

2023 MICHIGAN Resident Tribal Member Annual Sales Tax Credit

(for Resident Tribal Members of Agreement Tribes ONLY)

**TRIBAL
4013**

Issued under authority of Public Act 616 of 2002.

Type or print in blue or black ink. Read the Instructions before completing this form.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789) — —	
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. Tribal Affiliation of Resident Tribal Member. Enter two-digit Tribal Code (see instructions)..... 4.

Note: Enter only if your Tribe has an implemented Tax Agreement with the State.

5. Check the box if you or your spouse are Resident Tribal Members..... 5. PRIMARY FILER SPOUSE

6. Adjusted Gross Income from MI-1040, line 10 6.

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7. Resident Tribal Member portion of Adjusted Gross Income (see instructions)..... 7.

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ADDITIONS TO INCOME

8. Nontaxable portion of Social Security and/or Railroad Retirement benefits..... 8.

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9. Social Security and Veteran's disability benefits 9.

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10. Public Assistance payments from your Tribe (see instructions). 10.

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11. Fishing income (pursuant to Internal Revenue Code 7873). 11.

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12. Enter 50% of any Combat Zone Compensation for Enlisted Members of the Armed Forces. 12.

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13. Modified Adjusted Gross Income. Add lines 7 through 12..... 13.

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14. Modified Adjusted Gross Income Cap (see instructions)..... 14.

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15. Multiply the lesser of lines 13 or 14 by 0.9% (0.009)..... 15.

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CREDIT CALCULATION -- Resident Tribal Members of Agreement Tribes ONLY

16. Number of months you resided within your Tribe's Agreement Area (Enter a number 1-12) 16.

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17. Proration Percentage. Divide the number of qualifying months on line 16 by 12..... 17.

	%
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18. Credit. Multiply line 15 by line 17..... 18.

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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.		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
Filer's Signature	Date	Preparer's PTIN, FEIN or SSN	
Spouse's Signature	Date	Preparer's Name (print or type)	
<input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		Preparer's Business Name, Address and Telephone Number	