

IMPORTANT

Complete the following

DID YOU FILE A 2007 HAMTRAMCK RETURN?

Yes No If No, Explain

IF YES, IS THE NAME(S), FILING STATUS AND ADDRESS IDENTICAL TO PREVIOUS YEAR RETURN?

Yes No If No, State Prior Information And Date of Change

Your Occupation

Spouse's Occupation

City of Hamtramck Income Tax 2008 INDIVIDUAL RETURN – NON-RESIDENT

YOUR SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER
First Name(s) and Middle Name Last Name
(Street or Rural Route) Do Not Use P.O. Box
City, Town or Post Office State Postal Zip Code
Spouse filing a separate return social security number
Enter the name and address on your return for 2007
If none filed, give reason.

Do Not Write In This Space
Due Taxpayer
Due City
AUDITOR USE ONLY

Exemptions

(See Instructions)

- YOURSELF (Your Birth Date) 65 & OVER
SPOUSE (Spouse's Birth Date) 65 & OVER
Blind Deaf Disabled (Permanent Disability Requires Doctor's Statement be Attached)
Blind Deaf Disabled

No. of boxes checked
No. of children who lived with you
No. of children who didn't live with you due to a divorce or separation*
No. of other dependents
Add numbers entered in boxes above

Table with 5 columns: Dependents Name, Social Security Number, Year of Birth, Relationship, No. of months in your home

If more than four dependents, use attachment.

*Attach copy of the agreement if child did not live with you but is claimed as your dependent.

a. Total number of exemptions claimed - Enter on Line 10

INCOME (If joint return, include all income of both husband and wife)

1. Enter GROSS income from employers for wages, salaries, commissions, tips, etc. Employer's Name Actual work location

Table with 2 columns: Hamtramck Income Tax Withheld, Wages, Etc. Earned in Hamtramck

Attach Copy of Form W-2

Attach Check or Money Order Here

Main income table with 12 rows and 2 columns for tax amounts

PAYMENTS AND CREDITS

Table for payments and credits with 3 rows and 2 columns for tax amounts

I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct and complete.

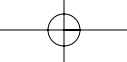
SIGN HERE

Sign here Taxpayer's signature and date (Signature of preparer other than taxpayer) (Date)
Sign here (Spouse's signature and date) (If joint return, BOTH HUSBAND AND WIFE MUST SIGN) (Address)

MAILING INSTRUCTIONS

MAIL TO:

CITY OF HAMTRAMCK – INCOME TAX DEPARTMENT
3401 EVALINE STREET - HAMTRAMCK, MICHIGAN 48212
– RETURNS MUST BE FILED BY – APRIL 30, 2009 –



SCHEDULE N

COMPUTATION OF THE AMOUNT TO BE ENTERED IN THE "WAGES, ETC. EARNED IN HAMTRAMCK" COLUMN

THIS SCHEDULE IS TO BE FILLED IN BY "NONRESIDENTS" WHO PERFORM "PART" OF THEIR SERVICES IN HAMTRAMCK

USE A SEPARATE SCHEDULE N FOR EACH W-2

1. Actual number of days worked – everywhere (do not include weekends off, vacations, sick days, etc.) days
2. Actual number of days worked in Hamtramck days
3. Percentage of days worked in Hamtramck (line 2 divided by line 1) %
4. Total wages shown on W-2 \$
5. Wages earned in Hamtramck (line 4 multiplied by percentage of line 3) – enter here and in column headed "WAGES, ETC. EARNED IN HAMTRAMCK" line 1, page 1 \$

DEDUCTIONS ALLOWED

You must attach a copy of your Federal form to support entries on lines A thru C

31. If you worked only in Hamtramck put nothing in Column 1 or Column II. Enter full Federal amount in Column III. See instructions.

ATTACH PROOF OF PAYMENT

- a. I.R.A. deduction as allowed on Federal 1040..... a
- b Other..... b
- c Other..... c

	COLUMN I FEDERAL AMOUNT	COLUMN 2 HAMT. PERC	DEDUCTIBLE AMOUNT COL. 1 X COL. 2
a			
b			
c			
TOTAL DEDUCTIONS - ADD LINES a. THROUGH c. - ENTER HERE AND LINE 8 PAGE 1.....			

SCHEDULE C – PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

YOU MUST ATTACH A COPY OF THE SCHEDULE "C" FILED WITH YOUR FEDERAL INCOME TAX

Attach a separate schedule for each business.

1. Net profit (or loss) from business or profession per federal Schedule C attached \$
2. Apportionment from Schedule D below, line 5 – if all business was conducted in Hamtramck enter 100% of line 4 and DO NOT fill in Schedule D.....
3. Apportioned income (multiply line 1 by line 2) %
4. Less applicable portion of net operating loss carryover.....
5. Less: Applicable portion of Self-Employment Retirement Deduction (attach federal schedule)
6. TOTAL – enter here and on page 1, line 6 \$

SCHEDULE D

In case of a taxpayer authorized by the Income Tax Director to use one of the special formulae, attach a copy of the approval letter.

	LOCATED EVERYWHERE 1	LOCATED IN HAMTRAMCK 2	PERCENTAGE #2 ÷ 1
1. Average net book value of real and tangible personal property.....	\$.....	\$.....	
a. Gross annual rent paid for real property multiplied by 8			%
b. TOTAL (add lines 1 and 1a)			
2. Total wages, salaries, commissions and other compensation of all employees			%
3. Gross receipts from sales made or services rendered.....			%
4. Total – add lines 1b, 2 and 3 (you must compute a percentage for each line.....)			%
5. Average – enter here and on Schedule C, line 2.....			%

*In determining the average, line 4 shall be divided by 3. However, if a factor does not exist, the sum of the percentages shall be divided by the number of dollars actually used.