2012 MICHIGAN Homestead Property Tax Credit Claim for Veterans and Blind People MI-1040CR-2

Print numbers like this : 0123456789 - NOT like this: $\emptyset 1 4 7$

Print numbers	s like this $: 01234567$	89 -	NOT like t	his: Ø1	47					Attacl	hment 0	6
1. Filer's First N	lame	M.I.	Last Name				2. F	iler's Social Security Num	ber (Example	: 123-45-6789)	1	_
										_		
If a Joint Return, Spouse's First Name MI. Last Name												
3. Spouse's Social Security Nu Home Address (No., Street or P.O. Box)						Number (Exa	umple: 123-45-6	5789)	_			
Home Address (No., Street or P.O. Box)								•			
City or Town				State	ZIP Code			chool District Code (5 digi	ts see n 17			_
City of 10wil				State			1.5	chool District Code (5 digi	ts - see p. 17)		
5 0010 F			2012 DEC									
5. 2012 F. Check o	ILING STATUS:	6.	2012 RES Check all th		STATUS:	*]		check box "c," enter dates nter dates as MM-DD-YYY			ency.	
	ngle	a.						FILER	1 (Estample	SPOUSE		1
	1510			ont								1
b. 🗌 Ma	arried, filing jointly	b.	Nonre	esident	FR	.OM:		2012		·	2012	
с. 🗌 Ма	arried, filing separately	c.	Part-	Year Resi	tent*):		2012			2012	
		1.	<u> </u>									
7. Check	one of the following that	applies	to you:		c. 🗌	Surviving	; spoi	use of veteran deceas	ed in serv	ice		
a.	Blind and own your hom	estead										
	Veteran with service-con	nactad	disability	or	* d.	Active mi	litary	, pensioned veteran	or his/her	surviving sp	ouse	
b	veteran's surviving spou	se	uisability	01		Surviving	spoi	use of a nondisabled	or nonnen	sioned		
1	Enter percent of disability	:		%	* e.	veteran of	the	use of a nondisabled Korean War, World V	War II, or	World War	1	
	k "d" or "e" above and you		Household	Resources	(line 31) is mo	ore than \$7.	500.	vou cannot claim a cre	edit on	this f	orm	
)					(,	,				
8. Taxabl	le value allowance from 7	Tabla 2	n 11						8.			00
	le value of homestead.								8. 9.			00
	ty taxes levied on your h			e		•		ũ.	. 10.			00
	t of tax relief. Divide lin								. 10.			%
	bly line 10 by line 11. Ent								12.			00
-	SEHOLD RESOURCES											Ē
13. Wages	s, salaries, tips, sick, strike	e and S	UB pay, et	c	·····				13.			00
-	erest and dividend incom								14.			þo
15. Net bu	siness income (including	net far	m income)	. If negat	ive, enter "0".					00	0	
16. Net ro	yalty or rent income. If ne	egative	enter "0".						16.		(<u>00</u>
17. Retire	ment pension, annuity, an	d IRA	benefits						17.		(<u>00</u>
	l gains less capital losses											<u>00</u>
	ny and other taxable inco		· ·						19.		00	
	Security, SSI (include de	-				ent benefits	s			00		<u> </u>
	support and foster parent			-					21.		00	<u> </u>
	ployment compensation											0
	or expenses paid on your l						•••••					0
	nontaxable income (see p								24.		00	
	ers' compensation, veterar									00		┼──
	d other DHS benefits (do				-				L 27.	00		00
	al insurance or HMO prei						0.	00				
	nes 28 and 29								. 30.		0	<u>6</u>
	L HOUSEHOLD RESO											t-
	ter than \$50,000, STOP; yo								31.		00	
	PERTY TAX CREDIT. (1					wing:						
	P/DHS RECIPIENTS, ent					-						
b. If l	ine 31 is more than \$41,0	00, see	instruction	ns on p. 9	and enter the	reduced an	noun	t.				
c. AL	L OTHERS, enter the arr	nount fi	com line 12	2.								
If	you file an MI-1040, carry	y this a	mount to M	/II-1040 , 1	line 25			CRED	IT 32.			00

Filer's Social Security Number

PART 1: HOMEOWNERS WHO MOVED IN 2012. Report on lines 33 and 34 the addresses and taxable values of your homesteads for which you are claiming a credit. Homesteads with a taxable value of \$135,000 or greater are not eligible for this credit.

5	8	U			
33. A	ddress where you lived on December 31, 2012, if different than reported on line 1.	Taxable Value			
34. A	ddress of homestead sold (moved from) during 2012 (No., Street, City, ZIP Code).		Taxable Value		
Home	cowners who moved during 2012, complete lines 35 through 43.		HOME	STEAD	
If you	also rented a homestead during 2012, complete lines 44 through 55.		A. Moved Into	B. Moved From	
35.	Number of days occupied (total cannot be more than 366)	35.			
36.	Divide line 35 by 366 and enter percentage here	36.	%	%	
37.	Property taxes levied for calendar year 2012	37.			
38.	Prorated taxes. Multiply line 37 by percentage on line 36	38.			
39.	Taxable value allowance (see Table 2, p. 11)	39.			
40.	Taxable value	40.			
41.	Divide line 39 by line 40 and enter percentage here	41.	%	%	
42.	Prorated credit. Multiply line 38 by line 41	42.			
43.	Property tax credit. Add line 42 columns A & B. Enter here and on line 12. Part-year renters do not carry to line 12: complete lines 44 through 55.		42	00	
	Part-year remers do not carry to the 12 complete times 44 infolign 55			1 ()() [

PART 2: RENTERS (Veterans Only)

44.	A Address of Homestead You Rented	В	C # Months	D		E Total Rent Paid	
	(No., Street, Apt. #, City, ZIP Code)	Landowner's Name and Address	Rented	Monthly I	Rent	Less Mobile Home Taxes	
45.	Total rent you paid (not more than 12 mon	ths). Add total rent for each period		45.		00	\Box
46.	Multiply line 45 by 20% (0.20). Service fe	ee housing residents use 10% (0.10) (see p. 5).					
	Full-year renters, enter here and on line 10						00
47.	47. Multiply non-homestead property tax millage by 0.001 (see p. 11, Credit Computation Examples) 47.						
48.	8. Full-year renters only , divide line 46 by line 47 to get your taxable value. Enter here and on line 9 48.						
Part-y	rt-year renters, complete lines 49 through 55.						
49.	9. Divide line 45 by the number of months you rented 49.						00
50.	Multiply line 49 by 12 months 50.					(30
51.							
52.	2. Divide line 51 by line 47 to get your taxable value. Enter here and on line 9						
53.							%
54.)0
55.		e 12			55.		Ø 0

DIRECT DEPOSIT	a. Routing Transit Number	b. Account Number	c. Type of Account			
Deposit your refund directly to your financial institution! See page 9 and			Checking Savings			
complete a, b and c .						

Deceased Taxpayers. If Filer and/or Spouse died after 12-31-20 ENTER DATE OF DEATH ONLY. Example: 04-15-2012 (MM-DD-YY	Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.		
Filer Spouse		Preparer's PTIN, FEIN or SSN	
Taxpayer Certification. I declare under penalty of perjury that to and attachments is true and complete to the best of my knowledge.	Preparer's Business Name (print or type)		
Filer's Signature	Date F	reparer's Business Address (print or type)	
Spouse's Signature	Date		
By checking this box, I authorize Treasury to discuss my retur			

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