

Header section containing personal information: Your First Name and Initial, Last Name, Your Social Security Number, If married filing separately, Please give Spouse's Name, etc.

Table with columns: INCOME, From federal return, Exclusions, Income subject to tax. Rows 1-17 detailing various income sources like Wages, salaries, tips, etc.

Table with columns: DEDUCTIONS, From federal return, Exclusions, Income subject to tax. Rows 18-24 detailing deductions like Individual Retirement Account deduction, Self Employed SEP, etc.

Table with columns: PAYMENTS AND CREDITS, From federal return, Exclusions, Income subject to tax. Rows 25-34 detailing payments and credits like Tax withheld by your employer, etc.

Table with columns: TAX DUE, REFUND. Rows 35-36 detailing tax due and refund calculations.

DIRECT DEPOSIT OF REFUND section with checkboxes and input fields for routing number and account number.

Signature section with lines for TAXPAYER'S SIGNATURE, SPOUSE'S SIGNATURE, and PREPARER'S SIGNATURE, including date and phone number fields.

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 <input type="checkbox"/>	65 & over <input type="checkbox"/>	Blind <input type="checkbox"/>	Box A. Number of boxes checked	Box A
Spouse	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DEPENDENTS					Box B. Number of dependents claimed on your Federal return (list to the left)	Box B
	First name	Last name	Relationship			
					Box C. Total number of Exemptions (add Box A and B) Enter on Front Page Line 27	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 2005 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, additional computations are to be shown and attached.

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. LIST ALL ADDRESSES WHERE YOU RESIDED IN 2005

INDICATE T for taxpayer S for spouse B for both		FROM		TO	
T,S, B	ADDRESS	MONTH	DAY	MONTH	DAY

SCHEDULE G - EMPLOYERS. LIST ALL EMPLOYERS DURING 2005 & ACTUAL JOB LOCATION

EMPLOYER	GIVE ACTUAL ADDRESS WHERE YOU WORKED	FROM		TO	
		MONTH	DAY	MONTH	DAY

<p>MAKE CHECK/MONEY ORDER PAYABLE TO: SAGINAW CITY TREASURER. MAIL PAYMENTS TO INCOME TAX OFFICE P.O. BOX 5081 SAGINAW MI 48605-5081</p>	<p>MAIL REFUND & ZERO RETURNS TO: INCOME TAX OFFICE 1315 S WASHINGTON SAGINAW MI 48601</p>
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