

Your First Name and Initial	Last Name	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	City/Town	State	Zip Code	Total EXEMPTIONS from page 2

RESIDENCY STATUS - MUST COMPLETE ADDRESS & EMPLOYER SECTION ON PAGE 2

<input type="checkbox"/>	RESIDENT	ENTER ALL INCOME INCLUDING WAGES, TIPS, BONUSES, SICK PAY, RETIREMENT BUYOUTS, ETC., EARNED IN AND OUTSIDE THE CITY OF SAGINAW.
<input type="checkbox"/>	PART-YEAR RESIDENT	INCLUDE ALL INCOME AND WAGES EARNED DURING RESIDENCY AND WAGES EARNED IN THE CITY OF SAGINAW WHILE A NON-RESIDENT.
<input type="checkbox"/>	NONRESIDENT	IF YOU WORKED FOR AN EMPLOYER IN THE CITY OF SAGINAW ONLY, PUT TOTAL WAGES IN COLUMN SUBJECT TO TAX. IF YOU WORKED IN AND OUTSIDE THE CITY OF SAGINAW FOR AN EMPLOYER, GO TO PAGE 2 AND USE THE NONRESIDENT WAGE ALLOCATION.

ATTACH COPY OF FEDERAL RETURN TO THE BACK OF THIS RETURN

INCOME		From Federal Return	Not Subject to Tax	Subject to Tax
1	Wages, salaries, tips, bonuses, sick pay, retirement buyouts, etc.	1		00
2	Taxable Interest and Ordinary Dividends. (RESIDENTS & PART-YEAR RESIDENTS ONLY)	2		00
3	Alimony received.	3		00
4	Business income. (Attach copy of federal Schedule C)	4		00
5	Capital gains or losses. (Attach copy of federal Schedule D)	5		00
6	Other gains or losses. (Attach copy of federal Form 4797)	6		00
7	Taxable IRA distributions. (Attach copy of Form 1099-R)	7		00
8	Taxable pension distributions. (Attach copy of Form 1099-R)	8		00
9	Rental real estate, royalties, partnerships, trusts, etc. (Attach copy of federal Schedule E)	9		00
10	Subchapter S Corp distributions/dividends (Attach copy of federal Schedule K-1) Residents Only.	10	NOT APPLICABLE	00
11	Farm income or (loss). (Attach copy of federal Schedule F)	11		00
12	Military pay <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/>	12	NOT TAXABLE	NOT TAXABLE 00
13	Social security benefits.	13	NOT TAXABLE	NOT TAXABLE 00
14	Other income. List type and amount. Type Amount \$	14		00
15	Total income. Add lines 1 through 14.	15		00

ATTACH W-2's AND FORMS HERE

DEDUCTIONS		See instructions. Deductions must be allocated on the same basis as related income.		
16	Individual Retirement Account deduction. (Attach copy of page 1 of federal return)	16		00
17	Self Employed SEP, SIMPLE and qualified plans. (Attach copy of page 1 of federal return)	17		00
18	Employee business expenses. (See instructions and attach copy of federal Form 2106)	18		00
19	Moving expenses. (Into Taxing area only) (Attach copy of federal Form 3903)	19		00
20	Penalty on early withdrawal of savings. (Attach copy of page 1 of federal return)	20		00
21	Alimony paid. DO NOT INCLUDE CHILD SUPPORT (Attach copy of page 1 of federal return)	21		00
22	Renaissance Zone deduction. (ATTACH ORIGINAL CERTIFICATE)	22		00
23	Total deductions. Add lines 16 through 22	23		00
24	Total income after deductions. Subtract line 23 from line 15	24		00
25	Amount for exemptions. (Number of exemptions, _____ x \$750) MUST COMPLETE EXEMPTION SCHEDULE ON PAGE 2	25		00
26	Total income subject to tax. Subtract line 25 from line 24	26		00
27	Tax at (MULTIPLY LINE 26 BY .015 (Resident) .0075 (Non-Resident) % (Partial Resident-from table)	27		00

ATTACH CHECK OR MONEY ORDER HERE

PAYMENTS AND CREDITS		(If line 27 exceeds \$100 see instructions for making estimated tax payments)		
28	Tax withheld by your employer (ATTACH 2008 W-2 FORMS showing Saginaw Tax Withheld)	28		00
29	Payments on 2008 Declaration of Estimated Income Tax payments with an extension and credits forward from 2007	29		00
30	Credit for tax paid to another city and for tax paid by a partnership. (ATTACH COPY OF OTHER CITY'S RETURN)	30		00
31	Total payments and credits. Add lines 28 through 30	31		00

TAX DUE	32 If tax (line 27) is larger than payments (line 31) you owe tax. ENTER TAX DUE AND PAY WITH RETURN. Enclose check or money order payable to the Saginaw City Treasurer. Or pay with an electronic funds withdrawal; mark Pay Tax Due box on line 37	32		00
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OVERPAYMENT	33 If payments (line 31) is larger than tax (line 27) ENTER OVERPAYMENT.	33		00
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CREDIT TO 2009	34 Overpayment to be HELD and APPLIED to YOUR 2009 ESTIMATED TAX.	34		00 CREDIT TO 2009
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DONATION	35 FIREWORKS DONATION: PLEASE DONATE \$1.00 OR MORE FOR THE ANNUAL FIREWORKS	35		00 DONATION
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REFUND	36 Overpayment refund. For direct deposit mark Refund box on line 37	36		00 REFUND
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ELECTRONIC REFUND OR PAYMENT INFORMATION	37 Mark one: <input type="checkbox"/> Refund - Direct Deposit <input type="checkbox"/> Pay Tax Due - Electronic funds withdrawal
	a. Routing number <input type="text"/>
	b. Account number <input type="text"/> C. Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

MAIL PAYMENTS TO: INCOME TAX OFFICE
PO BOX 5081
SAGINAW, MI 48605-5081

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

**FAILURE TO FILL OUT EMPLOYMENT INFORMATION/EXEMPTION SCHEDULE AND ADDRESSES
OR FAILURE TO ATTACH DOCUMENTATION OR ATTACHING INCORRECT OR INCOMPLETE DOCUMENTATION
WILL DELAY PROCESSING OF RETURN AND MAY RESULT IN DEDUCTIONS AND LOSSES BEING DISALLOWED**

REQUIRED-MUST BE FILLED OUT COMPLETELY (NOT FILLING OUT MAY RESULT IN DELAY OF PROCESSING YOUR RETURN)
EMPLOYERS - LIST ALL EMPLOYERS DURING 2008 & ACTUAL JOB LOCATION (if more than 4 list on separate sheet & attach)

EMPLOYER	ADDRESS OF ACTUAL WORK LOCATION (may be different from address on W-2)	FROM		TO		Total Wages, W-2 Form, Box 1	Saginaw Tax Withheld	Wages Subject to Tax
		MONTH	DAY	MONTH	DAY			

Enter on Page 1, Line 1 under column Subject to Tax

EXEMPTIONS SCHEDULE

You Date of birth Regular 65 & over Blind Box A. Number of boxes checked Box A

Spouse _____ _____ _____

DEPENDENTS: Attach Copy of Federal Return Page 1

Box B. Number of dependents (attach copy of Federal return Page 1) Box B

Box C. Total Exemptions (Add Box A and Box B) (enter on Page 1, Line 25) Box C

ADDRESSES Enter name and address used on 2007 return. (If same as 2008 write "SAME". If none filed, please give reason.)

LIST ALL ADDRESSES WHERE YOU RESIDED IN 2008 (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

NONRESIDENT WAGE ALLOCATION
IF YOU WERE A RESIDENT AT ANY TIME DURING THE YEAR DO NOT USE THIS SCHEDULE (SEE INSTRUCTIONS)

Employer name (A COMPUTATION MUST BE MADE FOR EACH EMPLOYER)

a. Actual number of days or hours worked for employer during 2008 include vacation, holiday and sick days				
b. Actual number of days worked in the City of Saginaw				
c. Percentage of days or hours worked in the City of Saginaw (Line b divided by Line a)	%	%	%	%
d. Total wages shown on W-2, box 1				
e. Wages earned in the Saginaw City. Line d multiplied by percentage on line b				

Enter on page 1, line 1, in column Subject to Tax

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		Other excludible dividend income	
Other excludible interest 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)

SCHEDULE E - SUPPLEMENTAL INCOME (ATTACH FEDERAL FORM SCHEDULE E)

- Rents (Excludable by NON-RESIDENTS only on property located outside the City of Saginaw)
- Partnerships (Excludable by NON-RESIDENTS only on partnerships located outside the City of Saginaw)
- Other (Identify)
- Total Excludable Supplemental Income (Add Lines 1, 2 and 3)

THIRD-PARTY DESIGNEE

Do you want to allow another person to discuss this return with the Income Tax Department? Yes. Complete the following No

Designee's name Phone No.

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 preparer has any knowledge.

→ _____ / / _____ / /

TAXPAYERS' SIGNATURE-If joint return, both husband and wife must sign.	DATE	PRINT NAME OF PREPARER	DATE
→ _____			
SPOUSE'S SIGNATURE	DATE	PREPARER'S PHONE NUMBER	