

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 - RESIDENT

YOUR SOCIAL SECURITY NUMBER _____ **SPOUSE'S SOCIAL SECURITY NUMBER** _____

First Name(s) and Middle Name _____ Last Name _____

(Street or Rural Route **Address**) _____ P.O. Box _____

City, Town or Post Office _____ State _____ Postal Zip Code _____

Do Not Write in This Space

Due Taxpayer _____

Due City _____

AUDITOR USE ONLY

Spouse filing a separate return social security number _____

Enter the name and address used on your return for 2007 _____

If none filed, give reason _____

Exemptions

(See Instructions)

(Your Birthdate) _____ (Spouses Birthdate) _____

YOURSELF 65 & Over SPOUSE 65 & Over

Blind Deaf Disabled Blind Deaf Disabled

(Permanent Disability Requires Doctor's Statement be Attached)

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

Dependents Name (first, initial, and last name)	Social Security Number	Year of Birth	Relationship	No. of months in your home

If more than four dependents, use attachment.

* Attach copy of agreement if child did not live with you but is claimed as your dependent.
a Total number of exemptions claimed - Enter on line 10 _____

b If during 2008 you had income subject to the Hamtramck 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 2008 you were a Hamtramck resident.

c PART YEAR RESIDENT FROM _____ TO: _____ FORMER ADDRESS: _____

INCOME

1. Enter gross wages, salaries, commission, tips, sick pay, etc. Include all wages etc. earned both inside and outside of Hamtramck. Part year residents include all wages etc. earned during residency.

EMPLOYER'S NAME LOCATION OF ACTUAL WORK STATION Hamtramck Income Tax Withheld WAGES ETC.

			00		00
			00		00
			00		00
2. Totals	ENTER TOTALS	2a	00	2b	00
3. Total Interest and Dividend income from federal form 1040 and 1040A		3			
4. LESS: interest on obligations of the United States or subordinate units (PART YEAR RESIDENTS INCLUDE ONLY INTEREST RECEIVED DURING PERIOD OF RESIDENCY)		4			
5. SUBTRACT line 4 from line 3		5			00
6. Income or loss from business, sales, rentals, partnerships, capital gains and state lottery winnings, etc. from page 2, line 23		6			00
7. TOTAL - ADD LINES 2 b through 6		7			00
8. LESS DEDUCTIONS - From page 2 part V line 25 ENTER HERE		8			00
9. TOTAL - SUBTRACT Line 8 from line 7		9			00
10. LESS: Amount for exemptions - Enter number of exemptions from a () X \$600.00		10			00
11. TOTAL - income subject to tax - SUBTRACT line 10 from line 9		11			00
12. CITY OF HAMTRAMCK TAX: Multiply Line 11 by .01 (1%) or Schedule L		12			00

ATTACH COPY OF FORM W-2

PAYMENTS AND CREDITS

13. a. Tax withheld by employers from line 2 above - Attach	13a	00		
b. Payments and credits on 2008 Declaration of Estimated Hamtramck Income Tax	b	00		
c. Other credits - EXPLAIN IN ATTACHED STATEMENT	c	00		
TOTAL - Add lines 13 a, b, and c	13			00

ATTACH CHECK OR MONEY ORDER

14. If your payments (line 13) are larger than your tax (line 12) enter OVERPAYMENT (Amounts Under \$1.00 not refunded or credited.)

Amount on line 14 is to be: Credited on 2009 estimated tax Refunded Donation

14 00

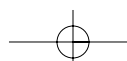
15. **TAX DUE** Amounts due and not paid by April 30, 2009 are subject to interest and penalty. If your tax (line 12) is larger than your payments (line 13) enter AMOUNT YOU OWE **Pay in full with this return.**

15 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 a taxpayer, his declaration is based on all information of which he has any knowledge.

Sign here _____ (TAXPAYER'S SIGNATURE AND DATE) (IF JOINT RETURN, BOTH HUSBAND AND WIFE MUST SIGN) _____ (SIGNATURE OF PREPARER OTHER THAN TAXPAYER) (DATE)

Sign here _____ (SPOUSE'S SIGNATURE AND DATE) _____ (ADDRESS)



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.

(See instructions for line 6 page 1)

PART I

PROFIT FOR LOSS FROM BUSINESS OR PROFESSION – (you are not qualified to use lines 16 and 17 below unless you filed a Schedule C with your federal return)

- 16. Net profit (or loss) from business or profession – **ATTACH COPY OF FEDERAL SCHEDULE C**16 _____
- 17. LESS: Applicable portion of net operating loss carryover17 _____
- 18. LESS: KEOGH RETIREMENT PLAN DEDUCTION.....18 _____
- 19. TOTAL – Combine lines 16, 17 and 18.....19 _____

PART II

SALES AND EXCHANGES OF PROPERTY

- 20a. Net income (or loss) from the sale or exchange of property per your federal form20a _____
ATTACH COPY OF YOUR FEDERAL SCHEDULE D AND FEDERAL FORM 4797 (IF APPLICABLE)
- 20b. Portion of gain (or loss) on line 20a which occurred after Oct. 1, 1962.....20b _____

PART III

RENTS AND ROYALTIES

- 21. Net income (or loss) from rents and royalties. **ATTACH COPY OF YOUR FEDERAL SCHEDULE**21 _____

PART IV

OTHER INCOME

22. Other income (or loss) from partnerships, estates, trusts, alimony received, distribution from profit sharing plans, distributions from I.R.A.'s, capital gains and state lottery winnings, etc. **ATTACH COPIES OF ALL APPLICABLE FEDERAL SCHEDULES FOR ALL TAXABLE INCOME**

Received from	Kind of Income	Federal Identification Number	
a. _____			a. _____
b. _____			b. _____
c. _____			c. _____
TOTAL of a, b, and c			22 _____
23. TOTAL of lines 19, 20b, 21 and 22 – ENTER HERE AND ON PAGE 1 LINE 6			23 _____

PART V

DEDUCTIONS ALLOWED

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

- 24. SEE INSTRUCTIONS
 - A. IRA (as allowed on Federal 1040).....a
 - b. Other (explain).....b
- 25. Total Adjustments of a and b (enter on page 1, Line 8).....25

TELEPHONE Home: _____ Work: _____

MAILING ADDRESS:

**CITY OF HAMTRAMCK– INCOME TAX DEPARTMENT
3401 EVALINE ST. - HAMTRAMCK, MI 48212
– RETURNS MUST BE FILED BY – APRIL 30, 2009**