

# City of Detroit Income Tax Corporation Return 2009

Office Use Only

or Fiscal Year Beginning     2009, Ending

Federal Employer Identification Number

\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name

Address (Number and Street or Rural Route)

City or Town  State  Zip Code

A. Amended return?  Y B. Is this amended return as a result of a federal audit?  Y  
See instructions

C. If Yes, enter the Federal Determination date

D. Did you file a consolidated return with the IRS?  Y

E. Is this a consolidated return?  Y

### TAX COMPUTATION

		Dollars	Cents
1. a. Taxable income before net operating loss deduction and special deductions per attached U.S. 1120 or 1120S as filed with IRS	▶ <input type="text"/> 1a	<input type="text"/>	<input type="text"/> 0 0
b. Income from attached schedule (reconcile on page 2)	▶ <input type="text"/> 1b	<input type="text"/>	<input type="text"/> 0 0
2. Enter items not deductible under Detroit Income Tax Ordinance (from page 2, schedule C, column 1, line 5)	▶ <input type="text"/> 2	<input type="text"/>	<input type="text"/> 0 0
3. TOTAL (add lines 1 and 2)	▶ <input type="text"/> 3	<input type="text"/>	<input type="text"/> 0 0
4. Enter items not taxable under Detroit Income Tax Ordinance (from page 2, schedule C, column 2, line 7)	▶ <input type="text"/> 4	<input type="text"/>	<input type="text"/> 0 0
5. TOTAL (line 3 less line 4)	▶ <input type="text"/> 5	<input type="text"/>	<input type="text"/> 0 0
6. Apportionment percentage (see instructions)	▶ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>	<input type="text"/> 0 0
7. TOTAL (multiply line 5 by percentage on line 6)	▶ <input type="text"/> 7	<input type="text"/>	<input type="text"/> 0 0
8. LESS: applicable portion of net operating loss carryover and/or capital loss carryover (see instructions)	▶ <input type="text"/> 8	<input type="text"/>	<input type="text"/> 0 0
9. Net income	▶ <input type="text"/> 9	<input type="text"/>	<input type="text"/> 0 0
10. Renaissance Zone Deduction (attach Renaissance Zone Deduction Schedule)	▶ <input type="text"/> 10	<input type="text"/>	<input type="text"/> 0 0
11. TOTAL Income subject to Tax (line 9 less line 10)	▶ <input type="text"/> 11	<input type="text"/>	<input type="text"/> 0 0
12. Tax (multiply line 11 by .010 (1%))	▶ <input type="text"/> 12	<input type="text"/>	<input type="text"/> 0 0

### PAYMENTS AND CREDITS

13. 2009 estimated payments, credits and other payments (see instructions)	▶ <input type="text"/> 13	<input type="text"/>	<input type="text"/> 0 0
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### TAX DUE OR REFUND

14. If line 13 is larger than line 12, enter amount of Overpayment	▶ <input type="text"/> 14	<input type="text"/>	<input type="text"/> 0 0
15. Amount to be Credited to 2010 Estimated Tax (if amended — see instructions)	▶ <input type="text"/> 15	<input type="text"/>	<input type="text"/> 0 0
16. Amount to be Refunded (if amended — see instructions)	▶ <input type="text"/> 16	<input type="text"/>	<input type="text"/> 0 0
17. If line 12 is larger than line 13, enter amount of Tax Due (make check payable to: Treasurer, City of Detroit)	▶ <input type="text"/> 17	<input type="text"/>	<input type="text"/> 0 0

Attach Check or Money Order Here

# RECONCILIATION

If you used line 1 (b), page 1, you must complete the following reconciliation.

1. Taxable income before net operating loss deduction and special deduction per your federal form 1120 or 1120S ..... 1. \_\_\_\_\_
2. Income from line 1 (b), page 1 ..... 2. \_\_\_\_\_
3. Difference (Attach detailed explanation) ..... 3. \_\_\_\_\_  
(Taxpayer entitled to a federal new jobs tax credit should include the reinstatement of payroll expenses here).

## SCHEDULE C

Schedule C is used for adjustments provided in the Detroit Income Tax Ordinances. The period of time used to compute these adjustments must be the same as the time period used to report income. Schedule C adjustments are allowed to the extent that they are related to income reported on page 1, line

### COLUMN 1 - Add - Items Not Deductible

### COLUMN 2 - Deduct - Items Deductible

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. Nondeductible portion of loss, from sale of property acquired prior to July 1, 1962 1. _____</li> <li>2. All expenses (including interest) incurred in connection with income not subject to Detroit income tax 2. _____</li> <li>3. Detroit income tax paid or accrued. 3. _____</li> <li>4. Other (submit schedule) _____<br/>_____<br/>_____</li> <li>5. Total additions (enter on page 1, line 2) 5. _____</li> </ol> | <ol style="list-style-type: none"> <li>1. Interest from obligations of the United States, the states or subordinate units of government. 1. _____</li> <li>2. Dividend received deduction 2. _____</li> <li>3. Foreign Dividend gross up. 3. _____</li> <li>4. Foreign taxes paid or accrued deduction. 4. _____</li> <li>5. Nontaxable portion of gain from sales of property acquired prior to July 1, 1962. 5. _____</li> <li>6. Other (submit schedule). 6. _____</li> <li>7. Total Deductions (enter on page 1, line 4) 7. _____</li> </ol> |
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## SCHEDULE D

In the case of a taxpayer authorized by the Finance Director to use a special formula, attach computations and furnish the following:

- a. Copy of approval letter      b. Percentage used — enter here \_\_\_\_\_ and on page 1, line 6.

Are you electing to use the Multistate Tax Compact Provision?     YES     NO    If yes, attach schedules.

### INCOME APPORTIONMENT

	Located Everywhere I	Located in Detroit II	Percentage III (II % I)
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- |  |       |       |       |
|--|-------|-------|-------|
| 1. Average net book value of real and tangible personal property                   |       |       |       |
| a. Gross annual rent paid for real property multiplied by 8                        | _____ | _____ | _____ |
| b. TOTAL (add lines 1 and 1a)  | _____ | _____ | _____ |
| 2. Total wages, salaries, commissions and other compensation of all employees      | _____ | _____ | _____ |
| 3. Gross receipts from sales made or services rendered                             | _____ | _____ | _____ |
| 4. Total (add lines 1b, 2 and 3 you must compute a percentage for each line) ..... | _____ | _____ | _____ |
| 5. Average * (enter here and on page 1, line 6) .....                              | _____ | _____ | _____ |

\* In determining the average, divide line 4 by 3. However, if a factor does not exist, divide the sum of the percentages by the number of factors actually used.

Where incorporated \_\_\_\_\_ Date incorporated \_\_\_\_\_ Principal business activity (NAICS) \_\_\_\_\_

Address in Detroit \_\_\_\_\_ Contact person \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_

Total number of location(s) everywhere \_\_\_\_\_ Number of Detroit location(s) included in this return \_\_\_\_\_

Attach a list of addresses of Detroit locations included in this return

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 Officer _____	Date _____	Title _____	Signature of preparer other than taxpayer _____	Date _____	Address _____
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**MAILING INSTRUCTIONS: Due Date: This return is due April 30, 2010 or at the end of the fourth month after the close of your tax year.**

Returns With Payments: <b>TREASURER, CITY OF DETROIT</b> P.O. BOX 673561, Detroit, Michigan 48267-3561	Refund and all others: <b>DETROIT CITY INCOME TAX</b> P.O. BOX 553165, Detroit, Michigan 48255-3165
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