Issued under P.A. 281 of 1967. Filing is voluntary.
Attachment Sequence No. 05

7. Homeowners: Enter the 2001 taxable value of your homestead ........................................................... . 7. . 00
8. Property taxes levied on your home in 2001 (see page 19) or amount from line 42,47 or 49 ................... . 8. ._ 00
9. Renters: Enter rent paid in 2001 from line 44 ............................................... 9. . 00
10. Multiply line 9 by $20 \%$ (.20)

| 10. |
| :--- | :--- |
| 11. |

11. Total. Add lines 8 and 10 ..............................................................
HOUSEHOLD INCOME. Include income from both spouses. If your household income is more than $\$ 82,650$, you are not eligible for a credit.
12. Wages, salaries, tips, sick, strike and SUB pay, etc. ............................................................................... 12. 12. 00
13. All interest and dividend income (including nontaxable interest) ............................................................... 13. 0 . 00
14. Net rent, business or royalty income ..................................................................................................... 14. 14
15. Retirement pension and annuity benefits. Name of payer: __ 15 . _ . 00
16. Net farm income ........................................................................................................................................... 16
17. Capital gains less capital losses (see page 22) ..................................................................................... 17. 17. 00
18. Alimony and other taxable income (see page 22). Describe: ___ 18. 00
19. Social Security, SSI or railroad retirement benefits .................................................................................. 1 19. 00
20. Child support (see page 22) .................................................................................................................. 20. 20. 00
21. Unemployment compensation and TRA benefits ................................................................................... 21. 2_ 00
22. Other nontaxable income (see page 22). Describe: ___ 22. 00
23. Workers' compensation, veterans' disability compensation and pension benefits .................................... 23. 23. 00
24. FIP and other FIA benefits ..........................................................................................................................24. . 00
25. SUBTOTAL. Add lines 12-24 .............................................................................................SUBTOTAL 25. 00 . 00
26. Other adjustments (see page 22). Describe: ___ 26. 00
27. Medical insurance or HMO premiums you paid for you and your family.......... 27. . 00
28. Add lines 26 and 27
29. $\quad .00$
30. HOUSEHOLD INCOME. Subtract line 28 from line 25 .............................................................................. • 29. . 00
31. Multiply line 29 by $3.5 \%$ (.035) or by the percent in Table 3 (see page 23) ............................................... 30. 30 . 00
32. Subtract the amount on line 30 from line 11. If line 30 is more than line 11, enter " 0 " .............................. 31. 3

Seniors ( 65 and older) and anyone else who checked a box on line 6, complete lines 33 or 34.
FIP/FIA recipients, complete line 33. All others must complete line 32.
32. Multiply line 31 by $60 \%$ (.60) (maximum $\$ 1,200$ ). Go to line 35 ................................................................ 32 $\qquad$
33. FIP/FIA recipients, complete lines 50-53 and enter amount from line 53 here. Seniors who pay
rent, complete lines $54-58$ and enter amount from line 58 here (maximum $\$ 1,200$ ). Go to line 35
33.
34.
34. Senior homeowners or anyone who checked a box on line 6 (if you completed line 33, skip this line), enter the amount from line 31 (maximum $\$ 1,200$ ). Go to line 35
35. CREDIT. If your household income (line 29) is less than $\$ 73,650$, enter the amount that applies to you 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. 

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

| 36. Address of where you lived on December 31, 2001, if different than reported on line 1 |  | Taxable Value |  |
| :---: | :---: | :---: | :---: |
| 37. Address of homestead sold during 2001 (No., street and city) |  | Taxable Value |  |
| If you bought or sold your home in 2001, complete lines 38-42. HOMESTEAD: |  | A. Bought | B. Sold |
| 38. Number of days occupied. (Total cannot be more than 365.)............................. 3 |  |  |  |
| 39. Divide line 38 by 365 and enter percentage here ................................................. 39 | 39. | \% | \% |
| 40. Property taxes levied in calendar year 2001 .................................................... 40 | 40. |  |  |
| 41. Prorated taxes. Multiply line 40 by percentage on line 39 ............................... 41 |  |  |  |
| 42. Taxes eligible for credit. Add line 41, columns A and B. Enter here and on line 8 |  | 42. | . 00 |

## PART 2 RENTERS

| 43.Address of Homestead You Rented <br> (No., Street, Apt. \#, City) | Landowner's Name and Address | No. of Months <br> Rented | Monthly <br> Rent | Total <br> Rent Paid |
| :--- | :--- | :--- | :--- | :--- |
| A. |  |  | A. |  |
| B. |  |  | B. |  |

44. Total rent paid (not more than 12 months). Add total rent for each period. Enter here and on line 9
45. 

.00

## PART 3 OCCUPANTS OF HOUSING ON WHICH SERVICE FEES ARE PAID INSTEAD OF TAXES

45. Name and Address of Housing Project or Landowner
46. Enter the total rent you paid in 2001. Do not include amounts paid on your behalf by a government agency. 46. ..... 00
47. Multiply line 46 by $10 \%$ (.10). Enter here and on line 8 47. ..... 00
PART 4 OCCUPANTS OF NURSING OR ADULT FOSTER CARE HOMES OR HOMES FOR THE AGED
48. Name and Address of Care Facility
49. Your share of taxes paid by the landowner (see page 20). Enter here and on line 849.00
PART 5 CREDIT PRORATION. Complete if you received FIP/FIA benefits.
50. Subtract line 24 from line 29 and enter here ..... 50. ..... 00
51. Divide line 50 by line 29 and enter percentage here 51. ..... \%
52. If you checked a box for 65 or older or checked any box on line 6 , enter the amount from line 31. All others, multiply amount on line 31 by $60 \%$ (.60) and enter here (maximum $\$ 1,200$ ) 52. ..... 00
53. Multiply line 52 by percentage on line 51. If you are age 65 or older and you rent your home, enter here and on line 54 and complete lines 55-58. Otherwise, enter here and on line 33 53. ..... 00
PART 6 ALTERNATE PROPERTY TAX CREDIT FOR RENTERS AGE 65 AND OLDER
54. Enter amount from line 31 or from line 5354.00
55. Enter rent paid from line 44 or line 46. (If you moved during 2001, see instructions, page 20.) ..... 55. ..... 00
56. Multiply the amount on line 29 by $40 \%$ (.40) and enter here ..... 56. ..... 00
57. Subtract line 56 from line 55. If line 56 is more than line 55 , enter " 0 " 57. ..... 00
58. Enter the larger of line 54 or line 57 and carry this amount to line 35 58. ..... 00

| Deceased | If filer is deceased, enter |
| :--- | :--- | :--- | :--- |
| date of death. |  |


| I declare under penalty of perjury that the information in this return and attachments is true and <br> complete to the best of my knowledge. <br> I authorize Treasury to discuss my return with my preparer.$\quad \square$ Yes | $\square$ No | I declare under penalty of perjury that this return is based on all <br> information of which I have any knowledge. |
| :--- | :--- | :--- |
|  |  |  |
| Filer's Signature | Pate |  |
| Preparer's Name, Address, PTIN and/or FEIN |  |  |

