



HOMEOWNER PROPERTY EXEMPTION

2026 Homeowners Property Exemption (HOPE)

THIS APPLICATION SHOULD BE RETURNED TO:

City of Flint, Assessing Division. 1101 S Saginaw St, Flint MI 48502

2026 City of Flint

To be considered for a Homeowner Property Exemption, **the following steps must be followed:**

1. The Petitioner must complete this application in full, including signatures on the last page. Return the application and required income documents to the Assessing Department.
2. Signed copies of the following documents must be attached for all people residing in the household:
 - 2025 FEDERAL INCOME TAX RETURN (1040) **OR**
 - 2025 W 2's & 1099's. **OR**
 - 2025 MICHIGAN INCOME TAX RETURN (MI-1040) **OR**
 - 2025 SOCIAL SECURITY BENEFIT STATEMENT (SSA-1099)
 - 2025 HOMESTEAD PROPERTY TAX CREDIT FORM (MI-1040CR)
 - 12 MONTHS OF BANK STATEMENTS
 - AWARD LETTER OF GRANT AMOUNT FROM SOCIAL SECURITY AWARD FOR EACH PERSON
 - EMPLOYEE VERIFICATION STATEMENT
 - UNEMPLOYMENT COMPENSATION
 - DISABILITY ALLOWANCES
 - ALIMONY
 - CHILD SUPPORT
 - ADOPTION/FOSTER SUBSIDY, FIA Statements
 - SCHOOL GRANTS AND/OR SCHOLARSHIPS
 - YEAR END STATEMENTS FOR ASSET INFORMATION (*See page 3 for additional info*)
 - IF YOU'RE CLAIMING NO INCOME, YOU MUST SUBMIT A DETAILED & NOTARIZED LETTER EXPLAINING HOW EXPENSES ARE BEING MET.
 - IF BILLS ARE PAID BY FRIEND/FAMILY MEMBER OR YOU RECEIVED MONEY FROM A FRIEND OR FAMILY MEMBER, YOU MUST PROVIDE A SIGNED AND NOTARIZED LETTER FROM THAT PERSON(S) STATING HOW MUCH FINANCIAL SUPPORT THEY GIVE
3. Any form of government ID with address and picture of the homeowner and all residents over the age of 18.
4. Proof of residency for minor children (report card, transcript, FIA statement, etc. with name and address matching subject property in which the exemption is being sought)
5. Be able to produce a deed, land contract, or other evidence of ownership of the property for which the exemption is being requested, **if not in Assessor's records.**
6. Meet the federal poverty income guidelines for the household (see page 2), which are updated annually in the federal register by the United States Department of Health and Human Services; and

7. Meet the claimant and total household **asset levels** set by the Flint City Council.

If your application does not include copies of the above documents, it will be considered incomplete and therefore ineligible for a Homeowner Property Exemption.

Hardship Exemption as defined by the Michigan Compiled Laws is as follows:

Section 211.7u: The principal residence of people who, in the judgment of the supervisor and board of review, by reason of poverty, are unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation under this act.

Please be aware that as an applicant for Hardship Exemption, you must also comply with the following sections of the Michigan Compiled Laws:

Section 211.116 Perjury: Any person who, under any of the proceedings required or permitted by this act, shall willfully swear falsely, will be guilty of perjury and subject to its penalties.

If received timely, your application will be presented at the next scheduled Board of Review.

The Board of Review schedule for 2026 is as follows:

July: Tuesday, July 21, 2026
December: Tuesday, December 15, 2026

If you have any questions, feel free to contact the Assessing Department at 810-766-7255

INCOME & ASSET GUIDELINES FOR HOMEOWNER PROPERTY EXEMPTIONS

If your income exceeds the amounts shown or your assets exceed \$15,000 you are **NOT** eligible for a Homeowner Property Exemption.

The applicant **shall not** be eligible for consideration if their total household income exceeds 200% of the Federal Poverty Guidelines.

For 2026, the limits are:

Family Unit:	Federal Poverty Guidelines For 2025:	Adjusted Annual Household Income Can Not Exceed:
Family unit of 1 member	\$15,650	\$31,300
Family unit of 2 members	\$21,150	\$42,300
Family unit of 3 members	\$26,650	\$53,300
Family unit of 4 members	\$32,150	\$64,300
Family unit of 5 members	\$37,650	\$75,300
Family unit of 6 members	\$43,150	\$86,300
Family unit of 7 members	\$48,650	\$97,300
Family unit of 8 members	\$54,150	\$108,300
Each family member greater than 8 years of age	\$5,500	\$11,000

When determining any poverty exemption, all assets of the family unit, as well as all available sources of income or funds shall be considered.

Asset Eligibility

Applicants can have **no more than \$15,000 in assets** to be eligible. Assets do not include the homestead or one (1) automobile. Assets include stocks, bonds, mutual funds, insurance policies, coin collections, boats, ORVs, motorcycles, recreational vehicles, second homes or sellable property, retirement accounts, jewelry, etc.

GUIDELINES BY WHICH HOMEOWNER PROPERTY EXEMPTIONS ARE DETERMINED

1. Completed application form and all required documents and attachments **MUST** be filed with the City Assessor's Office no later than:

July 17, 2026, for action by the July Board of Review; or

December 11, 2026, for action by the December Board of Review.

Sign the form when you return it to the City Assessor's Office

NOTE: The filing of a claim constitutes an appearance before the Board of Review. Also, the dates for filing will be updated annually in accordance with the State of Michigan Property Tax Calendar.

2. The Board of Review determines whether Income Standards have been met.
3. The Board of Review determines if Asset limits have been met.
 - a. Cash assets to the total household may not exceed an amount equal to one month's gross household income. Cash assets are defined as cash, money held in checking or savings accounts, money markets and other financial institution accounts, and/or instruments or securities which can be readily converted to cash.
 - b. Non-cash assets to the total household may not exceed \$15,000. Non-cash assets are defined as those which are not considered to be cash assets, as defined above. The following assets are excluded from this limit:
 - I. Applicant's principal residence
 - II. Applicant's household personal property
 - III. Assets not accessible by the applicant, co-owner or any member of the applicant's household.

4. If approved by the Board of Review, all applicants shall receive a 50% reduction in their current year's taxable value. This reduction does not apply to any special assessments levied on the property (e.g., lighting fees, garbage fees, etc.).
5. The Board of Review will consider all revenue and non-revenue producing assets of the owner and all members of the household. Any attempt to hide and/or shift assets to another person, business or corporation shall be grounds for denial.
6. Applications shall be filed annually. Any exemption granted shall apply to the current tax year only.
7. The Board of Review will review all applications. The Board may ask the applicant or an authorized representative to attend in person to answer questions. If the applicant cannot attend, teleconferencing is allowed.
8. Applicants, or their authorized agents, may have to answer questions regarding such subjects as financial affairs, health and/or the status of people living in the principal residence at a meeting that is open to the public.
9. All applications will be evaluated based on data and statements given to the Board by the applicant. The Board can also use information gathered from any other source.
10. The Board of Review shall follow the policy and guidelines established herein when granting or denying an exemption.
11. Applicants may be subject to investigation of their entire financial and property records by the City. This would be done to verify information given or statements made to the Board of Review or assessor regarding the poverty tax claim.
12. Household income limits are adjusted each year to comply with the Federal Poverty Guidelines.
13. July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 30 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal
PO Box 30232
Lansing MI 48909

Phone: 517-335-9760
Email: taxtrib@michigan.gov

Application and Affirmation for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township where the property is located in each year on or after January 1 but before the day prior to the last day of the board of review. Poverty Exemptions may be heard by the Board of Review during its March, July, and December sessions.

To be considered complete, this application must: 1) be completed in its entirety, 2) include information regarding all members residing within the household, and 3) include all required documentation as listed within the application. Please write legibly and attach additional pages as necessary.

PART 1: PERSONAL INFORMATION — Petitioner must list all required personal information.				
Petitioner's Name			Daytime Phone Number	
Age of Petitioner	Marital Status	Age of Spouse	Number of Legal Dependents	
Property Address of Principal Residence		City	State	ZIP Code
PART 2: REAL ESTATE INFORMATION				
List the real estate information related to your principal residence. Be prepared to provide a deed, land contract or other evidence of ownership of the property at the Board of Review meeting.				
Property Parcel Identification Number		Name of Mortgage Company		
Unpaid Balance Owed on Principal Residence	Monthly Payment	Length of Time at this Residence		
Property Description				
PART 3: AFFIRMATION OF OWNERSHIP, OCCUPANCY, AND INCOME STATUS (Check all boxes that apply.)				
<input type="checkbox"/> I own the property in which the exemption is being claimed.				
<input type="checkbox"/> The property in which the exemption is being claimed is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home.				
PART 4: ADDITIONAL PROPERTY INFORMATION				
List information related to any other property owned by you or any member residing in the household.				
<input type="checkbox"/> Check if you own, or are buying, other property. If checked, complete the information below.			Amount of Income Earned from other Property	
1	Property Address	City	State	ZIP Code
	Name of Owner(s)	Assessed Value	Date of Last Taxes Paid	Amount of Taxes Paid
2	Property Address	City	State	ZIP Code
	Name of Owner(s)	Assessed Value	Date of Last Taxes Paid	Amount of Taxes Paid

Continue on Page 2

PART 5: EMPLOYMENT INFORMATION — List your current employment information.

Name of Employer

Address of Employer

City

State

ZIP Code

Contact Person

Employer Telephone Number

PART 6: INCOME SOURCES

List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRAs (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income, for all persons residing at the property.

Source of Income	Monthly or Annual Income (indicate which)

PART 7: CHECKING, SAVINGS AND INVESTMENT INFORMATION

List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments, for all persons residing at the property.

Name of Financial Institution or Investments	Amount on Deposit	Current Interest Rate	Name on Account	Value of Investment

PART 8: LIFE INSURANCE — List all policies held by all household members.

Name of Insured	Amount of Policy	Monthly Payments	Policy Paid in Full	Name of Beneficiary	Relationship to Insured

PART 9: MOTOR VEHICLE INFORMATION

All motor vehicles (including motorcycles, motor homes, camper trailers, etc.) held or owned by any person residing within the household must be listed.

Make	Year	Monthly Payment	Balance Owed

Continue on Page 3

PART 10: HOUSEHOLD OCCUPANTS — List all persons living in the household.

First and Last Name	Age	Relationship to Applicant	Place of Employment	\$ Contribution to Family Income

PART 11: PERSONAL DEBT — List all personal debt for all household members.

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

PART 12: MONTHLY EXPENSE INFORMATION

The amount of monthly expenses related to the principal residence for each category must be listed. Indicate N/A as necessary.

Heating	Electric	Water	Phone
Cable	Food	Clothing	Health Insurance
Garbage	Daycare	Car Expense (gas, repair, etc.)	
Other (type and amount)	Other (type and amount)	Other (type and amount)	
Other (type and amount)	Other (type and amount)	Other (type and amount)	

NOTICE: Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

PART 13: POLICY AND GUIDELINES ACKNOWLEDGMENT

The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.

☐ The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.

PART 14: LEGAL DESIGNEE INFORMATION (Complete if applicable.)

Legal Designee Name		Daytime Telephone Number	
Mailing Address	City	State	ZIP Code

PART 15: CERTIFICATION

I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7u.

Printed Name	Signature	Date
--------------	-----------	------

This application shall be filed after January 1, but before the day prior to the last day of the local unit's December Board of Review.

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 30 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal
PO Box 30232
Lansing MI 48909

Phone: 517-335-9760
Email: taxtrib@michigan.gov

Poverty Exemption Affidavit

This form is issued under authority of Public Act 206 of 1893; MCL 211.7u.

INSTRUCTIONS: When completed, this document must accompany a taxpayer's Application for Poverty Exemption filed with the supervisor or the board of review of the local unit where the property is located. MCL 211.7u provides for a whole or partial property tax exemption on the principal residence of an owner of the property by reason of poverty and the inability to contribute toward the public charges. MCL 211.7u(2)(b) requires proof of eligibility for the exemption be provided to the board of review by supplying copies of federal and state income tax returns for all persons residing in the principal residence, including property tax credit returns, or by filing an affidavit for all persons residing in the residence who were not required to file federal or state income tax returns for the current or preceding tax year.

I, _____, swear and affirm by my signature below that I reside in the principal residence that is the subject of this Application for Poverty Exemption and that for the current tax year and the preceding tax year, I was not required to file a federal or state income tax return.

Address of Principal Residence: _____

Signature of Person Making Affidavit

Date

2025 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 05

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		3. Spouse's Full Social Security No. (Example: 123-45-6789)													
Home Address (Number, Street, P.O. Box). If using a P.O. Box, you must complete line 45.																		
City or Town			State	ZIP/Postal Code	Country Code	4. School District Code (5 digits)												
5. Check the box(es) for which you or your spouse qualify (excluding dependents). If you qualify for both, see instructions.																		
a. <input type="checkbox"/> Age 65 or older; or an unremarried spouse of a person who was 65 or older at the time of death.																		
b. <input type="checkbox"/> Deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.																		
6. 2025 FILING STATUS: Check one.		7. 2025 RESIDENCY STATUS: Check all that apply.		*If you checked box "c," enter dates of Michigan residency in 2025. Enter dates as MM-DD-YYYY.														
a. <input type="checkbox"/> Single		a. <input type="checkbox"/> Resident		<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2">FILER</th><th colspan="2">SPOUSE</th></tr></thead><tbody><tr><td>FROM:</td><td>— — 2025</td><td>— — 2025</td><td>— — 2025</td></tr><tr><td>TO:</td><td>— — 2025</td><td>— — 2025</td><td>— — 2025</td></tr></tbody></table>			FILER		SPOUSE		FROM:	— — 2025	— — 2025	— — 2025	TO:	— — 2025	— — 2025	— — 2025
FILER		SPOUSE																
FROM:	— — 2025	— — 2025	— — 2025															
TO:	— — 2025	— — 2025	— — 2025															
b. <input type="checkbox"/> Married filing jointly		b. <input type="checkbox"/> Nonresident																
c. <input type="checkbox"/> Married filing separately (Include Form 5049)		c. <input type="checkbox"/> Part-Year Resident *																

8. Homestead Status☐ Check here if the taxable value of your homestead includes unoccupied farmland classified as agricultural by your local assessor.9. **Homeowners:** Enter the 2025 **taxable value** of your homestead (see instructions). **If you did not check box 8 above and your taxable value is greater than \$165,400, STOP; you are not eligible.****Farmers:** enter the **taxable value** of your homestead, including eligible unoccupied farmland

10. Property taxes levied on your home for 2025 (see instructions) or amount from line 51, 56 and/or 57

11. **Renters:** Enter rent you paid for 2025 from line 53 and/or 55

12. Multiply line 11 by 23% (0.23).....

13. **Total.** Add lines 10 and 12**TOTAL HOUSEHOLD RESOURCES. If filing a joint return, include income from both spouses.****If married filing separately, you must include Form 5049.**

14. Wages, salaries, tips, sick, strike and SUB pay, etc.....	14.		00	21. Social Security, SSI, and/or railroad retirement benefits...	21.		00
15. All interest and dividend income (including nontaxable interest).....	15.		00	22. Child support and foster parent payments.....	22.		00
16. Net business income (including net farm income). If negative, enter "0"	16.		00	23. Unemployment compensation.....	23.		00
17. Net royalty or rent income. If negative, enter "0"	17.		00	24. Gifts received or expenses paid on your behalf.....	24.		00
18. Retirement, pension, annuity, and IRA benefits.....	18.		00	25. Other nontaxable income Describe:	25.		00
19. Capital gains less capital losses (see instructions).....	19.		00	26. Workers'/veterans' disability compensation/pension benefits	26.		00
20. Alimony and other taxable income Describe:	20.		00	27. FIP and other MDHHS benefits (Do not include food assistance)	27.		00

28. **SUBTOTAL.** Add lines 14 through 27 **SUBTOTAL** 28.

	00
--	----

Filer's Full Social Security Number

--	--

29. Enter subtotal from line 28.....				29.		00
30. Other adjustments (see instructions). Describe:	30.		00			
31. Medical insurance/HMO premiums you paid for you and your family (see instructions)	31.		00			
32. Add lines 30 and 31.....	32.		00			
33. TOTAL HOUSEHOLD RESOURCES. Subtract line 32 from line 29. If more than \$71,500, STOP; you are not eligible for this credit.	33.		00			
34. Multiply line 33 by 3.2% (0.032) or by the percent in Table 2 (see instructions). If negative, enter "0".	34.		00			
35. Subtract line 34 from line 13 and enter the amount here. If line 34 is greater than line 13, enter "0" and STOP ; you are not eligible for this credit.	35.		00			

PART 1: ALLOWABLE COMPUTATION Complete one of the sections below, either A, B, or C (see instructions).**SECTION A: SENIOR CLAIMANTS (if you checked only box 5a)**

36. Enter amount from line 35				36.		00
37. Percentage from Table A (see instructions) that applies to the amount on line 33	37.		%			
38. Multiply line 36 by line 37. Enter amount here and on line 42 (maximum \$1,900)	38.					00

SECTION B: DISABLED CLAIMANTS (if you checked only box 5b, or both boxes 5a and 5b)

39. Enter amount from line 35 here and on line 42 (maximum \$1,900)				39.		00
---	--	--	--	-----	--	----

SECTION C: ALL OTHER CLAIMANTS (if you did not check box 5a or 5b)

40. Enter amount from line 35.				40.		00
41. Multiply amount on line 40 by 60% (0.60). Enter amount here and on line 42 (maximum \$1,900).	41.					00

PART 2: PROPERTY TAX CREDIT CALCULATION All filers must complete this section.

42. Enter amount from line 38, 39 or 41, or from Worksheet 4 (see instructions) for FIP/MDHHS recipients				42.		00
43. Percentage from Table B (see instructions) that applies to the amount on line 33	43.		%			
44. PROPERTY TAX CREDIT. Multiply amount on line 42 by percentage on line 43. Enter amount here and if you file an MI-1040, carry this amount to MI-1040, line 26.....	44.					00

NOTE: Seniors who pay rent (including rent paid to adult care facilities): Complete Worksheet 5 in the MI-1040 book and enter amount from worksheet on line 44 (maximum \$1,900).

Filer's Full Social Security Number

PART 3: HOMEOWNERS WHO MOVED IN 2025. Report on lines 45 and 46 the addresses of the Michigan homesteads for which you are claiming a credit. **Homesteads with a taxable value greater than \$165,400 are not eligible for this credit.**

45. Address where you lived on December 31, 2025, if different than reported on line 1 (Number, Street, City, State, ZIP Code).	Taxable Value	00
46. Address of homestead sold (moved from) during 2025 (Number, Street, City, State, ZIP Code).	Taxable Value	00

Homeowners who moved during 2025, complete lines 47 through 51.

		HOMESTEAD	
		A. Moved Into	B. Moved From
47. Number of days occupied (total cannot be more than 365).....			
48. Divide line 47 by 365 and enter percentage here	%	%	%
49. Property taxes levied for calendar year 2025	00	00	00
50. Prorated property taxes. Multiply line 49 by the percentages on line 48.....	00	00	00
51. Taxes eligible for credit. Add line 50, columns A and B. Enter here and on line 10.....	51.	00	00

PART 4: RENTERS. If you received subsidized rental assistance, only enter the amount **you** paid.

52.	A	B	C	D	E
	Address of Homestead You Rented (Number, Street, Apt. #, City, State, ZIP Code)	Landowner's Name and Address (City, State and ZIP Code)	# Months Rented	Monthly Rent	Total Rent Paid
				00	00
				00	00
53. Total rent you paid (not more than 12 months). Add total rent for each period. Enter here and on line 11.....	53.				00

PART 5: ALTERNATE HOUSING FACILITIES (see instructions)

54. If you lived in one of these types of facilities for all or part of 2025, check the appropriate box and see instructions.

- a. ☐ Subsidized Housing: complete line 55. Enter result on line 11. b. ☐ Service Fee Housing: complete lines 55 and 56.

55. Enter the total rent you paid in 2025 while a resident of an Alternate Housing Facility. Do not include amounts paid on your behalf by a government agency 55. 00

56. If you checked box 54b, multiply line 55 by 10% (0.10) (see instructions). Enter here and on line 10.... 56. 00

57. **Special Housing:** If you lived in one of these types of facilities for all or part of 2025, check the appropriate box (see instructions).

- a. ☐ Cooperative Housing b. ☐ Home for the Aged c. ☐ Nursing Home

- d. ☐ Adult Foster Care Home e. ☐ Paid Room and Board

Enter your prorated share of taxes from the type of facility checked on line 57 here and on line 10. 57. 00

58. Name and Address (including City, State and ZIP Code) of Housing Facility, Landowner, or Care Facility if you completed lines 54 through 57.

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete parts a, b and c.

a. Routing Transit Number

b. Account Number

c. Type of Account

1. ☐ Checking 2. ☐ Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2024, enter dates below as MM-DD-YYYY. **ENTER DATE OF DEATH ONLY.**

Filer Spouse

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN

Preparer's Name (print or type)

Preparer's Signature

Preparer's Business Name, Address and Telephone Number

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.

Filer's Signature

Date

Spouse's Signature

Date

☐ By checking this box, I authorize Treasury to discuss my return with my preparer.

If you are also filing Form MI-1040, include this form behind it. If not, mail this form to: **Michigan Department of Treasury, Lansing, MI 48956**

+ 0000 2025 25 03 27 2