	D-	City of Detroit Income Tax Individual Return — Part Year Resident				ST	ΓAN	1P C	DLN	I HE	RE		3						
	or F	Fiscal Year Beginning MMDDD 2008, Ending MMDDDYYYY			_			_					۵						
	Social	al Security Number Spouse's Social Security Number Check here if this return is	\$				ı							٥					
ſ		for a deceased taxpayer		亓	╦	ĺ	▔	〒	Ή	i	一		Ħ:	1					
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ſ										\neg		Т		ı					
ľ	Spous	se's First Name MI Spouse's Last Name				_			_										
	Home	e Address (Number and Street or Rural Route)																	
L																			
	City o	or Town State Zip Cod	le						_										
					ᅪᆫ	L													
ſ	ΔΕ	FILING STATUS EXEMPTIONS:																	
	_	1 Single or Married REGULAR 65 or OVER BLIND DEAF DISABLI	ED		lumbei							•							
	L	— Filing Separately C. YOURSELE D. D	ıl		st all de Iumbei	•						_							
		2 Married Filing Jointly	'		st all de														
	В. Г	Check if you can be claimed as a dependent on another person's tax			OTAL dd lines					ptior	is)	•							
L	D	return.			uu iiries	0, 0	, L ai	IG 1											
		nded return? Y I. Is this amended return as a result of a federal audit? Y J. If Yes, enter the federal de tructions	etermi	nation	date	• [М	M [ΊΥ	Υ						
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		sidency: her of Months you were a Resident Number of Months your s	spous	se was	s a Res	iden	nt												
		idency Effective Date Residency Effective Date					··				ή	广	Ħ						
		, <u>——————</u>					눆	눆	╬	╬	╬	╬	Ħ						
_	Resi	idency Ending Date P Residency Ending Date _				<u> </u>													
	_	INCOME AND ADJUSTMENTS —			All Inc		While		ent			come ' sident	While a						
ø	1.	Total Income from W-2 (Work location:	-	. 1	ı — `														
Here	2.	Other Income (or losses) (from page 2, part 1)		. 2	<u> </u>														
W-2	3.	Subtotal (add lines 1 and 2)																	
Form M	4.	Deductions from Income (from page 2, part 2)		3															
of Fc	5.	Subtotal (line 3 less line 4)																	
Copy	6.	Exemption Amount (see instructions for computation)		. <u>5</u> . 6															
ပ္	7.	Net income (line 5 less line 6)		. 7															
Attach		Renaissance Zone Deduction (attach Renaissance Zone Deduction Schedule)																	
V	8.																		
	9.	Less: Loss transfered from column I or II			<u> </u>														
	10.	Total Income Subject to Tax (line 7 less line 8 and 9)																	
re	11.	Tax (multiply line 10 column 1 x .025 (2.5%) / multiply line 10 column 2 x .0125 (1.25%))			<u> </u>									i					
r Here	12.		-	12															
Order	13.																		
ey (14.	Total Tax (line 12 less line 13) PAYMENTS AND CREDITS Tax withheld		14															
Money	15.	. Tax walled																	
ō	16.																		
hec	17.	Detroit tax paid for you by a partnership (from page 2, part 3)	···· >	17															
S C	18.	Total payments and credits (add lines 15 through 17) REFUND OR TAX DUE	18																
Attach Check	19.	9. If line 18 is larger than line 14 enter the amount of Overpayment • 19																	
1	20.	. Amount to be Refunded (if amended see instructions) —																	
														٦.					
	21.	Amount to be Credited on 2009 Estimated Tax (if amended see instructions)		21															

RESIDENT **NON-RESIDENT** COLUMN I COLUMN II Other Income (or losses) 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.) Gain (or loss) on sale or exchange of property (attach federal schedule(s)) 4. 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) Net income (loss) from Rent or Royalties (attach federal Schedule E) Miscellaneous 8. Total Other income (or losses) (enter here and on page 1, line 2) PART 2 **Deductions from Income:** 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) Individual Retirement Account (IRA) and/or Keogh retirement plan and self-employed SEP deductions. (attach federal form 1040, page 1) -Interest on obligations of the United States or subordinate units included on part 1, line 1 — 4. Alimony (furnish recipient's name, address and Social Security Number, attach federal form page 1) --5. Address Social Security Number Penalty for early withdrawal of savings 6. Net operating loss carryover -Enter total deductions from income here and on page 1, line 4 PART 3 Detroit tax paid for you by a partnership Federal Identification Number Amount 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 taxpaver			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