

# 2005 MICHIGAN Home Heating Credit Claim MI-1040CR-7

Type or print in blue or black ink.

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

Attachment Sequence No. 08

<b>PLACE LABEL HERE</b>	▶ 1. Filer's First Name	M.I.	Last Name		▶ 2. Filer's Social Security No. (Example: 123-45-6789)	
	If a Joint Return, Spouse's First Name	M.I.	Last Name		— —	
	Home Address (No., Street, P.O. Box or Rural Route)				▶ 3. Spouse's Social Security No. (Example: 123-45-6789)	
	City or Town				State	ZIP Code

- ▶ 5. Are your heating costs currently included in your rent or is your heat service in someone else's name (see instructions)? .....  Yes  No
- ▶ 6. Do you want your name and address referred to other government assistance programs for which you may qualify? .....  Yes  No
- ▶ 7. Do you or your spouse now receive Supplemental Security Income (SSI)? .....  Yes  No
- ▶ 8. ENTER YOUR AGE if you are age 60 or older ..... 

You	Spouse
-----	--------
- ▶ 9. How much were you billed for heat between 11/1/2004 - 10/31/2005? ..... 

	00
--	----
- ▶ 10. If you lived in one of these CARE facilities for all of 2005, check the box (see instructions).
 

a. <input type="checkbox"/> Nursing Home	b. <input type="checkbox"/> Adult Foster Care Home
c. <input type="checkbox"/> Licensed Home for the Aged	d. <input type="checkbox"/> Substance Abuse Center

▶ 11. **Exemptions.** Enter the number that applies to you, your spouse, or your dependents and complete line 12 below.

Personal Exemption.....	▶ a.	
Age 65 or older .....	▶ b.	
Deaf, Disabled or Blind .....	▶ c.	
Unemployment compensation greater than 50% of AGI .....	▶ d.	
Number of children living with you:		
• Ages 2 and under.....	▶ e.	
• Ages 3-5.....	▶ f.	
• Ages 6-18.....	▶ g.	
Dependent adults, other than your spouse, who live with you .....	▶ h.	
Add lines 11a through 11h .....	i.	

12. Enter below the name, Social Security number, relationship and age of the dependents you claimed in line 11, e - h above.

Dependent's Name	Dependent's Relationship to You	Social Security Number	Age in Years
a.			
b.			
c.			
d.			

13. Wages, salaries, tips, sick, strike and SUB pay, etc .....	13.		00
14. All interest and dividend income (including nontaxable interest) .....	14.		00
15. Net rent, business or royalty income (including self-employment) .....	▶ 15.		00
16. Annuity, retirement pension and IRA benefits. Name of Payer: .....	16.		00
17. Net farm income .....	17.		00
18. Capital gains less capital losses .....	18.		00
19. Alimony and other taxable income (see instructions). Describe: .....	19.		00
20. Social Security, Supplemental Security Income (SSI) and/or railroad retirement benefits .....	▶ 20.		00
21. Child support .....	21.		00
22. Unemployment compensation .....	▶ 22.		00
23. Other nontaxable income (see instructions). Describe: .....	23.		00
24. Workers' compensation, veterans' disability compensation and pension benefits .....	24.		00
25. FIP and other DHS benefits .....	▶ 25.		00
26. <b>Subtotal.</b> Add lines 13 - 25. Enter here and carry amount to line 27 .....	26.		00

Filer's Social Security Number
— —

27. Enter amount from line 26 ..... 27. 

	00
--	----

28. Other adjustments (see instructions). Describe: \_\_\_\_\_ 28. 

	00
--	----

29. Medical insurance or HMO premiums you paid for you and your family ..... 29. 

	00
--	----

30. Add lines 28 and 29 ..... 30. 

	00
--	----

31. **HOUSEHOLD INCOME.** Subtract line 30 from line 27. If line 30 is greater than line 27, enter "0" ..... ▶ 31. 

	00
--	----

**Standard and Alternate Home Heating Credit Computations**

32. **STANDARD CREDIT.** Standard allowance from Table A, p.15 ..... 32. 

	00
--	----

33. Multiply household income (line 31) by 3.5% (.035) ..... 33. 

	00
--	----

34. Subtract line 33 from line 32 for standard credit amount. If line 33 is greater than line 32, enter "0" ..... 34. 

	00
--	----

35. If you answered "Yes" to line 5, multiply the amount on line 34 by 50% (.50). Enter here and on line 40. (If approved, the final amount as shown on line 41 is issued as a check.) ..... 35. 

	00
--	----

36. **ALTERNATE CREDIT.** Total heating costs from line 9 or \$2,028 (whichever is less) ..... 36. 

	00
--	----

37. Multiply household income (line 31) by 11% (.11) ..... 37. 

	00
--	----

38. Subtract line 37 from line 36. If line 37 is greater than line 36, enter "0" ..... 38. 

	00
--	----

39. Multiply line 38 by 70% (.70) for alternate credit amount ..... 39. 

	00
--	----

40. If you completed line 35, enter that amount here. Otherwise, enter the larger of lines 34 or 39 here ..... 40. 

	00
--	----

41. **HOME HEATING CREDIT.** Multiply the amount on line 40 by 76% (0.76) ..... ▶ 41. 

	00
--	----

42. RESIDENCY in 2005.

- a.  Resident
- b.  Nonresident
- c.  Part-Year Resident\*

\*If you checked box "c," enter dates of residency in 2005. Enter dates as MM-DD-YYYY (Example: 04-15-2005)

		YOU		SPOUSE	
FROM:		—	— 2005	—	— 2005
TO:		—	— 2005	—	— 2005

**IMPORTANT**

43. ▶  **If you are a DHS recipient, 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. 8**

Before you sign, please review your claim. Make sure your name, Social Security number and current mailing address are on the form and that you have answered all the questions that pertain to you.

<p><b>Deceased Taxpayers.</b> If Filer and/or Spouse died after 12-31-2004, enter dates below. <b>ENTER DATE OF DEATH ONLY.</b> Example: 04-15-2006 (MM-DD-YYYY).</p> <p>▶ Filer <table border="1" style="display: inline-table;"><tr><td style="width: 100px;"></td></tr></table> ▶ Spouse <table border="1" style="display: inline-table;"><tr><td style="width: 100px;"></td></tr></table></p>			<p><b>Preparer Certification.</b> I declare under penalty of perjury that this return is based on all information of which I have any knowledge.</p> <p>▶ Preparer's PTIN, FEIN or SSN</p> <table border="1" style="width: 100%; height: 20px;"></table> <p>▶ Preparer's Business Name (print or type)</p> <p>Preparer's Business Address (print or type)</p>		
<p><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.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Filer's Signature</td> <td style="width: 50%;">Date</td> </tr> <tr> <td>Spouse's Signature</td> <td>Date</td> </tr> </table> <p>▶ I authorize Treasury to discuss my return with my preparer. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Filer's Signature	Date	Spouse's Signature	Date	
Filer's Signature	Date				
Spouse's Signature	Date				

**File (postmark) your claim by September 30, 2006. Mail your claim to: Michigan Department of Treasury  
Lansing, MI 48956**