D-1040(L) City of Detroit Income Tax 2013 Individual Return — Part Year Resident



Social Security Number	Spouse's Social Se	Spouse's Social Security (if filing joint)			*10212013*				
				Check here	if this return	n is for a dec		oayer	
First Name	N	ΛΙ Last Na	ame						
Spouse's First Name (if filing joint)	N	/II Spouse	e's Last Na	me (if filing joint)					
Home Address (Number and Street or Ru	ıral Route)								
	$\overline{}$								
Other at Taxon			01-1-	75 On de					
City or Town			State	Zip Code					
A. FILING STATUS	EXEMPTIONS:				□ Number of	f Danandant (Ohildran		
Single or Married Filing Separately	C. YOURSELF	AR 65 or OVER	BLIND		List all deper	f Dependent (ndents on page 2	, part 4.		
Married Filing Jointly	C. YOURSELF					f Other Deper ndents on page 2		·	
B. Check if you can be claimed as a depender on another person's tax return.	D. SPOUSE)				umber of Exer	mptions	•	
H. Amended return II. Is this amended return III. Is this amended III. Is this amended III. Is this amended III. It i	urn as a result of a federal audit?	? J. If	Yes, enter the	e federal determination	date			Ш	
:•									
Number of Months you were a Resident Residency Effective Date Residency Ending Date	>	•	Number of	f Months your spouse	was a Reside	ent	>	Щ	
Residency Effective Date	>		Residency	Effective Date	>			Ш	
Residency Ending Date	>		Residency	Ending Date	>				
	NCOME AND ADJUSTME	NTS			All Income W	hile Resident	Detroit Inco	me While a	
Total Income from W-2 (Work location:				▶ 1	of Detroi		Non-Resi	dent Col II	
 Other Income (or losses) (from page 2. 				2]	.00		.00	
3. Subtotal (add lines 1 and 2)				3]	.00		.00.	
 Deductions from Income (from page 2, 				▶ 4]	.00		.00	
5. Subtotal (line 3 less line 4)				▶ 5	1	.00		.00	
Exemption Amount (see instructions for	r computation)			▶ 6		.00		.00	
7. Net income (line 5 less line 6)				····· 7]	.00		.00	
8. Renaissance Zone Deduction (attach F	Renaissance Zone Deduction	Schedule)				.00		.00	
9. Less: Loss transfered from column I or	11			9		.00		.00	
10. Total Income Subject to Tax (line 7 less	s line 8 and 9)			I 10]	.00		.00	
11. Tax (multiply line 10 column 1 x .024 (2	2.40%) / multiply line 10 colum	nn 2 x .012 (1.29	%)	▶ 11		.00		.00	
12. Total tax — Add line 11 column I + colu	ımn II			▶ 12		.00			
13. Credit tax paid to other cities (attach co	opy of other city returns)			▶ 13]	.00			
14. Total Tax (line 12 less line 13)	PAYMENTS AND CRED	DITS —		▶ 14]	.00			
15. Tax withheld				▶ 15		.00			
16. 2013 estimated payments, credits and	, , ,	•				.00			
17. Detroit tax paid for you by a partnership						.00			
18. Total payments and credits (add lines 1	REFUND OR TAX DU	JE —		▶ 18		.00			
19. If line 18 is larger than line 14 enter the	e amount of Overpayment					.00			
20. Amount to be Refunded (if amended se]	.00			
21. Amount to be Credited on 2014 Estima	,	,]	.00			
22 If line 14 is larger than line 18 enter the	 amount of 18X dife. (make che 	PICK DAVADID TO: Tro	asurer City of	Detroit)	1.1				



PART 1

Other Income (or losses)

Deductions from Income:

- 1. Interest and dividend income from federal 1040 or 1040A
- 2. Distributions from tax-option corporations (Losses not deductible)
- 3. Net Income (or loss) from estates and trusts (attach federal Schedule K-1, etc.)
- 4. Gain (or loss) on sale or exchange of property (attach federal schedule(s))
- 5. Net income (or loss) from partnership (attach federal Schedule K-1, etc.)
- 6. Net income (or loss) from business or profession (attach federal Schedule C)

1. Employee Business Expenses from federal 2106 (see instructions for allowable deductions and attach federal form)

- 7. Net income (loss) from Rent or Royalties (attach federal Schedule E)
- 8. Miscellaneous
- 9. Total Other income (or losses) (enter here and on page 1, line 2)

NON-RESIDENT / COLUMN II	RESIDENT / COLUMN I
	.00
_	.00
	.00
.00	.00
.00	.00
.00	.00
.00	.00
.00	.00
.00	.00

	2.	. Moving expense from federal form 3903 (attach federal form)					.00	.00	
	3.	ndividual Retirement Account (IRA) and/or Keogh retirement plan and self-employed SEP deductions.				.00	.00		
2		(attach federal form 1040, page 1)							
ART	4.	I. Interest on obligations of the United States or subordinate units included on part 1, line 1				.00	.00		
	5.	5. Alimony (furnish recipient's name, address and Social Security Number, attach federal form page 1)					.00	.00	
PA									
		Name		Address	Social Security Number				
	6.	Penalty for early withdraw	al of savings				.00		
	7.	7. Net operating loss carryover					.00	.00	
	8.	Enter total deductions from income here and on page 1, line 4				.00	.00		
		Detroit tax paid fo	or you by	a partnership					
က			Name Federal Identification Number				Amount		
	1					.00			
PART	•							.00	
Δ	2						1		
	T	Total enter on page 1, line 17						.00	
		-ntor the first names of the de	anandant ahildra	n P Copiel Copyrity Num	share I Enter the names 9 Casia	Coourity	lumbara of other	or dependents	
4		Enter the first names of the de	•	·		Security is	iumbers of othe	er dependents	
	-								
PAR.	-								
_	-								
Cia		ure. /if laint raturn	DOTU UUC	DAND AND WIFE	MUST SICNI)				
Unde	r per	ture: (if Joint return, nalty of perjury, I declare that I I	have examined th	is return (including accom	EMUST SIGN) panying schedules and statements) and to to to all information of which the preparer ha	he best of n	ny knowledge ai	nd belief it is true, correct	
and c	omp	lete. If prepared by a person o	ther than taxpaye	er, the declaration is based	on all information of which the préparer ha	s any know	ledge.		
					()		()		
	Tax	payer's Signature	Date	Occupation	Home Phone		Work Phone)	

Home Phone

Address

Occupation

Date

Signature of preparer other than taxpayer

Spouse's Signature

Date

Work Phone

I.D. number