

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, salaries, tips, bonuses, retirement buyouts, etc., Taxable Interest and Ordinary Dividends, Alimony received, Business income, Capital gains or losses, Other gains or losses, Taxable IRA distributions, Taxable pension distributions, Rental real estate, royalties, partnerships, trusts, etc., Subchapter S Corp distributions/dividends, Farm income or (loss), Military pay and Unemployment, Social security benefits, and Other income.

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

Deductions table with columns: From Federal Return, Not Subject to Tax, Subject to Tax. Rows 16-26 detailing deductions such as Individual Retirement Account deduction, Self Employed SEP, SIMPLE and qualified plans, Employee business expenses, Moving expenses, Alimony paid, and Renaissance Zone deduction.

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

Payments and Credits table with columns: From Federal Return, Not Subject to Tax, Subject to Tax. Rows 27-30 detailing tax withheld by employer, payments on 2016 Declaration of Estimated Income Tax, and tax paid to another city.

TAX DUE section with instructions: 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. 32. If payment (line 30) is larger than tax (line 26) ENTER OVERPAYMENT. 33. Overpayment to be HELD and APPLIED TO 2017 estimated tax. 34. DONATIONS for annual fireworks, please donate \$1.00 or more. 35. 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).

**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 2016 & 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 _____ 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 2015 return. (If same as 2016 write "SAME". If none filed, please give reason.)

LIST ALL ADDRESSES WHERE YOU RESIDED IN 2016 (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 2016 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