D-1040(NR)

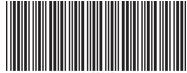
City of Detroit Income Tax Individual Return — Non-Resident

2012

| Social | Security Number | Spouse's Social | Cł | Check here if this | | | | | | | | | | | | |
|-------------|---|-------------------------------------|-----------|--------------------|-----------|----------------|------------------|---------|-------------------|---------|--------|----------------------|----------|-------|------|---------|
| | | | | | | re | turn is f | or a | | 110011 | | *1 | .011201 | 2* | | ,,,,,,, |
| First N | ame | | MI | Last Na | me | ue | ceasec | ιαχρι | аусі | | | | | | | |
| | | | | | | Ш | Ш | | Ш | | Ш | | | | | 丄 |
| Spous | e's First Name | | MI | Spouse | 's Last | Name | | | | | | | | | | _ |
| | | | | | | ш | | | | | Ш | | | | | |
| Home | Address (Number and Street or Rural F | Route) | | | | | - | | | | | | | | | |
| | | | | | + | | | + | | Н | | | | | | |
| | | | | | | Ш | | | Ш | | | | | | | |
| City or | Town | | | | Sta | te | Zip C | ode | | 1 | | | 7 | | | |
| | | | | | | | | | | | Ш | _ | | | | |
| A. F | ¬ | EXEMPTIONS: | GULAR 65 | or OVED | BLIND | DEAF | : nie | ABLED | E. Nur | nber c | of Dep | enden | t Child | ren | | |
| Ļ | Single or Married Filing Separately | C. YOURSELF | JOLAIT 03 | OI OVEN | DLIND | ▶ □ | | ADEED | F. Nur | | | | | ts | H | = |
| | Married Filing Jointly | | | | | ` - | , , , , | _ | Num | bers or | separa | cial Sec ate page |) | | Щ | _ |
| B. | Check if you can be claimed as a dependent on another person's tax return. | D. SPOUSE | ▶ | | Ш | | | | G. TO | | | rotEx nd F | | ons • | | |
| H. Amer | ded return I. Is this amended return a | s a result of a federal au | ıdit? | J. If Y | 'es, ente | er the fed | eral dete | rminati | on date | • | | | | | | |
| See inst | | ADJUSTMENTS | ; —— | | | | | | Dollars — | | | | | | —Cer | nts — |
| 1. | Total Detroit Income from W-2 wages | | N line 5) | | | , | . ⊾ Г | 1 | | | T | П | | | 0 | |
| T 2. | (work location: | | | | | , | ′ L | _ | + | + | ÷ | Н | + | Н | . 0 | 0 |
| 2. | Other Income (or losses) (from page 2 | 2, Schedule J, line 5 | <u> </u> | | ••••• | | • • [| 2 | | | | | | | . 0 | 0 |
| 3. | Subtotal (add lines 1 and 2) | | | | | | · ▶ [| 3 | | | | | | | . 0 | 0 |
| | Deductions from Income (from page 2 | , Schedule M, line | 5) | | | | · ▶ [| 4 | | | Т | П | | | 0 | 0 |
| | Subtotal (line 3 less line 4) | | | | | | - - ▶ 「 | 5 | $\overline{\Box}$ | 市 | Ť | Ħ | Ť | П | _ | 0 |
| 0 | Exemption amount (multiply the total n | | | | | | ′ L | _ ; | \pm | + | ÷ | H | + | | | |
| ပိ _ | | | | | | , | ' L | 6 | | + | ÷ | Н | + | Щ | . 0 | 0 |
| ac | Net Income (line 5 less line 6) | | | | | | | 7 | | 4 | Ļ | Щ | | Щ | . 0 | 0 |
| 8. | Renaissance Zone Deduction (attach | Renaissance Zone | Deduction | on Sched | ule) | •••••• | · ▶ [| 8 | | | | | | | . 0 | 0 |
| 9. | Total Income Subject to Tax (line 7 les | s line 8) | | | | | • • | 9 | | | | | | | . 0 | 0 |
| 10. | Tax (multiply line 9 by .01225 (1.225% | S AND CREDITS | | | | | • • | 10 | | | Т | | | | . 0 | 0 |
| 11. | Tax Withheld | | | | | | • · | 11 | | Ť | T | | | | . 0 | 0 |
| <u> </u> | 2012 estimated payments, credits and | other payments (se | ee instru | ctions) ·· | | | - • • • | 12 | | 寸 | Ť | П | T | П | _ | 0 |
| 12. 13. 14. | Detroit tax paid for you by a partnersh | ip (attach separate | schedule | e) | | | | 3 | | \pm | ÷ | | _ | | | |
| | Total payments and credits (add lines | | | , | | | | _ | + | + | ÷ | Н | + | Н | _ | 0 |
| | | OR TAX DUE - | | | | | • | 14 | Щ. | 4 | ┿ | Щ | <u> </u> | Щ | . 0 | 0 |
| | If line 14 is larger than line 10 enter ar | mount of Overpaym | ent | ••••• | ••••• | ••••• | • • | 15 | | | L | | | | . 0 | 0 |
| 16. | Amount to be Refunded (if amended - | see instructions) | | | | | . • | 16 | | | | | | | . 0 | 0 |
| | Amount to be Credited on 2013 Estima | ated Tax (if amende | ed — see | e instructi | ions) . | | • • | 17 | | | Ι | | | | . 0 | 0 |
| 18. | If line 10 is larger than line 14 enter ar (make check payable to: Treasurer, Cit | mount of Tax Due | ••••• | | | | • • - | 18 | | Ī | T | П | | | 0 | 0 |

SCHEDULE N — COMPUTATION OF WAGES EARNED IN DETROIT — DO NOT USE THIS SCHEDULE IF ALL YOUR WORK IS PERFORMED IN DETROIT

If your Detroit allocation is less than 100%, please attach letter from your employer to verify lines 1& 2 of this Schedule and your work log. (see instructions for definition of "days worked")



| 1 | a. Number of days paid (5 day week x 52 weeks = 260 days) | | You | | 1 | | Spous | е | |
|--------|--|-----------------|--------------------|---------------|----------------------|--------------|---------------|--------------------------|--|
| ١. | (if other than 260 days attach explanation) | 1a. | | | 1a. | | | | |
| | b. Vacation, holidays, sick, and other days not worked | 1b | | | | | | | |
| | c. Actual number of days worked everywhere (1a minus 1b) | 1c | | | 1c | | | | |
| | Actual number of days worked in Detroit | 2 | | | 2 | | | | |
| | Percentage of days worked in Detroit (line 2 divided by line 1c) | | | | 3 | | | % | |
| | Total wages shown on W-2 | | | | | | | .00 | |
| Э. | Wages earned in Detroit (line 4 multiplied by percentage on line 3) | ɔ | | 00 | , ₂ . – | | | 00 | |
| This s | Enter total for both columns, page 1 line 1 (If multiple schedules are used the total for all line 5's) chedule applies to Non-Residents only. Where both Husband and Wife have income subject to allocation, figure them | separately. Als | o a separate compu | tation must b | e made for ea | ch W2. (F | hotocopy this | schedule if needed). | |
| SC | CHEDULE J — Other Income (or losses) | | | | | | | | |
| | Rental income (or loss) from tangible property in the City of Detroit (attach fed | eral sched | dule) | | 1. | | | .00 | |
| | Net Profit (or loss) from business or profession (Schedule C line 6) | | , | | | | | | |
| | | | | | | | | | |
| | Income (losses) from DETROIT partnership and other income (attach federal se | , | | | | | | | |
| 4. | Gain (or loss) from sale or exchange of tangible property in the City of Detroit | (attach fe | deral schedul | e) | | | | | |
| 5. | Total (Add lines 1, 2, 3 and 4, Enter on page 1 line 2) | | | | 5 | | | 00 | |
| | | | Federal | Amount | | Deductible | | e Amount | |
| SC | CHEDULE M — DEDUCTIONS ALLOWED ON DETROIT RETURN | \$ | You | Sno | | - V | | Spouse | |
| | must attach copies of your federal forms to support lines 1 through 5. (See Instruc | | You | Spo | use | T | ou | Spouse | |
| | Employee Business Expenses (attach federal form 2106 and see instructions) | | .00 | | .00 | | .00 | .00 | |
| | | | | 1 | | | | | |
| 2. | Moving Expenses (attach federal form 3903) | – | 00 | | 00 | | 00 | 00 | |
| 3. | Individual Retirement Account (IRA) (attach federal form 1040, page 1) | – | 00 | | 00 | | 00 | 00 | |
| | Alimony (attach federal form 1040, page 1) | | | | | | 00 | 00 | |
| 5. | Total Deductions (add lines 1 through 4), enter total for both columns on page 1, | line 4 | | | \$. | | 00 | 00 | |
| 1. | Peral income tax return. Attach a separate schedule for each business. Net profit (or loss) from business or profession per federal Schedule C attached Apportionment percentage from Schedule D below, line 5 — if all business was considered to the control of th | s conduc | ted in Detroit. | | | | | 00 | |
| _ | enter 100% and DO NOT fill in Schedule D | | | | | | | % | |
| | Apportioned income (multiply line 1 by line 2) | | | | | | | .00 | |
| 4. | Less: Applicable portion of net operating loss carryover | | | | 4 | | | 00 | |
| 5. | Less: Applicable portion of Self-Employment Retirement deduction (attach fed | eral form | 1040, page 1 |) | 5 | | | .00 | |
| 6. | Total: (enter amount on Schedule J above, line 2) | | | | 6 | | | .00 | |
| | | | | | | | D | | |
| 50 | CHEDULE D — INCOME APPORTIONMENT FORMULA: | | Locate Everywhe | | Located Detroit | | | centage livided by I) | |
| 1. | Average net book value of real and tangible personal property | | | 00 _ | | 00 | | % | |
| | a. Gross annual rent paid for real property multiplied by 8 | | | 00 | | 00 | | % | |
| | b. TOTAL (add lines 1 and 1a) | | | 00 _ | | 00 | | % | |
| 2. | Total wages, salaries, commissions and other compensation of all employees. | | | 00 _ | | 00 | | % | |
| 3. | Gross receipts from sales made or services rendered | | | 00 _ | | 00 | | % | |
| 4. | Total (add lines 1b, 2 and 3) you must compute a percentage for each line | | | 00 _ | | 00 | | % | |
| 5. | Average * (enter here and on Schedule C, line 2) | | | | | | | % | |
| | * To determine the average, divide line 4 by 3. However, if a factor does not exist, divide of a taxpayer authorized by the Finance Director to use a special formula, attach a copy of | the sum of | the percentage | s by the n | umber of fa | actors a | actually use | ed. In the case | |
| 111 | nder penalty of perjury, I declare that I have examined this return (including accompanying | | | 1) and to th | no bost of m | ny kno: | wlodgo on | holiof it is true | |
| | prect and complete. If prepared by a person other than taxpaver, the declaration is based | | | | | | | i beller it is true, | |
| - | , , , , , , , , , , , , , , , , , , , | 1 | 1 | 1 | 1 | ١ | 3 - | | |
| _ | Taxpayer's Signature Date Occupation | (| ome Phone | | (|) /ork Ph | one | | |
| | Taxpayer's Signature Date Occupation | | one Filone | | ۷۱ | OIK PN | OILE | | |
| _ | | (|) | | (|) | | | |
| | Spouse's Signature Date Occupation | Н | ome Phone | | W | ork Ph | one | | |
| _ | Signature of preparer other than taxpayer Date | Α | ddress | | 1.1 | D. num | ber | | |