



2021

General Information:

Enter your school district name

	Taxpayer		Spouse	
	Yes	No	Yes	No
Are you hemiplegic, paraplegic, or quadriplegic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you totally and permanently disabled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you deaf?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive pension or retirement benefits from employment with a governmental agency that was not covered by the federal SSA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you born after 1953, retired as of January 1, 2013, and received benefits from SSA exempt employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you blind and own your own homestead?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you a veteran with a service-connected disability or a surviving spouse of such a veteran?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes to above, enter percentage of disability	_____			
Are you a surviving spouse of a veteran deceased in service?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you a pensioned veteran, a surviving spouse of such a veteran, or on active military duty?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you a surviving spouse of a nondisabled or nonpensioned veteran of the Korean War, World War II, or World War I?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
How many of your dependents:				
Are deaf?	_____			
Are blind or disabled?	_____			
Are qualified disabled veterans?	_____			
Were stillborn and for which you received a Certificate of Stillbirth from MDHHS?	_____			
Did you incur expenses related to the Historic Preservation Tax Credit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Enter the amount of Internet or out of state purchases for which you did not pay sales tax	<input type="text"/>			

Residency Information:

	Taxpayer		Spouse	
	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Michigan for all of 2021, enter the dates you did live in Michigan	_____	_____	_____	_____
Enter the state names other than Michigan where you had income ..	_____			

Education Savings:

Did you or your spouse make any contributions to a Michigan Education Savings Program or Michigan 529 Advisor Plan account?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If Yes, enter the following:

TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2021 Amount Contributed



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Voluntary Contributions:

Enter the amount you wish to contribute on your 2021 tax return to:

American Red Cross Michigan Fund	<input type="text"/>
Animal Welfare Fund	<input type="text"/>
Children's Trust Fund - Prevent Child Abuse Michigan	<input type="text"/>
Military Family Relief Fund	<input type="text"/>
United Way Fund	<input type="text"/>

Do you wish to make a contribution on the 2021 return to the State Campaign Fund?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Property Tax Credit Information:

	Residence #1	Residence #2
Date residency began if after 1/1/21 (Mo/Da/Yr)	<input type="text"/>	<input type="text"/>
Date residency ended if before 12/31/21 (Mo/Da/Yr)	<input type="text"/>	<input type="text"/>
Address of homestead:		
Street number and name	<input type="text"/>	<input type="text"/>
City or township	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
ZIP code	<input type="text"/>	<input type="text"/>
Taxable value of homestead if owned	<input type="text"/>	<input type="text"/>
Current year property taxes	<input type="text"/>	<input type="text"/>
Landlord, housing project or care facility:		
Name	<input type="text"/>	<input type="text"/>
Street address	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
ZIP code	<input type="text"/>	<input type="text"/>
Number of months rented	<input type="text"/>	<input type="text"/>
Monthly rent	<input type="text"/>	<input type="text"/>
Total rent paid	<input type="text"/>	<input type="text"/>
Non-homestead property tax millage	<input type="text"/>	<input type="text"/>

Farmland Preservation Tax Credit Information:

County Code	Contract Number	Expiration Date (Mo/Da/Yr)	Joint Owner Name	Joint Owner Social Security Number	Partner's Share of Income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Home Heating Credit:

County

Are heating costs currently included in your rent payments?
Do you want your name and address referred to other government assistance programs?
Do you and/or your spouse receive Supplemental Security Income (SSI)?

If you and/or your spouse live in one of the following care facilities, please indicate which one:
Nursing home, adult foster care home, home for the aged or substance abuse center

How much were you billed for heat between 11/1/20 - 10/31/21?

Number of persons sharing the home who are eligible to file a claim

Are there any dependents being claimed on the return who do not qualify for the home heating credit?

Are there members of the household other than the taxpayer, spouse, and dependents being claimed on the return who qualify for the home heating credit?

If Yes, provide the following:

Is the household member a U.S. citizen or qualified alien?

Table with 4 columns: Name, Social Security Number, Age, Yes or No

Household Resources:

Enter the amount you received for:

Child support and foster care payments

Worker's compensation, veteran's disability compensation and veteran's pension benefits

Strike pay, SUB pay, long-term disability benefits and income protection insurance benefits

Trade Act of 1974 (TRA) benefits

Gifts or expenses paid on your behalf

Table with 2 columns: Other Household Resources, Amount

Enter Any Additional Michigan Information:

Multiple empty lines for entering additional information.