

PH-1040X

Revised 12/09

CITY OF PORT HURON
AMENDED INDIVIDUAL INCOME TAX RETURN

TAX YEAR being amended:



Form with fields for: Your first name and initial, Last name, Your social security number, Spouse's social security number, Home address, Apartment number, City, town or post office, state and ZIP code, and Is this the same name and address as your original return?

RESIDENCY STATUS section with checkboxes for Resident, Nonresident, Partial Resident and fields for FROM: and TO: dates.

FILING STATUS section with checkboxes for Single, Married filing joint return, Married filing separate return and a note about filing after the due date.

Table with columns: AMOUNT OF TAX, A. On Original Return, B. Net Change Increase or (Decrease), C. Correct Amount. Rows include Total income, Exemption credit, Taxable income, Tax, Total Port Huron tax withheld, Estimated tax payments, Other credits, Amount paid with original return, Total payments and credits, Refund, and PAY BALANCE DUE/ OVERPAYMENT.

Be sure to complete the back of the return

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

Signature fields for You and Spouse with X marks and Date fields.

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

Preparer's name, address and ID number, Preparer's signature, and Date fields.

Make checks payable to: Treasurer, City of Port Huron. If paying in person, pay at the City Treasurer's Office

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

PART I - Exemptions Complete this section if you are changing the number of exemptions claimed. Show the CORRECT information below.

Check all boxes that apply:

	extra exemptions if:					extra exemptions if:			
	65 or older	blind	deaf	disabled		65 or older	blind	deaf	disabled
You:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dependents

First name	Last name	Social security number	Relationship to you

Number of exemptions claimed on your original return: _____

Number of exemptions claimed on this return: _____

Difference: _____

PART II - Explanation of Changes Explain why this return is being amended below.