

INDIVIDUAL RETURN DUE APRIL 30, 2024

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 _____	
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse Enter date of death on page 2, right side of the signature area Mark box (X) below if: <input type="checkbox"/> Federal Form 1310 attached <input type="checkbox"/> Itemized deductions on your Federal tax return for 2023		Present home address (Number and street) Apt. no.		FILING STATUS	
Address line 2 (P.O. Box address for mailing use only)		City, town or post office State Zip 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.	
Foreign country name Foreign province/country Foreign postal code				Spouse's full name if married filing separately _____	

ROUND ALL FIGURES TO NEAREST DOLLAR (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		Column A Federal Return Data	Column B Exclusions/Adjustments	Column C Taxable Income
SEND COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1		
	2. Taxable interest	2		
	3. Ordinary dividends	3		
	4. Taxable refunds, credits or offsets of state and local income taxes	4		NOT TAXABLE
	5. Alimony received	5		
	6. Business income or (loss) (Attach copy of federal Schedule C)	6		
	7. Capital gain or (loss) (Attach copy of fed. Sch. D)	7		
	7a. <input type="checkbox"/> Mark if federal Sch. D not required	7		
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8		
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9		
10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10			
11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11			
12. Subchapter S corporation distributions (Attach federal Sch. K-1)	12	NOT APPLICABLE		
13. Farm income or (loss) (Attach copy of federal Schedule F)	13			
SEND W-2 FORMS	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 additions (Add lines 2 through 16)	17		
	18. Total income (Add lines 1 through 16)	18		
	19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19		
	20. Total income after deductions (Subtract line 19 from line 18)	20		
	21. Exemptions (Enter the total exemptions, from Form CF-M1040, page 2, box 1h, in line 21a and multiply this number by \$600.00 and enter on line 21b)	21a <input type="checkbox"/> 21b		
	22. Total income subject to tax (Subtract line 21b from line 20)	22		
	23. Tax at (tax rate) (Multiply line 22 by Muskegon resident tax rate of 1.0% (0.01) or nonresident tax rate of 0.5% (0.005) and enter tax on line 23b, or if using Schedule PY to compute tax, check box 23a and enter tax from Schedule PY, line 23c)	23a <input type="checkbox"/> 23b		
24. Payments and credits	24a <input type="checkbox"/> 24b <input type="checkbox"/> 24c <input type="checkbox"/> 24d <input type="checkbox"/>			
25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax	25a <input type="checkbox"/> 25b <input type="checkbox"/> 25c <input type="checkbox"/>			
ENCLOSE CHECK OR MONEY ORDER	26. TAX DUE (Amount you owe (Add lines 23b and 25c, and subtract line 24) MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF MUSKEGON OR TO PAY WITH A DIRECT WITHDRAWAL. Complete lines 31b, c, d & e)	26	PAY WITH RETURN	
	27. OVERPAYMENT (Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 31))	27		
	28. Amount of overpayment donated	28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 28d <input type="checkbox"/>		
29. Amount of overpayment credited forward to 2024	29			
30. Amount of overpayment refunded (Line 27 less lines 28d and 29) (For refund to be directly deposited to your bank account, mark refund box, line 31a, and complete line 31 c, d & e)	30			
31. Direct deposit refund or Direct withdrawal payment (Mark (X) box 31a or 31b and complete lines 31c, 31d, and 31e)	31a <input type="checkbox"/> 31b <input type="checkbox"/> 31c <input type="checkbox"/> 31d <input type="checkbox"/> 31e <input type="checkbox"/>			

Taxpayer's name

Taxpayer's SSN

EXEMPTIONS SCHEDULE

1a. You, 1b. Spouse, 1c. Check box if you can be claimed as a dependent on another person's tax return. Includes date of birth and checkboxes for Regular, 65 or over, Blind, Deaf, Disabled.

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

1d. List Dependents

Table with 6 columns: #, First Name, Last Name, Social Security Number, Relationship, Date of Birth. Rows 1-8.

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 AND TAX WITHHELD SCHEDULE (See instructions. Resident wages generally not excluded)

Table with 7 columns: W-2 #, Col. A T or S, COLUMN B SOCIAL SECURITY NUMBER, COLUMN C EMPLOYER'S ID NUMBER, COLUMN D EXCLUDED WAGES, FAILURE TO ATTACH W-2 FORMS TO PAGE 1 WILL DELAY PROCESSING OF RETURN..., COLUMN E MUSKEGON WITHHELD, COLUMN F LOCALITY NAME. Includes a warning box.

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

Table with 2 columns: Deduction description and DEDUCTIONS. Rows 1-7.

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

Table with 4 columns: MARK T, S, B, List all residence (domicile) addresses..., FROM MONTH DAY, TO 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 I am a resident claiming a credit for taxes paid to another city, I acknowledge and consent to the City's verification of unrefunded payment to that city. 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, SPOUSE'S SIGNATURE, SIGNATURE OF PREPARER OTHER THAN TAXPAYER. Includes fields for Date, Occupation, Daytime phone number, and PTIN, EIN or SSN.