





\*10022013\*

**PART 1 – Other Income (or losses)**

- 1. Interest and dividend income from federal 1040 or 1040A ..... 1. \_\_\_\_\_ .00
- 2. Distributions from tax-option corporations (Losses 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 (attach federal Schedule) ..... 4. \_\_\_\_\_ .00
- 5. Net Income (or loss) from partnership (attach federal Schedule K-1, etc.) ..... 5. \_\_\_\_\_ .00
- 6. Net Income (or loss) from business or profession (attach federal Schedule C) ..... 6. \_\_\_\_\_ .00
- 7. Net Income (loss) from Rent or Royalties (attach federal Schedule E) ..... 7. \_\_\_\_\_ .00
- 8. Miscellaneous (Identify) ..... 8. \_\_\_\_\_ .00
- 9. Total Other income (or losses) here and on page 1, line 2 ..... 9. \_\_\_\_\_ .00

**PART 2 – Deductions from Income**

- 1. Employee Business Expenses from federal form 2106 (see instructions for allowable deductions and attach federal form) ..... 1. \_\_\_\_\_ .00
- 2. Moving expense from federal form 3903 (attach federal form) ..... 2. \_\_\_\_\_ .00
- 3. Individual Retirement Account (IRA) and/or Keogh retirement plan and self-employed SEP deductions (attach federal form 1040, page 1) ..... 3. \_\_\_\_\_ .00
- 4. Interest on obligations of the United States or subordinate units included on part 1, line 1 ..... 4. \_\_\_\_\_ .00
- 5. Alimony (furnish recipient's name, address and Social Security Number) (attach federal form page 1) ..... 5. \_\_\_\_\_ .00  

Name	Address	Social Security Number
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- 6. Penalty for early withdrawal of savings ..... 6. \_\_\_\_\_ .00
- 7. Net operating loss carryover ..... 7. \_\_\_\_\_ .00
- 8. Other (Identify) ..... 8. \_\_\_\_\_ .00
- 9. Enter total deductions from income here and on page 1, line 4 ..... 9. \_\_\_\_\_ .00

**PART 3 – Detroit tax paid for you by a partnership**

Name of Partnership	Federal Identification Number	Amount
1. _____	_____	.00
2. _____	_____	.00
Total (enter on page 1, line 15) .....		.00

**PART 4**

Enter the first names & Social Security Numbers of the dependent children

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, 2014 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