D-1040(R)

City of Detroit Income Tax Individual Return — Resident

2014

|--|

Social Security Number	Spouse's So	Spouse's Social Security			Check here if this							
					return	is for a sed taxp		* 1	0 0	1 2 0	1 4	*
First Name		MI	Last Nan	ne			.,.					_
Spouse's First Name		MI	Spouse's	Lact Na	mo							
Spouse's First Name		IVII	оройзе з	Lastina	anie	П						Т
Home Address (Number and Street	or Rural Route)											
City or Town				State	Ziį	p Code						
A. FILING STATUS	EXEMPTION	IS:					E. Num	nber of De	pendent	Children		
Single or Married Filing Sepa	c. YOURSELF	REGULAR 65	or OVER E	BLIND	DEAF	DISABLED		all dependent ober of Oth			!	-
Married Filing Jointly							List a	all dependent	s on page 2	2, part 4.		_
B. Check if you can be claimed as a de on another person's tax return.	D. SPOUSE	>	•		•	• 📙		ines C, D, E		mptions	. •	
	ded return as a result of a feder	al audit?	J. If Ye	es, enter th	ne federal d	determinat	ion date					
	ME AND ADJUSTMEN						Dollars				Cent	ts —
Total Income from W-2 (work	location:)	·····• >	1					. 0	0
2. Other Income (or losses) (fro	m page 2, part 1) ··········					2					.0	0
2. Other Income (or losses) (fro						3			Ħ	Ħ		0
4. Deductions from Income (from						4		\pm	卄	++		
						\vdash			₩	 		0
5. Subtotal (line 3 less line 4) ···						5			₩	 	. 0	0
o. Exemption amount (mattiply t					,	6			Щ	Щ	. 0	0
7. Net Income (line 5 less line 6				•••••	·····•	7					. 0	0
8. Renaissance Zone Deduction	n (attach Renaissance Zo	ne Approval	Letter)·····	•••••	····· •	8					. 0	0
9. Total Income Subject to Tax (line 7 less line 8)				·····•	9				П	. 0	0
10. Tax (multiply line 9 by .024 (2	2.4%)					10		TT	Ħ	ĦΤ		0
11. Credit for tax paid to other cit	ies (attach copy of other	city returns)				11		$\overline{}$	亓	Ħ		0
12. Total Tax (line 10 less line 11)					12		+++	卅	Ħ		
PA	YMENTS AND CRED	ITS ——				=			#	++		0
13. Tax withheld					•	13		 	#	 	.0	0
14. 2014 estimated payments, cr	edits and other payments	s (see instruc	ctions) ·····			14			Щ	Щ	. 0	0
15. Detroit tax paid for you by a p	partnership (from page 2,	part 3)	•••••		·····•	15					. 0	0
16. Total payments and credits (a			•••••		·····•	16					. 0	0
17. If line 16 is larger than line 12	REFUND OR TAX DUI 2 enter amount of Overpa	E ———— ayment ·······			······ •	17					. 0	0
18. Amount to be Refunded (if ar						18		TT	$\overline{\Box}$	$\overline{\Box}$		0
19. Amount to be Credited on 20						19		+	卄	+		
其						=			++	++		0
20. If line 12 is larger than line 16 (make check payable to: Trea	surer, City of Detroit)	ᠸ				20					. 0	0



A	ART 1 - Other Income (or losses)		
1.	Interest and dividend income from federal 1040 or 1040A	1	00
2.	Distributions from tax-option corporations (Losses not deductible)	2	00
3.	Net Income (or loss) from estates and trusts (attach federal Schedule K-1, etc.)	3	00
4.	Gain (or loss) on sale or exchange of property (attach federal Schedule)	4	00
5.	Net Income (or loss) from partnership (attach federal Schedule K-1, etc.)	5	.00
6.	Net Income (or loss) from business or profession (attach federal Schedule C)	6	.00
7.	Net Income (loss) from Rent or Royalties (attach federal Schedule E)	7	.00
8.	Miscellaneous (Identify)	8	.00
9.	Total Other income (or losses) here and on page 1, line 2	9	00
PA	ART 2 – Deductions from Income		
1.	Employee Business Expenses from federal form 2106 (see instructions for allowable deductions and attach fed form)		.00
2.	Moving expense from federal form 3903 (attach federal form)	2	00
3.	Individual Retirement Account (IRA) and/or Keogh retirement plan and self-employed SEP deductions (attach federal form 1040, page 1)	3	.00
4.	Interest on obligations of the United States or subordinate units included on part 1, line 1	4	00
5.	Alimony (furnish recipient's name, address and Social Security Number) (attach federal form page 1)	5	00
	Name Address Social Security Number	_	
	Penalty for early withdrawal of savings		
	Net operating loss carryover		
	Other (Identify)		
9.	Enter total deductions from income here and on page 1, line 4	9	00
ΡΑ	ART 3 – Detroit tax paid for you by a partnership		
	Name of Partnership Federal Identification Number	Amount	
1.		_	.00
Z.	otal (enter on page 1, line 15)		.00
	ART 4		
	nter the first names & Social Security Numbers of the dependent children Enter the names & Social Secu	rity Numbers of other dependent	dents
_			
_			
Sic	gnature: (if Joint return, BOTH HUSBAND AND WIFE MUST SIGN)		
_	nder penalty of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to	the best of my knowledge and	belief it is true,
СО	orrect and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the prepared by a person other than taxpayer, the declaration is based on all information of which the prepared by a person other than taxpayer, the declaration is based on all information of which the prepared by a person other than taxpayer, the declaration is based on all information of which the prepared by a person other than taxpayer, the declaration is based on all information of which the prepared by a person other than taxpayer, the declaration is based on all information of which the prepared by a person other than taxpayer, the declaration is based on all information of which the prepared by a person other than taxpayer, the declaration is based on all information of which the prepared by th	parer has any knowledge.	
	Taxpayer's Signature Date Occupation Home Phone	() Work Phone	
	()	()	
_	Spouse's Signature Date Occupation Home Phone	Work Phone	

MAILING INSTRUCTIONS: Due Date: This return is due April 30, 2015 or at the end of the fourth month after the close of your tax year.

Address

Date

Signature of preparer other than taxpayer

I.D. number