

2022 MICHIGAN Home Heating Credit Claim MI-1040CR-7

Amended Return

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 Security No. (Example: 123-45-6789) ____
If a Joint Return, Spouse's First Name	M.I.	Last Name	
Home Address (Number, Street, or P.O. Box)			3. Spouse's Full Social Security No. (Example: 123-45-6789) ____
City or Town	State	ZIP Code	
5. Citizenship Status			4. County Code (see instructions)
a. <input type="checkbox"/> Filer is a U.S. citizen or qualified alien			6. Heat Provider Name Code (see instructions)
b. <input type="checkbox"/> Spouse is a U.S. citizen or qualified alien			7. Heat Type Code (see instructions)

8. 2022 FILING STATUS: Check one. a. <input type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately (Include Form 5049)	9. 2022 RESIDENCY STATUS: Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident c. <input type="checkbox"/> Part-Year Resident*	*If you checked box "c," enter dates of Michigan residency in 2022. Enter dates as MM-DD-YYYY (Example: 04-15-2022). <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">FILER</th> <th style="width:15%;">SPOUSE</th> </tr> </thead> <tbody> <tr> <td>FROM:</td> <td>— — 2022</td> <td>— — 2022</td> </tr> <tr> <td>TO:</td> <td>— — 2022</td> <td>— — 2022</td> </tr> </tbody> </table>		FILER	SPOUSE	FROM:	— — 2022	— — 2022	TO:	— — 2022	— — 2022
	FILER	SPOUSE									
FROM:	— — 2022	— — 2022									
TO:	— — 2022	— — 2022									

10. Check the box if your heating costs are currently included in your rent (see instructions)..... <input type="checkbox"/> 11. Check the box if you want to be referred to other government assistance programs for which you may qualify..... <input type="checkbox"/> 12. Check the box if you or your spouse now receive Supplemental Security Income (SSI)..... <input type="checkbox"/> 13. ENTER YOUR AGE if you are age 60 or older... <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:50px;">Filer</td> <td style="width:50px;">Spouse</td> </tr> </table> 14. Amount you were billed for heat between 11/1/2021 and 10/31/2022 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:100px;"></td> <td style="width:30px; text-align: center;">00</td> </tr> </table> 15. If you lived in one of these CARE facilities (not a senior apartment complex) for all of 2022, check the box and STOP here, see instructions. a. <input type="checkbox"/> Nursing Home b. <input type="checkbox"/> Adult Foster Care Home c. <input type="checkbox"/> Licensed Home for the Aged d. <input type="checkbox"/> Substance Abuse Center	Filer	Spouse		00	16. Exemptions. Enter the number that applies to you, your spouse, or your dependents and complete line 17 below. See instructions if you are age 66 or older. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Personal Exemption (You and your spouse only)</td> <td style="width:20%; text-align: center;">a.</td> </tr> <tr> <td>Deaf, Disabled or Blind</td> <td style="text-align: center;">b.</td> </tr> <tr> <td>Qualified Disabled Veteran</td> <td style="text-align: center;">c.</td> </tr> <tr> <td>Number of children living with you:</td> <td></td> </tr> <tr> <td>• Ages 2 and under</td> <td style="text-align: center;">d.</td> </tr> <tr> <td>• Ages 3-5.....</td> <td style="text-align: center;">e.</td> </tr> <tr> <td>• Ages 6-18.....</td> <td style="text-align: center;">f.</td> </tr> <tr> <td>Dependent adults, other than your spouse, who live with you.....</td> <td style="text-align: center;">g.</td> </tr> <tr> <td>Add lines 16a through 16g.....</td> <td style="text-align: center;">h.</td> </tr> </table>	Personal Exemption (You and your spouse only)	a.	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 your spouse, who live with you.....	g.	Add lines 16a through 16g.....	h.
Filer	Spouse																						
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Personal Exemption (You and your spouse only)	a.																						
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A. Household Member's Name	B. Social Security Number	C. Age in Years	D. Enter "X" for all that apply	
			Dependent	U.S. citizen or qualified alien

If you have more than four (4) household members, complete Home Heating Credit Claim MI-1040CR-7 Supplemental (Form 4976).

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).

Filer's Full Social Security Number

— —

TOTAL HOUSEHOLD RESOURCES. If filing a joint return, include income from both spouses. If married filing separately, you must include Form 5049 available on Treasury's website.

19. Wages, salaries, tips, sick, strike and SUB pay, etc. 19. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00	26. Social Security, SSI, and/or railroad retirement benefits.... 26. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00
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	00				
20. All interest and dividend income (including nontaxable interest)..... 20. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00	27. Child support and foster parent payments..... 27. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00
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21. Net business income (including net farm income). If negative, enter "0" .. 21. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00	28. Unemployment compensation 28. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00
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22. Net royalty or rent income. If negative, enter "0" 22. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00	29. Gifts received or expenses paid on your behalf..... 29. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00
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23. Retirement pension, annuity, and IRA benefits..... 23. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00	30. Other nontaxable income. Describe:..... 30. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00
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	00				
24. Capital gains less capital losses (see instructions) 24. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00	31. Workers'/veterans' disability compensation/pension benefits... 31. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00
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25. Alimony and other taxable income. Describe:..... 25. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00	32. FIP and other MDHHS benefits (Do not include food assistance) 32. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00
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33. Add lines 19 through 32..... SUBTOTAL 33. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00			
	00				
34. Other adjustments. Describe:..... 34. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00			
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35. Medical insurance or HMO premiums paid 35. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00			
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36. Add lines 34 and 35..... 36. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00			
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37. Subtract line 36 from line 33..... TOTAL HOUSEHOLD RESOURCES. 37. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00			
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Standard and Alternate Home Heating Credit Computations

38. STANDARD CREDIT. Standard allowance from Table A (see instr.) 38. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00	
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39. Multiply line 37 by 3.5% (0.035) (if negative, enter "0")..... 39. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00	
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40. Subtract line 39 from line 38 for standard credit amount. If line 39 is greater than line 38, enter "0" 40. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00	
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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.)..... 41. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00	
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42. ALTERNATE CREDIT. Total heating costs from line 14 or \$3,340 (whichever is less) 42. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00	
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43. Multiply line 37 by 11% (0.11) (if negative, enter "0") 43. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00	
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44. Subtract line 43 from line 42. If line 43 is greater than line 42, enter "0". 44. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00	
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45. Multiply line 44 by 70% (0.70) for alternate credit amount 45. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00	
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46. If you completed line 41 enter that amount here. Otherwise enter the larger of lines 40 or 45 here.. 46. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00	
	00		
47. HOME HEATING CREDIT. Multiply line 46 by 90% (0.90) 47. <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">00</td></tr></table>		00	
	00		

<p>Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2021, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2022 (MM-DD-YYYY)</p> <p>Filer <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%;"></td></tr></table> Spouse <table border="1" style="width: 100%;"><tr><td style="width: 80%;"></td><td style="width: 20%;"></td></tr></table></p>					<p>Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.</p> <p>Preparer's PTIN, FEIN or SSN</p> <p>Preparer's Name (print or type)</p> <p>Preparer's Signature</p> <p>Preparer's Business Name, Address and Telephone Number</p>
<p>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.</p> <p>Filer's Signature _____ Date _____</p> <p>Spouse's Signature _____ Date _____</p> <p><input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.</p>					

**File (postmark) your claim by September 30, 2023. Mail your claim to: Michigan Department of Treasury
Lansing, MI 48956**