## 2020 City of Detroit Business Income Apportionment Schedule

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

INSTRUCTIONS: Complete this form if you have income from more than one business to apportion on Form 5119. Or, complete this form if you are filing Form 5120 and business activity occurs both inside and outside the City of Detroit while a nonresident.

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. La			Last Name			3 Spouso's Full So	sial Socu	rity N	La (Evample: 1	122 45 6780)
			Last Name			3. Spouse's ruii 30	3. Spouse's Full Social Security No. (Example: 123-45-6789)			
							· 			
4. Na	me of Business Entity					5. Federal Employe	r Identific	cation	No. (FEIN)	
					6. City return for the		-		City Code	
						DI	ETRO	ΙT		170
			A. Located Everywhere			B. Located in Detroit			C. Percentage (B divided by A)	
7	Average net book value of real a	nd	<u>_</u>	:verywriere	$\top$	Detion		П	(B divide	a by Aj
1.	tangible personal property				00			00	$\Lambda\Lambda$	$\Delta \Delta$
8.	Gross annual rent paid for real pr multiplied by 8				00			00	XX	XX
9.	CITY SHARE OF PROPERTY: Ac									
	7 and 8. Divide column B by colur enter as a percentage in column (				00			00		%
10.	Total wages, salaries, commissio other compensation of all employ				00			00		%
11.	Gross receipts from sales made of services rendered				00			00		%
12.	TOTAL: Add lines 9, 10 and 11, o	columi	1 C							%
13.	Average. Divide line 12 by 3. If a									0/
	actually used. If all business was	conau	icted in the city list	ed on line 6, enter	100%				<u> </u>	%
14	Net profit or (loss) from U.S. Sch	nedule	C or Schedule F			14				00
1-1.	Not profit of (1000) from 0.0. Co	Caaro	J 01 001104410 1				·			
15.	Multiply line 13 by line 14					15	5. <b> </b>			00
16.	Applicable portion of net operating loss carryover								00	
17.	Applicable part of self-employme	17	·.			00				
18.	Add lines 16 and 17					18	3			00
19.	Subtract line 18 from line 15 and 19, and Form 5119, line 47, and 6					( ) ,				

NOTE: Do not file. Retain a copy for your records.