

SAGINAW

**INDIVIDUAL RETURN
DUE April 30, 2009**

2008 S-1040

Your First Name and Initial	Last Name	Social Security Number	If married filing separately, Print Spouse's Name		
If Joint, Spouse's First Name and Initial	Last Name	Spouse Social Security Number			
Mailing Address		City/Town	State	Zip Code	Total EXEMPTIONS from page 2

RESIDENCY STATUS - MUST COMPLETE ADDRESS & EMPLOYER SECTION ON PAGE 2

RESIDENT ENTER ALL INCOME INCLUDING WAGES, TIPS, BONUSES, SICK PAY, RETIREMENT BUYOUTS, ETC., EARNED IN AND OUTSIDE THE CITY OF SAGINAW.

PART-YEAR RESIDENT INCLUDE ALL INCOME AND WAGES EARNED DURING RESIDENCY AND WAGES EARNED IN THE CITY OF SAGINAW WHILE A NON-RESIDENT.

NONRESIDENT IF YOU WORKED FOR AN EMPLOYER IN THE CITY OF SAGINAW ONLY, PUT TOTAL WAGES IN COLUMN SUBJECT TO TAX. IF YOU WORKED IN AND OUTSIDE THE CITY OF SAGINAW FOR AN EMPLOYER, GO TO PAGE 2 AND USE THE NONRESIDENT WAGE ALLOCATION.

INCOME		From Federal Return	Not Subject to Tax	Subject to Tax
1	Wages, salaries, tips, bonuses, sick pay, retirement buyouts, etc.	1		00
2	Taxable Interest and Ordinary Dividends. (RESIDENTS & PART-YEAR RESIDENTS ONLY)	2		00
3	Alimony received.	3		00
4	Business income. (Attach copy of federal Schedule C)	4		00
5	Capital gains or losses. (Attach copy of federal Schedule D)	5		00
6	Other gains or losses. (Attach copy of federal Form 4797)	6		00
7	Taxable IRA distributions. (Attach copy of Form 1099-R)	7		00
8	Taxable pension distributions. (Attach copy of Form 1099-R)	8		00
9	Rental real estate, royalties, partnerships, trusts, etc. (Attach copy of federal Schedule E)	9		00
10	Subchapter S Corp distributions/dividends (Attach copy of federal Schedule K-1) Residents Only.	10	NOT APPLICABLE	00
11	Farm income or (loss). (Attach copy of federal Schedule F)	11		00
12	Military pay <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/>	12	NOT TAXABLE	NOT TAXABLE 00
13	Social security benefits.	13	NOT TAXABLE	NOT TAXABLE 00
14	Other income. List type and amount. Type Amount \$	14		00
15	Total income. Add lines 1 through 14.	15		00

ATTACH COPY OF FEDERAL RETURN TO THE BACK OF THIS RETURN

ATTACH W-2's AND FORMS HERE

DEDUCTIONS See instructions. Deductions must be allocated on the same basis as related income.

16	Individual Retirement Account deduction. (Attach copy of page 1 of federal return)	16		00
17	Self Employed SEP, SIMPLE and qualified plans. (Attach copy of page 1 of federal return)	17		00
18	Employee business expenses. (See instructions and attach copy of federal Form 2106)	18		00
19	Moving expenses. (Into Taxing area only) (Attach copy of federal Form 3903)	19		00
20	Penalty on early withdrawal of savings. (Attach copy of page 1 of federal return)	20		00
21	Alimony paid. DO NOT INCLUDE CHILD SUPPORT (Attach copy of page 1 of federal return)	21		00
22	Renaissance Zone deduction. (ATTACH ORIGINAL CERTIFICATE)	22		00
23	Total deductions. Add lines 16 through 22	23		00
24	Total income after deductions. Subtract line 23 from line 15	24		00
25	Amount for exemptions. (Number of exemptions, ____ x \$750) MUST COMPLETE EXEMPTION SCHEDULE ON PAGE 2	25		00
26	Total income subject to tax. Subtract line 25 from line 24	26		00
27	Tax at (MULTIPLY LINE 26 BY .015 (Resident) .0075 (Non-Resident) % (Partial Resident-from table)	27		00

ATTACH CHECK OR MONEY ORDER HERE

PAYMENTS AND CREDITS (If line 27 exceeds \$100 see instructions for making estimated tax payments)

28	Tax withheld by your employer (ATTACH 2008 W-2 FORMS showing Saginaw Tax Withheld)	28		00
29	Payments on 2008 Declaration of Estimated Income Tax payments with an extension and credits forward from 2007	29		00
30	Credit for tax paid to another city and for tax paid by a partnership. (ATTACH COPY OF OTHER CITY'S RETURN)	30		00
31	Total payments and credits. Add lines 28 through 30	31		00
32	If tax (line 27) is larger than payments (line 31) you owe tax. ENTER TAX DUE AND PAY WITH RETURN. Enclose check or money order payable to the Saginaw City Treasurer. Or pay with an electronic funds withdrawal; mark Pay Tax Due box on line 37	32		00
33	If payments (line 31) is larger than tax (line 27) ENTER OVERPAYMENT.	33		00
34	Overpayment to be HELD and APPLIED TO YOUR 2009 ESTIMATED TAX.	34		00 CREDIT TO 2009
35	FIREWORKS DONATION: PLEASE DONATE \$1.00 OR MORE FOR THE ANNUAL FIREWORKS	35	-	00 DONATION
36	Overpayment refund. For direct deposit mark Refund box on line 37	36		00 REFUND
37	Mark one: <input type="checkbox"/> Refund - Direct Deposit <input type="checkbox"/> Pay Tax Due - Electronic funds withdrawal			
a. Routing number		C. Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
b. Account number				

MAIL PAYMENTS TO: INCOME TAX OFFICE
PO BOX 5081
SAGINAW, MI 48605-5081

MAIL REFUND & ZERO RETURNS TO: INCOME TAX OFFICE
1315 S WASHINGTON
SAGINAW, MI 48601