2010 **CITY OF SAGINAW** **S - 1065**

PARTNERSHIP INCOME TAX RETURN

For the Calendar year 2010 or other taxable period beginning_____,2010, ending _____, 20_____

IDENTIFICATION AND INFORMATION

Name of Partnership	Federal Employer Identification Number:
	Information Only ☐ Payment on Behalf of all Partners ☐
Address	Number of Partners on December 31, 2010 _____
	Number of Employees on December 31, 2010 _____
	Main Address in Saginaw:
City State Zip Code	
	Contact Person regarding this return:
	Contact Telephone Number:

Initial Saginaw Return ☐ Final Saginaw Return ☐ ATTACH A COPY OF PAGE 1 OF FEDERAL 1065 & SCHEDULE K

Name and Home Address of Each Partner	SSN or FEIN	Saginaw Resident Yes	Saginaw Resident No	Part-Year Resident	Audit Use
A.				From To	
B.				From To	
C.				From To	
D.				From To	
E.				From To	

Note 2. A partner who has other income in addition to the partnership income must file an individual return and show on such returns the amounts from the Federal Form 1065 and take credit for his exclusions from page 2 of this return. A partner who is claiming his exemption as a member of another partnership is NOT to claim his exemption on this partnership return in column 3.

ALL PARTNERSHIPS	**TAX PAYMENT BY PARTNERSHIP (If information return only, disregard this section)**					
Column 1 Total Income (from page 2, Schedule C, column 7)	**Column 2** Allowable Individual Deductions	**Column 3** Exemptions (see note 2 above)	**Column 4** Taxable Income (Col. 1 less Col. 2 &3)	**Column 5(a)** Resident Total Tax (Multiply Col. 4 by .015)	**Column 5 (b)** NonResident Total Tax (Multiply Col.4 by .0075)	**Column 6** Credits/payments
1. (a) $	$	$	$	$	$	$
2. (b)						
3. (c)						
4. (d)						
5. (e)						
6. Totals $	$	$	$	$	$	$

7. Total tax (Add line 6 of column 5a and column 5b	**$**

PAYMENTS AND CREDITS

8. a. 2010 estimated payments and tax extensions	$
b. Credits forward from prior year refund	$
9. Total Payments and Credits (8a+8b) (This total must agree with the total of column 6 above)	$

TAX DUE OR REFUND

Overpayment	10. If your payments (Line 9) are larger than your tax (Line 7), enter Overpayment	$
Credit Forward ☐	11. Amount to be credited to 2011 Estimated Tax (if amended - see instructions)	$
Donation	12. Amount to be donated to **Saginaw Fireworks**.	$
Refund	13. Amount to be refunded. (For Direct Deposit mark Refund on line 14 and complete a, b & c)	$
Electronic Refund Or Payment	14. Mark One: ☐ Refund-Direct Deposit ☐ Pay Tax Due - Electronic Funds Withdrawal a. Routing Number: b. Account number: c. Type of account: Checking ☐ Savings ☐	
Tax Due	15. If your tax (Line 7) is larger than your payments (Line 9), enter Balance Due (For Ach payments mark Pay Tax Due on line 14 and complete a, b & c.)	$

16. May the Income Tax Department discuss this return with the tax preparer shown below? ☐ Yes ☐ No

I declare that I have examined this return(including attached schedules) and to the best of my knowledge and belief, it is true, correct and complete.

Sign Here _____ _____ _____ _____
(Date) (Signature of Partner or Member) (Title) (Phone Number)

Sign Here _____ _____ _____ _____
(Date) (Individual or Firm signature of preparer) (Address) (Phone Number)

Name as shown on S-1065	Federal Employer Identification Number

SCHEDULE A - ALLOCABLE PARTNERSHIP ORDINARY BUSINESS INCOME

1. Ordinary income (or loss) from page 1, line 22, U.S. Partnership Return of Income, Form 1065 (ATTACH COPY OF PAGE 1 FED 1065 & SCH K)	
2. Add City of Saginaw income tax, if deducted in determining income on federal Form 1065	
3. Add interest and other costs incurred in connection with the production of income exempt from Saginaw income tax	
4. Deduct Sec. 179 depreciation (fed. Sch. K, line 12) and Other Deductions allowed (Attach explanation)	
5. Total adjusted ordinary business income (Add lines 1, 2 and 3 and subtract line 4)	

SCHEDULE B - NON-BUSINESS INCOME AND EXCLUSIONS

ATTACH COPY OF FEDERAL SCHEDULE K (1065) ATTACH SCHEDULES TO EXPLAIN ALL EXCLUSIONS	FEDERAL FORM 1065 REFERENCE	COLUMN 1 NON-BUSINESS INCOME	COLUMN 2 EXCLUDABLE RESIDENT PARTNERS PORTION OF COLUMN 1	COLUMN 3 TAXABLE RESIDENT PARTNERS PORTION OF COLUMN 1	COLUMN 4 EXCLUDABLE NONRESIDENT PARTNERS PORTION OF COLUMN 1	COLUMN 5 TAXABLE NONRESIDENT PARTNERS PORTION OF COLUMN 1
INTEREST AND DIVIDENDS						
1. Interest income	Sch. K, line 5					
2. Dividend income	Sch. K, lines 6a					
SALE OR EXCHANGE OF PROPERTY (SEE INSTRUCTIONS)						
3. Net short-term capital gain (loss)	Sch. K, line 8					
4. Net long-term capital gain (loss)	Sch. K, line 9a					
5. Net Section 1231 gain (loss)	Sch. K, line 10					
RENTS AND ROYALTIES (IF NON-BUSINESS INCOME INCLUDES RENTAL REAL ESTATE, ATTACH COPY OF FEDERAL FORM 8825)						
6. Net income (loss) from rental real estate activities	Sch. K, line 2					
7. Net income (loss) from other rental activities	Sch. K, line 3c					
8. Royalty income	Sch. K, line 7					
OTHER INCOME						
9. Other income	Sch. K, line 11					
10. Totals (Add lines 1 through 9)				*		*

SCHEDULE C - DISTRIBUTION TO PARTNERS

	COLUMN 1 ADJUSTED BUSINESS INCOME (Sch. A, line 5)	COLUMN 2 GUARANTEED PAYMENTS TO PARTNERS (Fed. 1065, line 10)	COLUMN 3 INCOME SUBJECT TO ALLOCATION (Add column 1 and column 2)	COLUMN 4 ALLOCATION PERCENTAGE PER SCH D (Resident partners enter 100%)	COLUMN 5 ALLOCATED BUSINESS INCOME (Column 3 times % in column 4)	COLUMN 6a RESIDENT PARTNER'S NON-BUSINESS INCOME (Total equals Sch. B column 3, line 10)	COLUMN 6b NONRESIDENT PARTNER'S NON-BUSINESS INCOME (Total equals Sch. B column 5, line 10)	COLUMN 7 TOTAL INCOME (Add columns 5, 6a and 6b) (Enter here and on page 1, column 1)
(a)				%				
(b)				%				
(c)				%				
(d)				%				
(e)				%				
Totals								

SCHEDULE D - BUSINESS ALLOCATION PERCENTAGE

	COLUMN 1 LOCATED EVERYWHERE	COLUMN 2 LOCATED IN Saginaw	COLUMN 3 PERCENTAGE (Column 2 divided by column 1)
1. a. Average net book value of real and tangible personal property			
b. Gross annual rent paid for real property only, multiplied by 8			
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 percentages computed in column 3, lines 1c, 2 and 3)			%
5. Business allocation percentage (Divide line 4 by the number of factors) Enter here and on Schedule C, column 4 (See note below)			%

Note 3. 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 formula, attach an explanation and use the lines provided below:

a. Numerator		c. Percentage (a divided by b) Enter here and on Schedule C, column 4	
b. Denominator		d. Date of Administrator's approval letter	

SCHEDULE E - RENTAL REAL ESTATE

If the business activity of the partnership includes rental of real estate, indicate below the complete address and the gain or loss of each property.

PROPERTY	STREET ADDRESS	GAIN OR LOSS	PROPERTY	STREET ADDRESS	GAIN OR LOSS
A			D		
B			E		
C			TOTALS	**(ATTACH COPY OF FEDERAL FORM 8825)**	