



# City of Detroit Income Tax – Estates and Trusts

# 2014



or Fiscal Year Beginning     2014, Ending

**Complete this section if using Social Security Number**

Social Security Number

First Name

MI

Last Name

**Complete this section if using Federal Employer Identification Number**

Federal Employer Identification Number

Name

Address (Number and Street or Rural Route)

City or Town

State

Zip Code

A. Are you filing this return for a(n)  ESTATE  SIMPLE TRUST  COMPLEX TRUST B. Amended Return? (See instructions).

C. Is this amended return as a result of a Federal Audit?  D. If YES, enter the Federal Determination Date.

**INCOME AND ADJUSTMENTS**

1. Net Income (loss) from business located in Detroit (attach federal schedule) .....	.00
2. Net Income (or loss) from rental property in Detroit (attach federal schedule) .....	.00
3. Net gain (or loss) from sale or exchange of tangible property in Detroit (attach federal schedule) .....	.00
4. Other Detroit income (attach federal schedule) .....	.00
5. Total (add lines 1 through 4) .....	.00
6. Total Distributable Income (from page 2, Schedule G1 line 11) .....	.00
7. Total (line 5 less line 6) .....	.00
8. Exemption Amount (estate \$600, simple trust \$300, complex trust \$100) .....	.00
9. Net income (line 7 less line 8) .....	.00
10. Renaissance Zone Deduction (attach Renaissance Zone Approval Letter) .....	.00
11. Total income subject to tax (line 9 less line 10) .....	.00
12. Tax (multiply line 11 x .012 (1.2%)) .....	.00

**PAYMENTS AND CREDITS**

13. Tax withheld .....	.00
14. 2014 estimated payments, credits, and other payments (see instructions) .....	.00
15. Total payments and credits (add lines 13 and 14) .....	.00

**REFUND OR TAX DUE**

16. If line 15 is larger than line 12 enter amount of Overpayment .....	.00
17. Amount to be Refunded (if amended see instructions) .....	.00
18. Amount to be Credited on 2015 Estimated Tax (if amended see instructions) .....	.00
19. If line 12 is larger than line 15 enter the amount of Tax Due (make check payable to: Treasurer, City of Detroit) .....	.00

**SCHEDULE G-1**  
**Complete For Resident Beneficiaries Only**



NAME	SOCIAL SECURITY NUMBER	AMOUNT DISTRIBUTABLE
1. _____	_____	1. _____ .00
2. _____	_____	2. _____ .00
3. _____	_____	3. _____ .00
4. _____	_____	4. _____ .00
5. _____	_____	5. _____ .00
6. _____	_____	6. _____ .00
7. _____	_____	7. _____ .00
8. _____	_____	8. _____ .00
9. _____	_____	9. _____ .00
10. _____	_____	10. _____ .00
11. Total Distributable Income - Residents (Enter on page 1, line 6).		11. _____ .00

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, 2015 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**