

2014



* 1 0 2 1 2 0 1 4 *

--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--

☐ Check here if this return is for a deceased taxpayer

[illegible][illegible][illegible]

9

[illegible][illegible][illegible]

--	--

[illegible]

☐ Single or Married Filing Separately

☐ Married Filing Jointly

B. ☐ Check if you can be claimed as a dependent on another person's tax return.

REGULAR

65 or OVER

BLIND

DEAF

DISABLED

E. Number of Dependent Children
List all dependents on page 2, part 4.

F. Number of Other Dependents
List all dependents on page 2, part 4.

G. TOTAL Number of Exemptions
Add lines C, D, E and F.

H. Amended return
See instructions

I. Is this amended return as a result of a federal audit?

J. If Yes, enter the federal determination date

Number of Months you were a Resident ▶

[illegible]

Residency Ending Date ▶ [][][][][][][][]

Number of Months your spouse was a Resident ▶[illegible]Residency Ending Date ▶

--	--	--	--	--	--	--	--

All Income While Resident
of Detroit - Col I

Detroit Income While a
Non-Resident Col II

1.	Total Income from W-2 (Work location: _____)	▶ 1	.00	.00
2.	Other Income (or losses) (from page 2, part 1) _____	▶ 2	.00	.00
3.	Subtotal (add lines 1 and 2) _____	▶ 3	.00	.00
4.	Deductions from Income (from page 2, part 2) _____	▶ 4	.00	.00
5.	Subtotal (line 3 less line 4) _____	▶ 5	.00	.00
6.	Exemption Amount (see instructions for computation) _____	▶ 6	.00	.00
7.	Net income (line 5 less line 6) _____	▶ 7	.00	.00
8.	Renaissance Zone Deduction (attach Renaissance Zone Approval Letter) _____	▶ 8	.00	.00
9.	Less: Loss transferred from column I or II _____	▶ 9	.00	.00
10.	Total Income Subject to Tax (line 7 less line 8 and 9) _____	▶ 10	.00	.00
11.	Tax (multiply line 10 column 1 x .024 (2.40%) / multiply line 10 column 2 x .012 (1.2%)) _____	▶ 11	.00	.00
12.	Total tax — Add line 11 column I + column II _____	▶ 12	.00	
13.	Credit tax paid to other cities (attach copy of other city returns) _____	▶ 13	.00	
14.	Total Tax (line 12 less line 13) _____	▶ 14	.00	
PAYMENTS AND CREDITS				
15.	Tax withheld _____	▶ 15	.00	
16.	2014 estimated payments, credits and other payments (see instructions) _____	▶ 16	.00	
17.	Detroit tax paid for you by a partnership (from page 2, part 3) _____	▶ 17	.00	
18.	Total payments and credits (add lines 15 through 17) _____	▶ 18	.00	
REFUND OR TAX DUE				
19.	If line 18 is larger than line 14 enter the amount of Overpayment _____	▶ 19	.00	
20.	Amount to be Refunded (if amended see instructions) _____	▶ 20	.00	
21.	Amount to be Credited on 2015 Estimated Tax (if amended see instructions) _____	▶ 21	.00	
22.	If line 14 is larger than line 18 enter the amount of Tax due: (make check payable to: Treasurer, City of Detroit) _____	▶ 22	.00	



* 1 0 2 2 2 0 1 4 *

RESIDENT / COLUMN I NON-RESIDENT / COLUMN II

PART 1

Other Income (or losses)

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)
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)

	.00	
	.00	
	.00	
	.00	.00
	.00	.00
	.00	.00
	.00	.00
	.00	.00
	.00	.00

PART 2

Deductions from Income:

1. Employee Business Expenses from federal 2106 (see instructions for allowable deductions and attach federal form)
2. Moving expense from federal form 3903 (attach federal form)
3. Individual Retirement Account (IRA) and/or Keogh retirement plan and self-employed SEP deductions.
(attach federal form 1040, page 1)
4. Interest on obligations of the United States or subordinate units included on part 1, line 1
5. Alimony (furnish recipient's name, address and Social Security Number, attach federal form page 1)

	.00	.00
	.00	.00
	.00	.00
	.00	.00
	.00	.00
	.00	.00
	.00	.00
	.00	.00

Name Address Social Security Number

6. Penalty for early withdrawal of savings
7. Net operating loss carryover
8. Enter total deductions from income here and on page 1, line 4

PART 3

Detroit tax paid for you by a partnership

Name	Federal Identification Number	Amount
1.00
2.00
Total enter on page 1, line 1700

PART 4

Enter the first names of the dependent children & Social Security Numbers

Enter the names & Social Security Numbers of other dependents

_____	_____
_____	_____
_____	_____

Signature: (if Joint return, BOTH HUSBAND AND WIFE MUST SIGN)

Under penalty of perjury, 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 declaration is based on all information of which the preparer has any knowledge.

			()	()
Taxpayer's Signature	Date	Occupation	Home Phone	Work Phone
			()	()
Spouse's Signature	Date	Occupation	Home Phone	Work Phone
Signature of preparer other than taxpayer		Date	Address	I.D. number

MAILING INSTRUCTIONS: Due Date: This return is due April 30, 2015 or at the end of the fourth month after the close of your tax year.

**Returns with Payments: TREASURER, CITY OF DETROIT
P.O. BOX 33401
Detroit, Michigan 48232**

**Refund and all others: DETROIT CITY INCOME TAX
P.O. BOX 33402
Detroit, Michigan 48232**