

D-1040 (R)

City of Detroit Income Tax Individual Return - Resident 2010

or Fiscal Year Beginning MMDD 2010, Ending MMDDYYYY

Social Security Number Spouse's Social Security Number

Check here if this return is for a deceased taxpayer Y

Office Use Only section with a large empty box and a dollar sign followed by a grid for tax amounts.

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: 1 Single or Married Filing Separately, 2 Married Filing Jointly, B. Check if you can be claimed as a dependent. EXEMPTIONS: C. YOURSELF, D. SPOUSE, E. Number of Dependent Children, F. Number of Other Dependents, G. TOTAL Number of Exemptions.

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

INCOME AND ADJUSTMENTS

Table with 20 rows for income and adjustments. Columns include line number, description, and a grid for dollars and cents. Rows include Total Income from W-2, Other Income, Subtotal, Deductions from Income, Exemption amount, Net Income, Renaissance Zone Deduction, Total Income Subject to Tax, Tax, Credit for tax paid to other cities, Total Tax.

PAYMENTS AND CREDITS

Table with 7 rows for payments and credits. Columns include line number, description, and a grid for dollars and cents. Rows include Tax withheld, 2010 estimated payments, credits and other payments, Detroit tax paid for you by a partnership, Total payments and credits, REFUND OR TAX DUE, Amount to be Refunded, Amount to be Credited on 2011 Estimated Tax.

Attach Copy of Form W-2 Here Attach Check or Money Order Here

PART 1

Other Income (or losses)

- 1. Interest and dividend income from federal 1040 or 1040A 1. _____
- 2. Distributions from tax-option corporations (Losses not deductible) 2. _____
- 3. Net Income (or loss) from estates and trusts (attach federal Schedule K-1, etc.) 3. _____
- 4. Gain (or loss) on sale or exchange of property (attach federal Schedule) 4. _____
- 5. Net Income (or loss) from partnership (attach federal Schedule K-1, etc.) 5. _____
- 6. Net Income (or loss) from business or profession (attach federal Schedule C) 6. _____
- 7. Net Income (loss) from Rent or Royalties (attach federal Schedule E) 7. _____
- 8. Miscellaneous (Identify) 8. _____
- 9. Total Other income (or losses) here and on page 1, line 2 9. _____

PART 2

Deductions from Income:

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

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

PART 3

Detroit tax paid for you by a partnership

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

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, 2011 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