FOR CALENDAR YEAR TAXPAYERS, THIS RETURN IS DUE ON OR BEFORE APRIL 30, 2012 CITY OF PONTIAC INCOME TAX INDIVIDUAL RETURN – RESIDENT

P1040 (R) 2010

YOUR SOCIAL SECURIT	ITNUMBER	SPOUSE'S S	OOIAL OLOC							
									VALIDATION AF	REA
First Name(s) and Initial(s) Last Name					Your Occupa	ation				
Spouse's Name					Spouse's Oc	cupation				
Street Address				P.O. Box	IM	PORTANT				
City, Town or Post Office State		toto	Postal Zip Code					TRAN	SACTION NO.	
City, Town or Post Office	51	iaie	Postal Zip C	ode	1 '	lete the followin	_			
Spouse filing a separate retu	urn Y N social se	ecurity number				TIAC RETURN o If No, Exp		ASSES	SS NO.	
Enter the name and address If none filed, give reason	•				IF YES, IS	THE NAME(S), F	ILING _	VERIF	TED.	
Il florie lileu, give reason						ID ADDRESS IDE IOUS YEAR RETI	URN?	VERIF	TED	
					Yes No	☐ Inform	State Prior nation And of Change			
					th Dateth Date					
Exemptions				ELD UP FOR MI		RMATION			lo. of boxes hecked	>
(See		pendents	Check	If ago 1 or over			No. of	1 14/	lo. of children tho lived	>
Instructions)	Name (first, ir	nitial, and last name)	if unde age 1	social securi		Relationship	months in your hor	me w	rith you lo. of children who did	dn't
If more than four								- liv	ve with you due to a ivorce or separation	```≻
dependents, use attachment.									lo. of other ependents	>
a. If your child didn't live with	you but is claimed:	as vour denendent i	under a pre-19	 185 agreement cl	heck here		<u> </u>	┛ ┏┛	dd numbers	. [
b. Total number of exemptio	ns claimed – Enter o	on line 10						eı bo	ntered in oxes above	
INCOME (DO NOT IN	NCLUDE S.U.B. PA	AY) tips, sick pay, etc.	earned both i			PONTIAC	INCOME T			
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- 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..... LESS: Applicable portion of net operating loss carryover..... .00 18. LESS: KEOGH RETIREMENT PLAN DEDUCTION..... .00 TOTAL - combine lines 16, 17 and 18, and include in line 23 below. .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. 20b. Portion of gain (or loss) on line 20a. Which occurred after January 1, 1968..... **RENTS AND ROYALTIES** 21. Net income (or loss) from rents and royalties. Copies of ALL federal schedules must be attached...... OTHER INCOME 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 Federal Identification Kind of Income .00 .00 .00 .00 Total of OTHER INCOME..... .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 **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 exemptionsa. .00 .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 .00 g. Credit for taxes paid with Tentative Tax Return (see instructions)......g. 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. Daytime Phone # Signature Date ignature of preparer other than taxpayer DATE

Daytime Phone #

MAIL ALL OTHER RETURNS

CITY OF PONTIAC

D'C"6CL") ' \$

INCOME TAX DIVISION

EATON RÁPIDS. MI 48827

MAIL RETURNS WITH PAYMENTS FOR BALANCE

DUE (INCLUDE SS# ON CHECK OR MONEY ORDER)

CITY OF PONTIAC 1040 PAYMENTS

P.O. BOX)'\$ 95 HCB'F5 D=8 G, MI 48, &+-0)'\$ irm name and address

TELEPHONE # (248) 758-3236

If you have any questions regarding

City of Pontiac Income Tax.

ity. State and Zip