

**CITY OF PONTIAC RESIDENT INDIVIDUAL INCOME TAX RETURN**

**P-1040R**

**Due April 30, 2021**

**2020**

|  |  |           |   |           |  |  |               |  |
|--|--|-----------|---|-----------|--|--|---------------|--|
| Your first name & initial  |  | Last name |   | Birthdate | Your Social Security Number--REQUIRED  |  |               |  |
| If joint, spouse's first name & initial  |  | Last name |   | Birthdate | Spouse's Social Security Number  |  |               |  |
| Physical home address (Number and street or rural route) include apartment # if any.           |  |           |   |           |  |  |               |  |
| City, town or post office  |  |           | State   | Zip code  | Daytime phone  |  | Evening phone |  |
| <input type="checkbox"/> Part Year Resident from ___/___/___ to ___/___/___<br>Former Address: |  |           | <input type="checkbox"/> Taxpayer only<br><input type="checkbox"/> Spouse only<br><input type="checkbox"/> Both |           | If married, is spouse filing a separate return? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |               |  |

**Schedule 1 Exemption Amount**

**YOURSELF**    Regular     65 or over     Blind     
  **SPOUSE**    Regular     65 or over     Blind     
 1. Number of boxes checked to the left 1.

**DEPENDENTS**

Name (first, middle initial, and last name)                      Social Security Number                      Relationship                      How many months living in your home

If more than four dependents, attach an additional schedule.

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

2. Number of dependent children and/or other dependents which you listed on your federal return 2.

3. Total number of exemptions--add lines 1 and 2 and enter on line 5 of RETURN SUMMARY below 3.

**Schedule 2 Wage Detail**                      ATTACH PONTIAC COPY OF FORM(S) W-2

| Enter gross wages, salaries, commission, tips, sick pay, etc earned everywhere.       | Column A<br>Pontiac tax withheld | Column B<br>Total wages from Box 1 of W-2 |
|---|----------------------------------|---|
| Employer's name                      Street address of <b>actual</b> work location(s) |                                  |   |
|   | .00                              | .00                                       |
|   | .00                              | .00                                       |
|   | .00                              | .00                                       |
|   | .00                              | .00                                       |
|   | .00                              | .00                                       |
| Do not include S.U.B. pay   | <b>Totals</b> 1a.                | 1b.                                       |
|   | .00                              | .00                                       |

**Schedule 3 Payments**

|  |                         |     |
|--|-------------------------|-----|
| 1. Tax withheld by your employer from line 1a. of Schedule 2 above                     | 1. <input type="text"/> | .00 |
| 2. 2020 estimated payments, credit from 2019 P-1040R, payment with extension           | 2. <input type="text"/> | .00 |
| 3. Credit for tax paid to another city--from Page 2, Worksheet 1                       | 3. <input type="text"/> | .00 |
| 4. Credit for taxes paid by partnership on behalf of partner (Provide name and Tax ID) | 4. <input type="text"/> | .00 |
| 5. Total payments--enter here and on line 8 of RETURN SUMMARY below                    | 5. <input type="text"/> | .00 |

Attach copy of other return

|   |   |                                     |                          |     |
|---|---|-------------------------------------|--------------------------|-----|
| <b>RETURN SUMMARY</b>                   | 1. Total wages, salaries and tips from <b>Schedule 2</b> , line 1b.   | <b>Attach your W-2 form(s)</b>      | 1. <input type="text"/>  | .00 |
|   | 2. Other income/loss from Page 2, <b>Schedule 4</b> , line 11   |                                     | 2. <input type="text"/>  | .00 |
|   | 3. Deductions from Page 2, <b>Schedule 5</b> , Line 5 (Enter as negative amount)  |                                     | 3. <input type="text"/>  | .00 |
|   | 4. Combine lines 1, 2 and 3. This is your total Pontiac income  |                                     | 4. <input type="text"/>  | .00 |
| <b>Exemptions</b>                       | 5. Enter number of exemptions from Schedule 1, line 3 here ___ then multiply by \$600.00 and enter in box 5   |                                     | 5. <input type="text"/>  | .00 |
| <b>Taxable Income</b>                   | 6. Subtract line 5 from line 4. This is your taxable income   |                                     | 6. <input type="text"/>  | .00 |
| <b>PONTIAC TAX</b>                      | 7. Multiply line 6 by one percent (.01) This is your Pontiac tax<br>If you prepared Schedule L for Part-Year resident, enter the tax amount and check the box.  | <b>Tax &gt;&gt;&gt;</b>             | 7. <input type="text"/>  | .00 |
| <b>Payments</b>                         | 8. Total of Pontiac payments from <b>Schedule 3</b> , line 5  | <b>Payments &gt;&gt;&gt;</b>        | 8. <input type="text"/>  | .00 |
| <b>Tax Due</b>                          | 9. If tax (line 7) is larger than payments (line 8) enter amount you owe. MAKE CHECK PAYABLE TO CITY OF PONTIAC OR PAY WITH A DIRECT ELECTRONIC WITHDRAWAL (Mark pay tax due-direct withdraw, line 14b, and complete lines 14 c, d, & e)  | <b>Pay With Return &gt;&gt;&gt;</b> | 9. <input type="text"/>  | .00 |
| <b>Overpayment</b>                      | 10. If payments (line 8) are larger than tax (line 7) ENTER OVERPAYMENT   | <b>Overpayment &gt;&gt;&gt;</b>     | 10. <input type="text"/> | .00 |
| <b>Credit to 2021</b>                   | 11. Amount of overpayment to be held and applied to your 2021 estimated tax   | <b>Credit to 2021 &gt;&gt;&gt;</b>  | 11. <input type="text"/> | .00 |
| <b>Donation</b>                         | 12. Overpayment donated to City of Pontiac  | <b>Donation &gt;&gt;&gt;</b>        | 12. <input type="text"/> | .00 |
| <b>Refund</b>                           | 13. Amount of overpayment to be refunded (For direct deposit, mark refund box, line 14a, and complete lines 14 c, d, & e)   | <b>Refund &gt;&gt;&gt;</b>          | 13. <input type="text"/> | .00 |
| <b>Direct Deposit or Direct Payment</b> | 14. Direct deposit refund or direct withdrawal payment Mark one:    14a <input type="checkbox"/> Refund-direct deposit    14b <input type="checkbox"/> Pay tax due-direct withdraw<br>c. Routing number <input type="text"/> e. Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings<br>d. Account number <input type="text"/> |                                     |                          |     |

I have read this return. Under the penalties of perjury, I declare that to the best of my knowledge and belief the return is true, correct and accurately lists all amounts and sources of Pontiac income I received during the tax year. If prepared by a person other than the taxpayer, his/her declaration is based on all information of which he/she has any knowledge.

|                         |                |                 |                                    |                     |                           |  |
|-------------------------|----------------|-----------------|------------------------------------|---------------------|---------------------------|--|
| <b>PLEASE SIGN HERE</b> | Your signature |                 | Spouse's signature if joint return |                     | Paid preparer's signature |  |
|                         | Date           | Your occupation | Date                               | Spouse's occupation | Address                   |  |

**YOU MUST ATTACH A COPY OF PAGES 1 AND 2 OF YOUR 2020 FEDERAL 1040**

If **payment** is included mail return to: **City of Pontiac 1040 Payments**; PO Box 530; Eaton Rapids, MI 48827-0530  
 If **no payment** is included mail return to: **Income Tax Division**; City of Pontiac; PO Box 530; Eaton Rapids, MI 48827-0530

**Schedule 4 Other Income/Loss**

PART YEAR RESIDENTS INCLUDE ONLY INCOME/LOSS ATTRIBUTABLE TO PERIOD OF RESIDENCY

|  |     |     |   |     |     |     |     |
|--|-----|-----|---|-----|-----|-----|-----|
| 1. Interest income from Federal return   | 1a. | .00 | Less interest on obligations from the United States or subordinate units. | 1b. | .00 | 1c. | .00 |
| 2. Dividend income from Federal return   | 2a. | .00 | U.S. dividends  | 2b. | .00 | 2c. | .00 |
| 3. Net income/loss from business or profession--attach Federal Schedule C  | 3a. | .00 | SEP deduction   | 3b. | .00 | 3c. | .00 |
| 4. Net income/loss from rents/royalties--Federal Schedule E, page 1 (All federal schedules must be attached.)  |     |     |   |     |     | 4.  | .00 |
| 5. Income/loss from partnerships--attach Federal Schedule E, page 2  |     |     |   |     |     | 5.  | .00 |
| 6. Income/loss from the sale or exchange of property per your federal forms. (Capital gains)--Federal Schedule D/Form 8949   |     |     |   |     |     | 6.  | .00 |
| 7. Distributions from Subchapter S corporations--attach Federal Schedule K-1   |     |     |   |     |     | 7.  | .00 |
| 8. Income from estates/trusts--Federal Schedule E, page 2  |     |     |   |     |     | 8.  | .00 |
| 9. Distributions from profit sharing plans, or premature distributions from pension plans and/or IRAs.   |     |     |   |     |     | 9.  | .00 |
| 10. Other income (alimony received (see instructions), gambling winnings from lotteries, casinos, bingo halls, racetracks, taxable scholarships, etc.) Include copy of Part I of Schedule 1 from Federal 1040, and any supporting schedules. |     |     |   |     |     | 10. | .00 |
| 11. Total--combine lines 1c. through 10--enter here and on page 1, line 2 of return summary  |     |     |   |     |     | 11. | .00 |

**Schedule 5 Deductions**

PART YEAR RESIDENTS ALLOCATE DEDUCTIONS FOR PERIOD OF RESIDENCY

|   |    |     |
|---|----|-----|
| 1. IRA deduction--attach Schedule 1 of Federal 1040 (No deduction is allowed for contributions to a ROTH IRA) | 1. | .00 |
| 2. Employee business expenses--see instructions and attach detailed list                                      | 2. | .00 |
| 3. Moving expenses--see instructions and attach Federal 3903  | 3. | .00 |
| 4. Alimony paid--see instructions and attach Schedule 1 of Federal 1040.                                      | 4. | .00 |
| 5. Total--add lines 1 through 4--enter here and on page 1, line 3 of RETURN SUMMARY                           | 5. | .00 |

**Worksheet 1 Credit for Tax Paid to Another City**

|  |    |      |
|--|----|------|
| 1. Total income earned in other city after deductions (before exemptions) from 2019 non-resident city return | 1. | .00  |
| 2. Less: exemption amount from Pontiac RETURN SUMMARY--page 1, line 5  | 2. | .00  |
| 3. Comparative income subject to tax by other city. (Line 1 less Line 2)                                     | 3. | .00  |
| 4. Credit tax rate 1/2% (0.005)  | 4. | .005 |
| 5. Multiply line 4 by line 3--enter here and on page 1, Schedule 3 (Payments), line 3                        | 5. | .00  |

(Credit is limited to actual tax liability from other city's return)

**Part year residents:** Include income on line 1 of this worksheet only to the extent that it is taxable by Pontiac as a resident and taxable by another city that imposes an income tax as a non-resident

**Note:** You must complete a separate Worksheet 1 for each city in which you filed a non-resident return

**YOU MUST ATTACH A COPY OF PAGE ONE OF THE OTHER CITY'S RETURN**

**Summary of Required Attachments**

All Filers:

- All form W-2's
- Page 1 and 2 of Federal Form 1040

If Applicable:

- Federal Schedule 1
- Federal Form 3903
- Federal Schedule C
- Federal Schedule D, Forms 8949, 4797, 6252
- Federal Schedule E including Federal Schedule K-1 for all S corporations shown on Schedule E, if any
- Copies of all forms 1099-R for taxpayers under age 65

Filers Taking a Credit for Tax Paid to Another City:

- Copy of page one of the other city(ies) return

**IMPORTANT**

Detailed supporting schedules MUST be submitted with this return. Failure to attach schedules or attaching incomplete schedules can result in deductions and losses being disallowed or delay the processing of your return until acceptable schedules are obtained.

*If you have any questions regarding the City of Pontiac Income Tax, please call (248) 758-3236*

**Third Party Designee**

Do you want to allow another person to discuss this return with the Income Tax Department?  Yes--Complete the following:  No

Designee's Name:

Phone No. ( )