



2023

General Information:

Enter your school district name

Form with checkboxes for Taxpayer and Spouse regarding disability, pension, and military status.

Residency Information:

Table with columns for Taxpayer and Spouse, and sub-columns for From and To dates.

Text input fields for residency dates and other state names.

Education Savings:

Form with Yes/No checkboxes for Michigan Education Savings Program contributions.

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2023 Amount Contributed.



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**Voluntary Contributions:**

Enter the amount you wish to contribute on your 2023 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 2023 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 1/1/23 (Mo/Da/Yr)	<input type="text"/>	<input type="text"/>
Date residency ended if before 12/31/23 (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 11/1/22 - 10/31/23?

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.