



General Information:

Are y Are y Did y th	vou hemiplegic, paraplegic, or quadriplegic? vou totally and permanently disabled?				V			
Are y Are y Did y th	ou totally and permanently disabled?				Yes	No	Yes	N
Are y Did y th								
Did y	ou deaf?							
th								
	ou receive pension or retirement benefits fro	om employment with	n a governmental agen	су				
	nat was not covered by the federal SSA?							
vvere	you born after 1956, retired as of January 1	, 2013, and receive	d benefits from SSA ex	cempt employment?				
Are y	ou blind and own your own homestead?				Ye	s	No	
Are y	ou a veteran with a service-connected disab	oility or a surviving s	pouse of such a vetera	n?	Ye	s	No	
lf	Yes to above, enter percentage of disability					_		
Are y	ou a surviving spouse of a veteran deceased	d in service?			Ye	s	No	
Are y	ou a pensioned veteran, a surviving spouse	of such a veteran, o	or on active					
m	nilitary duty?				Ye	s	No	
•	vou a surviving spouse of a nondisabled or novorld War II, or World War I?	·	•		Ye		No	
	many of your dependents:				16	:5	INO	
	re deaf?							
	re blind or disabled?					_		
	re qualified disabled veterans?					_		
	ere stillborn and for which you received a C					_		
Did y	ou incur expenses related to the Historic Pro	eservation Tax Cred	lit?		Ye	s	No	
Enter	r the amount of Internet or out of state purch	nases for which you	did not pay sales tax					
eside	ency Information:			payer		Spous	е	
			From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Y	r)	To (Mo/Da	/ V r
If you	u did not live in Michigan for all of 2023, ente	er the dates you	(Mo/Ba/11)	(MO/Du/ II)	(INIO/Ba/ I	•,	(IIIO/Da	
d	lid live in Michigan							
Enter	r the state names other than Michigan where	you had income	• • -					—
lucat	ion Savings:							
iucat	ion Savings.							
Did yo	ou or your spouse make any contributions to	a Michigan Educat	ion Savings Program o	r Michigan	Yes	No		
	9 Advisor Plan account? Yes, enter the following:							
TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number			Amoun tributed	



Michigan Information (Page 2 of 3)

Voluntary Contributions:

Enter the a	mount you wis	h to contribute on y	our 2023 tax r	eturn to:					
Animal Childre Military	Welfare Fund n's Trust Fund Family Relief F	- Prevent Child Abu							
							Гахрауег	Spouse	
Do you wis	sh to make a co	ontribution on the 20	023 return to tl	ne State Campaign Fund?	,	Ye	es No	Yes	
Property T	ax Credit In	formation:		Residence	e #1		Residence #	2	
Date reside Address of Street r City or State	homestead: number and nar township	efore 12/31/23							
Current ye Landlord, h Name	Taxable value of homestead if owned Current year property taxes Landlord, housing project or care facility: Name Street address								
City State . ZIP cod									
Non-homes	stead property	tax millage							
Farmland F	Preservation	n Tax Credit Inf	ormation:						
County Code	Contract Number	Expiration Date (Mo/Da/Yr)		Joint Owner Name		Joint Owner So Security Numb		er's Share Income	



Michigan Information (Page 3 of 3)

Home Heating Credit:				
County				
Are heating costs currently included in your rent payments? Do you want your name and address referred to other government of your and/or your spouse receive Supplemental Security Income.	nent assistance programs?	Yes No Yes No No No		
If you and/or your spouse live in one of the following care facilit Nursing home, adult foster care home, home for the aged or	The state of the s			
How much were you billed for heat between 11/1/22 - 10/31/23 Number of persons sharing the home who are eligible to file a continuous dependents being claimed on the return who do credit? Are there members of the household other than the taxpayer, so claimed on the return who qualify for the home heating credit	claim not qualify for the home heating spouse, and dependents being	Yes No		
If Yes, provide the following:	Is the household memb	oer a U.S. citizen or qualified	I alien?	
	Name	Social Security Number	Age	Yes or No
Household Resources:		-		<u> —</u>
Enter the amount you received for:				
Child support and foster care payments				
Office support and loster date payments				
Worker's compensation, veteran's disability compensation a	and veteran's pension benefits			
Strike pay, SUB pay, long-term disability benefits and incom	ne protection insurance benefits .			
Trade Act of 1974 (TRA) benefits				
Gifts or expenses paid on your behalf				
Other Househo	Other Household Resources			
		-		
Enter Any Additional Michigan Information:				