				_
A			Return	
Δr	nan	חםח	RATHIRD	

2021 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. 1. Filer's First Name M.I. Last Name						2. Filer's Full Social Secu	ırity No. (Exar	mple: 123-45-6789)
If a Joint Return, Spouse's First Name		Last Name						
ii a Joint Return, Spouse's First Name	M.I.	Last Name			-	3. Spouse's Full Social S	ecurity No. (F	
Home Address (Number, Street, P.O. Bo	ox). If using a	P.O. Box, you mus	t complete line	15.				
NA T			104-4-	7ID 0 - d		4. Cabaal Biatriat Cada ((0)
City or Town			State	ZIP Cod	e	4. School District Code (o aigits - see p	page 60)
5. Check the box(es) for which y	-			epende	nts). If you	qualify for both, see	instructions	÷.
a. Age 65 or older; or an who was 65 or older a			person	b.		lind, hemiplegic, pa and permanently dis		uadriplegic, or
6. 2021 FILING STATUS:		RESIDENCY S	TATUS:			ked box "c," enter dates		esidency in 2021.
Check one.	· ——	k all that apply.				as MM-DD-YYYY (Exam	ple: 04-15-20	021).
a. Single	a F	Resident				FILER	SF	POUSE
b. Married filing jointly	b. \[\]	Nonresident		FROM	:	2021		 2021
c. Married filing separately		Part-Year Resider	nt *	то	:	2021		2021
(Include Form 5049)	C. L	rant-real Resider	IL			L		
8. Homestead Status								
Check here if the taxable v	alue of you	ır homestead incl	udes unoccup	ied farm	lland classifie	d as agricultural by yo	our local ass	essor.
0 Homeowners: Enter the 3	2021 tov ol	ble value of you	ır homootoo	l (222 i	actructions)	If you did not		
Homeowners: Enter the 2 check box 8 above and y								
Farmers: enter the taxable							9	00
10. Dramantu tavaa laviad an v		f-= 2024 /	:			- 54 50 and/an 57	10	0.0
10. Property taxes levied on y	our nome	e for 2021 (see	instructions)	or amo	ount from lin	e 51, 56 and/or 57	10	[00
11. Renters: Enter rent you p	aid for 20	21 from line 53	and/or 55		. 11.	00		
12. Multiply line 11 by 23% (0	22)						12	00
12. Multiply line 11 by 23% (0	.23)						12.	
13. Total. Add lines 10 and 12	2						13	00
OTAL HOUSEHOLD RESOUR	RCES. If fi	iling a joint ret	urn, include	incon	ne from bot	h spouses.		
married filing separately, yo	u must in	clude Form 50)49.					
14. Wages, salaries, tips, sick	k, strike			7 21.	Social Sec	urity, SSI, and/or		
and SUB pay, etc		14	0	<u> </u>	railroad ret	irement benefits	21.	00
 All interest and dividend in (including nontaxable inte 		15.	0			ort and foster ments	22.	00
16. Net business income (incl	,			7	Unemployr		22.	100
farm income). If negative	enter "0"	16	0			tion	23.	00
17. Net royalty or rent income		47				ed or expenses	24	
If negative enter "0" 18. Retirement pension, annu		17	0	-	-	ur behalfaxable income	24.	00
IRA benefits.		18	0		Describe:	avanie ilicollie	25.	00
19. Capital gains less capital (see instructions)		19.	0			terans' disability on/pension benefits	26.	00
20. Alimony and other taxable		10.		7		er MDHHS benefits	-v.	
Describe:		20	0			ide food assistance)	27	00
28. SUBTOTAL. Add lines 14	through 3	77				SUBTOTAL	28.	00
								100

2021 N	MI-1040CR, Page 2 of 3 Filer's Full Social Security Number		
		<u> </u>	
29.	Enter subtotal from line 28	29.	00
30.	Other adjustments (see instructions). Describe:		
31.	Medical insurance/HMO premiums you paid for you and your family (see instructions)]	
32.	Add lines 30 and 31	32.	oc
33.	TOTAL HOUSEHOLD RESOURCES. Subtract line 32 from line 29. If more than \$60,600, STOP; you are not eligible for this credit	33.	00
3/1	Multiply line 33 by 3.2% (0.032) or by the percent in Table 2 (see instructions). If negative, enter "0".	3/	00
	Subtract line 34 from line 13 and enter the amount here. If line 34 is greater than line 13, enter "0" and STOP ; you are not eligible for this credit		00
PAR	T 1: ALLOWABLE COMPUTATION Complete one of the sections below, either A, B, or C	C (see instructions).	
SEC	TION A: SENIOR CLAIMANTS (if you checked only box 5a)		
36.	Enter amount from line 35	. 36.	00
	Percentage from Table A (see instructions) that applies to the amount on line 33		
38.	Multiply line 36 by line 37. Enter amount here and on line 42 (maximum \$1,500)	. 38.	00
SEC	TION B: DISABLED CLAIMANTS (if you checked only box 5b, or both boxes 5a and 5	b)	
39.	Enter amount from line 35 here and on line 42 (maximum \$1,500)	. 39.	00
SEC	TION C: ALL OTHER CLAIMANTS (if you did not check box 5a or 5b)	<u> </u>	
40.	Enter amount from line 35.	40.	00
41.	Multiply amount on line 40 by 60% (0.60). Enter amount here and on line 42 (maximum \$1,500)	41.	00
PAR	T 2: PROPERTY TAX CREDIT CALCULATION All filers must complete this section.		

NOTE: Seniors who pay rent (including rent paid to adult care facilities): Complete Worksheet 5 in the MI-1040 book and enter amount from worksheet on line 44 (maximum \$1,500).

44. **PROPERTY TAX CREDIT.** Multiply amount on line 42 by percentage on line 43. Enter amount here

42. Enter amount from line 38, 39 or 41, or from Worksheet 4 (see instructions) for FIP/MDHHS

recipients

43. Percentage from Table B (see instructions) that applies to the amount

42.

00

2021 MI	I-1040CR, Page 3 of 3		Filer's Full S	ocial Security Number			_		
	T 3: HOMEOWNERS WHO aiming a credit. Homesteads with							esteads for whi	ch you
	ddress where you lived on December 31, 20						<u> </u>	Taxable Value	\top
									00
46. Ac	ddress of homestead sold (moved from) duri	ng 2021 (Number, S	treet, City, State	, ZIP Code).				Taxable Value	
									00
						н	OMES	TEAD	
Home	owners who moved during 2021	l, complete line	s 47 throug	h 51.		A. Moved Int	<u> </u>	B. Moved Fr	om
47. N	Number of days occupied (total car	nnot be more th	an 365)						
	Divide line 47 by 365 and enter per	-					%		%
	Property taxes levied for calendar y						00		00
	Prorated property taxes. Multiply		_				00		00
	Taxes eligible for credit. Add line Γ 4: RENTERS	50, columns A	and B. Ente	r here and on line	10		51.		[00
52.	A		В		c	D		E	
(Address of Homestead You Rented (Number, Street, Apt. #, City, State, ZIP Code		andowner's Nam (City, State and		# Months Rented	Monthly Rent		Total Rent Pa	id
							00		00
							00		00
	Total rent you paid (not more than 1	-		•	ere and or	line 11	53.		00
56. 57.	amounts paid on your behalf by a g If you checked box 54b, multiply li Special Housing: If you lived in c (see instructions). a. Cooperative Housing	ine 55 by 10% (one of these type	0.10) (see in:	structions). Enter s for all or part of 2	here and 2021, chec	on line 10	_	рох	00
	d. Adult Foster Care Home		I Room and I	_			Г		
	Enter your prorated share of taxes				ere and on	line 10	57.		00
58. Na	me and Address (including City, State an							ough 57.	
DIDE	ECT DEPOSIT [
	sit your refund directly to your financial	a. Routing Trai	nsit Number	b. Account	Number			pe of Account	
	tion! See instructions and complete					1	Checki	ng 2 Sa	avings
	a, b and c.			<u> </u>					
	ased Taxpayer. If Filer and/or Spouse R DATE OF DEATH ONLY. Example: 04							er penalty of perjur h I have any know	
	TOTAL OF BEATTH CHEMENON	1 10 2021 (MINI BB			er's PTIN, FE				
Filer		Spouse			,				
	ayer Certification. I declare under per achments is true and complete to the best o		he information in	n this return Prepar	er's Name (p	rint or type)			
	Signature	,	Date	Prepar	er's Signature	9			
Spouse's Signature			Date	Prepar	er's Business	Name, Address	and Te	lephone Number	
	By checking this box, I authorize Treas	sury to discuss my	return with m	y preparer.					

If you are also filing Form MI-1040, include this form behind it. If not, mail this form to: Michigan Department of Treasury, Lansing, MI 48956