2009 City of Saginaw S-1120

Corporation Income Tax Return

For the Calendar	Year 2009 or other taxable period		, 2009, endin	3	, 20
		IDENTIFICATION	AND INFORMATION	<u> </u>	
Name			Federal Emp	loyer Identificatio	n Number:
			Date Incorp	orated:	
Address			Where Incor	porated:	
			Initial return	Final return	Check if Applicable
				s in Saginaw:	
City	State	Zip Code		son regarding this	return:
		p			
			Contact Tele	phone Number:	
	TA	XABLE INCOME A	ND TAX COMPUTAT	-	
Taxable income	e before net operating loss deduction				
	0-A or for Subchapter S taxable incor	·	·		\$
	t deductible under Saginaw Income T				
3. Total (Line 1		, ,		,	
,	t taxable under Saginaw Income Tax	Ordinance (from Page 2,	Schedule E, Column 2)		
5. Total Income	(Line 3 - Line 4)				
6. Enter amount	t of gain or loss applicable to peri	od not subject to tax (See instructions)		
7. Total Income	(Line 5 + Line 6)				
8. Allocation percent	entage from page 2, schedule D, Line	e 5. If all business was c	onducted in Saginaw-enter	r 100%.	
9. Total (Line 7)	x Line 8)				
10. Less: Applic	able portion of NOL - See instruc	ctions			
11. Total Taxable	Income				
12. Renaissance	Credit (Attach Certificate) - See	Instructions			()
13. Total Income	Subject to Tax (Line 11 - Line 12	2)			
14. TAX (Multip	ly Line 13 x 1.50%)				\$
		PAYMENTS	AND CREDITS		-
15. a. 2009 estim	nated payments and tax extension	าร			
b. Credits forw	vard from prior year refund				
c. Total Paym	ents and Credits (15a+15b)				\$
		TAX DUE	OR REFUND		
Overpayment	16. If your payments (Line 15c	e) are larger than your	tax (Line 14), enter Ove	erpayment	\$
Credit Forward	17. Amount to be credited to 2	2009 Estimated Tax (if	amended - see instruct	tions)	
Donation	18. Amount to be donated to S	aginaw Fireworks.			
Refund	19. Amount to be refunded. (F	or Direct Deposit mark	Refund on line 20)		\$
Electronic	20. Mark One:				
Refund Or	Refund-Direct Deposit	Pay	Tax Due - Electronic Fu	ınds Withdrawal	
Payment	a. Routing Number:				
	b. Account number:				
	c. Type of account: Checking		Savings		
Tax Due	21. If your tax (Line 14) is large	r than your payments	(Line 15c), enter Baland	ce Due	
	Make check payable to: Tro	easurer, City of Sagii	naw		\$
A. Number of location	ons included in this return.	Nun	nber of locations everywhe	re.	For Audit Use Only
B. Is this a consolida	ated return?		and addresses of included		
in an attachment statement showing % of voting stock owned in each corporation.					
C. If your Federal ta	x liability for prior periods was change		•	•	
-	an explanation of the audit adjustmen		•	•	
	ome Tax Department discuss this			Yes	No
	e examined this return (including a		•	-!	1
	lief it is true, correct and complete		and outomonts, and the	and wood or my	
	<u>_</u>				
(Date)	(Signature of Officer)	<u></u>	(Title)	(Phone number)
(Date)	(Individual or Firm s	gnature of preparer)		(Address)	(Phone number)
(Dato)	(maividual of 1 illii 5	gataro or proparor)	4	(* taa1000)	(. Hone hamber)

2009 S-1120 Cont.

Name as shown on S-1120, page 1	Federal Employer Identification Number			

	SCHEDULE D - BUSINESS ALLOCATION FORMULA					
		Column 1	Column 2	Column 3		
		Located Everywhere	Located in Saginaw	Percentage		
1.	a. Average net book value of real and tangible personal property	\$	\$	(Column 2 divided		
	b. Gross annual rent paid for real property only, multiplied by 8			by column 1)		
	c. Totals (Add lines 1a and 1b)			%		
2.	Total wages, salaries, commissions and other compensation of all employees			%		
3.	Gross receipts from sales made or services rendered			%		
4.	Total percentages (Add the three percentages computed $% \left(1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0$	3)		%		
5.	Business allocation percentage (One-third of line 4) Enter here and on page 1, line 8			%		

In determining the business allocation percentage (Line 5), a factor shall be excluded from the computation only when such factor does not exist anywhere insofar as the taxpayer's business operation is concerned. In such cases, the sum of the remaining percentages shall be divided by the number of factors actually used.

In the case of a taxpayer authorized by the Income Tax Administrator to use one of the special formulae, attach an explanation and use the lines provided below:

a. Numerator

c. Percentage (a divided by b) Enter here and on page 1, line 8

b. Denominator

d. Date of Administrator's approval letter

SCHEDUL	E E - ADJUSTMENTS	PRIC	R TO ALLOCATION		
Schedule E is used to adjust the income reported on posterior of time used to compute items for Schedule Schedule E entries are allowed only to the extent direct	e E must be the same as	the p	eriod of time used to report income on page 1, line		
Period: From To					
Column 1			Column 2		
Add - Items Not Deductible			Deduct - Items Not Taxable and Allowable Deductions		
All expenses (including interest) incurred in		5	. Interest from U.S. obligations and from United		
connection with derivation of income not subject			States governmental units	\$	
to Coginav income toy	c		Dividende received deduction	¢	

5. Interest from U.S. obligations and from United	
States governmental units	\$
\$ 6. Dividends received deduction	\$
\$ 7. Foreign tax deduction	\$
\$ 8. Job Credit	\$
9. Other (submit schedule)	\$
10. Total deductions (Add lines 5 through 9)	
\$ Enter here and on page 1, line 4	\$
\$ \$ \$	States governmental units 6. Dividends received deduction 7. Foreign tax deduction 8. Job Credit 9. Other (submit schedule) 10. Total deductions (Add lines 5 through 9)

SCHEDULE F - SUBCHAPTER S CORPORATION INCOME				
Schedule F is used by Subchapter S corporations to reconcile the amount reported on line 1, page 1, S-1120, with federal Form 1120S and Schedule K of federal 1120S. Attach federal Form 1120S and Schedule K of federal 1120S.				
Ordinary income (loss) from trade or business (per federal 1120S)	\$			
2. Income (loss) per Schedule K, federal 1120S, lines 2 through 10	\$			
3. Total income (loss) (Add lines 1 and 2)	\$			
l. Deductions per Schedule K, federal 1120S	\$			
5. Taxable income before NOL deduction and special deductions (Subtract line 4 from line 3) Enter on page 1, line 1, S-1120	\$			

SCHEDULE G - ADJUSTMENTS AFTER ALLOCATION				
Allocated net operating loss deduction (Enter as a negative amount)	\$			
2. Allocated capital loss carryover (Enter as a negative amount)	\$			
3. Allocated partnership income (Enter income as a positive and losses as a negative)	\$			
4. Total adjustments (Add lines 1 through 3) Enter here and on page 1, line 10, S-1120	\$			

MAILTO: City of Saginaw-Income Tax, PO Box 5081, Saginaw, MI 48605