

Header section containing personal information: Your First Name and Initial, Last Name, Social Security Number, FILING STATUS (SINGLE, MARRIED FILING JOINT, MARRIED FILING SEPARATELY), MARRIED FILING SEPARATELY (Enter Spouse's SSN # and Full Name), Mailing Address, City/Town, State, Zip Code, and TOTAL EXEMPTIONS.

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

Residency status options: RESIDENT (ENTER ALL INCOME INCLUDING WAGES, TIPS, BONUSES, SICK PAY, RETIREMENT BUYOUTS, ETC., EARNED IN AND OUTSIDE THE CITY OF SAGINAW.), PART-YEAR RESIDENT (INCLUDE ALL INCOME AND WAGES EARNED DURING RESIDENCY AND WAGES EARNED IN THE CITY OF SAGINAW WHILE A NON-RESIDENT.), 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.)

INCOME table with columns: From Federal Return, Not Subject to Tax, Subject to Tax. Rows 1-15 detailing various income sources like Wages, Taxable Interest, Alimony, Business income, Capital gains, etc.

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

Deductions table with rows 16-26 detailing items like Individual Retirement Account deduction, Self Employed SEP, Employee business expenses, Moving expenses, Alimony paid, and Total deductions.

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

Payments and Credits table with rows 27-30 detailing Tax withheld by your employer, Estimated Income Tax payments, and Total payments and credits.

Tax Due and Refund section with rows 31-35. Includes TAX DUE, REFUND, CREDIT FORWARD, DONATION, and REFUND subtract line 33 & 34 from line 32, this is your total refund.

ELECTRONIC REFUND OR PAYMENT INFORMATION section with fields for Mark one: Refund - Direct Deposit, Pay Tax Due - Electronic funds withdrawal, Routing number, Account number, and Account Type (Checking, savings).

MAIL PAYMENTS TO: INCOME TAX OFFICE 1315 S WASHINGTON SAGINAW, MI 48601
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 2015 & ACTUAL JOB LOCATION (if more than 4 list on separate sheet & attach)

EMPLOYERS	ADDRESS OF ACTUAL WORK LOCATION (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 _____ Box B. Number of dependents **Box B**

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 →

Attach Copy of Federal Return PAGE 1

ADDRESSES Enter name and address used on 2014 return. (If same as 2015 write "SAME". If none filed, please give reason.)

LIST ALL ADDRESSES WHERE YOU RESIDED IN 2015 (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 2015 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)

1. Rents (Excludable by NON-RESIDENTS only on property located outside the City of Saginaw)	
2. Partnerships (Excludable by NON-RESIDENTS only on partnerships located outside the City of Saginaw)	
3. Other (Identify)	
4. 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