



**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. <b>Copies of ALL federal schedules must be attached</b> ..... | 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. <b>TOTAL</b> 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. <b>Attach other City's 1040 income tax form</b> )                  |                   |
| a. Income earned in other city <b>before exemptions</b> .....   | 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) TO: ..... |          | MAIL ALL OTHER RETURNS TO: CITY OF PONTIAC INCOME TAX DIVISION D'C '6 CL )' \$ EATON RAPIDS, MI 48827 |   |      |
| CITY OF PONTIAC 1040 PAYMENTS P.O. BOX )' \$ 95 HCB'F5 D-8 G, MI 48, &+0)' \$              |          | TELEPHONE # (248) 758-3236 If you have any questions regarding City of Pontiac Income Tax.            |   |      |