

# SAGINAW

INDIVIDUAL RETURN  
DUE April 30, 2004

2003 S-1040

Your First Name and Initial		Last Name	Your Social Security Number
If Joint, Spouse's First Name and Initial		Last Name	Spouse Social Security Number
Mailing Address			If married filing separately, Spouse's Name
City/Town	State	Zip Code	
<b>RESIDENCY STATUS</b> (MUST COMPLETE SCHEDULE F & G ON BACK)			
<input type="checkbox"/> RESIDENT <input type="checkbox"/> NONRESIDENT <input type="checkbox"/> PART-YEAR RESIDENT			
Spouse's SSN			

Enter name and address used on 2002 return. (If none filed, give reason.)

		<b>EXEMPTIONS</b>			Total number of exemptions from page 2
		From federal return	Exclusions	Income subject to tax	
<b>ATTACH</b>	1. Wages, salaries, tips, etc.	1			00
<b>COPY OF</b>	2. Taxable interest and Ordinary dividends. (RESIDENTS ONLY)	2			00
<b>PAGE 1 OF</b>	3. Taxable refunds, credits or offsets.	3		NOT TAXABLE	00
<b>FEDERAL</b>	4. Alimony received.	4			00
<b>RETURN</b>	5. Business income. (Attach copy of federal Schedule C.)	5			00
<b>TO THE</b>	6. Capital gains or losses. (Attach copy of federal Schedule D.)	6			00
<b>BACK</b>	7. Other gains or losses. (Attach copy of federal Form 4797.)	7			00
<b>OF THIS</b>	8. Taxable IRA distributions. (Attach copy of Form 1099-R.)	8			00
<b>RETURN</b>	9. Taxable pension distributions. (Attach copy of Form 1099-R.)	9			00
	10. Rental real estate, royalties, partnerships, trusts, etc. (Attach copy of federal Schedule E.)	10			00
	11. Subchapter S corporation distributions. (Attach copy of federal Schedule K-1.)	11	NOT APPLICABLE		00
	12. Farm income or (loss). (Attach copy of federal Schedule F.)	12			00
<b>ATTACH</b>	13. Military pay	13		NOT TAXABLE	00
<b>W-2</b>	14. Unemployment compensation	14		NOT TAXABLE	00
<b>FORMS</b>	15. Social security benefits.	15		NOT TAXABLE	00
<b>HERE</b>	16. Other income. List type and amount. Type Amount \$	16			00
	17. Total income. Add lines 1 through 16.	17			00

<b>DEDUCTIONS</b>		See instructions. Deductions must be allocated on the same basis as related income.			
	18. Individual Retirement Account deduction. (ATTACH COPY OF PAGE 1 OF FEDERAL RETURN)	18			00
	19. Self Employed SEP, SIMPLE and qualified plans. (ATTACH COPY OF PAGE 1 OF FEDERAL RETURN)	19			00
	20. Employee business expenses. (SEE INSTRUCTIONS AND ATTACH COPY OF FEDERAL 2106)	20			00
	21. Moving expenses. (Into Taxing area only) (ATTACH COPY OF FEDERAL 3903)	21			00
	22. Penalty on early withdrawal of savings. (ATTACH COPY OF PAGE 1 OF FEDERAL RETURN)	22			00
	23. Alimony paid. DO NOT INCLUDE CHILD SUPPORT (ATTACH COPY OF PAGE 1 OF FEDERAL RETURN)	23			00
	24. Renaissance Zone deduction. (ATTACH ORIGINAL CERTIFICATE)	24			00
	25. Total deductions. Add lines 18 through 24	25			00
	26. Total income after deductions. Subtract line 25 from line 17	26			00
	27. Amount for exemptions. (Number of exemptions, _____ x \$1,000) MUST COMPLETE EXEMPTION SCHEDULE ON BACK.	27			00
<b>ATTACH</b>	28. Total income subject to tax. Subtract line 27 from line 26	28			00
<b>CHECK</b>	29. Tax at (MULTIPLY LINE 28 BY .015 (Resident) .0075 (Non-Resident) % (Partial Resident-from table)	29			00

<b>PAYMENTS AND CREDITS</b>					
<b>ATTACH</b>	30. Tax withheld by your employer (ATTACH W-2 FORMS showing Saginaw Tax Withheld)	30			00
<b>CHECK</b>	31. Payments on 2003 Declaration of Estimated IncomeTax, payments with an extension and credits forward from 2002.	31			00
<b>OR</b>	32. Credit for tax paid to another city and for tax paid by a partnership. (ATTACH COPY OF OTHER CITY'S RETURN)	32			00
<b>MONEY</b>	33. FIREWORKS DONATION: PLEASE DONATE \$1.00 OR MORE FOR THE ANNUAL FIREWORKS	33	( )		00
<b>ORDER</b>	34. Total payments and credits. Add lines 30 through 32 and Subtract line 33.	34			00

<b>TAX DUE</b>		<b>TAX DUE</b>			
	35. If tax (line 29) is larger than payments (line 34), Subtract line 34 from line 29. Enter tax due & pay with return.	35			00
<b>REFUND</b>	36. If line 34 is larger than line 29, Subtract line 29 from line 34. Amount credited to 2004>	36		REFUND	00

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 preparer's declaration is based on all information of which he has any knowledge.

====> \_\_\_\_\_ / / \_\_\_\_\_ / /

====> TAXPAYER'S SIGNATURE - If joint return, both husband and wife must sign. DATE SIGNATURE OF PREPARER OTHER THAN TAXPAYER DATE

====> \_\_\_\_\_ / / \_\_\_\_\_ / /

SPOUSE'S SIGNATURE DATE Preparer's phone number ( ) -

MAKE CHECK/MONEY ORDER PAYABLE TO: SAGINAW CITY TREASURER.  
 MAIL PAYMENTS TO: INCOME TAX OFFICE  
 P.O. BOX 5081  
 SAGINAW MI 48605-5081

MAIL REFUND & ZERO RETURNS TO:  
 INCOME TAX OFFICE  
 1315 S WASHINGTON  
 SAGINAW MI 48601

