

City of Detroit Withholding Tax Schedule - 2017

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

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

INSTRUCTIONS: If you had city income tax withheld in 2017, you **must complete** a Withholding Tax Schedule (City Schedule W) to claim the withholding on your City Income Tax Return. **Do not attach your Forms W-2.** Include your completed City Schedule W with Form 5118, Form 5119, or Form 5120. If you need additional space, complete the *City of Detroit Withholding Tax Continuation Schedule* (Form 5253).

| | | | |
|--|------|-----------|---|
| 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 | 3. Spouse's Full Social Security No. (Example: 123-45-6789) |
| | | | — — |
| 4. Return for the city of: DETROIT | | | City Code 170 |

PART 1: CITY TAX WITHHELD

| A <small>Enter "X" for: Filer or Spouse</small> | B — Employer's federal identification number <small>(Example: 38-1234567)</small> | C Employer's name | D — Wages, tips and other compensation from Box 1 of W-2 (see instructions) | E City income tax withheld from Box 19 of W-2 |
|--|---|--------------------------|---|---|
| | | | 00 | 00 |
| | | | 00 | 00 |
| | | | 00 | 00 |
| | | | 00 | 00 |
| | | | 00 | 00 |
| | | | 00 | 00 |
| | | | 00 | 00 |
| | | | 00 | 00 |
| | | | 00 | 00 |
| 5. Total City Tax Withheld. Enter here and carry to Form 5118, line 17, Form 5119, line 20 or Form 5120, line 36. | | | | 00 |

PART 2: CITY TAX PAID FOR YOU BY A PARTNERSHIP

| A Name of Partnership | B Federal Identification Number | C Tax Paid |
|---|--|-------------------|
| | | 00 |
| | | 00 |
| | | 00 |
| 6. Total. Enter here and carry to Form 5118, line 19, Form 5119, line 22 or Form 5120, line 38. | | 00 |

Check this box and complete the *City of Detroit Withholding Tax Continuation Schedule* (Form 5253) if you have more than eight W-2s to report or had tax paid on your behalf by more than three partnerships.

NOTE:

- All wage income earned by residents is subject to tax. Residents **should not** complete Part 3 on page 2.
- Nonresidents who performed work both within and outside the city listed on line 4 should complete Part 3 on page 2.

| | |
|---|---|
| — | — |
|---|---|

NONRESIDENTS ONLY

PART 3: WAGE ALLOCATION FOR NONRESIDENTS

Part 3 applies only to Nonresidents computing wages earned in Detroit. Do not complete Part 3 if all of your work is performed in Detroit because all wages are subject to tax. See instructions for additional information and definition of "days worked".

Residents **do not** complete Part 3 because all wages are subject to tax.

A separate computation must be made for each W-2. If both filer and spouse have income subject to allocation, figure them separately. Include only wages allocated to Detroit in column H below on Form 5119, line 9 or Form 5120, line 10, column B. If you need additional space, include a *City of Detroit Withholding Tax Continuation Schedule* (Form 5253).

| A | B | C | D | E | F | G | H |
|-----------------------------------|--|---|---|---|--|---|---|
| Enter "X" for: Filer or Spouse | Number of days paid (5 day week x 52 weeks = 260 days) | Number of vacation days, holidays, and other days not worked. | Actual number of days worked everywhere. Subtract C from B. | Actual number of days worked in Detroit | Percentage of days worked in Detroit. Divide E by D. | Total wages shown on W-2 (City Schedule W) (see instructions) | Wages earned in Detroit. Multiply G by percentage in F. |
| | | | | | % | 00 | 00 |
| | If column B is not 260 days, enter explanation. | | | | | | |
| | | | | | % | 00 | 00 |
| | If column B is not 260 days, enter explanation. | | | | | | |
| | | | | | % | 00 | 00 |
| | If column B is not 260 days, enter explanation. | | | | | | |
| | | | | | % | 00 | 00 |
| | If column B is not 260 days, enter explanation. | | | | | | |
| | | | | | % | 00 | 00 |
| | If column B is not 260 days, enter explanation. | | | | | | |
| | | | | | % | 00 | 00 |
| | If column B is not 260 days, enter explanation. | | | | | | |
| | | | | | % | 00 | 00 |
| | If column B is not 260 days, enter explanation. | | | | | | |
| | | | | | % | 00 | 00 |
| | If column B is not 260 days, enter explanation. | | | | | | |

NOTE: If your City of Detroit allocation is less than 100 percent, please obtain a letter from your employer to verify columns B through E of Form 5121 and retain your work log. Treasury may request a copy of your work log and employer letter.