Attachment 33

2023 MICHIGAN First-Time Home Buyer Savings Program See instructions for criteria to determine if a beneficiary qualifies. If a beneficiary does not qualify, **do not** include the account information on this form.

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
If a Jaint Datum. On averal's First Name		1+ N	Consume in Full On sight One surity No. (Furning to 102, 15, 0700)
If a Joint Return, Spouse's First Name	M.I.	Last Name	Spouse's Full Social Security No. (Example: 123-45-6789)

				Contributions Duri the Tax Year	ng	Interest Earned or Home Buyer Saving Account During th Tax Year	gs
Account Holder's Name		Qualified Beneficiary's Name (See Instructions)				
Name of Financial Institution		Account Number					
Beginning of Year Balance End of Year Balance .00	.00	Date Account Was Opened	Date of Withdrawal		00		00
Account Holder's Name		Qualified Beneficiary's Name					
Name of Financial Institution		Account Number					
Beginning of Year Balance End of Year Balance	.00	Date Account Was Opened	Date of Withdrawal		00		00
Account Holder's Name		Qualified Beneficiary's Name					
Name of Financial Institution		Account Number					
Beginning of Year Balance End of Year Balance .00	.00	Date Account Was Opened	Date of Withdrawal		00		00
Account Holder's Name		Qualified Beneficiary's Name					
Name of Financial Institution		Account Number					
Beginning of Year Balance End of Year Balance .00	.00	Date Account Was Opened	Date of Withdrawal		00		00
Account Holder's Name		Qualified Beneficiary's Name					
Name of Financial Institution		Account Number					
Beginning of Year Balance End of Year Balance .00	.00	Date Account Was Opened	Date of Withdrawal		00	(00
Account Holder's Name		Qualified Beneficiary's Name					
Name of Financial Institution		Account Number					
Beginning of Year Balance End of Year Balance .00	.00	Date Account Was Opened	Date of Withdrawal		00	(00
1. Net contributions to all first-time home to or \$10,000 for joint filers				00			
2. Add total interest earned on all first-time	e home	buyer savings accounts					00
3. Add lines 1 and 2. Enter here and on Se	chedule	9 1, line 21					00

Calculation for Nonqualified Withdrawals			Addback of NQW	Penalty Amount
Account Number	Total Nonqualified Withdrawal (NQW)	00		
Type of NQW	Tax Year First Subtraction Was Claimed		00	oc
Account Number	Total Nonqualified Withdrawal (NQW)	00		
Type of NQW	Tax Year First Subtraction Was Claimed		00	00
Account Number	Total Nonqualified Withdrawal (NQW)	00		
Type of NQW	Tax Year First Subtraction Was Claimed		00	00
Account Number	Total Nonqualified Withdrawal (NQW)	00		
Type of NQW	Tax Year First Subtraction Was Claimed		00	00
Account Number	Total Nonqualified Withdrawal (NQW)	00		
Type of NQW	Tax Year First Subtraction Was Claimed		00	00
Account Number	Total Nonqualified Withdrawal (NQW)	00		
Type of NQW	Tax Year First Subtraction Was Claimed		00	00
 Total nonqualified withdrawal addback amounts from all accounts. Enter here and on Schedule 1, line 8. 			00	
5. Total penalty amounts from a	Il accounts. Enter here and on MI-1040, line 22			00