



STAMP DLN HERE

or Fiscal Year Beginning MMDD 2008, Ending MMDYYYY

Social Security Number

Spouse's Social Security Number

Check here if this return is for a deceased taxpayer

Stamp area with dollar sign and grid

Office Use Only

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, EXEMPTIONS, B. Check if you can be claimed as a dependent, C. YOURSELF, D. SPOUSE, E. Number of Dependent Children, F. Number of Other Dependents, G. TOTAL Number of Exemptions

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

Residency: Number of Months you were 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

Table with 22 rows for income and adjustments, and 22 columns for tax calculations and payments.

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, 2009 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**