

D-1040 (L)  **City of Detroit Income Tax 2007**
Individual Return — Part Year Resident

STAMP DLN HERE

Office Use Only

or Fiscal Year Beginning MMDD 2007, Ending MMDDYYYY

Social Security Number

Spouse's Social Security Number

Check here if this return is for a deceased taxpayer

\$

First Name

MI

Last Name

Spouse's First Name

MI

Spouse's Last Name

Home Address (Number and Street or Rural Route)

City or Town

State

Zip Code

A. FILING STATUS

1 Single or Married Filing Separately

2 Married Filing Jointly

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

EXEMPTIONS:

REGULAR 65 or OVER BLIND DEAF DISABLED

C. YOURSELF

D. SPOUSE

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? Y I. Is this amended return as a result of a federal audit? Y J. If Yes, enter the federal determination date MMDDYYYY

Residency:

Number of Months you were a Resident

Residency Effective Date

Residency Ending Date

Number of Months your spouse was a Resident

Residency Effective Date

Residency Ending Date

INCOME AND ADJUSTMENTS

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
- 2. Other Income (or losses) (from page 2, part 1) 2
- 3. Subtotal (add lines 1 and 2) 3
- 4. Deductions from Income (from page 2, part 2) 4
- 5. Subtotal (line 3 less line 4) 5
- 6. Exemption Amount (see instructions for computation) 6
- 7. Net income (line 5 less line 6) 7
- 8. Renaissance Zone Deduction (attach Renaissance Zone Deduction Schedule) 8
- 9. Less: Loss transferred from column I or II 9
- 10. Total Income Subject to Tax (line 7 less line 8 and 9) 10
- 11. Tax (multiply line 10 column 1 x .025 (2.5%) / multiply line 10 column 2 x .0125 (1.25%)) 11
- 12. Total tax — Add line 11 column I + column II 12
- 13. Credit tax paid to other cities (attach copy of other city returns) 13
- 14. Total Tax (line 12 less line 13) 14
- 15. Tax withheld 15
- 16. 2007 estimated payments, credits and other payments (see instructions) 16
- 17. Detroit tax paid for you by a partnership (from page 2, part 3) 17
- 18. Total payments and credits (add lines 15 through 17) 18
- 19. If line 18 is larger than line 14 enter the amount of Overpayment 19
- 20. Amount to be Refunded (if amended see instructions) 20
- 21. Amount to be Credited on 2008 Estimated Tax (if amended see instructions) 21
- 22. If line 14 is larger than line 18 enter the amount of Tax due: (make check payable to: Treasurer, City of Detroit) 22

PAYMENTS AND CREDITS

REFUND OR TAX DUE

Attach Copy of Form W-2 Here

Attach Check or Money Order Here

PART 1

RESIDENT
COLUMN I NON-RESIDENT
COLUMN II

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)

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)
- | | | |
|------|---------|------------------------|
| | | |
| 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.			
2.			

Total enter on page 1, line 17

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, 2008 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**