Net royalty or rent income. If negative enter " 0 "
18. Retirement pension, annuity, and IRA benefits.
19. Capital gains less capital losses.
20. Alimony and other taxable income Describe: $\qquad$
21. Social Security and/or railroad retirement benefits
22. Child support and foster parent payments
23. Unemployment compensation
24. Gifts or expenses paid on your behalf
25. Other nontaxable income Describe:
26. Workers'/veterans' disability compensation/pension benefits
27. FIP and other DHS benefits (Do not include food assistance)

28. SUBTOTAL. Add lines 14 through 27 SUBTOTAL
29. Enter subtotal from line 28 , page 1
30. Other adjustments (see p. 28). Describe:
31. Medical insurance/HMO premiums you paid for you and your family (see p. 28)
32. Add lines 30 and 31
33. TOTAL HOUSEHOLD RESOURCES. Subtract line 32 from line 29. If more than $\mathbf{\$ 5 0 , 0 0 0}$, STOP; you are not eligible for this credit. $\qquad$
34. Multiply line 33 by $3.5 \%(0.035)$ or by the percent in Table 2 (see p. 29). If negative, enter " 0 "
35. Subtract line 34 from line 13 and enter the amount here. If line 34 is more than line 13 , enter " 0 " and STOP; you are not eligible for this credit
$\square$
$\qquad$


## PART 1: ALLOWABLE COMPUTATION BASED ON CLAIMANT STATUS

## Complete only section A, B, OR C in Part 1.

## A. SENIOR CLAIMANTS (if you checked box 5a)

36. Amount from line 35 $\qquad$
37. Percentage from Table A below that applies to the amount on line $33 \ldots \quad 37 .$
38. Multiply line 36 by line 37 (maximum $\$ 1,200$ ). Enter amount here and on line 42 $\qquad$
39. 



## B. DISABLED CLAIMANTS (if you checked box 5b)

39. Amount from line 35 (maximum $\$ 1,200$ ). Enter amount here and on line 42 . $\qquad$ 39.


## C. ALL OTHER CLAIMANTS

40. Amount from line 35
41. Multiply amount on line 40 by $60 \%(0.60)$ (maximum $\$ 1,200$ ). Enter amount here and on line 42


## PART 2: PROPERTY TAX CREDIT CALCULATION

42. Enter amount from line 38, 39 or 41, or from Worksheet 3 (see p. 30) for FIP/DHS Recipients.


If your total household resources are less than or equal to $\$ 41,000$, enter amount from line 42 on line 45. All others continue to line 43.
43. Percentage from Table B below that applies to the amount on line 33.... 43 $\square$
44. Multiply amount on line 42 by line 43 . Enter amount here and on line 45.
45. PROPERTY TAX CREDIT. If you completed line 44, enter that amount here. Otherwise, enter the amount from line 42. If you file an MI-1040, carry this amount to your MI-1040, line 25
Note: Seniors who pay rent, complete Worksheet 4 on page 30 of the MI-1040 book and enter amount from worksheet on line 45 (maximum \$1,200).

TABLE A - SENIOR CREDIT REDUCTION

| Total Household Resources | Percentage |
| :---: | :---: |
| \$0-\$21,000 | 100\% (1.00) |
| \$21,001-\$22,000 .... | .. 96\% (0.96) |
| \$22,001-\$23,000 ....... | .. $92 \%$ (0.92) |
| \$23,001-\$24,000 .... | .. 88\% (0.88) |
| \$24,001-\$25,000 ....... | .. 84\% (0.84) |
| \$25,001-\$26,000 ....... | .. $80 \%$ (0.80) |
| \$26,001-\$27,000 ..... | . $76 \%$ (0.76) |
| \$27,001-\$28,000 ....... | . $72 \%$ (0.72) |
| \$28,001-\$29,000 ....... | .. $68 \%$ (0.68) |
| \$29,001-\$30,000 ....... | .. $64 \%$ (0.64) |
| \$30,001 - above .......... | .. $60 \%$ (0.60) |

TABLE B - HOMESTEAD PROPERTY TAX CREDIT PHASE OUT

| Total Household Resources | Percentage Allowed for |
| :---: | :---: |
| \$41,001-\$42,000 ... | .......90\% (0.90) |
| \$42,001-\$43,000 | ......80\% (0.80) |
| \$43,001-\$44,000 .. | .....70\% (0.70) |
| \$44,001-\$45,000 ... | .......60\% (0.60) |
| \$45,001-\$46,000 ... | .........50\% (0.50) |
| \$46,001-\$47,000 ... | .........40\% (0.40) |
| \$47,001-\$48,000 ... | ........30\% (0.30) |
| \$48,001-\$49,000.. | .........20\% (0.20) |
| \$49,001-\$50,000 ...... | .........10\% (0.10) |
| \$50,001 - above...... | .....0\% (0.00) |

PART 3: HOMEOWNERS WHO MOVED IN 2012. Report on lines 46 and 47 the addresses 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.

| 46. Address where you lived on December 31, 2012, if different than reported on line 1. | Taxable Value |  |
| :---: | :---: | :---: |
| 47. Address of homestead sold (moved from) during 2012 (Number, Street, City, ZIP Code). | Taxable Value |  |
| Homeowners who moved during 2012, complete lines 48 through 52. <br> 48. Number of days occupied (total cannot be more than 366). <br> 49. Divide line 48A and 48B each by 366 and enter the percentages for each <br> 50. Property taxes levied for calendar year 2012 $\qquad$ <br> 51. Prorated property taxes. Multiply line 50 by the percentages on line 49 $\qquad$ | HOMESTEAD |  |
|  | A. Moved Into | B. Moved From |
|  |  |  |
|  | \% | \% |
|  |  |  |
|  |  |  |
| 52. Taxes eligible for credit. Add line 51, columns A and B. Enter here and on line 10 | .. 52. | 00 |

## PART 4: RENTERS (Do not include Alternate Housing Facility information, see Part 5.)

| 53. | A <br> Address of Homestead You Rented (Number, Street, Apt. \#, City, ZIP Code) | B <br> Landowner's Name and Address | $\begin{gathered} \text { C } \\ \# \text { Months } \\ \text { Rented } \end{gathered}$ | D <br> Monthly Rent | ```E Total Rent Paid Less Mobile Home Taxes``` |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 54. Total rent you paid (not more than 12 months). Add total rent for each period. Enter here and on line 11....... 54. 5. |  |  |  |  |  |

## PART 5: ALTERNATE HOUSING FACILITIES

55. If you lived in one of these types of facilities for all or part of 2012, check the appropriate box and see instructions.
a. $\square$ Subsidized Housing: complete line 56. Enter result on line 11.
b.
$\square$ Service Fee Housing: complete lines 56 and 57.
56. Enter the total rent you paid in 2012 while a resident of an Alternate Housing Facility. Do not include amounts paid on your behalf by a government agency $\qquad$
57. 

 57.
57. If you checked 55b, multiply line 56 by $10 \%$ ( 0.10 ) (see instructions). Enter here and on line 10
c.Nursing Home ,
a. $\square$ Cooperative Housing
b. $\square$ Home for the Aged
e. $\square$ Paid Room and Board
d. $\square$ Adult Foster Care Home $\square$
Enter your prorated share of taxes from the type of facility checked above here and on line 10 58. 8. 00 59. Name and Address (including ZIP Code) of Housing Facility, Landowner, or Care Facility if you completed Part 5

DIRECT DEPOSIT
Deposit your refund directly to your financial institution! See page 13 and complete $a, b$ and $c$.
Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2011, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2012 (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. Preparer's PTIN, FEIN or SSN

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 |

Preparer's Business Name (print or type)
Preparer's Business Address (print or type)

By checking this box, I authorize Treasury to discuss my return with my preparer.

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
+000020122503279

