## D-1040(R)

## City of Detroit Income Tax Individual Return — Resident

2014

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| Social Security Number   | Spouse's So                                   | Spouse's Social Security |               |              | Check here if this |                      |          |                              |                   |  |          |      |
|--|---|--------------------------|---------------|--------------|--------------------|----------------------|----------|------------------------------|-------------------|--|----------|------|
|  |   |                          |               |              | return             | is for a<br>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<br>ober of Oth |                   |  | <b>!</b> | -    |
| 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                                     | <b>&gt;</b>              | <b>•</b>      |              | •                  | • 📙                  |          | 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:                                     |                          |               | )            | ·····• <b>&gt;</b> | 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                 | ++   |          |      |
|  |   |                          |               |              |                    | $\vdash$             |          |                              | ₩                 | <del>                                     </del> |          | 0    |
| 5. Subtotal (line 3 less line 4) ···                                   |   |                          |               |              |                    | 5                    |          | <del></del>                  | ₩                 | <del>     </del>                                 | . 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)·····  | •••••        | ····· <b>•</b>     | 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                   |          | <del>     </del>             | #                 | <del>     </del>                                 | .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<br>2 enter amount of Overpa | E ————<br>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  | ( )<br>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