

Your First Name and Initial	Last Name	Social Security Number	<b>FILING STATUS</b>		<b>MARRIED FILING SEPARATELY</b>
If Joint, Spouse's First Name and Initial	Last Name	Spouse's Social Security Number	<input type="checkbox"/> SINGLE	Enter Spouse's SSN # and Full Name	
Mailing Address	City/Town	State	<input type="checkbox"/> MARRIED FILING JOINT	NAME:	
		Zip Code	<input type="checkbox"/> MARRIED FILING SEPARATELY	SSN#	
					<b>TOTAL EXEMPTIONS</b>

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

<input type="checkbox"/> <b>RESIDENT</b>	ENTER ALL INCOME INCLUDING WAGES, TIPS, BONUSES, SICK PAY, RETIREMENT BUYOUTS, ETC, EARNED IN AND OUTSIDE THE CITY OF SAGINAW.
<input type="checkbox"/> <b>PART-YEAR RESIDENT</b>	INCLUDE ALL INCOME AND WAGES EARNED DURING RESIDENCY AND WAGES EARNED IN THE CITY OF SAGINAW WHILE A NON-RESIDENT.
<input type="checkbox"/> <b>NONRESIDENT</b>	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.

<b>INCOME</b>		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 Sch. 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 and Unemployment <b>NOT TAXABLE TO CITY</b>	12	NOT TAXABLE	NOT TAXABLE 00
13	Social security benefits. <b>NOT TAXABLE TO CITY</b>	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 COPY OF FEDERAL RETURN TO THE BACK OF THIS RETURN  
  
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	Alimony paid. DO NOT INCLUDE CHILD SUPPORT (Attach copy of page 1 of federal return)	20		00
21	Renaissance Zone deduction. (ATTACH ORIGINAL CERTIFICATE)	21		00
22	Total deductions. Add lines 16 through 21	22		00
23	Total income after deductions. Subtract line 22 from line 15.	23		00
24	Amount for exemptions. (Number of exemptions, ____ x \$750) MUST COMPLETE EXEMPTION SCHEDULE ON PAGE 2	24		00
25	Total income subject to tax. Subtract line 24 from line 23	25		00
26	Tax at <b>MULTIPLY LINE 25 BY</b> .015 (Resident) .0075 (Non-Resident) % (Partial Resident-from table)	26		00

ATTACH CHECK OR MONEY ORDER HERE

**PAYMENTS AND CREDITS** (If line 26 exceeds \$100 see instructions for making estimated tax payments)

27	Tax withheld by your employer(ATTACH 2010 W-2 FORMS showing Saginaw Tax Withheld)	27		00
28	Payments on 2010 Declaration of Estimated Income Tax payments with an extension and credits forward from 2009	28		00
29	Tax paid to another city and for tax paid by a partnership.(ATTACH COPY OF OTHER CITY'S RETURN)	29		00
30	Total payments and credits. Add lines 27 through 29	30		00

31. If tax (line 26) is larger than payments(line 30) you OWE TAX. Please enter amount due and submit payment with return. Or enter bank information for ELECTRONIC BANK WITHDRAWAL	<b>TAX DUE</b>	31		00
32. If payment(line 30) is larger than tax (line 26) ENTER OVERPAYMENT	<b>REFUND</b>			
33. Overpayment to be HELD and APPLIED TO 2011 estimated tax.	<b>CREDIT FORWARD</b>	(	)	
34. DONATIONS for annual fireworks, please donate \$1.00 or more	<b>DONATION</b>	(	)	
35. REFUND subtract line 33 & 34 from line 32, this is your total refund	<b>REFUND</b>			00

<b>ELECTRONIC REFUND OR PAYMENT INFORMATION</b>	36 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 COMPLETING WILL DELAY PROCESSING YOUR RETURN)

**EMPLOYERS - LIST ALL EMPLOYERS DURING 2010 & ACTUAL JOB LOCATION** (if more than 4 list on separate sheet & attach)

EMPLOYERS	ADDRESS OF <b>ACTUAL WORK LOCATION</b> (may be different from address on W-2)	FROM		TO		Total Wages from Box 1 on W2 from employer	Saginaw Tax Withheld
		Month	Day	Month	Day		
Enter total on page one, in box 1							

Enter total on page one, line 27

**EXEMPTIONS SCHEDULE**

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

Spouse \_\_\_\_\_ Regular  65 & over  Blind  Box B. Number of dependents  Box B  
(attach copy of Federal return Page 1)

**DEPENDENTS**

**Attach Copy of Federal Return PAGE 1**

Box C. Total Exemptions (Add Box A and Box B)  Box C  
Enter Box C amount on page 1

**ADDRESSES** Enter name and address used on 2009 return (If same as 2010 write "SAME". If none filed, please give reason.)

LIST ALL ADDRESSES WHERE YOU RESIDED IN 2010 (if more than 2 list on separate sheet and attach)

INDICATE: T = TAXPAYER S = SPOUSE B = 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)	Example			
A. Actual number of days worked for employer during 2010 include vacation, holiday and sick days	100			
B. Actual number of days worked outside the City of Saginaw	20			
C. Subtract line B from line A	80			
D. Percentage of days worked in the City of Saginaw (Line C divided by Line A)	80%	%	%	%
E. Total wages shown on W-2, box 1	\$20,000			
F. Wages earned in the Saginaw City. Line E multiplied by percentage on line D	\$16,000			
Enter amount from line F 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.

→ \_\_\_\_\_ / / \_\_\_\_\_ / /

**SIGN** 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