D-1041	St.	Ci	ty of	fl	Det	roit				2	01	5												
In	come	Тах	(– E	st	ate	s an	d T	Γrι	ists															
or Fiscal Year Begin	ning		2015,	Endir	וg			Т																
Complete this sect	ion if using So	ocial Se	ecurity N	lumb	er																			
Social Security Num	ber	-																						
First Name						MI	Lac	t Nan	20															
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Complete this sect Federal Employer Ic			mploye	r Idei	ntificati	ion Num	ber																	
Name																			_					
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Address (Number a	nd Street or Bu	iral Rou	te)																					
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City or Town									State		Zip Co	ode												
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A. Are you filing this	return for a(n)	E	STATE] SIMPI	LE TRU	ST		OMPLE	X TR	UST		В.	Ame	ende	d Re	eturi	n? (See	; ins	truc	tions	s). [_
C. Is this amended re	eturn as a resu	lt of a F	ederal A	udit?		D. If	YES, e	enter	the Fede	eral D	etermi	inatio	n Da	ate.										
			IN	CON		ADJUS	TMEN	ITS -																
1. Net Income (lo	ss) from busine	ess loca																						
4. Other Detroit ir	,		0	0			```				,													
	,			,																				
,																								
 9. Net income (line 7 less line 8) 0. Renaissance Zone Deduction (attach Renaissance Zone Approval Letter) 																								
		,																						
12 Tox withhold																								
13. Tax withheld																								
14. 2015 estimated							,	,																
15. Total payments	and credits (a	idd lines																						
40 K						OR TAX																		
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9. If line 12 is larger than line 15 enter the amount of Tax Due (make check payable to: Treasurer, City of Detroit)															_									

SCHEDULE G-1 Complete For Resident Beneficiaries Only

	NAME	SOCIAL SECURITY NUMBER	AMOUNT DISTRIBUTABLE
1.			100_
2.			200
3.			300_
4.			400
5.			500_
6.			600
7.			700
8.			800
9.			900
10.			1000
11.	Total Distributable Income - Residents (Enter on page 1, line 6).		1100_

Under 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, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Signature of preparer other than Fiduciary Date

Fiduciary/Responsible Party

Date

Address

I.D. number

MAILING INSTRUCTIONS: Due Date: This return is due April 30, 2016 or at the end of the fourth month after the close of your tax year.

Returns with Payments: TREASURER, CITY OF DETROIT P.O. BOX 33405 Detroit, Michigan 48232 Refund and all others: DETROIT CITY INCOME TAX P.O. BOX 33405 Detroit, Michigan 48232