

PLEASE
TYPE
OR
PRINT

Your social security number	Your first name	Initial	Last name	Your occupation
Spouse's soc sec number	If joint return, spouse's first name	Initial	Last name	Spouse's occupation
If married, is spouse filing a separate return? <input type="checkbox"/> YES <input type="checkbox"/> NO	Present home address (Number and street including apartment number) City, town or post office, state and zip code			Enter name and address used on 2008 return. If same as this year, print "Same." (If none filed, give reason.)
<input type="checkbox"/> PART-YEAR RESIDENT FROM MO. / DAY / YR. TO MO. / DAY / YR.	FORMER ADDRESS			Check box if you DO NOT need a return form mailed next year. <input type="checkbox"/>
EXEMPTIONS				
1a. <input type="checkbox"/> Yourself <input type="checkbox"/> 65 or over <input type="checkbox"/> Blind 1b. <input type="checkbox"/> Spouse <input type="checkbox"/> 65 or over <input type="checkbox"/> Blind				Number of boxes checked. 1
2. List first names of your dependent children who live with you:				Number of children listed. 2
3. Number of other dependents. (Same as federal) GO TO PAGE 2, LINE 23e				Number of other dependents. 3
4. Total number of exemptions. Add lines 1, 2, and 3				Total number of exemptions. 4

ATTACH
COPY OF
PAGE 1 OF
FEDERAL
FORM 1040
TO THIS
RETURNATTACH
COPY OF
FORMS
GRW-2 OR
W-2 HERE

INCOME 5. ENTER WAGES, TIPS AND OTHER COMPENSATION (DEFERRED COMPENSATION DISTRIBUTIONS, SICK PAY, ETC.) EARNED IN AND OUTSIDE OF GRAND RAPIDS. PART-YEAR RESIDENTS INCLUDE ALL WAGES EARNED DURING RESIDENCY				GRAND RAPIDS TAX WITHHELD	WAGES, ETC. (W-2 FORM, BOX 1)
EMPLOYER'S FED ID #	EMPLOYER'S NAME	ADDRESS OF ACTUAL WORK STATION			
5a.			5a	00	00
5b.			5b	00	00
5c.			5c	00	00
5d.			5d	00	00
5e.	Totals for additional employers from page 2, line 24e.		5e	00	00
6.	Total compensation and Grand Rapids tax withheld. Add lines 5a through 5e		6a	00	6b 00
7.	Interest income. (See instructions) (PART-YEAR RESIDENTS INCLUDE ONLY INTEREST RECEIVED DURING PERIOD OF RESIDENCY)		7		00
8.	Dividend income from federal return. (PART-YEAR RESIDENTS INCLUDE ONLY DIVIDENDS RECEIVED AS A RESIDENT)		8		00
9a.	Business and farming income. From page 2, line 25e (ATTACH FEDERAL SCHEDULE C AND/OR SCHEDULE F)		9a		00
9b.	Sale and exchange of property. From page 2, line 26c (ATTACH FEDERAL SCHEDULE D AND/OR FORM 4797)		9b		00
9c.	Rental real estate, royalties, partnerships, trusts, etc. From page 2, line 27f (ATTACH FED SCHEDULE E, FORMS K-1 AND/OR FORM 8582)		9c		00
9d.	Other income. From page 2, line 28c (ATTACH ALL APPLICABLE FEDERAL SCHEDULES AND FORMS 1099)		9d		00
10.	Total income. Add lines 6b through 9d		10		00
DEDUCTIONS See instructions (PART-YEAR RESIDENTS ALLOCATE DEDUCTIONS FOR PERIOD OF RESIDENCY.)					
11a.	Individual Retirement Account deduction. (ATTACH PG. 1 OF FEDERAL RETURN & EVIDENCE OF PAYMENT)		11a	00	
11b.	Employee business expenses. (SEE INSTRUCTIONS AND ATTACH FEDERAL 2106 OR LIST)		11b	00	
11c.	Moving expenses. (Into Grand Rapids area only) (ATTACH FEDERAL 3903 OR LIST)		11c	00	
11d.	Alimony Paid. DO NOT INCLUDE CHILD SUPPORT (ATTACH COPY PAGE 1 OF FEDERAL RETURN)		11d	00	
11e.	Renaissance Zone Deduction. (ATTACH SCHEDULE RZ OF GR-1040R OR GR-1040NR)		11e	00	
11f.	Total deductions. Add lines 11a through 11e		11f		00
12.	Total income after deductions. Subtract line 11f from line 10		12		00
13.	Amount for exemptions. (Number of exemptions from line 4 above _____ times \$750)		13		00
14.	Total income subject to tax. Subtract line 13 from line 12		14		00
15.	City of Grand Rapids Tax at 1.3%. (MULTIPLY LINE 14 BY .013)		15		00
PAYMENTS AND CREDITS (If line 17 exceeds \$100 see instructions for making estimated tax payments.)					
16a.	Tax withheld by your employer from line 6a above. (A COPY OF EACH W-2 FORM MUST BE ATTACHED)		16a	00	
16b.	Payments on 2009 Declaration of Estimated Income Tax, payments with an extension and credits forward.		16b	00	
16c.	Credit for tax paid to another city, by a partnership or S corporation. (ATTACH COPY OF OTHER CITY'S RETURN)		16c	00	
16d.	Total payments and credits. Add lines 16a through 16c		16d		00
TAX DUE		17. If tax (line 15) is larger than payments (line 16d) you owe tax. ENTER TAX DUE AND PAY WITH RETURN. Enclose check or money order payable to the Grand Rapids City Treasurer. Or pay with an electronic funds withdrawal: mark Pay Tax Due box on line 22, enter effective date and complete line 22 a, b & c.	17		00
OVERPAYMENT CREDIT TO 2010		18. If payments (line 16d) are larger than tax (line 15) ENTER OVERPAYMENT.	18	00	
		19. Overpayment to be HELD and APPLIED TO YOUR 2010 ESTIMATED TAX.	19	00	CREDIT TO 2010
DONATION		20. Overpayment donation: All or any portion of overpayment may be donated to any fund.	20a	00	DONATION 1
		a. <input type="checkbox"/> American flags for veterans' graves in Grand Rapids.	20b	00	DONATION 2
		b. <input type="checkbox"/> Grand Rapids Children's Fund.	20c	00	DONATION 3
		c. <input type="checkbox"/> Grand Rapids Parks' Fund.			
REFUND		21. Overpayment refund. For direct deposit mark Refund box on line 22 and complete 22 a, b & c.	21	00	REFUND
ELECTRONIC REFUND OR PAYMENT INFORMATION		22. Mark one: <input type="checkbox"/> Refund - Direct deposit <input type="checkbox"/> Pay tax due - Electronic funds withdrawal > > Electronic funds withdrawal effective date: <input type="text"/> / <input type="text"/> / <input type="text"/> (If blank, default is date return processed.)			
		a. Routing number <input type="text"/>			
		b. Account number <input type="text"/>			
		c. Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			

ENCLOSE
CHECK OR
MONEY
ORDER
FOR TAX
DUE
(DO NOT
STAPLE TO
RETURN)

Name(s) as shown on page 1	Your social security number
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**FAILURE TO ATTACH DOCUMENTATION OR ATTACHING INCORRECT OR INCOMPLETE DOCUMENTATION
WILL DELAY PROCESSING OF RETURN AND MAY RESULT IN DEDUCTIONS AND LOSSES BEING DISALLOWED**

23. OTHER DEPENDENTS (Same as Federal)		
NAME OF OTHER DEPENDENT	RELATIONSHIP OF OTHER DEPENDENT	MONTHS OTHER DEPENDENT LIVED IN YOUR HOME
23a.		
23b.		
23c.		
23d.		
23e. Number of other dependents listed on lines 23a through 23d. ENTER NUMBER HERE AND ON PAGE 1, LINE 3		

24. ADDITIONAL WAGES FROM EMPLOYERS NOT INCLUDED ON PAGE 1, LINES 5a THROUGH 5d				
ENTER WAGES, TIPS AND OTHER COMPENSATION (DEFERRED COMPENSATION, SICK PAY, ETC.) EARNED IN AND OUTSIDE OF GRAND RAPIDS THAT ARE NOT INCLUDED ON PAGE 1, LINES 5a THROUGH 5d. PART-YEAR RESIDENTS INCLUDE WAGES EARNED DURING RESIDENCY.				
EMPLOYER'S NAME	ADDRESS OF ACTUAL WORK STATION	GRAND RAPIDS TAX WITHHELD	WAGES, ETC. (FORM W-2, BOX 1)	
24a.	24a	00	00	00
24b.	24b	00	00	00
24c.	24c	00	00	00
24d.	24d	00	00	00
24e. Total. Add lines 24a through 24d. ENTER TOTALS HERE AND ON PAGE 1, LINE 5e		24e	00	00

25. BUSINESS AND FARMING INCOME		
25a. Net profit (or loss) from business or profession. (ATTACH FEDERAL SCHEDULE C)	25a	00
25b. Net profit (or loss) from farming. (ATTACH FEDERAL SCHEDULE F)	25b	00
25c. Applicable portion of net operating loss carryover. (ATTACH SCHEDULE)	25c	00
25d. Retirement plan deduction. Check type of plan <input type="checkbox"/> KEOGH <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE (ATTACH FEDERAL SCHEDULE)	25d	00
25e. Total. Add lines 25a and 25b and subtract lines 25c and 25d. ENTER HERE AND ON PAGE 1, LINE 9a	25e	00

26. SALES AND EXCHANGES OF PROPERTY		
THE GRAND RAPIDS INCOME TAX ORDINANCE FOLLOWS THE INTERNAL REVENUE CODE IN ITS TREATMENT OF CAPITAL GAINS. ALL CAPITAL GAINS RECEIVED BY A RESIDENT OF GRAND RAPIDS ARE TAXABLE EXCEPT THE PORTION OF THE GAIN (OR LOSS) OCCURRING PRIOR TO JULY 1, 1967. IF THE AMOUNT OF CAPITAL GAINS REPORTED TO GRAND RAPIDS IS DIFFERENT FROM THE FEDERAL AMOUNT, ATTACH A SCHEDULE SHOWING THE COMPUTATION OF THE GRAND RAPIDS TAXABLE PORTION.		
26a. Capital Gains from federal Schedule D. (ATTACH FEDERAL SCHEDULE D) Check box if no federal Sch. D filed <input type="checkbox"/>	26a	00
26b. Other Gains from federal Form 4797. (ATTACH FEDERAL FORM 4797)	26b	00
26c. Total. Add lines 26a and 26b. ENTER HERE AND ON PAGE 1, LINE 9b	26c	00

27. RENTAL REAL ESTATE, ROYALTIES, PARTNERSHIPS, TRUSTS, ETC.		
THE FEDERAL RULES CONCERNING PASSIVE LOSSES ARE APPLICABLE TO LOSSES DEDUCTED ON THIS RETURN.		
27a. Income or loss from rental real estate and royalties from federal Schedule E, Part I. (ATTACH FEDERAL SCHEDULE E AND FORM 8582)	27a	00
27b. Income or loss from partnerships and S corporations from federal Schedule E, Part II. (ATTACH FEDERAL SCH. E, SCH. K-1's AND FORM 8582)	27b	00
27c. Income or loss from estates, trusts from federal Schedule E, Part III. (ATTACH FEDERAL SCHEDULE E, SCHEDULE K-1's AND FORM 8582)	27c	00
27d. Income or loss from from real estate mortgage investment conduits (REMICs) from federal Schedule E, Part IV. (ATTACH A COPY OF FED. SCH. E)	27d	00
27e. Net farm rental income or loss from federal Schedule E, Part V, line 40. (ATTACH A COPY OF FEDERAL SCHEDULE E)	27e	00
27f. Total. Add lines 27a, 27b, 27c, 27d and 27e. ENTER HERE AND ON PAGE 1, LINE 9c	27f	00

28. OTHER INCOME		
OTHER INCOME INCLUDES: GAMBLING AND LOTTERY WINNINGS, INDIAN GAMING PROCEEDS, ALIMONY RECEIVED, PROFIT SHARING PLAN DISTRIBUTIONS, PREMATURE IRA AND PENSION DISTRIBUTIONS, ETC. ATTACH COPIES OF ALL APPLICABLE FED. SCHEDULES AND FORMS 1099.		
RECEIVED FROM	KIND OF INCOME	AMOUNT
28a.	28a	00
28b.	28b	00
28c. Total. Add lines 28a and 28b. ENTER HERE AND ON PAGE 1, LINE 9d	28c	00

29. THIRD-PARTY DESIGNEE			
Do you want to allow another person to discuss this return with the Income Tax Department? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
Designee's name	Phone No. ()	Personal identification number (PIN)	
I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which preparer has any knowledge.			
====> SIGN HERE ====>	TAXPAYER'S SIGNATURE - If joint return, both husband and wife must sign.	DATE	SIGNATURE OF PREPARER OTHER THAN TAXPAYER
		/ /	/ /
	SPOUSE'S SIGNATURE	DATE	FIRM'S NAME (OR YOURS IF SELF EMPLOYED), ADDRESS AND ZIP CODE
		/ /	
DAYTIME PHONE NUMBER ()		PHONE NUMBER ()	
E-MAIL ADDRESS		E-MAIL ADDRESS	