### 2014 MUSKEGON

# FORM M-1040 AND FORM M-1040EZ

# ALL PERSONS HAVING \$600.00 OR MORE OF MUSKEGON TAXABLE INCOME DURING 2014 MUST FILE A RETURN

FILING DATE

You have a choice of three different donation programs. You can only donate to one program. You must check the box for the program that you want to support. Your choices are: 1. Lakeshore Trail Improvements: You can help purchase additional signs and materials for the trail that winds along the lake with spectacular views. 2. Muskegon Farmer's Market Capital Improvement Fund: Donations will help make capital improvements to the downtown Farmer's Market. 3. Downtown Muskegon NOW: This program will use the donations to help create a vibrant 24-hour diverse downtown that is the focal point for arts, culture, festivals, dining, shopping and other social activities.

TAX FORMS

Tax forms are available online at: http://www.shorelinecity.com/incometax.asp

DIRECT DEPOSIT

#### WHY USE DIRECT DEPOSIT:

- Faster refunds
- More convenient, no trip to the bank to deposit your check
- Payment more secure (no check to get lost)
- Saves tax dollars. A refund by direct deposit costs less than a check.

TAX RATE

RESIDENT: One percent (1% or .01)

NON-RESIDENT: One-half of one percent (.5% or .005)

FILING DATE

Your return must be filed by April 30, 2015. Penalty and interest, as provided by law (\$2.00 minimum), will be assessed on all late payments.

PAYMENT OF TAX DUE

Tax due, if one dollar (\$1.00) or more, must be paid with your return. Make check or money order payable to: City of Muskegon

Mail return and payment to the address below.

MAILING ADDRESS Income Tax Department

P.O. Box 29

Muskegon, Michigan 49443-0029

DECLARATION
OF ESTIMATED
INCOME TAX

If you are paying \$100.00 or more with your 2014 return, you may need to file a Declaration of Estimated Income Tax, Form M-1040ES, for 2015. See Instructions for Filing a Declaration on page 4.

FOR ASSISTANCE

For assistance, visit the Income Tax Department, City Hall, 933 Terrace, Muskegon, Michigan or call the Income Tax Department at (231) 724-6770.

CHECK TO SEE THAT

- $\ \square$  W-2 forms attached add up to the wages on line 1.
- ☐ W-2 forms attached add up to the Muskegon Tax withheld.
- Federal schedules attached support figures reported on lines 6, 7, 10 and 14. (M-1040 only)
- ☐ Schedules attached support all exclusions, adjustments and deductions claimed. (M-1040 only)
- ☐ A copy of other city's tax return is attached to support credit claimed.
- ☐ Front page of the Federal 1040 must be attached.

Failure to attach documentation or attaching incorrect or incomplete documentation will delay the processing of the return or result in corrections being made to the return.

We will not prepare your return.

#### 2014 MUSKEGON M-1040 INSTRUCTIONS

#### WHO MUST FILE A RETURN

Every individual who had \$600.00 or more of Muskegon taxable income during 2014, must file a City of Muskegon Individual Income Tax Return, Form M-1040.

The filing of a declaration of estimated tax does not excuse a taxpayer from filing an annual return even though there is no change in the declared tax liability or an additional amount of tax due.

Partnerships, corporations, estates and trusts shall file on forms provided for their specific use.

Filing must be made on City of Muskegon forms. Other cities' forms are not acceptable.

The fact that a taxpayer is not required to file a federal income tax return does not relieve him/her from filing a Muskegon tax return.

#### MARRIED PERSONS - JOINT OR SEPARATE RETURNS

Married persons may file either a joint return or separate returns. If a joint return is filed, all income of both husband and wife must be included in the return. A joint return must be signed by both individuals, otherwise, it will not be treated as a joint return. Both names must be listed in the heading (i.e. John A. and Mary B. Doe).

If separate returns are filed, neither spouse can claim the other as a dependent on their separate return. In addition, children and other dependents may only be claimed by the spouse who claims such dependents under the Federal Internal Revenue Code.

Couples married during the year where one spouse had a different residency status than the other may file separate returns, based on each one's place of employment and residency during the year, or the couple may file a joint return using Form M-1040TC to compute their tax.

#### **EMPLOYERS THAT DID NOT WITHHOLD**

On page 2, Schedule J, list employers who paid you or your spouse wages in 2014, but did not withhold Muskegon income tax and did not furnish a city copy of Form W-2 for Muskegon.

#### **AMENDED RETURNS**

An amended return, M-1040-X, must be filed where necessary to report additional income, pay additional tax due, or claim an additional refund. An amended return is due within 90 days of the date of a final determination of a federal tax liability which also affects the city income tax liability.

#### **INSTRUCTIONS FOR PAGE 1**

Enter your name, social security number, address and occupation in the boxes provided.

If a joint return, enter spouse's first name, social security number and occupation.

Social security numbers must be correct and agree with those on the attached W-2 forms. THIS IS IMPORTANT.

Enter the name of your present employer.

If a joint return, enter spouse's present employer.

If married and filing a separate return, enter your spouse's name and social security number in the separate return box. If you were married in 2014 and had a different residency status from that of your spouse, file separate returns or use Form M-1040TC.

Check the proper box to indicate your residency status.

If you were a resident for only part of 2014, use form M-1040TC to compute your tax and attach it to the M-1040 filed.

Complete the exemptions section by checking the boxes that apply to yourself and spouse, if a joint return. Enter the first names of dependent children that live with you and the total number of other dependents, their full names and relationship, and the total number of exemptions claimed.

In column I enter income from Federal Return. In column II enter income NOT subject to Muskegon income tax (exclusions). Explain exclusions by completing the schedules on page 2 or on separate schedules attached to the return.

ATTACH COPIES OF FEDERAL SCHEDULES TO SUPPORT ALL ENTRIES ON LINES 6, 7 AND 10 OF COLUMN I.

Subtract column II from column I and enter difference in column III. If there are no exclusions in column II, use column III only. Support figures with schedules.

Multiply the number of exemptions allowed by \$600.00. Include the extra exemptions allowed by Muskegon for an individual 65 or older, blind, deaf or

paraplegic, quadriplegic, hemiplegic or totally and permanently disabled. Individuals claimed as an exemption on a parent's return may claim themselves on their own return.

Multiply line 17 by the proper tax rate to compute tax liability.

Be sure Muskegon tax withheld as claimed on line 19 agrees with the total tax withheld on the W-2 forms attached to return.

The credit for payment of 2014 Estimated Income Tax, line 20 is the actual amount paid to the city for the 2014 tax year, not the allowable itemized deduction claimed on the federal return.

Credit for income tax paid to another Michigan city is claimed on line 21. Attach a copy of the other city's return to support credit.

If the total tax payments and tax credits, line 23, are less than tax liability, line 18, enter the tax due on line 24. If the tax due is more than \$1.00, THE TAX DUE MUST BE PAID WITH THE RETURN WHEN FILED, OR BY THE DUE DATE.

If line 23 is more than line 18, show overpayment to be donated on line 25 or refund requested on line 26 or credited to 2015 estimated tax on line 27.

The taxpayer, the spouse if a joint return, and the person preparing the return MUST SIGN THE RETURN.

#### ADJUSTMENTS AND DEDUCTIONS ALLOWED

No deductions are allowed for personal expenses or itemized deductions such as, taxes on your home, sales tax, church and charitable deductions or medical expenses.

No deductions are allowed for state or federal taxes paid.

The adjustments allowed are those from page 1 of the Federal 1040; IRA deduction, moving expenses, Keogh and SEP plans, alimony and IRA deduction on page 1 of Federal 1040A. Adjustments to income include the following:

MOVING EXPENSE for moving into the Muskegon area. Do not include expenses of moving from Muskegon. Attach a copy of Form 3903 or similar schedule.

EMPLOYEE BUSINESS EXPENSES after adjustment for any reimbursement by employer, but not subject to the 50% federal reduction for meal expense. Attach a copy of form 2106 or, similar schedule. Expenses are those allowed per IRS Code, limited to travel only. Business expenses claimed on Line 4 of Federal Form 2106 are not an allowable deduction on the Muskegon return unless the taxpayer qualifies as an outside salesperson. Prorate on basis of related taxable income. Expenses related to non-taxable income are not allowed

IRA, Keogh, and SEP adjustments are allowed in proportion to taxable income if allowed on Federal return. Adjustments related to income not taxable by Muskegon are not allowed.

FORFEITED INTEREST - allowed for residents only.

ALIMONY - must be prorated on basis of Muskegon taxable income to Federal taxable income. Do not include child support.

Supplemental unemployment benefits (S.U.B.) are not taxable, therefore, repayment of (S.U.B.) is not allowed as a deduction.

#### **EXEMPT INCOME**

The following income (included in column I) is not taxable to either a resident or non-resident and should be excluded in column II and explained on the appropriate schedule on page 2.

Gifts and bequests; non-profit bingo winnings;

Proceeds of insurance, annuities, retirement plans (excluding early distributions) and social security;

Welfare relief, unemployment benefits including supplemental unemployment benefits (S.U.B.), and worker's compensation.

Interest from U.S. bonds, Municipal Bonds and Treasury Bills;

Amounts paid to any employee as reimbursement for expenses necessarily and actually incurred in the performance of service and deductible as such by the employer;

Compensation received for service in the armed forces of the United States, including the reserves.

#### **DECEASED TAXPAYER**

Attach Federal Form 1310, or death certificate, if taxpayer or spouse is deceased.

#### TAXABLE AND NON-TAXABLE INCOME AND EXCLUSIONS

#### PART YEAR RESIDENT

#### M-1040TC - Tax Calculation Schedule

A PART YEAR RESIDENT WITH TAXABLE INCOME AS BOTH A RESIDENT AND A NON-RESIDENT, must use Form M-1040TC, Tax Calculation Schedule. to calculate the liability.

A part year resident who has taxable income only as a resident or non-resident may file using the regular M-1040 form including an explanation on Schedule J, page 2, stating: Part year resident with taxable income only as a resident (non-resident). The tax rate for taxable income as a resident is 1% (.01). The tax rate for taxable income as a non-resident is 0.5% (.005).

#### Allocation of Income on Form M-1040TC

Income is allocated according to the residency status for each item of income. Adjustments and deductions must be allocated in the same way income is allocated. Taxable income earned while a resident is reported in

the Income Earned as a Resident column. Taxable income earned while a non-resident is reported in the Income Earned as a Non-resident column. Non-taxable income and excludable income as either a resident or non-resident is reported in the Excludable Income Adjustments and Deductions column. Use the instructions for residents and non-residents as a guide to allocate income.

Follow the instructions on Form M-1040TC. If questions arise, phone the Income Tax Department at (231) 724-6770.

NOTE: Copies, schedules and other documentation supporting exclusions, adjustments and deductions must be attached. Failure to attach schedules and documentation or attaching incomplete or incorrect schedules and documentation will delay the processing of your return or result in deductions being disallowed.

#### RESIDENT

#### LINE 1 - Wages, Salaries, Tips, etc.

A resident is taxed on ALL earnings, including salary, bonus, separation and incentive payments, tips, commissions and other compensation for services rendered, REGARDLESS WHERE EARNED. EXAMPLE: Taxpayer lives in the City of Muskegon but works in Norton Shores and receives his paycheck from the home office in New York City, 100% of the compensation is taxable.

Report, on line 1 column I, the amount of wages, salaries, tips, etc. from Federal Return. (Form 1040, form 1040A, Form 1040EZ).

Military pay and supplemental unemployment benefits are NOT taxable. (Exclude on page 2 Schedule A, line 3).

Attach W-2 forms for all compensation or list the employers who did not withhold Muskegon tax in Schedule J.

A taxpayer, who was a resident part of the year and lived and worked outside the City the balance of the year, shall be taxed only on his earnings while a resident.

#### I INF 2- Interest

Interest is taxable the same as on the Federal return except interest on U.S.Bonds, Treasury Bills and notes is excluded.

Report on line 2, column 1, the amount of taxable interest income from Federal Return. I (Form 1040, Form 1040A or 1040EZ) Exclude interest from U.S. Bonds and Treasury Bills and notes on page 2, Schedule B, line 1.

#### LINE 3 - Dividends

Dividends are taxable. Report on line 3, column I the amount of dividend income from Federal Return. (Form 1040 or Form 1040A) Also report on line 3, column I any Sub-Chapter S distributions. (Sub-Chapter S distributions are dividends subject to Muskegon Income Tax)

Exclude margin interest paid on page 2, Schedule C, line 1.

#### LINE 4 - Refunds, Credits and Offsets

Report on line 4, column 1, the amount of taxable refunds, credits or offsets from Federal 1040. Exclude the amount from column I in column II as refunds, credits and offsets that are not taxable by Muskegon.

#### LINE 5 - Alimony Received

Report on line 5, column I, the amount of alimony received as reported on Federal 1040.

#### LINE 6 - Business Income

All self employment income is taxable. Report on line 6, column I, the total business income from Federal 1040.

Adjustments must be made for job credits, additional depreciation due to investment credits and meal and entertainment expenses. (see page 2 Schedule D)

#### LINE 7 - Sale or Exchange Property

Report on line 7, column I, the total long and short term capital gains and losses from Federal 1040.

The portion of the gains and losses occurring before July 1, 1993 are excludable. Use Schedule F, line 1a or if there is more than one sale or exchange, attach a separate schedule to document exclusion. The exclusion shall be computed from difference between the purchase price and fair market value at July 1, 1993 (June 30 closing price for traded securities or by prorating the gain or loss on the basis of total months held to months in the non-taxable period. Include gains or losses from Federal Form 4797.

#### LINE 8 - IRA Distributions

Enter on line 8, column I, the IRA distributions reported on Federal Form 1040 or Form 1040A.

Exclude, in column II IRA distributions qualifying as retirement benefits. Premature IRA distributions are not excludable. ROTH rollover distributions are excludable.

#### LINE 9 - Pensions and Annuities

Enter on line 9 - column I, the pension and annuities reported on Federal Form 1040 or Form 1040A.

Annuity distributions are excludable. Pension distributions qualifying as retirement benefits are excludable. Early distributions from a pension plan are not excludable.

#### LINE 10 - Supplemental Income

Enter on this line in column I, the total amount shown on the Federal Return, Form 1040.

Support exclusions with Schedule H, page 2 and by attaching Federal Schedules E and/or F. Exclude undistributed share of Sub-Chapter S corporation income. Losses from passive activities are treated the same as on Federal Form 1040.

#### LINE 11 - Unemployment Compensation

Enter on line 11, column I, the Unemployment Compensation reported on Federal Form 1040 or Form 1040A. Exclude Unemployment compensation in column II. It is not taxable.

#### LINE 12 - Social Security

Enter on line 12, column I, the Social Security benefits reported on Federal Form 1040 or Form 1040A. Exclude Social Security in column II. It is not taxable.

#### LINE 13 - Other Income

Enter on line 13, column I, the other income reported on Federal Form 1040. Income items included on this line would be gambling winnings, jury duty and other miscellaneous income. Identify the source of other income on Schedule J, page 2. Ordinary income from Federal Form 4972, special averaging methods, is taxable, attach schedule.

Exclude bingo winnings and other miscellaneous income which is not taxable in column II. Document exclusions on Schedule J, page 2 or attach a separate schedule

#### LINE 14 - Adjustments and Deductions

Enter in column III the total adjustments and deductions from page 2, Schedule I, line 6. Attach a copy of IRA contribution receipt to support an IRA contribution adjustment. Attach a copy of Federal Form 3903 to support moving expenses adjustment. Provide amount paid, name, address, and social security number of recipient to support employee business expense adjustment. Document other adjustments and deductions on Schedule I or attach other supporting documentation or schedules. The only adjustments allowed from page 1 of the Federal 1040 or 1040a: IRA deduction, moving expenses, Self-Employed SEP, SIMPLE, and qualified plans, alimony paid. Other deductions below total income line on the Federal 1040 or 1040a are not allowed.

The City of Muskegon must approve your "Renaissance Zone Tax Exempt Status" before a tax return is filed with our department. A copy of the Renaissance Schedule RZ 1040 must accompany the tax return.

Enter the Renaissance Zone deduction from Schedule RZ 1040. (qualified Renaissance Zone individuals only)

#### LINE 21 - Credit for Tax Paid to Another Michigan City

A resident may claim a credit for income tax paid to another Michigan city. The credit for tax paid to the other city is based upon income that is also taxable in Muskegon. The credit allowed is the tax paid to the other city or 0.5% (.005) of the amount earned in that city during 2014 less exemptions allowed by the Muskegon Income Tax, whichever is smaller. Proof of payment to another city must be submitted. Attach a copy of the return filed with the other city. No credit is allowed for tax paid to a city in another state. (Refer to worksheet on the back of M-1040-TC).

#### **NON-RESIDENT**

#### LINE 1 - Wages, Salaries, Tips, etc.

Enter in column I the amount from Federal Form 1040, Form 1040A, or Form 1040EZ.

earnings received for work done or services performed in the City of Muskegon. The excludable portion of compensation paid to a non-resident for work performed for an employer both inside and outside of Muskegon is computed on Schedule A, lines 1a through 1g. The exclusion is based on the percentage of time worked in and out of Muskegon. Vacation and sick time are not included in total days worked in arriving at this percentage. Compensation for vacations, holidays, sick time, bonuses, and separation or incentive retirement payments is taxable on the same ratio as normal earnings. The percentage of compensation may be computed on the basis of days, hours or dollars of commission. A separate schedule must be completed to allocate wages from each

Enter in column II the excludable wages, salaries and tips. A non-resident is taxed on

Attach W-2 forms showing all wages and Muskegon tax withheld.

Use Schedule A, line 2 to explain exclusion of wages earned entirely outside of Muskegon.

Part Year Residents see Part Year Resident Instructions on page 3 and use form M-1040TC to calculate taxable income and tax due.

#### LINE 2 - Interest

employer.

NOT TAXABLE, leave blank.

#### LINE 3 - Dividends

NOT TAXABLE, leave blank

#### LINE 4 - Refunds, Credits and Offsets

NOT TAXABLE, leave blank.

#### LINE 5 - Alimony Received

NOT TAXABLE, leave blank.

#### LINE 6 - Business Income

Report in column I the amount from Federal 1040.

See "Resident" Instructions on page 3 for adjustments to business income.

If the business activity is not entirely within the City of Muskegon, use Schedule D on page 2 to compute the excluded Business Income. Use Schedule E to compute the Business Allocation Percentage.

In determining the Business Allocation Percentage, a factor shall be excluded from the computation only when such factor does not exist anywhere. In such cases, the sum of the percentages shall be divided by the number of factors actually used.

#### LINE 7 - Sale or Exchange of Property

Report in column I the amounts from Federal 1040. Exclude on Schedule F the portion of gains or losses from property located outside of Muskegon and the portion of gains or

losses from property located in Muskegon occurring prior to July 1, 1993. See instructions under "Resident" for methods of prorating Muskegon gains and losses.

An estate or trust is required to pay the tax for a non-resident beneficiary and such income is excludable on the Individuals Muskegon Return.

#### LINE 8 - IRA Distributions

Enter in column I the amount from Federal Form 1040 or Form 1040A.

Exclude in column II all IRA distributions except premature distributions previously deducted from income subject to Muskegon tax.

#### LINE 9 - Pensions and Annuities

Enter on line 9, column I, the pension and annuities reported on Federal Form 1040 or Form 1040A.

Exclude in column II, annuity distributions and pension distributions qualifying as retirement benefits. Early distributions from a pension plan are not excludable if related compensation was subject to Muskegon tax.

#### LINE 10 - Supplemental Income

Report in column I, the amount from Federal 1040.

Exclude in column II the portion of income or loss from rental units outside the City of Muskegon, partnerships business activity outside the city, Sub-S corporations and farming activity outside the city. Support the exclusions by attaching a copy of Federal Schedule E and/or Schedule F. Losses on passive income are treated the same as on Federal Form 1040.

#### LINE 11 - Unemployment Compensation

NOT TAXABLE, leave blank.

#### LINE 12 - Social Security Benefits

NOT TAXABLE, leave blank.

#### LINE 13 - Other Income

See instructions under "Resident". ESOP payments and stock savings plans are taxable in proportion to taxable wages. Miscellaneous income for services performed outside the City of Muskegon is excluded. Identify and explain exclusions on Schedule J.

#### LINE 14 - Adjustments and Deductions

See instructions under "Resident".

If your earnings from line 1 have been allocated through use of the percentage from Schedule A. line 1d use same percentage to allocate the related adjustments. Explain allocations on Schedule J.

An IRA deduction is only allowable for individuals with Muskegon earned income to the extent the income is subject to the Muskegon tax.

Part Year Residents must allocate adjustments the same way they allocate income.

#### ALL TAXPAYERS

#### PAYMENTS AND CREDITS

#### LINE 19 - Total Tax Withheld by Employers

Enter total Muskegon tax withheld as shown on city or local copy W-2 forms. ATTACH COPIES OF ALL W-2 FORMS and be sure the total Muskegon tax withheld agrees with line 19. Round to the nearest dollar.

#### LINE 20 - Payments on 2014 Declaration of Estimated Tax

Take credit for all estimated Muskegon Income Tax payments made for 2014 including last payment due in January 2015.

#### LINE 22 - Other Tax Credits

Enter tax paid on your behalf by a partnership of which you are a partner, or payments made on a tentative return.

#### TAX DUE OR REFUND

#### LINE 24 - Balance Due

Tax due of one dollar (\$1.00) or more must be paid IN FULL WHEN THE RETURN IS FILED. Tax due of less than \$1.00 need not be paid.

Make check or money order payable to CITY OF MUSKEGON.

NOTE: IF YOUR PAYMENT IS OVER \$100.00, YOU MAY BE REQUIRED TO FILE A DECLARATION OF ESTIMATED INCOME TAX, FORM M-1040ES. SEE ESTIMATED TAX INSTRUCTIONS. PENALTY AND INTEREST WILL BE CHARGED IF YOU HAVE NOT FILED A REQUIRED ESTIMATE OR IF YOUR ESTIMATES ARE UNDERPAID.

#### LINES 25, 26 and 27 - Overpayment

Overpayment of less than one dollar (\$1.00) will not be refunded and cannot be donated. All other overpayments will be refunded or you can donate your refund to one of the donation programs, or credited to the 2015 estimated tax liability. To donate the overpayment, check the donation box on line 25 and enter the overpayment. To claim a refund enter the overpayment on line 26a. Complete lines 26b through 26d if you want us to directly deposit the amount shown on line 11a into your checking or savings account at a bank or other financial institution (such as a mutual fund, brokerage firm, or credit union) instead of sending you a check. NOTE: If you do not want your refund directly deposited into your account, leave lines 26b through 26d blank. Enter the overpayment on line 27 if you want it credited to your 2015 estimated tax liability.

Refunds will be made as quickly as possible. Please allow 45 days before making an inquiry.

#### **ASSISTANCE**

If you have any questions not answered in these instructions, or if you need assistance in preparing your return, call (231) 724-6770 or visit the Income Tax Department, Room 105, City Hall, 933 Terrace Street, Muskegon, Michigan.

NOTE: We will not prepare your return.

#### DECLARATION OF ESTIMATED TAX

If your 2015 Muskegon Income not subject to withholding is expected to be more than \$10,000 for a resident or more than \$20,000 for a non-resident (after deduction of exemption credits) on which the tax will be over \$100.00, you must file a Declaration of Estimated Tax for 2015 by April 30, 2015 and pay at least one-fourth (1/4) of the estimated 2015 tax with your Declaration.

The balance of the estimated tax, is due in three equal installments to be paid by June 30, 2015, September 30, 2015 and February 2, 2016. You may amend your estimate at the time of making any quarterly payment.

Credit for a 2014 overpayment may be applied to your 2015 estimated tax. Other overpayments are refunded by check, or donated to one of the three donation programs. Check the appropriate box.

A Declaration of Estimated Tax form may be obtained by calling (231) 724-6770 or stopping at the Income Tax Department.

No estimate is required if 70% of current or prior years tax is paid by withholding or another tax credit.

PENALTY AND INTEREST WILL BE CHARGED IF YOU HAVE NOT FILED A REQUIRED ESTIMATE OR IF YOUR ESTIMATES ARE UNDERPAID.

#### CHARGES FOR LATE PAYMENTS

All tax remaining unpaid at the time a return is filed or after the due date, whichever date is earlier, is subject to penalty and interest. The penalty is 1% per month, not to exceed a total penalty of 25%. The interest rate is 1% above the prime rate on an annual basis.

The minimum charge for penalty and/or interest is \$2.00

NOTE: Copies of federal schedules and/or other documentation explaining and supporting exclusions, adjustments and deductions must be attached to the return. Failure to attach schedules and documentation or attaching incomplete or incorrect schedules and documentation, will delay processing of the return or result in deductions being disallowed



# **2014 MUSKEGON M-1040**

# INDIVIDUAL INCOME TAX RETURN - DUE DATE APRIL 30, 2015

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|                              | INCOME ATTACH COUEDING TO CURRENT   |                         |                   | LUMN I          |       | COLUMN II                   |          | PAGE                  | 2 _                         | COLUMN III                         |                |                           |
|                              | ATTACH SCHEDULES TO SUPPORT<br>FIGURES ON LINES 6 THROUGH 14  |                         |                   | FEDERAL<br>TURN |       | EXCLUSIONS<br>(FROM PAGE 2) |          | SCH                   | I <i>F</i>                  | AXABLE INCOME<br>OL I LESS COL II) |                |                           |
|                              | Total wages, salaries and tips.   |                         | 112               |                 |       | (THOWT AGE 2)               | 00       | Δ.                    | (0                          | <u> </u>                           | 00             |                           |
| 끭                            | 2. Interest (not taxable to non-residents)  |                         |                   | 0               | _     |                             | 00       | <u>А</u><br>В         |                             |                                    | 00             |                           |
| 單                            | Dividends (not taxable to non-residents)  |                         |                   | - 10<br>0       | _     |                             | 00       | C                     |                             |                                    | 00             |                           |
| -                            | Dividends (not taxable to non-residents)  4. Refunds, credits or offsets of state or local income taxes |                         |                   | 0               | -     |                             | 00       | NOT TAXA              | DIE NO                      | T TAXABLE                          | 00             |                           |
| OF W-2 HERE                  | Alimony received  |                         |                   | - 10<br>0       | -     |                             | 00       | NOI IAXA              | ABLE NO                     | I IAXABLE                          | 00             |                           |
| Р                            | 6. Business income (attach Fed Sch C)   |                         |                   | 0               | _     |                             | 00       | D                     |                             |                                    | 00             |                           |
| S                            | 7. Sale or exchange of property (attach Fed Sch D and/or Fo   | rm 4707)                |                   | 0               | _     |                             | 00       | F                     |                             |                                    | 00             |                           |
| <u>=</u>                     | 8. IRA distributions  | 1111 47 97 )            |                   | 0               | -     |                             | 00       | G                     |                             |                                    | 00             |                           |
| ATTACH COPIES                | Pensions and annuities  |                         |                   | - 10<br>0       | -     |                             | 00       | G                     |                             |                                    | 00             | 궏                         |
| 돗                            | 10. Supplemental income (attach Fed Sch E and/or Sch F)   |                         |                   | Ö               | -     |                             | 00       | H                     |                             |                                    | 00             | PLEASE ROUND TO THE NEARE |
| Ā                            | 11. Unemployment compensation   |                         |                   | 0               | -     |                             | 00       | NOT TAXA              | DIE NO                      | T TAXABLE                          | 00             | 3S                        |
| Ę                            | 12. Social Security   |                         |                   | - 10<br>0       | -     |                             | 00       | NOT TAXA              |                             |                                    | 00             | 2                         |
| •                            | 13. Miscellaneous income (attach schedule or explanation)   |                         |                   | - 10<br>0       | -     |                             | 00       | J                     | BLE NO                      | T TAXABLE                          | 00             | 2                         |
|                              | 14. Adjustments and deductions (attach schedule or related t  | oderal schedule)        |                   |                 | U     |                             | 00       | <u></u>               |                             |                                    | 00             | Ž                         |
|                              | 15. Total income (lines 1 through 14)   | ederal scriedule)       |                   | 0               | 0     |                             | 00       |                       |                             |                                    | 00             | ă                         |
|                              | 16. Less exemption credit (no. of exemptions above  | x \$600.00)             |                   |                 | U     |                             | 00       |                       |                             |                                    | 00             | Ĭ                         |
|                              | 17. Taxable income (subtract line 16 from line 15)  | _ x 4000.00)            |                   |                 |       |                             |          |                       |                             |                                    | 00             | 亩                         |
|                              | 18. Tax (multiply line 17 by 1% (.01) for residents or ½% (.005   | i) for non-residents or | check this ho     | x □ and at      | ttack | Form M-1040TC               |          |                       |                             |                                    | 00             | Z                         |
|                              | PAYMENTS AND CREDITS  | y for from redidente of | OHOOK WHO DO      | x 🗀 ana a       | itaoi | 11 0111111111110110         |          |                       |                             |                                    | 00             | A                         |
|                              | 19. Total Muskegon tax withheld by employers (attach W-2 for  | ms showing Muskego      | n tax withheld    | 4)              |       |                             |          |                       |                             |                                    | 00             | ES                        |
| Ш                            | 20. Payments on 2014 Declaration of Muskegon Estimated Inc  |                         | Transfer Transfer | -/              |       |                             |          |                       |                             |                                    | 00             | ST DOLLAR                 |
| OR<br>ERE                    | 21. Credit for income tax paid to another Michigan city. (RESI  |                         | copy of other     | citv's return)  | Us    | e City Credit Work Sh       | eet.     |                       |                             |                                    | 00             | 0                         |
| XΞ                           | 22. Other tax credits (attach explanation)  |                         |                   | ,               |       | <b>,</b>                    |          |                       |                             |                                    | 00             | F                         |
| 힌                            | 23. Total payments and credits (add lines 19 through 22)  |                         |                   |                 |       |                             |          |                       |                             |                                    | 00             | Ä                         |
| ATTACH CHECK<br>ONEY ORDER H | TAX DUE OR REFUND   |                         |                   |                 |       |                             |          |                       |                             |                                    |                |                           |
| Y OH                         | 24. If line 18 is larger than line 23, enter TAX DUE. If \$1,00 or                                      | r more. PAY this amou   | ınt with return   | (If over \$10   | 00.0  | 0 see page 4)               |          |                       |                             |                                    | $\blacksquare$ |                           |
| Α̈́                          | 25. If line 23 is larger than 18, check the appropriate box to d  | lonate your refund Ch   | noose only on     | e program       |       |                             |          |                       |                             |                                    | Н              |                           |
| ATTA<br>MONE                 | ☐ Lakeshore Trail Improvements ☐ Muskegon Farmers   | Market Downton          | wn Muskegon       | NOW             |       |                             |          |                       |                             |                                    | Щ              |                           |
| 2                            | Please see sample on the back page  |                         |                   |                 |       |                             |          |                       |                             |                                    |                |                           |
|                              | 26. a. If line 23 is larger than line 18, enter overpayment to  | be REFUNDED. Allow      | at least 45 d     | ays.            |       |                             |          |                       |                             |                                    |                |                           |
|                              | b. Routing number:  | c. Type                 | Checking          | Savings         |       |                             |          |                       |                             |                                    |                |                           |
|                              | b. Housing number.  | c. type                 | T                 | Javings         | •     |                             |          |                       |                             |                                    |                |                           |
|                              | d. Account number:  |                         |                   |                 |       |                             |          |                       |                             |                                    |                |                           |
|                              | 27. To credit this refund to the 2015 estimated tax liability, che                                      | eck this box □          |                   |                 |       |                             |          |                       |                             |                                    | 00             |                           |
| Unde                         | er the penalties of perjury, I declare that I have examined this  |                         | mpanying sch      | nedules, and    | to t  | he best of my knowled       | ge an    | d belief it           | is true, correct            | and complete.                      |                |                           |
|                              | (we) authorize the Income Tax Department to discus  |                         |                   |                 |       |                             | J        |                       | -,                          | · preserv                          |                |                           |
| Mail                         | return to: Income Tax Department, P.O. Box 29, Mus  | skegon, MI 49443-       | -0029. <b>Mak</b> | ke checks       | pay   | yable to City of Mu         | uske     | gon                   |                             |                                    |                |                           |
|                              | IF FILING JOINTLY, BOTH MUST SIGN   |                         |                   |                 |       | REPARER OTHER THAN          |          |                       |                             |                                    |                |                           |
| RETURN HERE                  | EVEN IF ONLY ONE HAD INCOME.  |                         |                   |                 |       | of which I am knowledgea    |          | VIFIJ                 |                             |                                    |                |                           |
| Z<br>Z                       | YOUR SIGNATURE DATE   | SIGNATI                 |                   |                 |       | PHONE                       |          |                       |                             |                                    |                |                           |
| Ë                            |   | 0.0.711                 |                   |                 |       |                             |          |                       |                             |                                    |                |                           |
| 끭                            | CROHEE'S CIONATURE  | ADDEE                   | CO OF DDED!       | DED             |       | DATE                        |          |                       |                             |                                    |                |                           |
| S                            | SPOUSE'S SIGNATURE DATE   | ADDRES                  | SS OF PREPAI      | nck             |       | DATE                        |          |                       |                             |                                    |                |                           |
| Ø                            |   |                         |                   |                 |       |                             |          |                       | Machi                       | ine Certification                  |                |                           |

| ALL TOTALS FROM THIS BACK (EXCEPT SCI  |                          |                                       |                       |                          |  |  |
|--|--------------------------|---------------------------------------|-----------------------|--------------------------|--|--|
| SCHEDULE A - EXCLUDABLE WAGES, ETC.  | List each such er        | nployer and sche                      | dule each separa      | tely                     |  |  |
| 1. NON-RESIDENT wages, etc., earned partly outside Muskegon EMPLOYER   |                          |                                       |                       |                          |  |  |
| a. Actual number of days (hours) worked everywhere 2014 (exclude vacation and sick days)   | DAYS                     | DAYS                                  | DAYS                  | DAYS                     |  |  |
| b. Actual number of days (hours) worked in Muskegon in 2014  | OR                       | OR                                    | OR                    | OR                       |  |  |
| c. Days (hours) worked outside Muskegon in 2014 (Subtract line b from line a)  | HOURS                    | HOURS                                 | HOURS                 | HOURS                    |  |  |
| d. Percentage of days (hours) worked outside Muskegon (line c divided by line a)   | %                        | %                                     | %                     | %                        |  |  |
| e. Wages earned from this job (from W-2)   | 00                       | 00                                    | 00                    | 00                       |  |  |
| f. Non-taxable wages, etc., earned outside Muskegon (line e multiplied by line d)  | 00                       | 00                                    | 00                    | 00                       |  |  |
| g. Total of amounts in column on line 1f   |                          |                                       |                       | 00                       |  |  |
| 2. NON-RESIDENT wages, etc., earned entirely outside Muskegon, but included in INCOME, line 1  | . col. I (DO NOT includ  | de line 1e)                           |                       | 00                       |  |  |
|  | Total of 3a and 3b (BC   | · · · · · · · · · · · · · · · · · · · | ) NON-RESIDENTS)      | 00                       |  |  |
| 4. TOTAL EXCLUDABLE WAGES (add lines 1g, 2 and 3c) enter here and on page 1, line 1, column  | ,                        |                                       |                       | 00                       |  |  |
| SCHEDULE B - INTEREST EXCLUSIONS   |                          | VIDEND EXCLUSI                        | ONS                   | - 00                     |  |  |
|  | 1. RESIDENT: Margin      |                                       | 0110                  | 00                       |  |  |
| The state of the s | 2. NON-RESIDENT To       |                                       |                       | 00                       |  |  |
| SCHEDULE D - BUSINESS INCOME EXCLUSIONS  | Z.NON-NESIDENT IC        | nai dividends                         |                       | 100                      |  |  |
|  |                          |                                       |                       | 00                       |  |  |
| I. Income for taxable period (page face, line 6, col. I)     2. a. Job credit      b. Additional depreciation due to investment credit   | a diviatma nt            | 00                                    |                       | 100                      |  |  |
| *  | aujustment               | •                                     | f linner On Oh and On | 100                      |  |  |
| c. Meal and entertainment expenses adjustment 00   |                          | iotai o                               | f lines 2a, 2b and 2c | 00                       |  |  |
| 3.Total line 1 less line 2   |                          |                                       |                       | 00                       |  |  |
| 4. Allocation percentage: RESIDENTS: enter 100% NON-RESIDENTS: if all business was conducted the percentage from Schedule E, line 5, below   | ted in Muskegon enter    | 100%, otherwise                       | %                     | k:::::                   |  |  |
|  |                          |                                       |                       | 00                       |  |  |
| 5. Allocated income (multiply line 3 by % on line 4)   | ino 6. golumn II         |                                       |                       | 00                       |  |  |
| 6. TOTAL EXCLUDABLE BUSINESS INCOME (line 1 less than line 5) enter here and on page 1, I  | ine 6, column n          | COLUMN I                              | COLUMN II             | 100                      |  |  |
| SCHEDULE E - BUSINESS ALLOCATION PERCENTAGE   (TO BE USED BY NON-RESIDENTS ONLY)   |                          | LOCATED                               | LOCATED IN            | COLUMN III<br>PERCENTAGE |  |  |
| EVERTIFIED MORRESON  |                          |                                       |                       |                          |  |  |
| 1. a. Average net book value of real and personal property   |                          |                                       |                       | DIVIDED BY<br>COLUMN I)  |  |  |
| b. Gross rents paid on real property multiplied by 8   |                          |                                       |                       | 0/                       |  |  |
| c. TOTALS (Add lines 1a and 1b)  |                          |                                       |                       | %                        |  |  |
| 2. Total wages, salaries and other compensation of all employees   |                          |                                       |                       | %                        |  |  |
| 3. Gross receipts from sales made or services rendered   |                          |                                       |                       | %                        |  |  |
| 4. Total percentages (add lines 1c, 2 and 3)   |                          |                                       |                       | %                        |  |  |
| 5. Business allocation percentage (divide line 4 by number of factors used) enter here and on Sche   | edule D, line 4 above    |                                       |                       | %                        |  |  |
| SCHEDULE F - SALE OR EXCHANGE OF PROPERTY EXCLUSIONS (SCH. D - FE  | D 1040 AND FED 4         | 1797)                                 |                       |                          |  |  |
| 1. Attach schedule computing the excludable gain or loss on lines 1a or 1b as follows: description,  | date acquired, date so   | old, gain or loss, exclud             | dable portion         | 00                       |  |  |
| 1. a. RESIDENT: Portion of gain or loss which occurred prior to July 1, 1993   |                          |                                       |                       | 00                       |  |  |
| 1. b. NON-RESIDENT: Portion of gain or loss on sale of property located in Muskegon which occur  | red prior to July 1, 199 | 93                                    |                       | 00                       |  |  |
| 2. NON-RESIDENT: Gains or losses from sale of property outside of Muskegon   |                          |                                       |                       | 00                       |  |  |
| 3. TOTAL EXCLUDABLE SALES OR EXCHANGES OF PROPERTY (add lines 1a, 1b and 2) enter  | here and on page 1, l    | ine 7, column II                      |                       | 00                       |  |  |
| SCHEDULE G - IRA AND PENSION EXCLUSIONS  |                          |                                       |                       |                          |  |  |
| 1. IRA Distributions (early distributions are not excludable) enter here and on page 1, line 8, column   | ıll                      |                                       |                       | 00                       |  |  |
| 2. Pensions and annuities: enter here and page 1, line 9, column II  |                          |                                       |                       | 00                       |  |  |
| SCHEDULE H - SUPPLEMENTAL INCOME EXCLUSIONS (SCH E AND SCH F - FE  | D 1040)                  |                                       |                       |                          |  |  |
| 1. RENTS (excludable by NON-RESIDENTS only on property located outside of Muskegon   | ocation:                 |                                       |                       | 00                       |  |  |
| 2. PARTNERSHIPS (NON-RESIDENTS only on partnerships located outside of Muskegon  | ocation:                 |                                       |                       | 00                       |  |  |
| 3. OTHER (identify)  |                          |                                       |                       | 00                       |  |  |
| 4. TOTAL EXCLUDABLE SUPPLEMENTAL INCOME (add lines 1, 2 and 3) enter here and on page  | e 1, line 10, column III |                                       |                       | 00                       |  |  |
| SCHEDULE I - ADJUSTMENTS AND DEDUCTIONS ALLOWED (attach a copy of fac  | ce page, Federal 10      | )40)                                  |                       |                          |  |  |
| 1. IRA, KEOGH, and self-employed SEP contributions (include only portion related to Muskegon ta  | xable income)            |                                       |                       | 00                       |  |  |
| 2. Moving expenses (include only portion related to Muskegon taxable income) (attach Federal Sch   | edule 3903)              |                                       |                       | 00                       |  |  |
| 3. Alimony paid, list recipient's name and SSN: (includ  | e only portion related   | to Muskegon taxable in                | ncome)                | 00                       |  |  |
| 4. Employee business expenses (see instructions for which expenses are deductible) (attach Feder   | al Schedule 2106)        |                                       |                       | 00                       |  |  |
| 5. Other deductions  |                          |                                       |                       | 00                       |  |  |
| 6. TOTAL ADJUSTMENTS AND DEDUCTIONS (add lines 1, 2, 3, 4 and 5) enter here and on page  | 1, line 14, column III   |                                       |                       | 00                       |  |  |
| SCHEDULE J - (Use to list employers who did not withhold, explain special tax com  |                          | lanations not showr                   | n elsewhere or in lie |                          |  |  |
|  |                          |                                       |                       | ,                        |  |  |
|  |                          |                                       |                       |                          |  |  |
|  |                          |                                       |                       |                          |  |  |
|  |                          |                                       |                       |                          |  |  |

IF ADDITIONAL SPACE IS NEEDED, SHOW INFORMATION ON A SEPARATE SHEET (EXPLAIN IN FULL)



# **2014 MUSKEGON M-1040EZ**

# INDIVIDUAL INCOMETAX RETURN – DUE DATE APRIL 30, 2015

REFER TO INSTRUCTIONS ON BACK TO SEE WHO CAN USE THIS FORM

|  | YOUR FIRST NAME AND MIDDLE INIT  | TIAL   | LAST NAME                  |                      | YOUR  | SOCIAL SE | CURITY N           | IUMBER        |                       |              |            |
|--|--|--|----------------------------|----------------------|-------|-----------|--------------------|---------------|-----------------------|--------------|------------|
| LICETHE                                |  |  |                            |                      |       |           | -                  |               | -                     |              |            |
| USE THE<br>MUSKEGON<br>MAILING         | IF JOINT, SPOUSE'S FIRST NAME AND  | O MIDDLE INITIAL                                     | LAST NAME                  |                      | YOUR  | SPOUSE'S  | SOCIAL SI          | ECURIT        | Y NUMBER              |              |            |
| LABEL<br>OTHERWISE                     | HOME ADDRESS (NUMBER AND STE   | YOUR   | PHONE NU                   | MBER                 |       |           |                    |               |                       |              |            |
| PLEASE<br>PRINT                        | CITY, TOWN, OR POST OFFICE   |  |                            | STATE                |       |           | ZIP COI            | DE            |                       |              |            |
| SEE                                    |  |  | F                          | RESIDENCY STATUS     |       | MARRIED   | <br>FILING SEI     | PARATEL       | LY                    |              |            |
| INSTRUCTIONS<br>ON BACK                | Check box if this is the first time you filed a Muskegon return.   | changed since  |                            | RESIDENT             |       | SPOUSE'S  | SNAME              |               |                       |              |            |
| ON BAOK                                |  |  |                            | NON-RESIDE           | ENT   | 0014      |                    |               |                       |              |            |
| INCOME                                 | 1. Total wages, salaries, and tips. (S<br>RESIDENTS: Total from Box 1 of<br>NON-RESIDENTS: Total from Box<br>your W-2 form(s). | all your W-2 forms.                                  |                            | luskegon. Attach     | 1.    |           | ,                  |               | 0                     | 0            |            |
| ATTACH                                 | 2. Interest income. (See instructions RESIDENTS: Report all taxable in NON-RESIDENTS: Leave blank.                             | on back.)<br>nterest income.                         |                            |                      | 2.    |           | ,                  |               | 0                     | 0            |            |
| OF YOUR W-2 FORM(S)                    | 3. Dividend income. (See instruction RESIDENTS: Report all dividend NON-RESIDENTS: Leave blank.                                | s on back.)<br>income.                               |                            |                      | 3.    |           | ,                  |               | 0                     | 0            |            |
| HERE                                   | 4. Add lines 1, 2 and 3. This is your t  | total Muskegon income.                               |                            |                      | 4.    |           | ,                  |               | 0                     | 0            |            |
| EXEMPTION AMOUNT                       | 5. Enter amount from Exemptions W MARRIED filing jointly enter \$1,20  |  | SINGLE enter \$600.00; or  | if                   | 5.    |           | ,                  |               | 0                     | 0            |            |
| TAXABLE INCOME                         | <b>6.</b> Subtract line 5 from line 4. This is   | your taxable income.                                 |                            |                      | 6.    |           | ,                  |               | 0                     | 0            | PLEAS      |
| TAX                                    | 7. RESIDENTS: Multiply line 6 by or NON-RESIDENTS: Multiply line 6   | ne percent (.01).<br>by one-half of one perc         | cent (.005).               |                      | 7.    |           | ,                  |               | 0                     | 0            | m          |
|  | 8. Total Muskegon tax withheld by e  | mployers (attach W-2 fo                              | rms showing Muskegon v     | vithheld).           | 8.    |           | ,                  |               | 0                     | 0            | ROUNDTOTHE |
| PAYMENTS<br>AND<br>CREDITS             | 9. Payments on 2014 Declaration of   | Muskegon Estimated In                                | ncome Tax.                 |                      | 9.    |           | ,                  |               | 0                     | 0            | THE NE     |
| CREDITS                                | Credit for income tax paid to anot (Attach copy of other city's return.  | her Michigan City (RES<br>) <b>USE CITY CREDIT W</b> | IDENTS ONLY).<br>ORKSHEET. |                      | 10.   |           | ,                  |               | 0                     | 0            | NEAREST    |
| TOTAL                                  | 11.<br>Add lines 8, 9 and 10 and enter h   | ere.   |                            |                      | 11.   |           | ,                  |               | 0                     | 0            | DOLLAR     |
| TAX DUE                                | 12. If line 7 is larger than line 11, sub payment. Make check payable to: assessed additional penalties and                    | City of Muskegon. If pa                              | yment due is greater than  | \$100.00, you may be | 12.   |           | ,                  |               | 0                     | 0            | AR         |
| REFUNDS                                | 13. Please see a. If line 11 is larger than line 7, s b. Routing number: c. Type: Checking Savii                               |  |                            | ow at least 45 days. | 13.   |           |                    |               | 0                     | 0            |            |
| AND<br>CREDITS                         | 14. Please check the appropriate bo  | -  |                            |                      | 14.   |           | ,                  |               | 0                     | 0            |            |
|  | Lakeshore Trail Improvement  | ents   Muskegon Farn                                 | ners Market   Downton      | vn Muskegon NOW      | 1-4.  |           | ,                  |               |                       |              |            |
|  | 15. Check this box to credit this  | s refund to the 2015 esti                            | imated tax liability.      |                      | 15.   |           | ,                  |               | 0                     | 0            |            |
|  | curn. Under the penalties of perju<br>d accurately lists all amounts and   |  |                            |                      | eturn | ı         | For City<br>Please | of M<br>do no | uskegon<br>t write in | use.<br>box. |            |
| Mail return to: Inco                   | ome Tax Department, P.O. Box 29  | ), Muskegon, MI 494                                  | 143-0029.                  |                      |       |           |                    |               |                       |              |            |
| PLEASE SIGN HER                        | YOUR SIGNATURE   | DATE   | SPOUSE'S SIGNATURE (I      | JOINT RETURN) DA     | ГЕ    | 1         |                    |               |                       |              |            |
| KEEP A COPY OF THI<br>FOR YOUR RECORDS |  |  |                            |                      |       |           | Mach               | nine C        | ertification          | n            |            |
|  |  |  |                            |                      |       |           |                    |               |                       |              |            |

#### 2014 INSTRUCTIONS FOR FORM M-1040EZ

#### WHO CAN USE THIS FORM

#### **USE THIS FORM IF:**

You were a resident of Muskegon for all of 2014 with income from wages, interest or dividends with none of the income being excludable from Muskegon income tax and the tax payments are Muskegon tax withheld, estimated tax payments and credit for income tax paid to another Michigan city; or

You were a non-resident of Muskegon for all of 2014 with wages earned in Muskegon and none of the earnings from Muskegon employers is excludable from Muskegon income tax.

#### YOU CANNOT USE THIS FORM IF:

You received alimony payments, had Muskegon business income (Sch C), sold or exchanged property (Sch D or 4797), had taxable IRA distributions, taxable pension/annuity distributions, supplemental income (Sch E or F), miscellaneous income, exclusions or adjustments.

#### YOUR RETURN

Because this form is designed to be read by a machine, please print your numbers inside the boxes like this:

1 2 3 4 5 0 0

Do not type your numbers. Do not use dollar signs.

#### NAME AND SOCIAL SECURITY NUMBER

Fill in your first name, middle initial, last name and social security number. If a joint return, also fill in your spouse's first name, middle initial, last name and social security number.

#### **FIRST RETURN**

Check the first return box if this is the first time you filed a Muskegon income tax return.

#### **ADDRESS CHANGE**

Check the address change box if your address has changed since filing your last Muskegon income tax return.

#### **RESIDENCY STATUS**

Check the resident or non-resident box under Residency Status. A part year resident of Muskegon cannot use this form.

#### MARRIED FILING SEPARATELY

If married and filing separately, enter spouse's name and social security number in Married Filing Separately box.

#### INCOME

If you have income on your federal income tax return that is not taxable by Muskegon, use Form M-1040.

#### LINE 1. TOTAL WAGES, SALARIES AND TIPS

Residents and non-residents enter the amount of wages reported on your Federal Return.

#### **LINE 2. INTEREST INCOME**

Residents enter the amount of taxable interest income reported on your Federal Return.

Non-residents enter zero. Interest income is not taxable to a non-resident.

#### **LINE 3. DIVIDEND INCOME**

Residents enter the amount of dividend income reported on your Federal Return.

Non-residents enter zero. Dividend income is not taxable to a non-resident.

#### LINE 4. TOTAL MUSKEGON INCOME

Enter the total of lines 1, 2 and 3.

#### PAYMENTS AND CREDITS

### LINE 9.

Residents and non-residents enter the total estimated income tax paid during 2014 including the amount paid with voucher 4 due January 31, 2015.

#### LINE 10.

Residents may take credit for income tax paid to another Michigan city. The credit is limited to the Muskegon non-resident rate of 0.5% (.005) and the Muskegon exemption of \$600.00 per person. (Refer to Worksheet on the back of M-1040TC).

#### **TAX DUE**

#### **LINE 12.**

Tax due of one dollar (\$1.00) or more must be paid in full when the return is filed. Make check or money order payable to: the City of Muskegon. If your payment is over \$100.00, you may be assessed additional penalties and interest if you are required to file estimated tax vouchers.

#### **OVERPAYMENTS**

#### LINE 13, 14, and 15. OVERPAYMENTS

Overpayments of less than one dollar (\$1.00) will not be refunded and cannot be donated. All other overpayments will be refunded or may be donated or Credited to the 2015 estimated tax liability. To donate the overpayment, check the appropriate box on line 14 and enter the amount. To claim a refund, enter the overpayment on line 13a. Complete lines 13b through 13d if you want us to directly deposit the amount shown on line 11a into your checking or savings account at a bank or other financial institution (such as a mutual fund, brokerage firm, or credit union) instead of sending you a check. NOTE: If you do not want your refund directly deposited into your account, leave lines 13b through 13d blank. Enter the overpayment on line 15 if you want it credited to your 2015 estimated tax liability.

# EXEMPTION AMOUNT

#### LINE 5. EXEMPTION AMOUNT

Complete worksheet below and enter the total from box 5a on page 1, line 5.

| 1. CHECK BOXES THAT APPLY  | REGULAR 65 AND OVE               |  | BLIND                               | DEAF | PARAPLEGIC, QUADRIPLEGIC, HEMIPLEGIC | 1A. NUMBER OF<br>BOXES CHECKED        |  |
|--|----------------------------------|--|-------------------------------------|------|--------------------------------------|---------------------------------------|--|
| YOURSELF   |                                  |  | OR TOTALLY AND PERMANENTLY DISABLED |      | BOXES CHECKED                        |                                       |  |
| SPOUSE   |                                  |  |                                     |      |                                      |                                       |  |
| 2. LIST FIRST NAMES OF DEPENDENT CH  | 2A. NUMBER OF<br>CHILDREN LISTED |  |                                     |      |                                      |                                       |  |
| 3. OTHER DEPENDENTS (LIST AND EXPLAIN)   |                                  |  |                                     |      |                                      | 3A. NUMBER OF OTHER DEPENDENTS LISTED |  |
| 4. TOTAL NUMBER OF DEPENDENCY EXEMPTIONS (ADD BOXES 1A, 2A AND 3A AND ENTER THE TOTAL IN BOX 4A. |                                  |  |                                     |      |                                      |                                       |  |
| 5. MULTIPLY TOTAL NUMBER OF EXEMPT   | 5A. EXEMPTION<br>AMOUNT          |  |                                     |      |                                      |                                       |  |

#### LINES 6 THROUGH 15

Follow the instructions on the front of this form for each separate line.



## 2014 MUSKEGON M-1040TC

#### TAX CALCULATIONS SCHEDULE FOR USE BY PART YEAR RESIDENTS

| TAXPAYER'S NAME         | SOCIAL SECURITY NUMBER |      |  |    |
|-------------------------|------------------------|------|--|----|
|                         |                        |      |  |    |
| 2014 MUSKEGON RESIDENCY | NUMBER OF MONTHS       | FROM |  | ТО |
| FORMER ADDRESS          |                        |      |  |    |

|                             |  | CA   | TEGORIES OF I                               | NCC                     | ME                             |   |          |
|-----------------------------|--|--|---|-------------------------|--------------------------------|---|----------|
| COLUMN 1                    | COLUMN 2                                     | COLUMN 3   | COLUMN 4                                    | 1                       | COLUMN 5                       | COLUMN 6  | <b>3</b> |
| SOURCE OF INCOME            | TOTAL INCOME<br>ADJUSTMENTS OR<br>DEDUCTIONS | EXCLUDABLE INCOME<br>ADJUSTMENTS<br>AND DEDUCTIONS | MUSKEGON INCO<br>EARNED AS A<br>NON-RESIDEN |                         | INCOME EARNED<br>AS A RESIDENT | TOTAL INCOME<br>SUBJECT TO TA:<br>(COL. 4 + COL. 5) | X        |
| 1a.                         | 00   | 00   |   | 00                      | 00                             | 0   | 00       |
| 1b.                         | 00   | 00   |   | 00                      | 00                             | 0   | 00       |
| 1c.                         | 00   | 00   |   | 00                      | 00                             | 0   | 00       |
| 1d.                         | 00   | 00   |   | 00                      | 00                             | 0   | 00       |
| 1e.                         | 00   | 00   |   | 00                      | 00                             | 0   | 00       |
| 1f.                         | 00   | 00   |   | 00                      | 00                             | 0   | 00       |
| 1g.                         | 00   | 00   |   | 00                      | 00                             | 0   | 00       |
| 1h.                         | 00   | 00   |   | 00                      | 00                             | 0   | 00       |
| 1i.                         | 00   | 00   |   | 00                      | 00                             | 0   | 00       |
| 1j.                         | 00   | 00   |   | 00                      | 00                             | 0   | 00       |
| 2. TOTALS                   | 00   | 00   |   | 00                      | 00                             | 0   | 00       |
| 3. PERCENTAGE OF TOTAL M    | USKEGON INCOM                                | E  |   |                         |                                | 100%  |          |
| 4. RENAISSANCE ZONE DED     | UCTION                                       |  |   | <b>&gt;&gt;&gt;&gt;</b> |                                |   |          |
| 5. EXEMPTION AMOUNT         |  |  |   |                         |                                |   |          |
| 6. TAXABLE INCOME           |  |  |   | 00                      | 00                             | 0   | 00       |
| 7. TAX RATES (0.5% = AND 19 | % = .01)                                     |  | 0.5%  |                         | 1%                             |   |          |
| 8. TAX                      |  |  |   | 00                      | 00                             | 0   | 00       |

#### INSTRUCTIONS FOR M-1040TC, TAX CALCULATION SCHEDULE

LINE 1.List each source of income (i.e, employer, Schedule C, interest, etc.) or deduction in column 1 and the total income or deduction from the item in column 2. Split the income or deduction between the different categories of income (columns 3, 4, and 5) based upon the time in each status and enter the income subject to tax in column 6.

LINE 2. Total column 2, column 3, column 4, column 5 and column 6 and enter the amounts.

LINE 3. Compute and enter in column 4 and column 5 the percentage of total income subject to tax by dividing the amount on line 2 of the column by the total income subject to tax (line 2 divided by column 6).

LINE 4. Qualified Renaissance Zone Individuals Only Enter amount from line 11 of Schedule RZ M-1040.

LINE 5. Enter in column 6 the total exemption credit from Form M-1040, line 16 and compute the exemption credit for column 4 and column 5 based upon the percentages on line 3 of the respective column.

LINE 6. Subtract line 4 and 5 from line 2 and enter the difference.

LINE 8.Multiply line 6 of column 4 and column 5 by the tax rate for the column from line 7 and enter the amount. Add the amounts in column 4 and column 5 and enter the total in column 6.

Enter the total from column 6, line 8 on Form M-1040, line 18.

PLEASE ROUND TO THE NEAREST DOLLAR

### DIRECT DEPOSIT

**Fast Refunds!** – Choose direct deposit - a fast and secure way to have your refund deposited automatically into your checking or savings account.

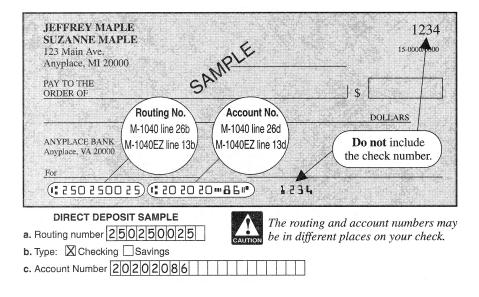


#### **Helpful Tips**

Please check with your financial institution to make sure your direct deposit will be accepted and make sure you have the correct routing and account numbers. The City of Muskegon is not responsible for a lost refund if you enter the wrong account information.

Some financial institutions will not allow a joint refund to be deposited into an individual account. If the direct deposit is rejected, a check will be send instead. The City of Muskegon is not responsible if a financial institution rejects a direct deposit.

The account number can be up to 17 characters (both number and letters). Include hyphens but omit spaces and special symbols. Enter the number for left to right and leave any unused boxes blank. See sample below. Do not include the check number.



#### CITY CREDIT WORKSHEET

#### CREDIT FOR TAX PAID TO ANOTHER MICHIGAN CITY

A resident shall be allowed a credit against the city income tax for the amount paid to the other municipality. The credit for tax paid to the other city is based upon income that is also taxable in Muskegon. The credit shall not exceed the amount of taxes which would be assessed under the City of Muskegon Income Ordinance on the same amount of income of a nonresident (.005). The credit allowed is the tax paid to the other city or 0.5% (.005) of the amount earned in that city during 2014, less exemptions allowed by the Muskegon Income Tax, whichever is smaller. Proof of payment to another city must be submitted. Attach a copy of the return filed with the other city. No credit is allowed for tax paid to another city in another state.

A Muskegon resident working in Grand Rapids, which has a non-resident tax rate of 0.75% (.0075), is only allowed a credit of 0.5% (.005) on their Muskegon tax return. This is the maximum amount of credit that the ordinance allows for a resident working in another city with an income tax.

#### Part year residents:

Include income on line 1 of this worksheet only to the extent that is taxable by Muskegon as a resident and taxable by another city that imposes an income tax as a non-resident.

| 1. | .00            |
|----|----------------|
| 2. | .00            |
| 3  | .00            |
| 0. |                |
| 4. | .005           |
| 5. | .00            |
|    | 2.<br>3.<br>4. |

**NOTE:** You must complete a separate City Credit Worksheet for each city in which you file a non-resident return.

### TO AVOID UNNECESSARY CORRESPONDENCE AND A DELAY IN PROCESSING YOUR TAX RETURN CHECK TO SEE THAT:

- You signed your return, and if a joint return, that your spouse signed the return.
- Box 1 of the W-2 form(s) is attached to your return and that the wages add up to the same amount reported on line 1.
- Box 19 of the W-2 form(s) add up to the Muskegon tax withheld.
- Copies of federal schedules are attached to your return to supporting items reported on lines 6, 7, 10 and 14. (M-1040 only)
- Copies of schedules are attached to your return to supporting all exclusions, adjustments and deductions claimed (M-1040 only)
- A copy of the other city's return is attached to support your credit for tax paid to another Michigan city
- Payment is enclosed for the entire balance due, if applicable
- Front page of the Federal 1040, 1040A or 1040 EZ

#### **THANK YOU**

Mail all refunds, payments to: INCOME TAX DEPARTMENT CITY OF MUSKEGON PO BOX 29 MUSKEGON MI 49443-0029

**ALL PAYMENTS:** 

Make checks out to: City Of Muskegon

Write your social security number on the check or money order.

Return to:



INCOME TAX DEPARTMENT P.O. BOX 29 MUSKEGON, MICHIGAN 49443

If mailing label affixed, please peel off label and place it over address area of your Muskegon Income Tax Return. Do not use a label containing an error.

PRSRT STD U.S. POSTAGE PAID PERMIT NO. 467 MUSKEGON, MICHIGAN