

2017 City of Detroit Part-Year Resident Income Tax Return

Issued under authority of Public Act 284 of 1964, as amended.

Check here if you are amending. List reason on page 3.

Return is due April 17, 2018.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
If a Joint Return, Spouse's First Name	M.I.	Last Name	— —
Home Address (Number, Street, or P.O. Box)			3. Spouse's Full Social Security No. (Example: 123-45-6789)
			— —
City or Town	State	ZIP Code	4. CITY RESIDENT. Return for the city of: DETROIT
			City Code 170

<p>5. 2017 FILING STATUS. Check one.</p> <p>a. <input type="checkbox"/> Single</p> <p>b. <input type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately*</p> <p style="font-size: small;">* If you check box "c," complete line 3 and enter spouse's full name below:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>8. EXEMPTIONS. 8a-8c apply to you and your spouse only.</p> <p>Personal Exemption a. <input type="text"/></p> <p>65 and over..... b. <input type="text"/></p> <p>Deaf, Disabled or Blind..... c. <input type="text"/></p> <p>Number of dependent children d. <input type="text"/></p> <p>Number of other dependents..... e. <input type="text"/></p> <p>TOTAL EXEMPTIONS. Add lines 8a through 8e. f. <input type="text"/></p>									
<p>6. PART-YEAR RESIDENCY PERIOD. Enter dates of residency in 2017. (Enter dates as MM-DD-YYYY, Example 04-15-2017)</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:45%;">FILER</th> <th style="width:45%;">SPOUSE</th> </tr> </thead> <tbody> <tr> <td>FROM:</td> <td>— — 2017</td> <td>— — 2017</td> </tr> <tr> <td>TO:</td> <td>— — 2017</td> <td>— — 2017</td> </tr> </tbody> </table>			FILER	SPOUSE	FROM:	— — 2017	— — 2017	TO:	— — 2017	— — 2017
	FILER	SPOUSE								
FROM:	— — 2017	— — 2017								
TO:	— — 2017	— — 2017								
7a. Filer's date of birth (MM-DD-YYYY)	7b. Spouse's date of birth (MM-DD-YYYY)	9. 2017 DEPENDENT STATUS								
— —	— —	<input type="checkbox"/> Check the box if you or your spouse can be claimed as a dependent on another person's tax return.								

PART 1: INCOME

	Column A: Taxable Resident Income	Column B: Taxable Nonresident Income
10. Wages, salaries, tips, etc. (see instructions)	00	00
11. Taxable interest	00	XXXXXXXXXX
12. Ordinary dividends.....	00	XXXXXXXXXX
13. Alimony received	00	XXXXXXXXXX
14. Net profit or (loss). Include a copy of U.S. Schedule C or Schedule F..	00	00
15. Gain or (loss) on sale or exchange of real, tangible or intangible property.....	00	00
16. Early distribution of IRA.....	00	XXXXXXXXXX
17. Early distribution of pensions and annuities.....	00	XXXXXXXXXX
18. Rental real estate and royalties. Include a copy of U.S. Schedule E..	00	00
19. Partnerships and trusts.....	00	00
20. Other income. Describe: _____	00	XXXXXXXXXX
21. SUBTOTAL. Add lines 10 through 20.	00	00

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PART 2: SUBTRACTIONS FROM INCOME
(All entries must be positive numbers.)

		Column A: Taxable Resident Income			Column B: Taxable Nonresident Income
22.	Self-employed SEP, SIMPLE, IRA, and qualified plans. Include a copy of page 1 of U.S. 1040 (see instructions).....	00		00	
23.	Employee business expenses (see instructions). Include a copy of U.S. Form 2106.....	00		00	
24.	Moving expenses (into City of Detroit). Include a copy of U.S. Form 3903 (see instructions).....	00		00	
25.	Alimony paid. Do not include child support (see instructions).....	00		00	
26.	Renaissance Zone deduction.....	00	XXXXXX		
27.	Other subtractions (see instructions). Describe: _____	00		00	
28.	Total Subtractions. Add lines 22 through 27.....	00		00	

PART 3: INCOME TAX CALCULATION

29.	Total income after subtractions. Subtract line 28 from line 21.....	00		00	
30.	Exemption allowance (see instructions).....	00		00	
31.	Net income. Subtract line 30 from line 29.....	00		00	
32.	Losses transferred between columns A and B (see instructions).....	00		00	
33.	Taxable income. Subtract line 32 from line 31. If line 32 is greater than line 31, enter "0".....	00		00	
34.	Tax. Multiply line 33 column A by 2.4% (0.024) and enter in column A. Multiply line 33 column B by 1.2% (0.012) and enter in column B.	00		00	
35.	Combined Total Income Tax. Add line 34 columns A and B.....			00	

PART 4: CREDITS AND PAYMENTS

36.	Tax withheld from City Schedule W, line 5.....	00	
37.	City estimated tax, extension payments and 2016 credit forward.....	00	
38.	Tax paid for you by a partnership from City Schedule W, line 6.....	00	
39.	Credit for income taxes paid to another city while a resident taxpayer. City of: _____	00	
40.	Total Credits and Payments. Add lines 36 through 39.....	00	

PART 5: REFUND OR TAX DUE

41a.	Tax Due. If line 35 is greater than line 40, subtract line 40 from line 35.....	00	
41b.	Interest if applicable (see instructions).....	00	
41c.	Penalty if applicable (see instructions).....	00	
41d.	Underpaid estimate penalty and interest (see instructions).....		
41e.	Balance Due. Add lines 41a through 41d..... YOU OWE	00	

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42. Overpayment. If line 40 is greater than line 35, subtract line 35 from line 40.	42.		00
43. Credit Forward. Amount of line 42 to be credited to your 2018 estimated tax for your 2018 tax return	43.		00
44. Refund. Subtract line 43 from line 42.	44.	REFUND	00

PART 6: AMENDED RETURN

45. Reason for amending:

PART 7: CERTIFICATION

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2016, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2017 (MM-DD-YYYY)		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
Filer	— —	Spouse	— —
Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		Preparer's PTIN, FEIN or SSN	
Preparer's Name (print or type)		Preparer's Business Name, Address and Telephone Number	
Filer's Signature	Date		
Spouse's Signature	Date		
<input type="checkbox"/> By checking this box, I authorize the Michigan Department of Treasury to discuss my return with my preparer.			

Refund or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**

Pay amount on line 41e. Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

Make your check payable to "State of Michigan - Detroit." Print the last four digits of your **Social Security number** and "**2017 Detroit Income Tax**" on the front of your check. If paying on behalf of another taxpayer, **write the filer's name and the last four digits of the filer's Social Security number** on the check. Do not staple your check to the return. Keep a copy of your return and supporting schedules for six years. To check your refund status, have a copy of your Form 5120 available when you visit www.michigan.gov/citytax.