

For calendar year 2006 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, adjustments, and tax due.

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, Date

Title

Preparer's name, address and ID number

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

X

SCHEDULE C - SEPARATE ACCOUNTING METHOD You must have prior approval to use this method

INCOME

- 1 Gross receipts or sales _____
- 2 Less: returns and allowances _____
- 3 Net receipts or sales _____
- COST OF GOODS SOLD**
- 4 Inventory at beginning of year _____
- 5 Purchases _____
- 6 Cost of labor _____
- 7 Other costs (attach schedule) _____
- 8 Total. Add lines 4 through 7 _____
- 9 Inventory at end of year. _____
- 10 **Cost of goods sold.** Line 8 minus line 9 _____
- 11 Gross profit. Line 3 minus line 10 _____
- 12 Dividends _____
- 13 Interest _____
- 14 Gross rents and royalties _____
- 15 Capital gain net income _____
- 16 Net gain or (loss) from form 4797 _____
- 17 Other income (attach schedule) _____
- 18 **Total income.** Add lines 11 through 17 _____

DEDUCTIONS

- 19 Compensation of officers _____
- 20 Salaries and wages _____
- 21 Repairs and maintenance _____
- 22 Bad debts _____
- 23 Rents _____
- 24 Taxes and licenses _____
- 25 Interest _____
- 26 Charitable contributions _____
- 27 Depreciation (net) _____
- 28 Other deductions (attach schedule) _____
- 29 **Total deductions.** _____
Add lines 19 through 28
- 30 **Taxable income.** _____
Subtract line 29 from line 18
Enter on page 1, line 1b

SCHEDULE D - BUSINESS ALLOCATION FORMULA

- 1a Average net book value of real and tangible personal property _____
- 1b Gross rentals of real property multiplied by 8 _____
- 1c Total - line 1a plus line 1b _____
- 2 Total wages, salaries, commissions and other compensation paid to all employees _____
- 3 Gross receipts from sales made or services rendered _____
- 4 Total of all percentages - add the percentages computed on lines 1c, 2 and 3 _____
- 5 Average percentage - divide line 4 by three* - Enter here and on page 1, line 6 _____

I Located everywhere	II Located in the city	III Percentage in the city II ÷ I
		%
		%
		%
		%
		%

*In determining the average percentage, if a factor does not exist, you must divide line 4 by the number of factors used

If you are authorized to use a special formula, give the date of your approval letter _____ and attach a schedule detailing the calculation

SCHEDULE E - ADJUSTMENTS

Use schedule E to adjust your taxable income (page 1, line 1) for amounts not deductible or taxable and for allowable deductions on the city return.

COLUMN I

ADD: items not deductible

- 1 Port Huron income tax paid or accrued _____
- 2 Other (attach schedule) _____
-
-
-
-
-
-
- 3 Total. Enter on page 1, line 3 _____

COLUMN II

DEDUCT: Items not taxable and allowable deductions

- 4 Dividends received deduction _____
- 5 Interest from governmental obligations _____
- 6 Foreign tax deduction _____
- 7 Other (attach schedule) _____
-
-
-
-
- 8 Total. Enter on page 1, line 4 _____