

# 2020 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
4. County Code (see instructions)			6. Heat Provider Name Code (see instructions)
5. Citizenship Status			7. Heat Type Code (see instructions)
a. <input type="checkbox"/> Filer is a U.S. citizen or qualified alien		b. <input type="checkbox"/> Spouse is a U.S. citizen or qualified alien	

<b>8. 2020 FILING STATUS:</b> Check one.  a. <input type="checkbox"/> Single  b. <input type="checkbox"/> Married filing jointly  c. <input type="checkbox"/> Married filing separately (Include Form 5049)	<b>9. 2020 RESIDENCY STATUS:</b> 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 2020. Enter dates as MM-DD-YYYY (Example: 04-15-2020).  <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:30%;">FILER</th> <th style="width:30%;">SPOUSE</th> </tr> </thead> <tbody> <tr> <td>FROM:</td> <td style="text-align: center;">— — 2020</td> <td style="text-align: center;">— — 2020</td> </tr> <tr> <td>TO:</td> <td style="text-align: center;">— — 2020</td> <td style="text-align: center;">— — 2020</td> </tr> </tbody> </table>		FILER	SPOUSE	FROM:	— — 2020	— — 2020	TO:	— — 2020	— — 2020
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TO:	— — 2020	— — 2020									

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 your name and address 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 11/1/2019 and 10/31/2020 ..... <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 <b>CARE</b> facilities (not a senior apartment complex) for all of 2020, 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. <b>Exemptions.</b> 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.
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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).

