



P-1040

CITY OF PORTLAND

For year January 1-December 31, 2016

2016

Your Social Security Number	Spouse's Social Security Number	RESIDENCY STATUS <input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT <input type="checkbox"/> PART-YEAR RESIDENT FROM _____ TO _____	
First Name and Initial	Last Name	FILING STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED FILING JOINTLY <input type="checkbox"/> * MARRIED FILING SEPARATELY	
If Joint, Spouse's First Name and Initial	Last Name	EXEMPTIONS 65 OR OVER BLIND DEAF DISABLED A <input type="checkbox"/> YOURSELF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Mailing Address (If using a PO Box you must also list your physical home address)	B <input type="checkbox"/> SPOUSE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		D. NUMBER OF OTHER DEPENDENTS (EXPLAIN)
City / Town	State	Zip Code	C. NAMES OF DEPENDENT CHILDREN WHO LIVED WITH YOU
			TOTAL NUMBER OF EXEMPTIONS CLAIMED ON BOXES A,B,C, & D

ATTACH COPY OF PAGE 1 OF FEDERAL RETURN	INCOME		
	1. Wages, salaries, tips, etc.	1.	
	2. Taxable interest.	2.	
	3. Ordinary dividends.	3.	
	4. Taxable refunds, credits or offsets.	4.	NOT TAXABLE
	5. Alimony received.	5.	
	6. Business income. (Attach Federal Schedule C, page 1 & 2.)	6.	
	7. Capital gains or losses. (Attach Federal Schedule D.)	7.	
	8. Other gains or losses. (Attach Federal Form 4797.)	8.	Check if Schedule is not required
	9. Taxable IRA distributions.	9.	
	10. Taxable pension distributions. (Attach copy of Form 1099-R.)	10.	
	11. Rental real estate, royalties, partnerships, trusts, etc. (Attach Federal Schedule E(s).)	11.	
	12. Subchapter S corporation distributions. (Attach Federal Schedule K-1.)	12.	
	13. Farm income or (loss). (Attach Federal Schedule F.)	13.	
	14. Unemployment compensation.	14.	NOT TAXABLE
	15. Social security benefits.	15.	NOT TAXABLE
	16. Other income. Attach statement listing type and amount.	16.	
17. Total income. Add lines 1 through 16.	17.		
DEDUCTIONS See instructions. Deductions must be allocated on the same basis as related income.			
18. Individual Retirement Account deduction. (ATTACH PG. 1 OF FEDERAL RETURN & EVIDENCE OF PAYMENT.)	18.		
19. Self-employed SEP, SIMPLE and qualified plans. (ATTACH PAGE 1 OF FEDERAL RETURN.)	19.		
20. Employee business expenses. (SEE INSTRUCTIONS.)	20.		
21. Moving expenses. (Into Portland only) (ATTACH FEDERAL 3903.)	21.		
22. Alimony paid. DO NOT INCLUDE CHILD SUPPORT (ATTACH PAGE 1 OF FEDERAL RETURN.)	22.		
23. Non-Resident Income (For part-year residents that did not work in Portland)	23.		
24. Other Deductions	24.		
25. Total deductions. Add lines 18 through 24	25.		
26. Total income after deductions. Subtract line 25 from line 17	26.		
27. Amount from exemptions (Number of Exemptions, _____ times \$1,000.00)	27.		
28. Total income subject to tax. Subtract line 27 from line 26	28.		
29. TAX -MULTIPLY LINE 28 BY YOUR TAX RATE RES. = 1% (.01), NON-RES. = 1/2% (.005), PART YEAR RES.- ATTACH P 'SCH PY' (PG 8)	29.		
PAYMENTS AND CREDITS			
30. Portland tax withheld by your employer (ATTACH W-2 FORMS showing tax withheld)	30.		
31. Payments on 2016 Declaration of Estimated Income Tax, payments with an extension and carry forward credits.	31.		
32. Credit for tax paid to another city and for tax paid by a partnership. Copy of other cities tax return must be attached for credit. (Worksheet on page 10)	32.		
33. Total payments and credits. Add lines 30 through 32	33.		
TAX DUE	34. If tax (line 29) is larger than payments (line 33) you owe tax.(If over \$100.00 see page 5) PAY WITH RETURN >>>	34.	
CREDIT TO 2017	35. If payments (line 33) are larger than tax (line 29) enter overpayment to be credited forward to 2017	35.	
REFUND CHECK	36. If payments (line 33) are larger than tax (line 29) enter overpayment to be refunded via a refund check	36.	
DIRECT DEPOSIT	37. If payments (line 33) are larger than tax (line 29) enter overpayment to be refunded via direct deposit	37.	
37 A. <input type="checkbox"/> Check box for direct deposit of refund. List bank account information below.			
37 B. Routing number	<input type="checkbox"/> * 37 C. Type of Account: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS * If type of account is not checked a check will be mailed		
37 D. Account number			

PLEASE SIGN YOUR RETURN BELOW

If joint return, both husband and wife must sign. 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 preparer's declaration is based on all information of which he/she has any knowledge.

SIGN HERE	<input checked="" type="checkbox"/> TAXPAYER'S SIGNATURE	DATE	SIGNATURE OF PREPARER OTHER THAN TAXPAYER
	<input checked="" type="checkbox"/> SPOUSE'S SIGNATURE	PHONE #	PREPARER'S ADDRESS
			PREPARER'S PHONE NUMBER:

MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY TREASURER MAIL TO: CITY INCOME TAX DEPARTMENT, 259 KENT ST. PORTLAND, MI 48875