

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, 2016 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