

<b>YOUR SOCIAL SECURITY NUMBER</b>			<b>SPOUSE'S SOCIAL SECURITY NUMBER</b>			<b>VALIDATION AREA</b>					
First Name(s) and Initial(s)			Last Name						Your Occupation		
Spouse's Name									Spouse's Occupation		
Street Address				P.O. Box					<b>IMPORTANT</b>		
City, Town or Post Office		State		Postal Zip Code		TRANSACTION NO.					
Spouse filing a separate return Y N social security number _____						Complete the following: <b>DID YOU FILE A 2017 PONTIAC RETURN?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Explain IF YES, IS THE NAME(S), FILING STATUS AND ADDRESS IDENTICAL TO PREVIOUS YEAR RETURN? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Enter the name and address used on your return for 2017 _____									ASSESS NO.		
If none filed, give reason. _____									VERIFIED		

- YOURSELF     Blind     65 & Over (Your Birth Date) \_\_\_\_\_  
 SPOUSE     Blind     65 & Over (Spouse's Birth Date) \_\_\_\_\_

No. of boxes checked

No. of children who lived with you

No. of children who didn't live with you due to a divorce or separation

No. of other dependents

Add numbers entered in boxes above

**Exemptions**

(See Instructions)

If more than four dependents, use attachment.

**REFUNDS WILL BE HELD UP FOR MISSING INFORMATION**

Dependents Name (first, initial, and last name)	Check if under age 1	If age 1 or over dependent's social security number	Relationship	No. of months in your home

a. Total number of exemptions claimed – Enter on line 10 .....

ATTACH COPY OF FORM PW-2 OR W-2 HERE

1. <b>INCOME</b> – DO NOT INCLUDE S.U.B. PAY If joint return, include all income earned in Pontiac of both husband and wife. Enter GROSS income from employers for wages, salaries, commissions, tips, sick pay, etc. earned in Pontiac. (Box 1 W2 form)	<b>Pontiac Income Tax withheld</b>	<b>TOTAL WAGES REPORTED IN BOX 1 ON PW-2 OR W-2 DOLLARS</b>
Employer's Name                      Actual Work Location (Number, Street, City and State)	\$ .00	1                      .00
	.00	00
	.00	00
2. If more space is needed please attach separate listing sheet. <span style="float: right;">TOTALS ▶</span>	.00	2                      00
3. <b>LESS EXCLUDABLE PORTION OF WAGES IN LINE 1 EARNED OUTSIDE PONTIAC (FROM PAGE 2 LINE E)</b> Excludable Wages 3	(                      )	00
4. Income (loss) FROM BUSINESS - from page 2 line 27 - <b>ATTACH FEDERAL SCHEDULE C</b> .....		Business 4                      00
5. Income (loss) FROM PARTNERSHIP(S) AND OTHER SOURCES - from page 2 line 31 .....		Partnerships/Others 5                      00
6. Income (loss) FROM RENTALS, SALES OR EXCHANGES of tangible property located in Pontiac <b>ATTACH COPIES OF FEDERAL SCHEDULES</b> D, E, 4797, ETC.....		Property Sales/Rentals 6                      00
7. TOTAL - Add lines 2 through 6 .....		Sub Total 7                      00
8. TOTAL DEDUCTIONS - From page 2 line 32 .....		Deductions 8                      00
9. TOTAL - SUBTRACT line 8 from line 7 .....		9                      00
10. LESS: Amount of exemptions - Enter number of exemptions from b (                      ) X 600.00 .....		Exemptions 10                      00
11. TOTAL - Income subject to tax - SUBTRACT line 10 from line 9.....		Taxable 11                      00
12. City of Pontiac Tax 1/2% (MULTIPLY LINE 11 BY .005) .....		Tax 12                      00

<b>PAYMENTS AND CREDITS</b>				
13. a. Pontiac income tax withheld by your employer from line 2 above - Attach PW-2 or W-2 .....	<b>13a</b>	00		
b. Payments and credits on 2018 Declaration of Estimated Pontiac Tax .....	<b>b</b>	00		
c. Other credits - EXPLAIN IN ATTACHED STATEMENT.....	<b>c</b>	00		
TOTAL - Add lines 13 a, b, and c.....	<b>13</b>			00
14. If your payment (line 13) is larger than your tax (line 12), enter the amount you OVERPAID				
The overpayment amount on line 14 is to be:				
Applied to your 2019 Estimated Tax				
Refunded To You				
Donation to the City of Pontiac				
15. <b>TAX DUE</b> Amounts due must be paid by April 30, 2019 or it will be subject to interest and penalty			<b>14</b>	
If your tax (line 12) is larger than your payment (line 13), enter AMOUNT YOU OWE <b>Pay in full with this return</b>				00
			<b>15</b>	

(Write social security number on check or money order and enclose with return. Make remittance payable to: "TREASURER, CITY OF PONTIAC" to address on back)

**IMPORTANT** - DETAILED SUPPORTING SCHEDULES/DOCUMENTATION **MUST** BE ATTACHED WHERE INDICATED BELOW. FAILURE TO ATTACH SCHEDULES OR ATTACHING INCOMPLETE SCHEDULES CAN RESULT IN DEDUCTIONS AND LOSSES BEING DISALLOWED OR DELAY THE PROCESSING OF YOUR RETURN UNTIL ACCEPTABLE SCHEDULES/DOCUMENTATION ARE OBTAINED.

**WAGE ALLOCATION - EXCLUSION**

Computation of Excludable portion of wages in Line 1. Use separate schedule for each W2 qualifying for allocation.

- A) Actual number of days/hours paid while employed for this employer: \_\_\_\_\_ days/hours
- B) Number of vacation, holiday and sick days/hours included in days paid: \_\_\_\_\_ days/hours
- C) Actual number of days/hours **WORKED** for this employer (line A less line B): \_\_\_\_\_ days/hours
- D) Actual number of days **WORKED OUTSIDE** of Pontiac, not including holidays, sick or vacation time. \_\_\_\_\_ days/hours
- List work location(s) \_\_\_\_\_
- E) Percentage of days **WORKED OUTSIDE** of Pontiac (line D divided by line C) \_\_\_\_\_ %
- F) Total wages shown in Box 1 of W-2 \_\_\_\_\_ .00
- G) Excludable wages earned **OUTSIDE** of Pontiac (Line F multiplied by percentage from Line E) Enter here and on Page 1, Line 3. List where these wages were earned. \_\_\_\_\_ .00

**PROFIT OR LOSS FROM BUSINESS OR PROFESSION**

IF YOU FILED A SCHEDULE C WITH YOUR FEDERAL RETURN, A COPY MUST BE ATTACHED TO THIS RETURN.

16. Net profit (or loss) from business or profession..... 16. \_\_\_\_\_ .00

**BUSINESS ALLOCATION FORMULA** - use only if all business was not conducted in Pontiac. Otherwise enter amount from Line 16 on Line 24.

	All Activity Located Everywhere Column I	Activity on Located In Pontiac Column II	Percentage Column II / Column I
17. Average net book value of real and tangible personal property.....	17. .00	.00	
18. Gross rent paid for real property <b>only</b> multiplied by the factor 8.....	18. .00	.00	
19. TOTAL (add lines 17 and 18).....	19. .00	.00	%
20. Total Wages, salaries, commissions and other compensation of all employees.....	20. .00	.00	%
21. Gross receipts from sales made or services rendered.....	21. .00	.00	%
22. Total percentages - add the three percentages computed for lines 19, 20, and 21 which you entered in the last column (you must compute a percentage for each of lines 19, 20 and 21).....			22. %
23. Average percentage (one-third of line 22)			23. %

NOTE: In determining the average percentage (line 23), a factor shall be excluded from the computation only when such factor does not exist anywhere insofar as the taxpayer's business operation is concerned and, in such cases, the sum of the percentages on line 22, shall be divided by the number of factors actually used.

In the case of a taxpayer authorized by the Administrator to use one of the special formulae, attach copy of approval letter.

- 24. Apportioned income (multiply line 16 by line 23) or if all business conducted in Pontiac, enter amount from line 16. 24. \_\_\_\_\_ .00
- 25. LESS: Applicable portion of net operating loss carryover. 25. \_\_\_\_\_ .00
- 26. LESS: KEOGH or SEP Retirement Plan deduction (attach federal schedule to support deduction) 26. \_\_\_\_\_ .00
- 27. TOTAL PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION. Enter here and on Page 1 Line 4. 27. \_\_\_\_\_ .00

**OTHER INCOME**

All other Pontiac income is reported here. This includes partnerships, IRA distributions for which a deduction has been taken on a Pontiac return, and other sources.

Received from	Kind of Income	Address	Federal Identification Number	
28. ....				28. _____ .00
29. ....				29. _____ .00
30. ....				30. _____ .00
31. Total of OTHER INCOME. Add Lines 28 through 30. Enter here and on Line 5, Page 1, line 5.....				31. _____ .00

**DEDUCTIONS ALLOWED:**

You must attach a copy of your Federal form(s) to support entries on Line 32.

	Column 1 Federal amount from federal forms	Column 2 % excludable work above times amount in Column 1	Column 3 Column 1 less Column 2
32. Individual Retirement Accts (I.R.A.s) as allowed on Federal 1040 - attach supporting information.....	.00	.00	.00
Employee Business Expenses (see instructions for deductibility - attach Federal Form(s) 2106).....	.00	.00	.00
Moving Expenses (see instructions for deductibility - attach Federal Form 3903).....	.00	.00	.00
Alimony (See instructions for deductibility - Attach Page 1 of Federal 1040).....	.00	SEE INSTRUCTIONS	.00
TOTAL DEDUCTIONS - total amounts in Column 3, enter on line 32 and on page 1 line 8.....		32.	.00

I declare that I have examined this return (including accompanying schedule and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  Signature of preparer other than taxpayer \_\_\_\_\_ DATE \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_ Firm name and address \_\_\_\_\_

MAIL RETURNS WITH PAYMENTS FOR BALANCE DUE (INCLUDE SS# ON CHECK OR MONEY ORDER)  
TO: CITY OF PONTIAC 1040 PAYMENTS  
P. O. BOX 530  
EATON RAPIDS, MI 48827-0530

MAIL ALL OTHER RETURNS  
TO: INCOME TAX DIVISION  
CITY OF PONTIAC  
P. O. BOX 530  
EATON RAPIDS, MI 48827-0530

City, State and Zip. \_\_\_\_\_  
TELEPHONE # (248) 758-3236  
If you have any questions regarding  
City of Pontiac Income Tax.

<b>YOUR SOCIAL SECURITY NUMBER</b>			<b>SPOUSE'S SOCIAL SECURITY NUMBER</b>			<b>VALIDATION AREA</b>					
First Name(s) and Initial(s)			Last Name						Your Occupation		
Spouse's Name									Spouse's Occupation		
Street Address				P.O. Box					<b>IMPORTANT</b>		
City, Town or Post Office		State		Postal Zip Code		TRANSACTION NO.					
Spouse filing a separate return Y N social security number _____						Complete the following: <b>DID YOU FILE A 2017 PONTIAC RETURN?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Explain IF YES, IS THE NAME(S), FILING STATUS AND ADDRESS IDENTICAL TO PREVIOUS YEAR RETURN? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Enter the name and address used on your return for 2017 _____									ASSESS NO.		
If none filed, give reason. _____									VERIFIED		

- YOURSELF     Blind     65 & Over (Your Birth Date) \_\_\_\_\_  
 SPOUSE     Blind     65 & Over (Spouse's Birth Date) \_\_\_\_\_

No. of boxes checked

No. of children who lived with you

No. of children who didn't live with you due to a divorce or separation

No. of other dependents

Add numbers entered in boxes above

**Exemptions**

(See Instructions)

If more than four dependents, use attachment.

**REFUNDS WILL BE HELD UP FOR MISSING INFORMATION**

Dependents Name (first, initial, and last name)	Check if under age 1	If age 1 or over dependent's social security number	Relationship	No. of months in your home

a. Total number of exemptions claimed – Enter on line 10 .....

ATTACH COPY OF FORM PW-2 OR W-2 HERE

<b>1. INCOME – DO NOT INCLUDE S.U.B. PAY</b> If joint return, include all income earned in Pontiac of both husband and wife. Enter GROSS income from employers for wages, salaries, commissions, tips, sick pay, etc. earned in Pontiac. (Box 1 W2 form)	<b>Pontiac Income Tax withheld</b>	<b>TOTAL WAGES REPORTED IN BOX 1 ON PW-2 OR W-2 DOLLARS</b>
Employer's Name      Actual Work Location (Number, Street, City and State)	\$ .00	1      .00
	.00	00
	.00	00
<b>2.</b> If more space is needed please attach separate listing sheet. <span style="float: right;">TOTALS ▶</span>	.00	<b>2</b> 00
<b>3. LESS EXCLUDABLE PORTION OF WAGES IN LINE 1 EARNED OUTSIDE PONTIAC (FROM PAGE 2 LINE E)</b> Excludable Wages <b>3</b>	(      )	00
<b>4.</b> Income (loss) FROM BUSINESS - from page 2 line 27 - <b>ATTACH FEDERAL SCHEDULE C</b> .....	Business <b>4</b>	00
<b>5.</b> Income (loss) FROM PARTNERSHIP(S) AND OTHER SOURCES - from page 2 line 31 .....	Partnerships/Others <b>5</b>	00
<b>6.</b> Income (loss) FROM RENTALS, SALES OR EXCHANGES of tangible property located in Pontiac		
<b>ATTACH COPIES OF FEDERAL SCHEDULES</b> D, E, 4797, ETC.....	Property Sales/Rentals <b>6</b>	00
<b>7. TOTAL - Add lines 2 through 6</b> .....	Sub Total <b>7</b>	00
<b>8. TOTAL DEDUCTIONS - From page 2 line 32</b> .....	Deductions <b>8</b>	00
<b>9. TOTAL - SUBTRACT line 8 from line 7</b> .....		<b>9</b> 00
<b>10. LESS: Amount of exemptions - Enter number of exemptions from b (   ) X 600.00</b> .....	Exemptions <b>10</b>	00
<b>11. TOTAL - Income subject to tax - SUBTRACT line 10 from line 9</b> .....	Taxable <b>11</b>	00
<b>12. City of Pontiac Tax 1/2% (MULTIPLY LINE 11 BY .005)</b> .....	Tax <b>12</b>	00

<b>PAYMENTS AND CREDITS</b>		
<b>13. a.</b> Pontiac income tax withheld by your employer from line 2 above - Attach PW-2 or W-2 .....	<b>13a</b>	00
<b>b.</b> Payments and credits on 2018 Declaration of Estimated Pontiac Tax .....	<b>b</b>	00
<b>c.</b> Other credits - EXPLAIN IN ATTACHED STATEMENT.....	<b>c</b>	00
TOTAL - Add lines 13 a, b, and c.....	<b>13</b>	00
<b>14.</b> If your payment (line 13) is larger than your tax (line 12), enter the amount you OVERPAID	Applied to your 2019 Estimated Tax	
The overpayment amount on line 14 is to be:	Refunded To You	00
	Donation to the City of Pontiac	<b>14</b> 00
<b>15. TAX DUE</b> Amounts due must be paid by April 30, 2019 or it will be subject to interest and penalty		
If your tax (line 12) is larger than your payment (line 13), enter AMOUNT YOU OWE <span style="float: right;">Pay in full with this return</span>	<b>15</b>	00

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- C) Actual number of days/hours **WORKED** for this employer (line A less line B): \_\_\_\_\_ days/hours
- D) Actual number of days **WORKED OUTSIDE** of Pontiac, not including holidays, sick or vacation time. \_\_\_\_\_ days/hours
- List work location(s) \_\_\_\_\_
- E) Percentage of days **WORKED OUTSIDE** of Pontiac (line D divided by line C) \_\_\_\_\_ %
- F) Total wages shown in Box 1 of W-2 \_\_\_\_\_ .00
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16. Net profit (or loss) from business or profession..... 16. \_\_\_\_\_ .00

**BUSINESS ALLOCATION FORMULA** - use only if all business was not conducted in Pontiac. Otherwise enter amount from Line 16 on Line 24.

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17. Average net book value of real and tangible personal property.....	17. .00	.00	
18. Gross rent paid for real property <b>only</b> multiplied by the factor 8.....	18. .00	.00	
19. TOTAL (add lines 17 and 18).....	19. .00	.00	%
20. Total Wages, salaries, commissions and other compensation of all employees.....	20. .00	.00	%
21. Gross receipts from sales made or services rendered.....	21. .00	.00	%
22. Total percentages - add the three percentages computed for lines 19, 20, and 21 which you entered in the last column (you must compute a percentage for each of lines 19, 20 and 21).....			22. %
23. Average percentage (one-third of line 22)			23. %

NOTE: In determining the average percentage (line 23), a factor shall be excluded from the computation only when such factor does not exist anywhere insofar as the taxpayer's business operation is concerned and, in such cases, the sum of the percentages on line 22, shall be divided by the number of factors actually used.

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Received from	Kind of Income	Address	Federal Identification Number	
28. ....				28. _____ .00
29. ....				29. _____ .00
30. ....				30. _____ .00
31. Total of OTHER INCOME. Add Lines 28 through 30. Enter here and on Line 5, Page 1, line 5.....				31. _____ .00

**DEDUCTIONS ALLOWED:**

You must attach a copy of your Federal form(s) to support entries on Line 32.

	Column 1 Federal amount from federal forms	Column 2 % excludable work above times amount in Column 1	Column 3 Column 1 less Column 2
32. Individual Retirement Accts (I.R.A.s) as allowed on Federal 1040 - attach supporting information.....	.00	.00	.00
Employee Business Expenses (see instructions for deductibility - attach Federal Form(s) 2106).....	.00	.00	.00
Moving Expenses (see instructions for deductibility - attach Federal Form 3903).....	.00	.00	.00
Alimony (See instructions for deductibility - Attach Page 1 of Federal 1040).....	.00	SEE INSTRUCTIONS	.00
TOTAL DEDUCTIONS - total amounts in Column 3, enter on line 32 and on page 1 line 8.....			32. _____ .00

I declare that I have examined this return (including accompanying schedule and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

Signature Date Daytime Phone #  Signature of preparer other than taxpayer DATE

Signature Date Daytime Phone # Firm name and address

MAIL RETURNS WITH PAYMENTS FOR BALANCE DUE (INCLUDE SS# ON CHECK OR MONEY ORDER) TO: CITY OF PONTIAC 1040 PAYMENTS P. O. BOX 530 EATON RAPIDS, MI 48827-0530	MAIL ALL OTHER RETURNS TO: INCOME TAX DIVISION CITY OF PONTIAC P. O. BOX 530 EATON RAPIDS, MI 48827-0530	City, State and Zip.  TELEPHONE # (248) 758-3236 If you have any questions regarding City of Pontiac Income Tax.
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