2024 MICHIGAN Home Heating Credit Claim MI-1040CR-7

File (postmark) your claim by Septe 1. Filer's First Name		M.I.	2025. Type or print in blue or black in Last Name				k. 2. Filer's Full Social Security No. (Example: 123-45-6789)			
1. FI	iei s Fiist Naille	IVI.I.	Lastivallie			2. 5	iei s Fuii Sociai Securii	y No. (Example. 1.	23-43-0769)	
If a Joint Return, Spouse's First Name		M.I.	Last Name							
Hom	ne Address (Number, Street, or P.O. Box)					3. S	3. Spouse's Full Social Security No. (Example: 123-45-6789)			
11011	ic Address (Number, Guest, of 1.0. Box)									
City	or Town		State ZIP Code			4. C	4. County Code (see instructions)			
5. C	itizenship Status					6. H	6. Heat Provider Name Code (see instructions)			
а. [Filer is a U.S. citizen or qualified alien		b. Spouse is a U.S. citizen or qualified alien			7. F	7. Heat Type Code (see instructions)			
	·		·							
ο.	2024 FILING STATUS: Check one.					ou checked box "c," enter dates of Michigan residency in 2024. er dates as MM-DD-YYYY (Example: 04-15-2024).				
			-				FILER		DUSE	
a.	Single	a	Resident		FROM:	_	- 2024	. —	2024	
b.	Married filing jointly	b	Nonreside				- 2024		 2024	
C.	Married filing separately (Include Form 5049)	с.] Part-Year	Resident*	TO:	<u> </u>		<u> </u>		
	Observation in the second seco					16. Exe	mptions. Enter the	number that ar	oplies to you.	
10.	Check the box if your heating costs rent (see instructions)					your	spouse, or your de w. See instructions	pendents and c	omplete line 1	
11.	Check the box if you want to be referred to other government assistance programs for which you may qualify						Personal Exemption			
							nd your spouse only)		a	
12.	Check the box if you or your spouse now receive					Dea	f, Disabled or Blin	d	b	
	Supplemental Security Income (SSI)						Qualified Disabled Veteran c.			
		Filer Spouse					Number of children living with you:			
13.	ENTER YOUR AGE if you are ag	e 60 or olde	er			• A	ges 2 and under		d	
14.	Amount you were billed for heat between 11/1/2023 and 10/3	81/2024	acilities (not a senior apartment			• A	• Ages 3-5 e.			
15.	If you lived in one of these CARE	facilities (n				• A	• Ages 6-18 f.			
	complex) for all of 2024, check the a. Nursing Home			ere, see instructions. Adult Foster Care Home		Dep	Dependent adults, other than your spouse, who live with you g.			
	a Nursing nome		D Add	iit i ostei o	ai C 1 1011	ie your	spouse, who live	with you	9	
	c. Licensed Home for the A	· ·		stance Abu			lines 16a through	· ·	h	
17.	You MUST enter below the name, You MUST also check each box to								rom line 1).	
							D. Enter "X" for all that apply			
	A. Household Member's Name	B. S	B. Social Security Number		C. Ag	je in Years	Dependent	U.S. citizen	or qualified alien	
		1			l		I			

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).

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		Filer's Full Social Secu	urity Number				
	AL HOUSEHOLD RESOURCES. If filing trately, you must include Form 5049 ava			rom both spouses	s. If married filing		
-	Wages, salaries, tips, sick, strike and SUB pay, etc	00	26. Social Secu	rity, SSI, and/or rement benefits 2	26.		
20.	All interest and dividend income (including nontaxable interest) 20.	00	27. Child suppo parent paym		27. 00		
21.	Net business income (including net farm income). If negative, enter "0" 21.	00	28. Unemploym	ent	28.		
22.		00	29. Gifts receive	ed or expenses	29. 00		
23.	Retirement pension, annuity, and IRA benefits	00	30. Other nonta	xable income.	30.		
24.	Capital gains less capital losses (see instructions)	00	31. Workers'/vete		31.		
25.	Alimony and other taxable income. Describe: 25.	00		er MDHHS benefits de food assistance) 3	32.		
33.	Add lines 19 through 32		······ <u>····</u>	SUBTOTAL 3	33. 00		
34.	Other adjustments. Describe:		34	00			
35.	Medical insurance or HMO premiums paid		35.	00			
	Add lines 34 and 35				36. 00		
37.	Subtract line 36 from line 33	ТОТА	L HOUSEHOLD	RESOURCES. 3	37. 00		
Stan	dard and Alternate Home Heating Cred	it Computations	·				
38.	STANDARD CREDIT. Standard allowance from	om Table A (see ins	str.) 38	00			
39.	Multiply line 37 by 3.5% (0.035) (if negative, e	nter "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 and on line 46. (If approved, the final amount				11. 00		
42.	ALTERNATE CREDIT. Total heating costs fro line 14 or \$3,606 (whichever is less)		42.	00			
	Multiply line 37 by 11% (0.11) (if negative, enter		00				
44.	Subtract line 43 from line 42. If line 43 is great		00				
45.	Multiply line 44 by 70% (0.70) for alternate cre				10		
46.	If you completed line 41 enter that amount he	re. Otherwise enter	r the larger of lines	40 or 45 here 4	16. 00		
47.	HOME HEATING CREDIT. Multiply line 46 by	y 52% (0.52)		4	17.		
	eased Taxpayer. If Filer and/or Spouse died after Dece ER DATE OF DEATH ONLY. Example: 04-15-2024 (MM-		return is base	ed on all information of whi	nder penalty of perjury that this ich I have any knowledge.		
Filer	— Spouse		Preparer's P	PTIN, FEIN or SSN			
	Dayer Certification. I declare under penalty of perjury ttachments is true and complete to the best of my knowledg		Preparer's Na	ame (print or type)			
Filer's	s Signature	Date	Preparer's Si	gnature			
Spou	se's Signature	Date	Preparer's Bu	Preparer's Business Name, Address and Telephone Number			
1 1	By checking this box, I authorize Treasury to discus	s my return with my p	reparer.I				

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