2023 MICHIGAN Home Heating Credit Claim MI-1040CR-7

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D-YYYY (Example R 2023 2023 2023 2023 2023 2023 2023 20	spouse: 04-15-2023). SPOUSE — 2023 — 2023 — 2023 Dumber that applies to you, endents and complete line 17 you are age 66 or older. a			
2023 2023 s. Enter the n s, or your depenstructions if your dependence only) xemption ouse only)	— 2023 — 2023 — 2023 number that applies to you, endents and complete line 17 you are age 66 or older. a.			
s. Enter the n c, or your depenstructions if y exemption ouse only)	umber that applies to you, endents and complete line 17 you are age 66 or older.			
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ouse only)				
ouse only)				
oled or Blind.	b.			
	Deaf, Disabled or Blind b.			
Qualified Disabled Veteran c.				
Number of children living with you:				
Ages 2 and under d.				
• Ages 3-5 e				
• Ages 6-18 f.				
Dependent adults, other than				
e, who live w	ith you g.			
6a through 1	6gh			
	and spouse from line 1). ied alien.			
D. Enter "	'X" for all that apply			
Dependent	U.S. citizen or qualified alien			
i	6a through 1 except for filer itizen or qualif			

18. You must check this box to receive a refund from your heat provider for any overpayment to your heat account, if eligible (see instructions).

2023 N	/II-1040CR-7, Page 2 of 2		Г					
		Filer's Full Social Sec	urity Number			_		
	AL HOUSEHOLD RESOURCES. If filing arately, you must include Form 5049 ava				ouses. If m	arried filing		
-	Wages, salaries, tips, sick, strike and SUB pay, etc	00	26. Social	Security, SSI, and/ ad retirement benefi		00		
20.	All interest and dividend income (including nontaxable interest) 20.	00		support and foster t payments	27.	00		
21.	Net business income (including net farm income). If negative, enter "0" 21.	00	28. Unem			00		
22.		00	29. Gifts r	eceived or expense	es	00		
23.	Retirement pension, annuity, and IRA benefits	00	30. Other	nontaxable income).	00		
24.	Capital gains less capital losses (see instructions)	00		rs'/veterans' disability nsation/pension bene		00		
25.	Alimony and other taxable income. Describe: 25.	00		nd other MDHHS ben t include food assistar		00		
33.	Add lines 19 through 32		' 	SUBTO	TAL 33.	00		
34.	Other adjustments.							
	Describe:		34.		00			
35.	• • •							
36.	Add lines 34 and 35			•••••	36.	00		
37.	Subtract line 36 from line 33	ТОТА	L HOUSEH	OLD RESOURCE	ES. 37.	00		
Stan	dard and Alternate Home Heating Cred	it Computations						
	STANDARD CREDIT. Standard allowance fr	-			00			
39.	Multiply line 37 by 3.5% (0.035) (if negative, e	enter "0")	39.		00			
40.	Subtract line 39 from line 38 for standard cred greater than line 38, enter "0"				00			
41.	If you checked the box on line 10, multiply the amount on line 40 by 50% (0.50). Enter here and on line 46. (If approved, the final amount as shown on line 47 is issued as a check.)							
42.	ALTERNATE CREDIT. Total heating costs from line 14 or \$3,500 (whichever is less)		42.		00			
43.	Multiply line 37 by 11% (0.11) (if negative, ent	er "0")	43.		00			
44.	Subtract line 43 from line 42. If line 43 is great	iter than line 42, en	ter "0". 44.		00			
45.	Multiply line 44 by 70% (0.70) for alternate cre				<u> 00</u>			
46.	If you completed line 41 enter that amount he	ere. Otherwise ente	r the larger o	f lines 40 or 45 here	e 46	00		
47	HOME HEATING OPERIT. Marking to live a 40 kg	. 500/ (0.50)			47			
47.	HOME HEATING CREDIT. Multiply line 46 by eased Taxpayer. If Filer and/or Spouse died after Dece			parer Certification. / c		00		
	ER DATE OF DEATH ONLY. Example: 04-15-2023 (MM-			n is based on all informati				
Filer	— Spouse		Prepa	arer's PTIN, FEIN or SSI	N			
	payer Certification. I declare under penalty of perjury		his return Prepa	arer's Name (print or type	;)			
	s Signature	Date	Prepa	arer's Signature				
Spou	se's Signature	Date	Prepa	arer's Business Name, Ad	ddress and Telepho	one Number		
	By checking this box, I authorize Treasury to discus	s my return with my p	reparer.					

Mail your claim to: Michigan Department of Treasury Lansing, MI 48956