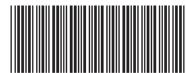
D-1040(R)

City of Detroit Income Tax Individual Return — Resident

(make check payable to: Treasurer, City of Detroit)

0 0

Spouse's Social Security Social Security Number Check here if this *10012012* return is for a deceased taxpayer First Name MI Last Name Spouse's First Name ΜI Spouse's Last Name Home Address (Number and Street or Rural Route) City or Town State Zip Code A. FILING STATUS **EXEMPTIONS:** E. Number of Dependent Children REGULAR 65 or OVER BLIND DEAF DISABLED List all dependents on page 2, part 4. Single or Married Filing Separately F. Number of Other Dependents C. YOURSELF Married Filing Jointly List all dependents on page 2, part 4. Check if you can be claimed as a dependent G. **TOTAL** Number of Exemptions В. D. SPOUSE on another person's tax return. Add lines C, D, E and F. H. Amended return I. Is this amended return as a result of a federal audit? J. If Yes, enter the federal determination date See instructions - INCOME AND ADJUSTMENTS Cents -1. Total Income from W-2 (work location: _ 1 0 0 2 2. Other Income (or losses) (from page 2, part 1) 0 0 3 3. Subtotal (add lines 1 and 2) -----0 0 4. Deductions from Income (from page 2, part 2) 4 0 0 5 5. Subtotal (line 3 less line 4) 0 0 of 6 6. Exemption amount (multiply the total number of exemptions from line G by \$600.00) 0 0 7 7. Net Income (line 5 less line 6 0 0 8 8. Renaissance Zone Deduction (attach Renaissance Zone Deduction Schedule) 0 0 Total Income Subject to Tax (line 7 less line 8) 9 0 0 10. Tax (multiply line 9 by .0245 (2.45%) 10 0 0 Credit for tax paid to other cities (attach copy of other city returns) 11 0 0 Total Tax (line 10 less line 11) 12. 12 0 0 PAYMENTS AND CREDITS — 13 0 0 14. 2012 estimated payments, credits and other payments (see instructions) 14 0 0 15. Detroit tax paid for you by a partnership (from page 2, part 3) 15 0 0 Total payments and credits (add lines 13 through 15) 16 0 0 - REFUND OR TAX DUE -17. If line 16 is larger than line 12 enter amount of Overpayment 17 0 0 🔾 18. Amount to be Refunded (if amended — see instructions) 18 0 0 Amount to be Credited on 2013 Estimated Tax (if amended — see instructions) 19 0 0 If line 12 is larger than line 16 enter amount of Tax Due 20



ΡΑ	ART 1 – Other Income (or losses)		*10022012*	
1.	Interest and dividend income from federal 1040 or 1	040A	1	00
2.	Distributions from tax-option corporations (Losses r	not deductible)	2	00
3.	Net Income (or loss) from estates and trusts (attach	federal Schedule K-1, etc.)	3	00
4.	Gain (or loss) on sale or exchange of property (attack	4	00	
5.	Net Income (or loss) from partnership (attach federa	ıl Schedule K-1, etc.)	5	00
6.	Net Income (or loss) from business or profession (at	ttach federal Schedule C)	6	00
7.	Net Income (loss) from Rent or Royalties (attach fed	7	.00	
				.00
9.	Total Other income (or losses) here and on page 1,	line 2	9	00
Σ Δ	ART 2 – Deductions from Income			
1.	Employee Business Expenses from federal form 2106 form)	al 1	.00	
2.	Moving expense from federal form 3903 (attach federal	eral form)	2	.00
3.	Individual Retirement Account (IRA) and/or Keogh re (attach federal form 1040, page 1)	3	00	
4.	Interest on obligations of the United States or subor	dinate units included on part 1, line 1	4	.00
5.	Alimony (furnish recipient's name, address and Soci	al Security Number) (attach federal form page 1)	5	.00
6.		dress Social Security Number	6	.00
7.	Net operating loss carryover	7	.00	
8.	Other (Identify)	8	00	
9.	Enter total deductions from income here and on page	9	.00	
ΡΑ	RT 3 – Detroit tax paid for you by	a partnership		
	Name of Partnership	Federal Identification Number	Amount	
1.				00
2.				00
	tal (enter on page 1, line 15)			00
	ART 4 Inter the first names & Social Security Numbers of the de	ependent children Enter the names & Social Security	Numbers of other depende	ents
_				
	gnature: (if Joint return, BOTH HU	ISBAND AND WIFE MUST SIGN		
Ur	nder penalty of perjury, I declare that I have examined this ref	turn (including accompanying schedules and statements) and to the ayer, the declaration is based on all information of which the prepare		elief it is true,
		()	()	
	Taxpayer's Signature Date C	Occupation Home Phone	Work Phone	
_	Spouse's Signature Date C	() Occupation Home Phone	() Work Phone	
		•		
	Signature of preparer other than taxpayer D	Pate Address	I.D. number	