

**CITY OF PONTIAC INCOME TAX
INDIVIDUAL RETURN – RESIDENT**

YOUR SOCIAL SECURITY NUMBER			SPOUSE'S SOCIAL SECURITY NUMBER			VALIDATION AREA											
									First Name(s) and Initial(s)			Last Name			Your Occupation		
Spouse's Name									Spouse's Occupation								
Street Address									P.O. Box								
City, Town or Post Office						State			Postal Zip Code			IMPORTANT Complete the following: DID YOU FILE A 2015 PONTIAC RETURN? 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"/> <small>If No, State Prior Information And Date of Change</small>					
Spouse filing a separate return Y N social security number _____						TRANSACTION NO.											
Enter the name and address used on your return for 2015 _____						ASSESS NO.											
If none filed, give reason. _____						VERIFIED											

Exemptions

(See Instructions)

If more than four dependents, use attachment.

- YOURSELF Blind 65 & Over Birth Date _____
 SPOUSE Blind 65 & Over Birth Date _____

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

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

- a. If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement check here
- b. Total number of exemptions claimed – Enter on line 10.....
- c. If during 2016 you had income subject to the Pontiac tax both as a resident and as a nonresident, you must complete and attach Schedule L to this resident form. Indicate below the time period during 2016 that you were a Pontiac resident.
- d. PART YEAR RESIDENT FROM _____ TO _____ FORMER ADDRESS: _____

INCOME (DO NOT INCLUDE S.U.B. PAY)

1. Enter gross wages, salaries, commission, tips, sick pay, etc. earned both inside and outside of Pontiac. Part year residents include all wages etc. earned during residency.

EMPLOYER'S NAME	LOCATION OF ACTUAL WORK STATION	PONTIAC INCOME TAX WITHHELD	WAGES ETC.
		00	00
		00	00
		00	00
		00	00
2. Total Withholding and Wages, Etc..... 2a		00	00
3a. Total interest income from federal return (if more than \$1,500.00 attach Federal Schedule B)..... 3a		.00	
3b. LESS: interest on obligations of the United States or subordinate units..... 3b		.00	
4. Pontiac Taxable Interest SUBTRACT line 3b from line 3a..... Interest 4			00
5. Income from dividends from your federal return (if more than \$1,500.00 attach Federal Schedule B)..... Dividends 5			00
6. Income or loss from business, sales, rentals partnerships, capital gains and state lottery winnings, etc. from page 2, line 23..... Other 6			00
7. TOTAL - ADD LINES 2b through 6..... Subtotal 7			00
8. Deductions Allowed - From page 2 line 25..... Deductions 8			00
9. TOTAL - SUBTRACT line 8 from line 7..... 9			00
10. LESS: Amounts for 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% (MULTIPLY LINE 11 BY .01) (or enter tax from line 11, Schedule L)..... Tax 12			00

PAYMENTS AND CREDITS

13. a. Pontiac Income Tax withheld by your employer from line 2a above - Attach PW-2 or W-2..... 13a	00		
b. Payments and credits on 2016 Declaration of Estimated Pontiac Tax..... b	00		
c. Other credits - EXPLAIN IN ATTACHED STATEMENT..... c	00		
TOTAL - Add lines 13 a, b and c..... 13			00
14. If your payment (line 13) is larger than your tax (line 12) enter the amount you OVERPAID Applied to your 2017 estimated tax			
The overpayment amount on line 14 is to be: Refunded to you			
Donation to the City of Pontiac			
15. TAX DUE Amounts due must be paid by April 30, 2017 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 Pay in full with this return			00
			00

(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)

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

IMPORTANT - DETAILED SUPPORTING SCHEDULES **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 ARE OBTAINED.

ADDITIONAL INCOME TO BE INCLUDED:

PROFIT OR LOSS FROM BUSINESS OR PROFESSION

ONLY USE LINES 16, 17 OR 18 BELOW, IF YOU FILED A SCHEDULE C WITH YOUR FEDERAL RETURN, AND A COPY IS ATTACHED TO THIS RETURN.

16. Net profit (or loss) from business or profession.....	16.	_____	.00
17. LESS: Applicable portion of net operating loss carryover.....	17.	_____	.00
18. LESS: KEOGH RETIREMENT PLAN DEDUCTION.....	18.	_____	.00
19. TOTAL - combine lines 16, 17 and 18, and include in line 23 below.....	19.	_____	.00

SALES OR EXCHANGES OF PROPERTY

ATTACH A COPY OF YOUR FEDERAL SCHEDULE D AND FORM 4797 (IF APPLICABLE).

20a. Net gain (or loss) from the sale or exchange of property per your federal form.....	20a.	_____	.00
20b. Portion of gain (or loss) on line 20a. Which occurred after January 1, 1968.....	20b.	_____	.00

RENTS AND ROYALTIES

21. Net income (or loss) from rents and royalties. Copies of ALL federal schedules must be attached.	21.	_____	.00
---	-----	-------	-----

OTHER INCOME

22. All other income not previously discussed is reported here. This includes partnerships, estates, trusts, alimony received, distributions from profit sharing plans, distributions from IRAs, capital gains, gambling winnings from lotteries, casinos, racetracks, bingo halls, or any other source.

Received from	Kind of Income	Federal Identification Number	
a.			a. _____ .00
b.			b. _____ .00
c.			c. _____ .00
d.			d. _____ .00
Total of OTHER INCOME.....			22. _____ .00

23. TOTAL of lines 19, 20b., 21 and 22 - ENTER HERE AND ON PAGE 1, LINE 6.....	23.	_____	.00
---	-----	-------	-----

DEDUCTIONS ALLOWED:

You must attach a copy of your Federal form(s) to support entries on Line 24.

24. Individual Retirement Accounts (I.R.A.s) as allowed on Federal 1040 - attach supporting information.....	_____	.00
Employee Business Expenses (see instructions for deductibility - attach Federal Form(s) 2106).....	_____	.00
Moving Expenses (see instructions for deductibility - attach Federal Form 3903).....	_____	.00
Alimony (see instructions for deductibility - attach Page 1 of Federal 1040).....	_____	.00
25. TOTAL DEDUCTIONS - enter on page 1 line 8	25.	_____ .00

CREDITS ALLOWED:

26. MULTIPLE TAXING CITY CREDIT (see instructions for limitations. Attach other City's 1040 income tax form)		
a. Income earned in other city before exemptions	a.	_____ .00
b. Pontiac exemptions X \$600.00 (see Page 1, Line 10).....	b.	_____ .00
c. Comparative income subject to tax by other city (Line a less Line b)	c.	_____ .00
d. Credit tax rate 1/2% (0.005).....	d.	_____ .005
e. Credit amount (multiply amount on 26c by 26d).....	e.	_____ .00
f. Credit for taxes paid by Partnership on behalf of partner (provide Partnership name(s) and Taxpayer Identification Number(s)).....	f.	_____ .00
g. Credit for taxes paid with Tentative Tax Return (see instructions).....	g.	_____ .00
TOTAL CREDITS - Combine amounts from line 26e., 26f. and 26g here and on Page 1, Line 13c.....	Line 26	_____ .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.

<input checked="" type="checkbox"/> Signature	() Date	() Daytime Phone #	<input checked="" type="checkbox"/> Signature of preparer other than taxpayer	DATE
---	----------	---------------------	---	------

<input checked="" type="checkbox"/> Signature	() Date	() Daytime Phone #	Firm name and address
---	----------	---------------------	-----------------------

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