

Form with fields: Your First Name and Initial, Last Name, Social Security Number, If married filing separately, Print Spouse's Name, etc.

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

RESIDENT, PART-YEAR RESIDENT, NONRESIDENT options with instructions.

INCOME

ATTACH COPY OF FEDERAL RETURN TO THE BACK OF THIS RETURN

Table with columns: Line number, Description, From Federal Return, Not Subject to Tax, Subject to Tax.

ATTACH W-2's AND FORMS HERE

DEDUCTIONS See instructions. Deductions must be allocated on the same basis as related income.

ATTACH CHECK OR MONEY ORDER HERE

Table with columns: Line number, Description, Amount, Tax rate.

PAYMENTS AND CREDITS (If line 27 exceeds \$100 see instructions for making estimated tax payments)

Table with columns: Line number, Description, Amount.

TAX DUE

32 If tax (line 27) is larger than payments (line 31) you owe tax. ENTER TAX DUE AND PAY WITH RETURN.

OVERPAYMENT

33 If payments (line 31) is larger than tax (line 27) ENTER OVERPAYMENT.

CREDIT TO 2009

34 Overpayment to be HELD and APPLIED TO YOUR 2009 ESTIMATED TAX.

DONATION

35 FIREWORKS DONATION: PLEASE DONATE \$1.00 OR MORE FOR THE ANNUAL FIREWORKS

REFUND

36 Overpayment refund. For direct deposit mark Refund box on line 37

ELECTRONIC REFUND OR PAYMENT INFORMATION

Form with fields: Mark one: Refund - Direct Deposit, Pay Tax Due - Electronic funds withdrawal, Routing number, Account number, Account Type: Checking, 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