

For calendar year 2009 or tax year beginning: _____, and ending: _____

Name _____ Address line 1 _____ Address line 2 (if needed) _____ City or town, state, and ZIP code _____	Federal employer identification number FEIN _____ <input type="checkbox"/> Partnership is filing an informational return, or <input type="checkbox"/> Partnership elects to pay the tax on behalf of its partners. You must pay the tax for all of the partners. Number of employees on December 31 _____ Number of partners _____
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City of Port Huron resident?
YES NO

NAME AND ADDRESS OF EACH PARTNER	SOCIAL SECURITY NUMBER (FEIN)	YES	NO
A -----			
B -----			
C -----			
D -----			
E -----			

TAX PAYMENT BY THE PARTNERSHIP If you are filing an informational return, disregard this section

Column 1 Adjusted Partnership Income (from page 2, sch. C, column 6)	Column 2 Allowable Individual Deductions (see instructions)	Column 3 Exemption Credit (see instructions)	Column 4 Taxable Income (column 1 minus columns 2 and 3)	Column 5 Tax - multiply col. 4 by: 1% for residents and corporations, ½% for nonresidents	Column 6 Credits (see instructions)	Column 7 Balance of Tax Payable (see Instructions)
A						
B						
C						
D						
E						
Totals						

PAYMENTS AND BALANCE DUE OR REFUND

1 Estimated tax payments, extension payments and amounts carried forward from last year	1	
2 Other credits - explain and support the amount claimed	2	
3 Total payments and credits. Add lines 1 and 2	3	
4 If the total of Column 5 (above) is more than line 3, subtract line 3 from the total. This is your TAX DUE	4	
5 If line 3 is more than the total of column 5 (above), subtract the total from line 3. This is your overpayment	5	
6 Amount of line 5 you want: Credited to 2010 estimated taxes ➤ _____ Refunded ➤ _____	6	

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 general partner of limited liability company member _____ Date _____

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 A - ALLOCABLE PARTNERSHIP INCOME

1	Ordinary income (loss) from trade or business activities. From federal Form 1065, line 22	_____
2	Guaranteed payments to partners deducted on federal Form 1065	_____
3	City of Port Huron income tax that was deducted in determining taxable income of federal Form 1065	_____
4	Total. Add lines 1 through 3	_____
5	Non-business included in line 1 above. From schedule B, column 1, line 3 below	_____
6	Total ordinary income for the city. Subtract line 5 from line 4. Distribute income to partners in Schedule C below	_____

SCHEDULE B - OTHER INCOME AND EXCLUSIONS

	Column 1 Total Other Income	Column 2 Resident Partners Share of Col. 1	Column 3 Resident Partners Exclusions	Column 4 Nonresident Partners Share of Col. 1	Column 5 Nonresident Partners Exclusions
1	Income (loss) from other partnerships, estates, trusts from federal Form 1065, page 1, line 4				
2	Other non-allocable income (attach schedule)				
3	Total - Line 1 plus line 2. To schedule A line 5				
4	Net income from rental real estate (sch. K, line 2)				
5	Net income from other rental activities (sch. K, ln. 3c)				
6	Interest income (schedule K, line 5)				
7	Dividend income (schedule K, line 6a)				
8	Royalty income (schedule K, line 7)				
9	Net short-term capital gain (loss) - sch. K line 8				
10	Net long-term capital gain (loss) - sch. K line 9a				
11	Net section 1231 gain (loss) - sch. K, line 10				
12	Other income (loss) - schedule K, line 11				
13	Totals - add lines 1, 2 and 4 through 12.				

Note: All partners exclude income from government obligations, and the portion of gains or losses occurring before January 1, 1969. In addition, nonresident partners exclude interest, dividends and income from activities outside the City of Port Huron.

SCHEDULE C - DISTRIBUTION TO PARTNERS

	Column 1 Allocable Income (schedule A, line 6)	Column 2 Allocation % nonresidents only (100% for residents)	Column 3 Allocated Income column 1 x column 2	Column 4 Resident Partners Other Income (sch. B, col. 2 - col. 3)	Column 5 Nonresident Partners Other Income (sch B, col. 4 - col. 5)	Column 6 Adjusted Partnership Income (add columns 3, 4 & 5)
A						
B						
C						
D						
E						
Totals						

SCHEDULE D - BUSINESS ALLOCATION FORMULA

Used by nonresident partners only

	I Located everywhere	II Located in the city	III Percentage in the city II ÷ I
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 for nonresident partners in schedule C, column 2		%

*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