

For calendar year 2002 or tax year beginning:

and ending:

Name, Federal employer identification number FEIN, Address line 1, Address line 2 (if needed), City or town, state, and ZIP code, Number of Port Huron locations included in this return, Nature of business, Person in charge of records, Telephone number

Table with 2 columns: Description (1a-10, PAYMENTS AND BALANCE DUE OR REFUND 11-16) and Amount. Includes taxable income calculations and tax payments.

Date and where incorporated

Name and address of resident agent in Michigan

Is this a consolidation return? YES [ ] NO [ ] If yes, in an attached statement list the names and addresses of the corporations included in the return showing the percentage owned of the voting stock in each corporation

If 50% or more of the voting stock in this corporation is owned by an corporation, individual, trust, partnership or other entity, in an attached statement list the name, address and percentage owned by the entity.

I declare, under penalty of perjury, that the information in this return and attachments is true and complete to the best of my knowledge.

I declare under penalty of perjury, that this return is based on all information of which I have knowledge.

Signature of officer, Title, Date

Preparer's name, address and ID number, Date

Make checks payable to: Treasurer, City of Port Huron

Mail to: Income Tax Division 100 McMorran Blvd. Port Huron, MI 48060

Preparer's signature, Date

