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SCHEDULE G-1 Complete For Resident Beneficiaries Only

	NAME	SOCIAL SECURITY NUMBER	AMOUNT DISTRIBUTABLE
1.			100
2.			200
3.			300
4.			400
5.			500
6.			600
7.			700
8.			800_
9.			900_
10.			10
11.	Total Distributable Income - Residents (Enter on page 1, line 6).		1100_

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.

Signature of preparer other than Fiduciary Date

Fiduciary/Responsible Party

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 33405 Detroit, Michigan 48232 Refund and all others: DETROIT CITY INCOME TAX P.O. BOX 33405 Detroit, Michigan 48232