CITY OF PONTIAC
FINANCE DEPARTMENT
INCOME TAX DIVISION
P.O. BOX 530
EATON RAPIDS, MI 48827-0530

### **City of Pontiac Income Tax**

2016

Form P-1040 (R)

Individual Return and Instructions for Residents

# ALL PERSONS HAVING CITY TAXABLE INCOME EXCEEDING THEIR EXEMPTION DEDUCTION MUST FILE A RETURN.

#### **MAILING ADDRESS:**

BALANCE DUE RETURNS
City of Pontiac 1040 Payments
P.O. Box 530
Eaton Rapids, MI 48827-0530

ALL OTHER RETURNS
City of Pontiac Income Tax Division
P.O. Box 530
Eaton Rapids, MI 48827-0530

#### FOR ASSISTANCE:

VISIT THE INCOME TAX OFFICE AT CITY HALL 47450 WOODWARD AVE. Pontiac, MI 48342 OR CALL (248) 758-3236

Note: We will not prepare your return.

#### **2016 INSTRUCTIONS**

**ATTACH SCHEDULES:** SUPPORT ALL FIGURES WITH COPIES OF FEDERAL SCHEDULES TO AVOID UNNECESSARY CORRESPONDENCE OR DELAY IN RECEIVING REFUNDS

**ESTIMATED TAX RETURN:** YOU MAY HAVE TO FILE FORM P-1040-ES, IF YOUR PAYMENT THIS YEAR IS \$100.00 OR MORE. SEE INSTRUCTIONS TO AVOID THE PENALTY FOR UNDERPAYMENT. ESTIMATED PAYMENTS TO BE MAILED TO: CITY OF PONTIAC ESTIMATED TAX PAYMENTS, P.O. BOX 530, EATON RAPIDS, MI 48827-0530.

**EXEMPTION CREDIT:** \$600.00 FOR EACH EXEMPTION.

**FILING DATE:** YOUR RETURN MUST BE FILED BY APRIL 30, 2017. PENALTIES, AS PROVIDED BY LAW (\$2.00 MINIMUM) WILL BE ASSESSED ON ALL LATE PAYMENTS.

#### **PAYMENT:**

- TAX MUST BE PAID AT THE TIME YOU FILE YOUR RETURN IF YOU OWE \$1.00 OR MORE.
- MAKE CHECK OR MONEY ORDER PAYABLE TO TREASURER, CITY OF PONTIAC. DO NOT SEND CASH THROUGH THE MAIL.
- MAIL YOUR RETURN AND PAYMENT WITH EARNINGS STATEMENTS, SHOWING PONTIAC TAX WITHHELD (FORMS PW-2 OR W2).
- CASH PAYMENTS CAN ONLY BE MADE IN PERSON AT THE TREASURER'S OFFICE IN CITY HALL.

BE SURE YOUR SOCIAL SECURITY NUMBER(S) ARE ENTERED CORRECTLY ON THE RETURN. ROUND DOWN ALL AMOUNTS OF LESS THAN 50 CENTS. ROUND UP ON ALL AMOUNTS 50 CENTS THROUGH 99 CENTS. DO NOT ENTER CENTS ON RETURN.

CHECK THE CITY'S WEBSITE AT <u>WWW.PONTIAC.MI.US</u> TO FIND ADDITIONAL FORMS AND INSTRUCTIONS. IF MORE INFORMATION IS NEEDED, CONTACT THE INCOME TAX DIVISION AT (248) 758-3236.

NOTE: SEVERANCE PAY, EARLY RETIREMENT INCENTIVE PAY OR CAREER TRANSITION PAY (OR ANY OTHER COMPARABLE INCOME) REPORTED ON A W-2 FORM IS INCOME TAXABLE TO THE CITY OF PONTIAC.

## FOR CALENDAR YEAR TAXPAYERS, THIS RETURN IS DUE ON OR BEFORE APRIL 30, 2017 CITY OF PONTIAC INCOME TAX INDIVIDUAL RETURN – RESIDENT

P1040 (R) 2016

| Sociate's Name   Security number   Security numb | YOUR SOCIAL SECURIT  | Y NUMBER SF  | OUSE'S SOCIA                          | L SECUF   | RITY NUMBE       | R              |             |                    |           |                        |                  |
|--|--|--|---------------------------------------|---|------------------|----------------|-------------|--------------------|-----------|------------------------|------------------|
| Sociate's Name    Spoutse's Coccupation  |  |  |                                       |   |                  |                |             |                    |           | VALIDATION ARE         | ΞA               |
| Since Address  P.O. Box  IMPORTANT  City, Town or Post Office State Postal Zip Code Complete the following: DID YOU FILE A 2015  Sequesting a separate return Y N social security number Ven   | First Name(s) and Initial(s)   |  | Last Name                             |   |                  | Your Occupa    | ation       |                    |           |                        |                  |
| City, Town or Peat Office  State  Postal Zip Code  Complete the following: DIX YOU FLE A 2015  Spouse fling a separate return Y N acids security number  Fliefer the name and address used on your return for 2015  If none filed, give reason.  POPINION STREAM PRINCIPLY  VER   No   If No. Explain  FLY YOURSELF   Blind   65 & Over  STATUS AND ADDRESS IDENTICAL  YERRICON TOWN  FLY YOURSELF   Blind   65 & Over  Blind   65 & Over  STATUS AND ADDRESS IDENTICAL  YERRICON TOWN  FLY YOURSELF   Blind   65 & Over  Blind   65 & Over  FLY YOURSELF   Blind   65 & Over  Blind | Spouse's Name  |  |                                       |   |                  | Spouse's Oc    | cupation    |                    | +         |                        |                  |
| City, Town or Post Office    State   | Street Address   |  |                                       | P.  | O. Box           | IM             | PORT        | ANT                |           |                        |                  |
| DID YOU FILE A 2015  Contract Plant Inc.  DID YOU FILE A 2015  CONTRACT PLANT  | City Town or Post Office   | Ctata  | Doo                                   | tal Zin Ca  | da               |                |             |                    | TRAN      | NSACTION NO.           |                  |
| Very      | City, Town or Post Office  | State  | Pos                                   | iai zip co  | ue               | DID \          | OU FILE     | E A 2015           |           |                        |                  |
| POURSELF   Blind   65 & Over   Brit Date   Pour Air Charge   No. of boxes   Pour Institutions   Pour Ins   | Spouse filing a separate retur   | rn Y N social security n   | umber                                 |   |                  |                |             |                    | ASSE      | ESS NO.                |                  |
| Transmission   STATUS AND ADDRESS IDENTICAL   VERIFIED TO PREVIOUS YEAR RETURN?   Yos   No   |  | *  |                                       |   |                  |                |             | 100                |           |                        |                  |
| YOURSELF   Blind   65 & Over   STATE CASE   No. of Device Charge   SPOUSE   Blind   65 & Over   STATE CASE   SPOUSE   Blind   65 & Over   STATE CASE   SPOUSE   State   Spouse   | If none filed, give reason   |  |                                       |   |                  |                |             |                    | VERII     | FIED                   |                  |
| EXEMPTIONS    SPOUSE   Blind   65.8 A Over   State   Date  |  |  |                                       |   |                  |                |             | If No, State Prior |           |                        |                  |
| Exemptions    Security   Security |  | □ VOUE   | OCELE   Dis                           | ad $\Box$ e   | E & Over         | lirth Data     |             | Date of Change     | ┙         |                        |                  |
| (See Instructions)    Dependents   Dependent |  |  | ISE Blir                              | $\begin{array}{ccc} 10 & \square & 6 \\ 10 & \square & 6 \end{array}$ |                  |                |             | -<br>-             | 1         | No. of boxes           | Ţ                |
| Instructions)    Dependents   Bage 1 or over dependents   Social security number   Relationship   Nover home   Nover the provision   Nover the pro | Exemptions   |  | REFUNDS WIL                           | L BE HE   | LD UP FOR        | MISSING INFOR  | MATION      |                    | (         | checked                | <b>&gt;</b> _    |
| If more than four dependents, use attachment.  a. If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement check here dependents, use attachment.  a. If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement check here dependents, use attachment.  a. If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement check here dependents, use attachment.  a. If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement check here dependents.  b. Total number of exemptions claimed – Enter on line 10.  If during 2016 you had income subject to the Portlac tax both as a resident and as a nonresident, you must complete and attach Schedule L to this resident form. Indicate below the time period during 2016 that you were a Pontiac resident.  INCOME (DO NOT INCLUDE S.U.B. PAY)  1. Enter gross wages, salaries, commission, tips, sick pay, etc. earned both inside and outside of Pontiac.  PART YEAR RESIDENT FROM  TO  FORMER ADDRESS:  PONTIAC INCOME TAX WITHHELD  WAGES ETC.  PONTIAC INCOME TAX WITHHELD  WAGES ETC.  1. Total Withholding and Wages, Etc. earned during residency.  EMPLOYER'S NAME  LOCATION OF ACTUAL WORK STATION  Under the pre-10 to the United States or subordinate units.  1. Outper the pre-10 to the United States or subordinate units.  1. Outper the pre-10 to the United States or subordinate units.  1. Outper the pre-10 to the United States or subordinate units.  1. Outper the pre-10 to the United States or subordinate units.  1. Outper the pre-10 to the United States or subordinate units.  1. Outper the pre-10 to the United States or subordinate units.  1. Outper the pre-10 to the United States or subordinate units.  1. Outper the pre-10 to the United States or subordinate units.  1. Outper the pre-10 to the United States or subordinate units.  1. Outper the pre-10 to the United States or subordinate units.  1. Outper the pre-10 to the United States or subordinate units.  1.  | `  | Dependents   |                                       |   | If age 1 or ov   | er dependent's | Deletie     |                    | . 01   10 |                        | <b>&gt;</b>      |
| If more than four dependents, use attachment.  a. If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement check here captured in the control of the | msuuciions)  | Name (first, initial, and la   | ast name)                             |   | social sec       | urity number   | Helation    |                    | home \    | with you               |                  |
| dependents, use attachment.  a. It your child idin't live with you but is claimed as your dependent under a pre-1985 agreement check here b. Total number of exemptions claimed – Enter on line 10.  c. If during 2016 you had income subject to the Pontlac tax both as a resident and as a nonresident, you must complete and attach Schedule L. to this resident form. Indicate below the time period during 2016 that you were a Pontlac resident.  d. PATY YEAR RESIDENT FROM   | If more than four  |  |                                       |   |                  |                |             |                    |           | live with you due to a | <sup>t</sup> ▶ L |
| at It your child didn't live with you but its claimed as your dependent under a pre-1985 agreement check here  |  |  |                                       |   |                  |                |             |                    |           |                        | Г                |
| b. Total number of exemptions claimed – Enter on line 10.  c. If during 2016 you had income subject to the Pontiac tax both as a resident and as a nonresident, you must complete and attach Schedule L to this resident form. Indicate below the time period during 2016 that you were a Pontiac resident.  d. □ PART YEAR RESIDENT FROM  | attachment.  |  |                                       |   |                  |                |             |                    |           |                        | <b>&gt;</b> L    |
| c. If during 2016 you had income subject to the Pontiac tax both as a resident and as a nonresident, you must complete and attach Schedule L to this resident form. Indicate below the time period during 2016 that you were a Pontiac resident.    PART YEAR RESIDENT FROM  | a. If your child didn't live with  | you but is claimed as your   | dependent under                       | a pre-198   | 35 agreement     | check here     |             |                    | <br>≻□/   | Add numbers entered in | <b>&gt;</b>      |
| 2. Total Withholding and Wages, Etc  | INCOME (DO NOT INC<br>1. Enter gross wages, salar<br>Part year residents include | CLUDE S.U.B. PAY) ries, commission, tips, sicled all wages etc. earned commission. | k pay, etc. earne<br>luring residency | ed both in  | side and outs    |                |             | NTIAC INCOM        | E TAX     |                        |                  |
| 2. Total Withholding and Wages, Etc  |  |  |                                       |   |                  |                |             |                    |           |                        | 0                |
| Interest income from federal return (if more than \$1,500.00 attach Federal Schedule B) 3a   |  |  |                                       |   |                  |                |             |                    |           |                        | 0                |
| bb. LESS: interest on obligations of the United States or subordinate units. (PART YEAR RESIDENTS INCLUDE ONLY INTEREST RECEIVED DURING PERIOD OF RESIDENCY)  4. Pontiac Taxable Interest SUBTRACT line 3b from line 3a  | 2. Total Withholding and W   | ages, Etc  |                                       |   |                  |                | 2a          |                    | 00        | 2b                     | 0                |
| 4. Pontiac Taxable Interest SUBTRACT line 3b from line 3a  | Bb. LESS: interest on obligat  | tions of the United States   | or subordinate ι                      | ınits   |                  |                |             |                    |           |                        |                  |
| 5. Income from dividends from your federal return (if more than \$1,500.00 attach Federal Schedule B) Dividends 5 (PART YEAR RESIDENTS INCLUDE ONLY DIVIDENDS RECEIVED DURING PERIOD OF RESIDENCY)  6. Income or loss from business, sales, rentals partnerships, capital gains and state lottery winnings, etc. from page 2, line 23  |  |  |                                       |   |                  | <i>'</i>       |             | In                 | terest 4  |                        | 0                |
| 6. Income or loss from business, sales, rentals partnerships, capital gains and state lottery winnings, etc. from page 2, line 23  | 5. Income from dividends fr  | om your federal return (if   | more than \$1,50                      | 00.00 atta  | ıch Federal S    | chedule B)     |             |                    |           |                        | 0                |
| 7. TOTAL - ADD LINES 2b through 6  | •  |  |                                       |   |                  |                | m naga (    | lino 00            | Othor 6   |                        | 0                |
| 8. Deductions Allowed - From page 2 line 25  |  |  |                                       | •   |                  | •              |             |                    |           |                        | 0                |
| 0. LESS: Amounts for exemptions - Enter number of exemptions from b ( ) X \$600.00   |  | •  |                                       |   |                  |                |             |                    |           |                        | 0                |
| 1. TOTAL - income subject to tax - SUBTRACT line 10 from line 9  | 9. TOTAL - SUBTRA  | CT line 8 from line 7  |                                       |   |                  |                |             |                    | 9         |                        | 0                |
| 2. City of Pontiac Tax 1% (MULTIPLY LINE 11 BY .01) (or enter tax from line 11, Schedule L)  |  |  |                                       |   |                  |                |             |                    |           |                        | 0                |
| 3. a. Pontiac Income Tax withheld by your employer from line 2a above - Attach PW-2 or W-2   |  |  |                                       |   |                  |                |             |                    |           |                        | 0                |
| 3. a. Pontiac Income Tax withheld by your employer from line 2a above - Attach PW-2 or W-2   |  |  | 1) (or enter tax                      | from line   | 11, Schedule     | L)             |             |                    | Tax 12    |                        | 0                |
| c. Other credits - EXPLAIN IN ATTACHED STATEMENT   | 3. a. Pontiac Income Tax w   | ithheld by your employer   |                                       |   |                  |                |             |                    |           |                        |                  |
| TOTAL - Add lines 13 a, b and c  | •  |  |                                       |   |                  |                |             |                    |           | -                      |                  |
| 4. If your payment (line 13) is larger than your tax (line12) enter the amount you OVERPAID  Applied to your 2017 estimated tax The overpayment amount on line 14 is to be:  Refunded to you  Donation to the City of Pontiac  TAX DUE  Amounts due must be paid by April 30, 2017 or it will be subject to interest and penalty   |  |  |                                       |   |                  |                |             |                    |           |                        | 0                |
| The overpayment amount on line 14 is to be:  Refunded to you  Donation to the City of Pontiac  TAX DUE Amounts due must be paid by April 30, 2017 or it will be subject to interest and penalty  |  |  |                                       |   |                  |                |             |                    |           | +                      | $\dashv$         |
| 5. TAX DUE Amounts due must be paid by April 30, 2017 or it will be subject to interest and penalty  |  | ,  | e12) enter the a                      | amount yo   | ou OVERPAII      | Applie Applie  | d to your ! |                    |           | -                      |                  |
| 5. TAX DUE Amounts due must be paid by April 30, 2017 or it will be subject to interest and penalty  | rne overpayment amour  | it on line 14 is to be:  |                                       |   |                  | _              | anati-: 1   |                    | ·         | 4                      |                  |
|  | 5. <b>TAX DUE</b> Amounts du   | e must be paid by April 30   | ), 2017 or it will                    | be subjec   | ct to interest a |                | onation to  | tne City of Pont   | iac       | 14                     | 0                |
| IL YOU TAN TIME TELEGRATURE WAI FOUL DAVIDED UITE TO. CHEEL AND OUT TOO OWE MENTINGENING THE TRANSPORTER.  |  |  |                                       |   |                  |                | is return   |                    |           | 1                      | 0                |

**IMPORTANT** - DETAILED SUPPORTING SCHEDULES MUST BE ATTACHED WHERE INDICATED BELOW. 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. ADDITIONAL INCOME TO BE INCLUDED: PROFIT OR LOSS FROM BUSINESS OR PROFESSION ONLY USE LINES 16, 17 OR 18 BELOW, IF YOU FILED A SCHEDULE C WITH YOUR FEDERAL RETURN, AND A COPY IS ATTACHED TO THIS RETURN. 16. Net profit (or loss) from business or profession. 17. LESS: Applicable portion of net operating loss carryover..... .00 18. LESS: KEOGH RETIREMENT PLAN DEDUCTION...... .00 19. TOTAL - combine lines 16, 17 and 18, and include in line 23 below...... 19. .00 SALES OR EXCHANGES OF PROPERTY ATTACH A COPY OF YOUR FEDERAL SCHEDULE D AND FORM 4797 (IF APPLICABLE). 20a. Net gain (or loss) from the sale or exchange of property per your federal form..... 20a. .00 20b. Portion of gain (or loss) on line 20a. Which occurred after January 1, 1968. .00 RENTS AND ROYALTIES 21. Net income (or loss) from rents and royalties. Copies of ALL federal schedules must be attached...... 21. .00 OTHER INCOME All other income not previously discussed is reported here. This includes partnerships, estates, trusts, alimony received, distributions from profit sharing plans, distributions from IRAs, capital gains, gambling winnings from lotteries, casinos, racetracks, bingo halls, or any other source. Received from Kind of Income Federal Identification Number .00 .00 .00 .00 Total of OTHER INCOME..... 22. .00 23. **TOTAL** of lines 19, 20b., 21 and 22 - ENTER HERE AND ON PAGE 1, LINE 6...... 23. .00 **DEDUCTIONS ALLOWED:** You must attach a copy of your Federal form(s) to support entries on Line 24. 24. Individual Retirement Accounts (I.R.A.s) as allowed on Federal 1040 - attach supporting information..... .00 Employee Business Expenses (see instructions for deductibility - attach Federal Form(s) 2106)..... .00 Moving Expenses (see instructions for deductibility - attach Federal Form 3903)..... .00 Alimony (see instructions for deductibility - attach Page 1 of Federal 1040)...... .00 25, TOTAL DEDUCTIONS - enter on page 1 line 8 25. .00 **CREDITS ALLOWED:** 26. MULTIPLE TAXING CITY CREDIT (see instructions for limitations. Attach other City's 1040 income tax form) 00 b. Pontiac exemptions X \$600.00 (see Page 1, Line 10).....b. .00 .00 e. Credit amount (multiply amount on 26c by 26d).....<u>e.</u> .00 f. Credit for taxes paid by Partnership on behalf of partner (provide Partnership name(s) and .00 .00 TOTAL CREDITS - Combine amounts from line 26e., 26f. and 26g here and on Page 1, Line 13c.....Line 26 .00 I declare that I have examined this return (including accompanying schedule and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge. Daytime Phone # DATE Signature of preparer other than taxpaver

Date Daytime Phone # Firm name and address MAIL RETURNS WITH PAYMENTS FOR BALANCE MAIL ALL OTHER RETURNS DUE (INCLUDE SS# ON CHECK OR MONEY ORDER) City, State and Zip TO: CITY OF PONTIAC 1040 PAYMENTS TO: INCOME TAX DIVISION TELEPHONE # (248) 758-3236 CITY OF PONTIAC P. O. BOX 530 If you have any questions regarding P. O. BOX 530 EATON RAPIDS, MI 48827-0530 City of Pontiac Income Tax. **EATON RAPIDS. MI 48827-0530** 

#### RESIDENT INSTRUCTIONS

#### **CITY OF PONTIAC INCOME TAX 2016 RETURN**

#### **INFORMATION FOR FORM P-1040 (R)**

#### WHO MUST FILE A RETURN

For each taxable year, a return must be filed by each resident with a specified minimum amount of gross income subject to Pontiac tax. <u>If your income exceeds your exemption amount, you must file a return.</u>

If you do not meet the requirements for filing a return, but Pontiac tax was withheld or estimated tax paid, a return must be filed to claim a refund.

The following income is not taxable:

- 1. Gifts, inheritances, and bequests
- 2. Pensions (including disability pensions) and annuities.
- 3. Proceeds from insurance (except that payments from a health and accident policy paid for by your employer are taxable to the same extent as provided by the Internal Revenue Code).
- Unemployment compensation, supplémental unemployment benefits, welfare relief payments.
- 5. Worker's compensation, or similar payments for death, injury or illness arising out of and in the course of an employee's job.
- 6. Interest from obligations of the United States, the states, or subordinate units of government of the states.
- Military pay of members of the armed forces of the United States and the National Guard.
- 8. Social Security benefits, railroad retirement act benefits.

#### **EXEMPTIONS:**

A deduction of \$600.00 is allowed for each personal and dependency exemption. An additional exemption is allowed for a taxpayer who is 65 years of age or older or who is blind as defined in section 206.504 of the Michigan Compiled Laws. If the taxpayer is both 65 years of age or older and blind, two (2) additional exemptions are allowed.

If you can claim a dependent on the Federal Tax Form you may claim the dependent on the Pontiac Tax Form.

#### WHO MUST FILE THIS FORM

Individuals who were residents of Pontiac during the year or any part thereof must use this form.

Individuals who have income subject to tax both as a resident and as a non-resident must file Schedule L with form P-1040R. Schedule L and instructions are available from the Pontiac Income Tax Office.

#### **DECEASED TAXPAYER**

A final return must be filed for any person who died during the year and who is required to file as explained under "WHO MUST FILE A RETURN". The executor, administrator, personal representative or survivor must file the final return and any other return due for the decedent.

A joint return may be filed by the surviving spouse and the executor, administrator or personal representative. The return must be signed by the surviving spouse and the executor, administrator or personal representative.

If an executor, administrator, or personal representative has not been appointed, the surviving spouse may file a joint return. The spouse must sign the return and add the notation "Surviving Spouse"

If a refund is due, and the claimant is not a surviving spouse, Federal Form 1310 must be filed with the return.

#### **DECLARATION OF ESTIMATED TAX**

If your Pontiac income in 2017 is not subject to withholding and will be more than \$10,000.00 after deductions (\$100.00 in tax), you must file a Declaration of Estimated Income Tax (Form P-1040-ES) for 2017 by April 30, 2017 and pay at least one-fourth (1/4) of the estimated tax with your declaration. The remaining payments are due at the end of June, September, and January. FAILURE TO FILE A DECLARATION OF ESTIMATED TAX AND MAKE THE REQUIRED PAYMENTS, WILL RESULT IN ASSESSMENT OF PENALTY AND INTEREST FOR LATE PAYMENT OF TAX.

If at any time during the year, your income increases to such a level that one hundred dollars (\$100.00) in tax or more will be due at the end of the year, a Declaration of Estimated Tax must be filed. The Declaration of Estimated Tax (form P-1040-ES) is available from the City Income Tax Office, or the Internet at <a href="https://www.pontiac.mi.us">www.pontiac.mi.us</a> and look for "Departments", then "Finance", then "Income Tax". Estimated payments are to be mailed to: City of Pontiac Estimated Tax Payments, P.O. Box 530, Eaton Rapids, MI 48827-0530.

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

Enter your name (husband and wife if a joint return), address, and social security number(s), and occupation. Complete lines a, b, c, and d if applicable to you.

#### **LINES 1 AND 2 - GROSS INCOME FROM EMPLOYERS**

All wages, salaries, sick pay, tips, bonuses, and other compensation earned by you while a resident of Pontiac, are taxable <u>regardless of where earned</u> and must be included on line 1, and totaled on line 2. If you were a full year resident, this is the amount in box 1 of your PW-2 or W2.

#### **LINES 3 AND 4 - INTEREST**

All interest taxed on your federal return minus interest from obligations of the United States and subordinate units of government received while a resident of Pontiac is taxable on this return <u>regardless of where earned</u>. If amount is greater than \$1,500.00, or you are subtracting non-taxable interest, attach copy of appropriate federal schedule.

#### **LINE 5 - DIVIDENDS**

Enter all dividends taxed on your federal return and received while a resident of Pontiac. Be sure to include all distributions from Sub-Chapter S corporations taxed as dividends on your federal return. If amount is greater than \$1,500.00, attach copy of appropriate federal schedule.

#### **LINE 6 - OTHER INCOME**

On this line, enter the amount from page 2, line 23.

#### **LINE 7 - GROSS PONTIAC INCOME**

The total on line 7 is your gross Pontiac income, which is the sum of lines 1 through 6.

#### **LINE 8 - DEDUCTIONS**

On this line, enter the amount from page 2, line 25.

#### **LINE 9 - ADJUSTED GROSS PONTIAC INCOME**

The total on line 9 is your adjusted gross Pontiac income. Enter the remainder after subtracting the total deductions on line 8 from line 7.

#### **LINE 10 - EXEMPTIONS**

Multiply the number of exemptions from line 'b' above by \$600.00, and enter on this line.

#### **LINE 11 - INCOME SUBJECT TO TAX**

The total on line 11 is your taxable Pontiac income. Enter the remainder after subtracting the exemptions on line 10 from line 9.

#### **LINE 12 - CITY OF PONTIAC TAX LIABILITY**

Multiply line 11 by 1% (0.01) to calculate your tax liability, and enter here. If you have prepared Schedule L, enter the tax liability from Line 11 Schedule L here. This should be rounded to the appropriate whole dollar amount.

#### **LINE 13 - PAYMENTS AND CREDITS**

On line 13a, enter the amount of Pontiac tax withheld as shown on your PW-2 or W-2 statement from line 2a. The City copy of your PW-2 or W-2 showing clearly the amount of Pontiac tax withheld must be submitted with your return before credit can be allowed for Pontiac tax withheld.

On line 13b, enter the total of all payments made with 2016 City of Pontiac Declaration of Estimated Tax (P-1040-ES)

On line 13c, enter the amount of other credit from page 2, line 26. Enter in line 13, the sum of 13a, 13b, and 13c. the total amount paid on your Pontiac income tax prior to filing of your tax return.

#### **LINE 14 - OVERPAYMENT**

If your total payments and credits on line 13 exceed the Pontiac tax on line 12, you have overpaid your tax for 2016 and are entitled to a refund. Enter this amount on line 14.

If you want your overpayment to be credited to your 2017 estimated tax, check the uppermost box on this line. If you want this overpayment refunded and sent to you, check the middle box. If you want to donate this amount to

the city, check the lowest box. If you want the payment allocated between any of these options, please indicate the amount of each allocation in the appropriate box.

Refunds or credits of less than one dollar (\$1.00) cannot be made.

Please wait 90 days from the time you file your return before making any inquiry concerning a refund.

#### **LINE 15 - TAX DUE**

If after computing your Pontiac Income Tax and deducting your payments and credits, line 12 exceeds line 13, you have an additional income tax liability, and a balance due owing to the City of Pontiac. If the Tax Due is one dollar (\$1.00) or more, it must be entered on line 15, and paid at the time of filing this return. Make Check or money order payable to "TREASURER, CITY OF PONTIAC" and mail it to, City of Pontiac 1040 Payments, P.O. Box 530, Eaton Rapids, MI 48827-0530.

#### **INSTRUCTIONS FOR PAGE 2**

LINES 16 THROUGH 19 - PROFIT OR LOSS FROM BUSINESS OR PRO-FESSION (Federal Schedule C)

Pontiac residents are taxed on the net profits from their operation of a business or profession, regardless of where it is located. You must attach a copy of your federal Schedule C, and enter the net profit or loss on line 16.

A net operating loss carry-over may be taken against the current year's net profit or loss. You may not take a carry-back loss on your Pontiac Income Tax return. Carry-back losses are specifically forbidden by the Income Tax Ordinance (Section 7.2). Enter the amount of net operating loss carry-over on line 17.

A Keogh retirement plan deduction must be entered on line 18.

On line 19, combine the amounts from lines 16, 17, and 18.

LINE 20 - GAIN (OR LOSS) FROM SALE OR EXCHANGE OF PROPERTY (Federal Schedule D, or Form 4797)

For residents of Pontiac, gains and losses from the sale or exchange of property (regardless where located) are treated in the same manner, and the amount subject to tax determined on the same basis as under the Federal Internal Revenue Code. Copies of Schedule D, and/or Form 4797 are to be attached with the tax return. This amount is reported on line 20a.

The only exception is the sale of property purchased prior to January 1, 1968. Gain or loss on property purchased prior to January 1, 1968 must be determined by one of the following methods:

- a. The base may be the adjusted fair market value of the property on January 1, 1968 (January 2, 1968 closing price for traded securities), or
- Divide the number of months the property was held, and apply this fraction to the total gain or loss as reported on your federal income tax return.

  The result of the selected method (if applicable) is entered on line 20b. If

there is no pro-ration, enter the amount from line 20a on line 20b.

#### LINE 21 - RENTS OR ROYALTIES (Federal Schedule E)

Enter all rental and royalty income included on your federal return and received while a resident of Pontiac. Copies of <u>ALL</u> federal schedules must be attached.

#### LINE 22 - OTHER INCOME

All other income not previously discussed is reported on line 22. This includes partnerships, estates, trusts, alimony received, distributions from profit sharing plans, premature distributions from IRAs, capital gains, gambling winnings from casinos, racetracks, or non-charitable lotteries or bingo halls, or from any other source.

If you have partnership income (or loss), enter your share of ordinary income and capital gains from the partnership on this line. If interest and dividend are reported to you from the partnership, they are to be reported on lines 4 or 5 respectively. If you are claiming a loss from a partnership located outside of Pontiac, a copy of your federal K-1 must be attached.

If you receive distributions from employee stock purchase and profit sharing plans (which are classified as wages not subject to withholding); and distributions that are received from qualified trusts upon termination of employment and receive treatment as capital gains under the Federal Internal Revenue Code, all withdrawals and distributions from deferred income plans must be reported on line 22.

Income from an estate or trust is taxable to a Pontiac resident. The income must be reported on line 22, regardless of the location of the estate or trust, or the location of the property it may own.

DO NOT INCLUDE on this return any losses or any other deductions from a Sub-chapter S corporation. All corporations taxable under the City Income Tax Ordinance must file as conventional corporations with the City of Pontiac and pay their own income tax. (Distributions from a Sub-chapter S corporation that are taxable for federal purposes are also taxable on this return.)

LINE 23 - Total Other Income

Add lines 19, 20b, 21, and 22 and enter on line 23, and Page 1, line 6.

#### **DEDUCTIONS ALLOWED**

LINE 24 - YOU MUST ATTACH A COPY OF YOUR FEDERAL FORM TO SUPPORT ENTRIES ON THIS LINE.

The only deductions allowed by the City Income Tax Ordinance are as follows:

- A. Individual Retirement Accounts (IRAs) contributions to your deductible individual retirement account. ATTACH PROOF OF DEDUCTIBILITY. Proof of deductibility includes, but is not limited to: a copy of receipt for traditional IRA contribution, a copy of federal Form 5498, copy of cancelled check that clearly indicates it is for an IRA contribution, as allowed on Federal 1040, copy of signed Federal 1040 showing deduction
- A Keogh retirement plan deduction (DEDUCTED ON LINE 18, NOT ON LINE 24.
- C. Employee Business Expenses (ATTACH COPY OF FEDERAL FORM 2106) -

These expenses are allowed only to the extent not paid by your employer, and are limited to the following:

- Expenses of travel, meals, and lodging while away from home.
- 2. Expenses as an outside salesman who works away from his employer's place of business (does not include driver-salesman whose primary duty is service and delivery).
- 3. Expenses of transportation (but not transportation to and from work).
- 4. Expenses reimbursed under an expense account or other arrangement with your employer, if the reimbursement has been included in reported gross earnings.
- Moving expenses into the City only. ATTACH COPY OF FEDERAL **FORM 3903**
- E. Alimony (NOTE: CHILD SUPPORT IS NOT DEDUCTIBLE), separate maintenance payments and principal sums payable in installments to the extent includable in the spouse's Adjusted Gross Income under the Federal Internal Revenue Code and deducted on your 2016 federal return (ATTACH COPY OF PAGE 1 OF FEDERAL FORM).

#### LINE 25 TOTAL DEDUCTIONS

#### **LINE 26 CREDITS**

Multiple taxing city credit - If you are a Pontiac resident subject to city income tax in another city, you may claim a credit for part of the amount paid the other city. This credit may not exceed the tax that a non-resident of Pontiac would pay on the same income earned in Pontiac (1/2% or 0.005 of the other city's taxable income). You must attach a copy of the 2016 city income tax return you filed with the other city.

Partnership payment credit - enter any City of Pontiac income tax paid on your behalf by a partnership. CLEARLY INDICATE PARTNERSHIP NAME AND THE PARTNERSHIP'S TAX IDENTIFICATION NUMBER.

Tentative return payment - Indicate any payment that has been made when filing a tentative return when requesting an extension, and the date of the payment.

Enter the total of these credits on page 1, Line 13c.

IMPORTANT: All of the above deductions are limited to the amount taken on your federal return and to the extent they apply to income taxable under the Pontiac Income Tax Ordinance. Part year residents must allocate deductions the same way they allocate income.

A copy of the federal schedules and other requested documentation supporting deductions must be attached. Failure to attach schedules and documentation or attaching incomplete schedules and documentation will result in deductions being disallowed or delay the processing of your return until proper substantiation is obtained.

#### **ASSISTANCE**

If you have questions not answered in these instructions, or if you need assistance in preparing your return, call (248) 758-3236. Questions by mail should be directed to City Income Tax Division, P.O. Box 530, Eaton Rapids, MI 48827-0530.

Tax forms and instructions can be found at www.pontiac.mi.us and look for "Departments", then "Finance", then "Income Tax".