

CITY OF PORTLAND INCOME TAX
Partnership Return

FOR CALENDAR YEAR 20___
OR FISCAL YEAR ENDING:

PLEASE TYPE OR PRINT
Name of Partnership
Date Business Commenced
Number and Street
Number of Employees on December 31, 20___
City or Town, State and Zip Code
Number of Partners
FEDERAL ID NUMBER

Table with 5 columns: NAME AND HOME ADDRESS OF EACH PARTNER, SOCIAL SECURITY NUMBER, City Resident Full Year, Non Resident Full Year, If City Resident Part of Year Indicate Time Period. Rows labeled a, b, c, d, e.

TAX PAYMENT BY PARTNERSHIP (If an informational return only, disregard this section)

Table with 7 columns: COL. 1 Adjusted Partnership Income, COL. 2 Allowable Individual Deductions, COL. 3 Exemptions, COL. 4 Taxable Income, COL. 5 Total Tax, COL. 6 Credits, COL. 7 Balance of Tax Payable. Rows labeled a, b, c, d, e, Totals.

Note 1: If this is an information return, check here [] and fill in the applicable schedules on page 2 only. The partnership may pay tax for partners only if it pays for ALL partners subject to the tax. Check here [] if the partnership elects to pay tax on behalf of all partners.

Note 2: A partner who has other income in addition to the partnership income must file an individual return and show such amounts from the Federal Form 1065 and take credit for his exclusions on page two of this return. A partner who is claiming his exemption as a member of another partnership is NOT to claim his exemption in this partnership return in column 3.

PAYMENTS AND CREDITS

8a. Tax paid with tentative return..... \$
8b. Payments on 20___ Declaration of Estimated Portland Income Tax..... \$
8c. Other credits - you must attach explanation and support..... \$
9. TOTAL - add lines 8a, 8b, and 8c..... \$

TAX DUE OR REFUND

10. If your tax (total of Col. 5) is larger than your payments (line 9) enter BALANCE DUE..... \$
- ANY BALANCE DUE MUST BE PAID IN FULL WITH THIS RETURN.
11. If your payments (line 9) are larger than your tax (total of Col. 5) enter OVERPAYMENT \$
12. Line 11 to be (a) Credited on 20___ estimated tax \$.....or (b) refunded \$.....

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 the taxpayer, the preparer's declaration is based on all information of which the preparer has any knowledge.

SIGN HERE
Signature of Officer Title Date

SIGN HERE
Signature of Preparer Address Date

MAIL TO: CITY OF PORTLAND, 259 KENT STREET, PORTLAND, MI 48875

ALLOCABLE PARTNERSHIP INCOME - SCHEDULE A

1. ORDINARY INCOME (LOSS) from Page 1, Line 22, US Partnership Return of Income, Form 1065	\$
2. Add partners' salaries and interest deducted on Page 1, Federal Form 1065.....	
3. Add City of Portland tax, if deducted in determining income on Federal Form 1065.....	
4. TOTAL (add Lines 1, 2, and 3).....	
5. Less non-business income included in Line 1 above (from Schedule B, Column I, Line 9 below).....	
6. TOTAL INCOME SUBJECT TO ALLOCATION - To Schedule C below.....	\$

NON BUSINESS INCOME AND EXCLUSIONS - SCHEDULE B

	Federal Form 1065 Reference	Column I	Column II	Column III	Column IV	Column V
		Total Non-Business Income	Resident Partners' Share of Column I	Resident Partners' Exclusion	Non-Resident Partners' Share of Column I	Non-Resident Partners' Exclusions
7. Income from other partnerships, trusts, etc.....	page 1, line 4	\$	\$	\$	\$	\$
8. Other - attach statement detailing.....						
9. Non-allocable income (line 7 plus line 8).....	To Sch A. In. 5	\$				
10. Rental activities.....	Sch K, line 3c					
11. Interest income.....	Sch K, line 4a					
12. Dividend income.....	Sch K, line 4b					
13. Royalty income.....	Sch K, line 4c					
14. Net short-term capital gain (loss).....	Sch K, line 4d					
15. Net long-term capital gain (loss).....	Sch K, line 4e					
16. Net section 1231 gain (loss).....	Sch K, line 6					
17. Other gain (loss) - attach statement.....						
18. Totals (line 7, 8 and 10 thru 17).....		\$	\$	\$	\$	\$

Note: All partners exclude interest from governmental obligations and income, gains and losses prior to January 1, 1984. In addition, non-resident partners exclude all dividends, interest and non-taxable income from activities outside of the City of Portland.

DISTRIBUTION TO PARTNERS - SCHEDULE C

	Column 1 Allocable Income (SCH A. LINE 6)	Column 2 Allocation % Apply only to Non-residents (enter 100% For Residents)	Column 3 Allocated Income (COL 1 X COL 2) (SCH A. LINE 6)	Column 4 Memo Allocation Exclusion (Col 1 less Col 3) to Sch D P-1040	Column 5 Non-Business Taxable Income Residents (Sch B, Col II less Col III)	Column 6 Non-Business Taxable Income Non-Residents (Sch B, Col IV less Col V)	Column 7 Adjusted Partnership Income Add Col 3, 5 & 6
(a)		%					
(b)		%					
(c)		%					
(d)		%					
(e)		%					
Totals							

BUSINESS ALLOCATION FORMULA - SCHEDULE D

(To be used by non-resident partners only)

	I Located Everywhere	II Located In Portland	III Percentage II / I
19a. Average net book value of real and tangible personal property			
19b Gross rentals of real property, multiplied by 8			
19c. Total - add lines 19a and 19b			
20. Total wages, salaries, commissions and other compensation paid to all employees			
21. Gross receipts from sales made or services rendered			
22. Total Percentages - add the percentages computed in Column III on lines 19c, 20 and 21			
23. Average percentage (Column III line 22 divided by three - see note below and instructions) Enter here and on page 2, Sch. C, Col. 2			

Note: In determining the average percentage (line 23), if a factor does not exist, the sum of the percentages shall be divided by the number of factors actually used.

In case of a taxpayer authorized by the Administrator to use a special formula, attach the Administrator's approval letter and detail of formula used.