B. Spouse

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<b>MICHIGAN Married Filing Separately and Divorce</b>	d
or Separated Claimants Schedule, Form 5049	

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	Tax Year (YYYY)

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (	Example: 123-45-6789)

## PART 1: MARRIED FILING SEPARATELY AND SHARED A HOMESTEAD DURING THE YEAR

Skip to PART 3 if you are not including income from your spouse.

Enter dates as MM-DD-YYYY. (Example: 04-15-2023)

Provide the dates you and your spouse shared a homestead during the tax year.

**PART 2: INCOME BREAKDOWN** 

8. Alimony and other taxable income. Describe:

FROM:	TO:

Include only the portion of your income in column A and your spouse's income in column B for the period of time the homestead was shared.		A. Filer
2. Wages, salaries, tips, sick, strike and SUB pay, etc.	2.	
3. All interest and dividend income (including nontaxable interest)	3.	
4. Net business income (including net farm income). If negative, enter "0"	4.	

5. Net royalty or rent income. If negative, enter "0".	5.	00	
Retirement, pension, annuity, and IRA benefits	6.	00	
7. Capital gains less capital losses	7	00	
7. Capital game loss capital losses	• •		

Social Security, SSI, and/or railroad retirement benefits	9.	00	
10. Child support and foster parent payments	10.	00	

11. Unemployment compensation.	11.	00	00
12. Gifts received or expenses paid on your behalf	12.	00	00
13. Other nontaxable income. Describe:	13.	00	00

14. Workers'/veterans' disability compensation/pension benefits	14.	00	00
45. FID and allow MDUUO haraffe (do not include food a sistema)	4.5		

13. The and other MDTH is benefits (do not include lood assistance)	15.		<u> </u>	00
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16. Other adjustments. Describe:	16.	0	)0	00
			П	
17. Medical insurance/HMO premiums you paid for you and your family	17.	l	00	00

17. Medical insulance/filmo premiums you pala for you and your family	17.	00	100
18. <b>Total</b> . For each column, add lines 2 through 15 then subtract lines 16 and 17	18.	00	00

	PART 3: EXPLANATION (If you did not include income from your spouse, provide an explanation.)
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