

Your First Name and Initial, Last Name, Your Social Security Number, If married filing separately, Print Spouse's Name, If Joint, Spouse's First Name and Initial, Last Name, Spouse Social Security Number

Mailing Address, RESIDENCY STATUS MUST COMPLETE SCHEDULE F & G on PAGE 2, Total EXEMPTIONS from Page 2

INCOME table with columns: Description, Line Number, From federal return, Exclusions, Income subject to tax. Rows include Wages, salaries, tips, etc.; Taxable interest and Ordinary dividends; Alimony received; Business income; Capital gains or losses; Other gains or losses; Taxable IRA distributions; Taxable pension distributions; Rental real estate, royalties, partnerships, trusts, etc.; Subchapter S Corp distributions; Farm income or (loss); Military pay; Social security benefits; Other income.

DEDUCTIONS table with columns: Description, Line Number, Amount. Rows include Individual Retirement Account deduction; Self Employed SEP, SIMPLE and qualified plans; Employee business expenses; Moving expenses; Penalty on early withdrawal of savings; Alimony paid; Renaissance Zone deduction.

Summary rows for Total deductions, Total income after deductions, Amount for exemptions, Total income subject to tax, and Tax at (MULTIPLY LINE 26 BY).

PAYMENTS AND CREDITS table with columns: Description, Line Number, Amount. Rows include Tax withheld by your employer; Payments on 2007 Declaration of Estimated Income Tax; Credit for tax paid to another city and for tax paid by a partnership; FIREWORKS DONATION: PLEASE DONATE \$1.00 OR MORE FOR THE ANNUAL FIREWORKS.

TAX DUE and REFUND rows with descriptions and amounts.

A. Check box to authorize payment by Electronic Funds Withdrawal from the bank account listed below. B. Check box to Direct Deposit Refund to the bank account listed below. C. Routing number. D. Account number. E. Account Type: Checking, Savings.

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. PRINT NAME OF PREPARER. DATE. SPOUSE'S SIGNATURE. DATE. PREPARER'S PHONE NUMBER.

Please check appropriate box. Yes you may discuss my return with my preparer. Do not discuss my return with my preparer.

ALL TOTALS FROM PAGE 2, GO ON PAGE 1

EXEMPTIONS SCHEDULE						
You	Date of birth	Regular	65 & over	Blind	Box A. Number of boxes checked	Box A
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Spouse	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Box B. Number of dependents (attach copy of Federal return Page 1)	Box B
DEPENDENTS						
ATTACH COPY OF FEDERAL RETURN PAGE 1						
					Box C. Total Exemptions (Add Box A and Box B) (enter on Page 1, Line 25)	Box C

SCHEDULE A - NONRESIDENT WAGE ALLOCATION				
IF YOU WERE A RESIDENT AT ANY TIME DURING THE YEAR DO NOT USE THIS SCHEDULE (SEE INSTRUCTIONS)				
Wages earned partially outside the City of Saginaw	Employer#	Employer#	Employer#	Employer#
a. Actual number of days worked during 2007 include vacation, holiday and sick days				
b. Actual number of days worked outside the City of Saginaw				
c. Percentage of days worked outside the City of Saginaw (Line b divided by Line a)	%	%	%	%
d. Wages earned from this job (From W-2)				
e. Non-taxable wages earned outside the City of Saginaw. (Multiply Line d by Line c)				

SCHEDULE B - EXCLUDIBLE INTEREST AND DIVIDEND INCOME (FOR USE BY RESIDENTS ONLY)			
Excludible Interest Income		Excludible Dividend Income	
Interest income from federal return		Dividend income from federal return	
Excludible interest income		Excludible dividend income	
Interest from federal obligations		Dividend from federal obligations	
Interest from Subchapter S corp		Dividends from Subchapter S corp	
Other excludible interest income		Other excludible dividend income	
Total excludible interest income		Total excludible dividend income	
Taxable interest income		Taxable dividend income	

SCHEDULE C - BUSINESS INCOME, BUSINESS ALLOCATION FORMULA AND PROFIT OR LOSS (Attach Federal Schedule C)

SCHEDULE D - SALE OR EXCHANGE OF PROPERTY (ATTACH FEDERAL FORM SCHEDULE D)	
1. Portion of gain which occurred before July 1, 1965 (Resident and Non-resident)	
2. Non-resident Sale of Stock	
3. Non-resident Sale of Property located outside City of Saginaw	
TOTAL EXCLUDABLE SALE OR EXCHANGE OF PROPERTY	Enter TOTAL on Page 1, Line 6 or 7 Exclusions

SCHEDULE E - SUPPLEMENTAL INCOME (ATTACH FEDERAL FORM SCHEDULE E)	
1. Rents (Excludable by NON-RESIDENTS only on property located outside the City of Saginaw)	
2. Partnerships (Excludable by NON-RESIDENTS only on partnerships located outside the City of Saginaw)	
3. Other (Identify)	
4. Total Excludable Supplemental Income (Add Lines 1, 2 and 3)	

SCHEDULE F- ADDRESSES.	Enter name and address used on 2006 return. (If same as 2007 write "SAME". If none filed, please give reason.)			

LIST ALL ADDRESSES WHERE YOU RESIDED IN 2007 (if more than 2 list on separate sheet and attach)					
INDICATE T for taxpayer S for spouse B for both					
T,S, B	ADDRESS	FROM		TO	
		MONTH	DAY	MONTH	DAY

SCHEDULE G - EMPLOYERS. LIST ALL EMPLOYERS DURING 2007 & ACTUAL JOB LOCATION (if more than 2 list on separate sheet & attach)					
EMPLOYER	GIVE ACTUAL ADDRESS WHERE YOU WORKED	FROM		TO	
		MONTH	DAY	MONTH	DAY

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