Reset Form

Click on the (i) for instructions.

2006 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR

Issued under authority of P.A. 281 of 1967. Type or print in blue or black ink.

Print numbers like this: 0123456789 - NOT like this: Ø147

Attachment Sequence No. 05

(i) PLACE LABEL HERE

1. Filer's First Name	M.I.	Last Name	2. Filer's Social Security Number (Example: 123-45-6789) — —
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Social Security Number (Example: 123-45-6789) — —
Home Address (No., Street, P.O. Box or Rural Route)			
City or Town	State	ZIP Code	4. School District Code (5 digits - see p. 45) (i)

5. Check the box(es) for which you qualify:

(i) a. ☐ Age 65 or older; or an unremarried spouse of a person who was 65 or older at the time of death

b. ☐ Deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled

(i)	6. **Homeowners:** Enter the 2006 **taxable value** of your homestead (see p. 20)	6.	00
(i)	7. Property Taxes levied on your home in 2006 (see p. 18) or amount from line 42, 47 and 49	7.	00
	8. **Renters**: Enter rent you paid in 2006 from line 44 — 8. 00		
	9. Multiply line 8 by 20% (.20)	9.	00
	10. **Total.** Add lines 7 and 9	10.	00

HOUSEHOLD INCOME. Include income from both spouses.

(i)	11. Wages, salaries, tips, sick, strike and SUB pay, etc.	11.	00
	12. All interest and dividend income (including nontaxable interest)	12.	00
(i)	13. Net business, royalty or rent income (including self-employment)	13.	00
(i)	14. Retirement pension, annuity, and IRA benefits. Name of payer: _____	14.	00
(i)	15. Net farm income	15.	00
(i)	16. Capital gains less capital losses (see p. 21)	16.	00
(i)	17. Alimony and other taxable income (see p. 21). Describe: _____	17.	00
(i)	18. Social Security, SSI and/or railroad retirement benefits	18.	00
(i)	19. Child support (see p. 21)	19.	00
	20. Unemployment compensation	20.	00
(i)	21. Other nontaxable income (see p. 21). Describe: _____	21.	00
(i)	22. Workers' compensation, veterans' disability compensation and pension benefits	22.	00
(i)	23. FIP and other DHS benefits	23.	00
	24. **SUBTOTAL**. Add lines 11-23 — **SUBTOTAL**	24.	00
(i)	25. Other adjustments (see p. 21). Describe: _____ — 25. 00		
(i)	26. Medical insurance or HMO premiums you paid for you and your family — 26. 00		
	27. Add lines 25 and 26	27.	00
	28. **HOUSEHOLD INCOME.** Subtract line 27 from line 24. If more than $82,650, STOP; you are not eligible	28.	00
(i)	29. Multiply line 28 by 3.5% (.035) or by the percent in Table 3 (see p. 22) (if negative, enter 0)	29.	00
	30. Subtract line 29 from line 10. If line 29 is more than line 10, enter "0" and STOP; you are not eligible	30.	00

If you checked a box on line 5, complete line 32 or 33. FIP/DHS recipients, complete line 32. All others must complete line 31.

	31. Multiply line 30 by 60% (.60) (maximum $1,200). Go to line 34	31.	00
	32. **FIP/DHS recipients**, enter amount from Worksheet 5 on p. 22. **Seniors who pay rent**, complete Worksheet 6 on p. 22 and enter amount from worksheet here (maximum $1,200). Go to line 34	32.	00
	33. If you checked a box on line 5 (if you completed line 32, skip this line), enter the amount from line 30 (maximum $1,200). Go to line 34	33.	00
(i)	34. **CREDIT.** If your household income (line 28) is less than $73,650, enter the amount that applies to you from line 31, 32 or 33 here. If household income is more than $73,650, you must reduce your credit (see instructions on p. 22). If you file an MI-1040, carry this amount to your MI-1040, line 34	34.	00

✚ 0000 2006 25 01 27 6

Continue and sign on page 2.

Filer's Social Security Number — —

(i) ▶ **35.** Residency Status in 2006:

a. ☐ Resident

b. ☐ Nonresident

c. ☐ Part-Year Resident*

*Complete Dates of Residency in 2006
Enter dates as MM-DD-YYYY (Example: 04-15-2006)

	YOU	SPOUSE
FROM	– – 2006	– – 2006
TO	– – 2006	– – 2006

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, 2006, if different than reported on line 1.	Taxable Value
37. Address of homestead sold during 2006 (No., street and city).	Taxable Value

If you bought or sold your home in 2006, complete lines 38-42.

HOMESTEAD:		A. Bought	B. Sold
38. Number of days occupied (total cannot be more than 365)	▶ **38.**		
39. Divide line 38 by 365 and enter percentage here	39.	%	%
40. Property taxes levied in calendar year 2006	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 7	42.		00

PART 2: RENTERS

(i) **43.**

A Address of Homestead You Rented (No., Street, Apt. #, City, ZIP Code)	B Landowner's Name and Address	C # Months Rented	D Monthly Rent	E ▶ Total Rent Paid

44. Total rent you paid (not more than 12 mos). Add total rent for each period. Enter here and on line 8 ..... 44. 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 2006. 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 7 ..... 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 p. 19). Enter here and on line 7 ..... 49. 00

DIRECT DEPOSIT (i)
Deposit your refund directly into your bank account! See p. 13 and complete a, b and c.

a. Routing Number ▶

b. Account Type: ▶ (1) ☐ Checking (2) ☐ Savings

c. Account Number ▶

Deceased Taxpayers. If Filer and/or Spouse died after 12-31-2005, enter dates below.
ENTER DATE OF DEATH ONLY. *Example: 04-15-2007 (MM-DD-YYYY).*

(i) ▶ Filer – – ▶ Spouse – –

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

▶ I authorize Treasury to discuss my return with my preparer. ☐ Yes ☐ No

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

▶ Preparer's Business Name (print or type)

Preparer's Business Address (print or type)

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**

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