City of Detroit Withholding Tax Schedule - 2020

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

Type or print in blue or black ink.

INSTRUCTIONS: If you had city income tax withheld in 2020, you **must complete** a Withholding Tax Schedule (City Schedule W) to claim the withholding on your City Income Tax Return. **Do not attach your W-2s.** 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).

| 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 | | 1 – – |
| | | | | 3. Spouse's Full Social Security No. (Example: 123-45-6789) |
| 4. Return for the city of: | | | City Code | 1 |
| DETROIT | | | 170 | |

PART 1: CITY TAX WITHHELD

| A B — Employer's federal identification number (Example: 38-1234567) | | 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 | |
| 5. Total Ci | 00 | | | | |

PART 2: CITY TAX PAID FOR YOU BY A PARTNERSHIP

| A | В | С | |
|---|-------------------------------|----------|----|
| Name of Partnership | Federal Identification Number | Tax Paid | |
| | | | 00 |
| | | | 00 |
| | | | 00 |
| 6. Total. Enter here and carry to Form 5118, line 19, Form 5119, lin | | 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.

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|--|
| City of Detroit Withholding Tax Schedule |

| Filer's Full Social Security Number | | |
|-------------------------------------|-------------|--|

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).

| Α | A B C C | | D | D E | | | G | | Н | |
|-----------------------------------|--|---|---|--|--|------------|---|------|---|----------|
| 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 Detroit. Divide E by I | in | Total wages shown on W (City Schedule W) (see instructions) | /-2 | Wages earned in Detroit Multiply G by percentag in F. | t. ge |
| | | | | | | % | | 00 | | 00 |
| | If column B is not | 260 days, enter ex | xplanation. | | | | | | | |
| | | | | | | % | | 00 | | 00 |
| | If column B is not | 260 days, enter ex | xplanation. | | <u> </u> | 70 | | 1001 | | 00 |
| | | | | | | 0/ | | | | |
| | | | | | | | 00 | | | |
| | | | | | | ٥, | | | | |
| | 1 | | | | | | | 00 | | |
| | | | | | | 0/ | | | | 00 |
| | If column B is not 260 days, enter explanation. | | | | | | 00 | | | |
| | | | | | | 0/ | | | | |
| | | | | | | | | 00 | | |
| | | | | | | % | | | | |
| | If column B is not | 260 days, enter ex | xplanation. | | <u> </u> | <u>% </u> | | 00 | | 00 |
| | | | | | | 0/ | | | | 00 |
| | If column B is not | : 260 days, enter ex | xplanation. | | <u> </u> | % | | 00 | | 00 |
| | | | | | | | | | | |

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.