

Taxpayer's SSN		Taxpayer's first name		Initial	Last name	RESIDENCE STATUS	
Spouse's SSN		If joint return spouse's first name		Initial	Last name	<input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident Part-year resident - dates of residency (mm/dd/yyyy) From _____ To _____	
Make sure the SSN(s) above and on page 2, line 1d are correct.		Present home address (Number and street)			Apt. no.		
Check box if you need a tax form mailed to you next year. <input type="checkbox"/>		Address line 2 (P.O. Box address for mailing use only)					
For city use only		City, town or post office		State	Zip code		
		Foreign country name		Foreign province/county		Foreign postal code	
		<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here. _____ Spouse's full name if married filing separately					

INCOME		ROUND ALL FIGURES TO NEAREST DOLLAR (\$0.50 next dollar)	Column A Federal Return Data	Column B Exclusions/Adjustments	Column C Taxable Income
ATTACH COPY OF FIRST 2 PAGES OF FEDERAL 1040 RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1	.00	.00	.00
	2. Taxable interest	2	.00	.00	.00
	3. Ordinary dividends	3	.00	.00	.00
	4. Taxable refunds, credits or offsets	4	.00	.00	NOT TAXABLE
	5. Alimony received	5	.00	.00	.00
	6. Business income or (loss) (Attach federal Schedule C)	6	.00	.00	.00
	7. Capital gain or (loss) (Attach copy of fed. Sch. D)	7	.00	.00	.00
	7a. <input type="checkbox"/> Mark if federal Sch. D not required				
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8	.00	.00	.00
	9. Taxable IRA distributions	9	.00	.00	.00
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10	.00	.00	.00
	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach federal Schedule E)	11	.00	.00	.00
	12. Subchapter S corporation distributions (Attach federal Sch. K-1)	12	NOT APPLICABLE	.00	.00
	13. Farm income or (loss) (Attach federal Schedule F)	13	.00	.00	.00
	14. Unemployment compensation	14	.00	.00	NOT TAXABLE
	15. Social security benefits	15	.00	.00	NOT TAXABLE
16. Other income (Attach statement listing type and amount)	16	.00	.00	.00	
17. Total additions (Add lines 2 through 16)	17	.00	.00	.00	
18. Total income (Add lines 1 through 16)	18	.00	.00	.00	
19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19			.00	
20. Total income after deductions (Subtract line 19 from line 18)	20			.00	
21. Exemptions (Enter the total exemptions, from Form H-1040, page 2, box 1h, in line 21a and multiply this number by \$600 and enter on line 21b)	21a <input type="checkbox"/> 21b			.00	
22. Total income subject to tax (Subtract line 21b from line 20)	22			.00	
23. Tax (Multiply line 22 by Hamtramck resident tax rate of 1% (0.01) or nonresident tax rate of 0.5% (0.005) and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d)	23a <input type="checkbox"/> 23b			.00	
24. Total payments and credits (Total from page 2, Payments and Credits schedule, line 4)	24			.00	
25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax	25a <input type="checkbox"/> .00 25b <input type="checkbox"/> .00 25c			.00	
TAX DUE 26. Amount you owe (Add lines 23b and 25c, and subtract line 24) MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF HAMTRAMCK	26			.00	
OVERPAYMENT 27. Tax overpayment (Subtract lines 23b and 25c from line 24; choose overpayment options on lines 28 - 30)	27			.00	
28. Amount of overpayment donated	28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 28d				
29. Amount of overpayment credited forward to 2024	29			.00	
30. Amount of overpayment refunded (Line 27 less line 29)	30			.00	
31. Reserved	31a Not available 31b Not available 31c Reserved 31d Reserved 31e Reserved				

EXEMPTIONS SCHEDULE

1a. You Date of birth (mm/dd/yyyy) Regular 65 or over Blind Deaf Disabled

1b. Spouse

1d. List Dependents 1c. Check box if you can be claimed as a dependent on another person's tax return

#	First Name	Last Name	Social Security Number	Relationship	Date of Birth
1					
2					
3					
4					
5					
6					
7					
8					

1e. Enter the number of boxes checked on lines 1a and 1b

1f. Enter number of dependent children listed on line 1d

1g. Enter number of other dependents listed on line 1d

1h. Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a)

EXCLUDED WAGES SCHEDULE (See instructions. Resident wages generally not excludible)

W-2 #	COLUMN A EMPLOYER'S ID	COLUMN B RESIDENT EXCLUDED WAGES	COLUMN C NONRESIDENT EXCLUDED WAGES	W-2 #	COLUMN A EMPLOYER'S ID	COLUMN B RESIDENT EXCLUDED WAGES	COLUMN C NONRESIDENT EXCLUDED WAGES
1		.00	.00	6		.00	.00
2		.00	.00	7		.00	.00
3		.00	.00	8		.00	.00
4		.00	.00	9		.00	.00
5		.00	.00	10		.00	.00

DEDUCTIONS SCHEDULE (See instructions; deductions allocated on same basis as related income)

	DEDUCTIONS
1. IRA deduction (Attach copy of page 1 of federal return & evidence of payment)	.00
2. Self-employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of federal return)	.00
3. Employee business expenses (See instructions and attach copy of federal Form 2106)	.00
4. Moving expenses (Into Hamtramck area only) (Attach copy of federal Form 3903)	.00
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of page 1 of federal return)	.00
6. Renaissance Zone deduction (Attach Schedule RZ OF 1040)	.00
7. Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)	.00

PAYMENTS AND CREDITS SCHEDULE

1. Tax withheld by your employer for HAMTRAMCK (Attach W-2 Forms showing tax withheld for HAMTRAMCK, Form W-2, box 19)	.00
2. Tax payments other than tax withheld (Estimated income tax payments, extension payment, partnership payments and credit forward)	.00
3. Credit for tax paid to another city (Residents attach a copy of other city's return; not allowed for nonresidents)	.00
4. Total payments and credits (Add lines 1 through 3, enter total here and on page 1, line 24)	.00

ADDRESS SCHEDULE (Where taxpayer (T), spouse (S) or both (B) resided during year and dates of residency)

MARK T, S, B	ADDRESS (INCLUDE CITY, STATE & ZIP CODE) Start with address used on last year's return. If the address is the same as listed on page 1 of this return, print "Same." If no return filed, list reason. Continue listing residence addresses from this year.	FROM		TO	
		MONTH	DAY	MONTH	DAY

THIRD PARTY DESIGNEE

Do you want to allow another person to discuss this return with the Income Tax Office? Yes, complete the following No

Designee's name Phone No. Personal identification number (PIN)

Under the penalty of perjury, I declare that I have examined this return and 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 preparer's declaration is based on all information of which preparer has any knowledge.

SIGN HERE

TAXPAYER'S SIGNATURE - If joint return, both spouses must sign Date (MM/DD/YY) Taxpayer's occupation Daytime phone number If deceased, date of death

SPOUSE'S SIGNATURE Date (MM/DD/YY) Spouse's occupation If deceased, date of death

PREPARER'S SIGNATURE

SIGNATURE OF PREPARER OTHER THAN TAXPAYER Date (MM/DD/YY) PTIN, EIN or SSN Preparer's phone no.

FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE NACTP software number