

2020 City of Detroit Resident Income Tax Return

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

Check here if you are amending. Indicate reason on page 2.

Return is due April 15, 2021.

Type or print in blue or black ink.

| | | | | | | |
|--|--|---|-----------|--|---|----------|
| 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 | |
| 5. 2020 FILING STATUS. Check one. | | | | 8. EXEMPTIONS. 8a-8c apply to you and your spouse only. | | |
| a. <input type="checkbox"/> Single | | | | Personal Exemption a. | | |
| b. <input type="checkbox"/> Married filing jointly | | | | 65 and over..... b. | | |
| c. <input type="checkbox"/> Married filing separately* | | | | Deaf, Disabled or Blind..... c. | | |
| * If you check box "c," complete line 3 and enter spouse's full name below: | | | | Number of dependent children d. | | |
| | | | | Number of other dependents..... e. | | |
| 6. 2020 DEPENDENT STATUS | | | | TOTAL EXEMPTIONS. Add lines 8a through 8e. f. | | |
| <input type="checkbox"/> Check the box if you or your spouse can be claimed as a dependent on another person's tax return. | | | | | | |
| 7a. Filer's date of birth (MM-DD-YYYY) | | 7b. Spouse's date of birth (MM-DD-YYYY) | | | | |
| - - | | - - | | | | |

PART 1: INCOME

| | | |
|---|-----|----|
| 9. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR | 9. | 00 |
| 10. Additions from line 29 | 10. | 00 |
| 11. Total. Add lines 9 and 10..... | 11. | 00 |
| 12. Subtractions from line 37..... | 12. | 00 |
| 13. Income subject to tax. Subtract line 12 from line 11. If line 12 is greater than line 11, enter "0"..... | 13. | 00 |
| 14. Exemption allowance. Multiply line 8f by \$600 | 14. | 00 |
| 15. Taxable income. Subtract line 14 from line 13. If line 14 is greater than line 13, enter "0" | 15. | 00 |
| 16. Tax. Multiply line 15 by 2.4% (0.024) | 16. | 00 |

PART 2: CREDITS AND PAYMENTS

| | | |
|--|-----|----|
| 17. Tax withheld from City Schedule W, line 5..... | 17. | 00 |
| 18. City estimated tax, extension payments and 2019 credit forward | 18. | 00 |
| 19. Tax paid for you by a partnership from City Schedule W, line 6. | 19. | 00 |
| 20. Credit for income taxes paid to another city. City of: _____ | 20. | 00 |
| 21. Total Credits and Payments. Add lines 17 through 20. | 21. | 00 |

PART 3: REFUND OR TAX DUE

| | | |
|--|------|----|
| 22a. Tax Due. If line 16 is greater than line 21, subtract line 21 from line 16 | 22a. | 00 |
| 22b. Interest if applicable (see instructions) | 22b. | 00 |
| 22c. Penalty if applicable (see instructions) | 22c. | 00 |
| 22d. Underpaid estimate penalty and interest (see instructions)..... | 22d. | 00 |
| 22e. Balance Due. Add lines 22a through 22d..... YOU OWE | 22e. | 00 |

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Filer's Full Social Security Number

| | |
|---|---|
| — | — |
|---|---|

| | | |
|--|-----|----|
| 23. Overpayment. If line 21 is greater than line 16, subtract line 16 from line 21. | 23. | 00 |
| 24. Credit Forward. Amount of line 23 to be credited to your 2021 estimated tax for your 2021 tax return | 24. | 00 |
| 25. Refund. Subtract line 24 from line 23. | 25. | 00 |

REFUND

PART 4: ADDITIONS TO INCOME (All entries must be positive numbers.)

| | | |
|--|-----|----|
| 26. Deductible part of self-employment tax. | 26. | 00 |
| 27. Self-employment health insurance deduction..... | 27. | 00 |
| 28. Other additions. Describe: _____ | 28. | 00 |
| 29. Total Additions. Add lines 26 through 28. Enter here and on line 10. | 29. | 00 |

PART 5: SUBTRACTIONS FROM INCOME (Included in AGI on line 9. All entries must be positive numbers.)

| | | |
|--|-----|----|
| 30. IRA, pension, annuity or other retirement benefit distribution..... | 30. | 00 |
| 31. Taxable Social Security benefits..... | 31. | 00 |
| 32. Interest on U.S. government obligations and gains on the sale of U.S. obligations (see instructions). | 32. | 00 |
| 33. State and local income tax refunds. | 33. | 00 |
| 34. Unemployment compensation. | 34. | 00 |
| 35. Renaissance Zone deduction. | 35. | 00 |
| 36. Other subtractions. Describe: _____ | 36. | 00 |
| 37. Total Subtractions. Add lines 30 through 36. Enter here and on line 12. | 37. | 00 |

PART 6: AMENDED RETURN

| | |
|--------------------------|--|
| 38. Reason for amending: | |
|--------------------------|--|

PART 7: CERTIFICATION

| | | | | | |
|---|-------------------|--------|--------------------|------|--|
| <p>Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2019, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2020 (MM-DD-YYYY)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Filer</td> <td style="width: 20%; text-align: center;">— —</td> <td style="width: 20%;">Spouse</td> <td style="width: 20%; text-align: center;">— —</td> </tr> </table> | Filer | — — | Spouse | — — | <p>Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.</p> <p>Preparer's PTIN, FEIN or SSN</p> |
| Filer | — — | Spouse | — — | | |
| <p>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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Filer's Signature</td> <td style="width: 15%;">Date</td> </tr> <tr> <td>Spouse's Signature</td> <td>Date</td> </tr> </table> | Filer's Signature | Date | Spouse's Signature | Date | <p>Preparer's Name (print or type)</p> <p>Preparer's Business Name, Address and Telephone Number</p> |
| Filer's Signature | Date | | | | |
| Spouse's Signature | Date | | | | |
| <p><input type="checkbox"/> By checking this box, I authorize the Michigan Department of Treasury to discuss my return with my preparer.</p> | | | | | |

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

Pay amount on line 22e. 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 "2020 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 5118 available when you visit www.michigan.gov/citytax.