2001 MICHIGAN Homestead Property Tax Credit Claim

2001 MI-1040CR

Issued under P.A. 281 of 1967. Filing is voluntary.

Attachment Sequence No. 05

,,,	▶ 1. Filer's First Name, Middle Initial and Last Name	Social S	Social Security Number		
HERE				. N	
E H	If a Joint Return, Spouse's First Name, Middle Initial and Last Name 3. Spouse	e's Soc	s's Social Security Number		
LABEL	Home Address (No., Street, P.O. Box or Rural Route) Office	Use			
PLACE	City or Town State ZIP Code • 4. School	l Distric	t Code (s	ee p. 45)	
ᆸ		i		1 1	
▶ 5	Residency Status in 2001 c. Part-Year Resident. Complete Dates: 6 Check the box(es) for	which	you qu	alify	
	Resident YOU a. Age 65 or older			legic, Quadriplegi niplegic	
a. b.	Marth Day Year h Unremarried spouse of	d.	Totally Disab	y and Permanentl led (see p. 21)	y
D.	SPOUSE SPOUSE Older at the time of deat	n e.	Blind/		
7.	Homeowners: Enter the 2001 taxable value of your homestead	> 7	7.	.(00
	Property taxes levied on your home in 2001 (see page 19) or amount from line 42, 47 or 49				00
	Renters: Enter rent paid in 2001 from line 44	<u> </u>			
10.	Multiply line 9 by 20% (.20)	. 10)	.0	00
	Total. Add lines 8 and 10				<u> </u>
HOL	JSEHOLD INCOME. Include income from both spouses. If your				_
	sehold income is more than \$82,650, you are not eligible for a credit.				
	Wages, salaries, tips, sick, strike and SUB pay, etc.			_	<u>00</u>
	All interest and dividend income (including nontaxable interest)				<u>00</u>
	Net rent, business or royalty income			_	<u>00</u>
	Retirement pension and annuity benefits. Name of payer:				<u>00</u>
					<u>00</u>
	Capital gains less capital losses (see page 22)				<u>00</u>
	Alimony and other taxable income (see page 22). Describe:				<u>00</u>
	Social Security, SSI or railroad retirement benefits				<u>00</u>
	Child support (see page 22)				<u>00</u>
	Unemployment compensation and TRA benefits				<u>00</u>
	Other nontaxable income (see page 22). Describe:				<u>00</u>
	Workers' compensation, veterans' disability compensation and pension benefits				<u>00</u>
	SUBTOTAL. Add lines 12-24SUBTOTA				<u>00</u> 00
	Other adjustments (see page 22). Describe: 26		,		<u> </u>
	Medical insurance or HMO premiums you paid for you and your family	_			
	Add lines 26 and 27	- . 28	B).	00
	HOUSEHOLD INCOME. Subtract line 28 from line 25				00
	Multiply line 29 by 3.5% (.035) or by the percent in Table 3 (see page 23)				00
31.	Subtract the amount on line 30 from line 11. If line 30 is more than line 11, enter "0"				<u>00</u>
	iors (65 and older) and anyone else who checked a box on line 6, complete lines 33 or 34.				
	FIA recipients, complete line 33. All others must complete line 32.			_	
	Multiply line 31 by 60% (.60) (maximum \$1,200). Go to line 35	. 32	<u>.</u>	.0	00
33.	FIP/FIA recipients, complete lines 50-53 and enter amount from line 53 here. Seniors who pay				١٨
24	rent , complete lines 54-58 and enter amount from line 58 here (maximum \$1,200). Go to line 35	. 33	3	.0	00
34.	enter the amount from line 31 (maximum \$1,200). Go to line 35	31	l	.0	00
35	CREDIT. If your household income (line 29) is less than \$73,650, enter the amount that applies to you	54			_
00.	from line 32, 33 or 34 here. If it is more than \$73,650, you must reduce your credit (see instructions on				
	page 23). If you file an MI-1040, carry this amount to your MI-1040, line 30	. > 35	i	.0	0
	<u></u>			□ α	
		unt Typ	e: • (1)	Checking Savings	
	Deposit directly into your bank account! See pg. 15 c. Account number		ΤÌ		
	and complete a, b and c.	L			

PART 1 HOMEOWNERS. Report on lines 36 and 37 the addresses of the homesteads you are claiming credit on.

36. Ad	Idress of where you lived on December 31, 2001, if di	fferent than repor	rted on line 1		Ta	axable Value	
37. Ad	dress of homestead sold during 2001 (No., street and	d city)			Ti	axable Value	
If you	bought or sold your home in 2001, compl	ete lines 38-4	2. HOMES	TEAD:	A.	Bought	B. Sold
38. N	Number of days occupied. (Total cannot b	e more than	365.)	38			
39. E	Divide line 38 by 365 and enter percentage	e here		39		%	%
40. F	Property taxes levied in calendar year 200	1		40			
41. F	Prorated taxes. Multiply line 40 by percent	age on line 3	9	41			
42. T	axes eligible for credit. Add line 41, colur	nns A and B.	Enter here and on li			42.	.00
PAR1	Γ2 RENTERS						
43.	Address of Homestead You Rented (No., Street, Apt. #, City)	Lando	wner's Name and Address		No. of Month Rented		Total Rent Paid
Α.	(No., Street, Apr. #, Oity)	Lando	wher's Name and Address		Renieu	Rent	A.
7							,
B.							B.
44. T	otal rent paid (not more than 12 months).	Add total rer	nt for each period. En	ter here an	d on line 9	44.	.00
	T 3 OCCUPANTS OF HOUSING ON the and Address of Housing Project or Landowner	N WHICH S	ERVICE FEES AR	E PAID IN	STEAD (OF TAXES	
45. Na	and Address of Housing Project of Landowner						
46 F	Enter the total rent you paid in 2001. Do no	t include amou	nts naid on your hehalf	hy a govern	ment agenc	v 46	.00.
	Multiply line 46 by 10% (.10). Enter here a				-		.00
	T 4 OCCUPANTS OF NURSING OF	R ADULT FO	OSTER CARE HOI	MES OR I	HOMES F	OR THE AG	ED
48. Na	ame and Address of Care Facility						
49. Y	our share of taxes paid by the landowner	(see page 20)). Enter here and or	line 8		49	.00
						10.	
	F 5 CREDIT PRORATION. Complete Subtract line 24 from line 29 and enter her	•				50	.00.
	Divide line 50 by line 29 and enter percent						0/
	f you checked a box for 65 or older or che					31.	<u>%</u>
Δ. 11	All others, multiply amount on line 31 by 60	0% (.60) and	enter here (maximum	1 \$1,200)		52.	.00
	Multiply line 52 by percentage on line 51.						
е	enter here and on line 54 and complete lin	es 55-58. Ot	herwise, enter here a	ind on line	33	53.	.00.
PAR1	6 ALTERNATE PROPERTY TAX	CREDIT FO	R RENTERS AGE	65 AND	OLDER		
54. E	Enter amount from line 31 or from line 53.					54.	.00
55. E	Enter rent paid from line 44 or line 46. (If y	/ou moved dι	uring 2001, see instru	ctions, pag	e 20.)	55.	.00
56. N	Multiply the amount on line 29 by 40% (.40) and enter h	ere			56.	.00
57. S	Subtract line 56 from line 55. If line 56 is r	nore than line	e 55, enter "0"			57.	.00
58. E	Enter the larger of line 54 or line 57 and ca	arry this amou	ınt to line 35			58.	.00
	Deceased If filer is deceased, enter			If eno			
	Taxpayers date of death.			enter	use is deceas date of death	. • <u> </u>	
I decla	I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge. I declare under penalty of perjury the complete to the best of my knowledge.						return is based on all e.
	orize Treasury to discuss my return with my preparer.	Yes	☐ No	Preparer's N	lame, Addres	s, PTIN and/or FE	IN
Filer's	Signature		Date				
Spouse	e's Signature		Date	-			
1				Ī			