

This return is due April 30, 2015

Residency Status SEE INSTRUCTIONS
[ ] RESIDENT
[ ] NONRESIDENT
[ ] PARTIAL RESIDENT
Your first name and initial, Last name, Your social security number, Spouse's social security number, Home address, City, town or post office, state and ZIP code, Did you file a 2013 Port Huron return?, If yes, is the name(s), filing status and address the same as last year?, If no, explain and give date of change, From: to: former address: PRESENT EMPLOYER(S)

EXEMPTIONS (see instructions)

Regular 65 or Older Blind Deaf Disabled
You: [ ] Additional exemptions if you or your spouse are: [ ]
Spouse: [ ]
Dependents table with columns: First name, Last name, Social security number, Relationship to you

Number of boxes checked [ ]
Note: claim an exemption even if you are a dependent on another return
Number of dependents you claim on your federal return (list to the left) [ ]
Total number of exemptions (add the numbers entered in the boxes above) [ ]

ATTACH W-2's HERE

Table with 5 columns: Line number, Description, Column I Amounts from your Federal Return, Column II Exclusions, Column III Column I minus Column II Income subject to tax. Rows include Wages, salaries, tips, etc.; Interest income; Dividend income; Business income; Capital gain or (loss); Supplemental income; Other income; Adjustments; Total income; Exemption Credit; TAXABLE INCOME; TAX; Port Huron tax withheld; 2014 estimated tax payments; Credit for tax paid; Total payments and credits; BALANCE DUE; Overpayment; Amount of line 19 to be applied to your 2015 estimated taxes or REFUNDED.

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

Your signature X Date
Spouse's signature - if a joint return BOTH MUST SIGN X Date

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 X Date

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

**SCHEDULE A - EXCLUDABLE WAGES**

1. Wages earned partly outside of Port Huron - NONRESIDENTS ONLY
  - A. Total number of days you worked for this employer during the year (EXCLUDE vacation and sick days) \_\_\_\_\_ days
  - B. Actual number of days during the year you worked for this employer inside of the city \_\_\_\_\_ days
  - C. Number of days you worked outside the city FOR THIS employer during the year - **List location below** \_\_\_\_\_ days
  - D. Percentage of days you worked outside the city for this employer (divide line C by line A) \_\_\_\_\_ %
  - E. Wages you earned from this job during the year (from your W-2) - **List location outside the city below** \$ \_\_\_\_\_
  - F. Excludable wages from this job (multiply line E by line D) \$ \_\_\_\_\_
2. Wages earned by a NONRESIDENT entirely outside the city, but included on the return (line 1, column I) - List location below \$ \_\_\_\_\_
3. Military pay - Excludable by both residents and nonresidents \$ \_\_\_\_\_
4. TOTAL EXCLUDABLE WAGES (add line 1F, 2, 3) - Enter the total here and on the front of the return (line 1, column II) \$ \_\_\_\_\_

List the specific location you worked outside of the city ➤

**SCHEDULE B - BUSINESS INCOME EXCLUSIONS**

1. Taxable income for the year \$ \_\_\_\_\_
2. Additions (Note: add back Port Huron income tax deducted from income) - List: \_\_\_\_\_ \$ \_\_\_\_\_
3. Subtractions - List: \_\_\_\_\_ \$ \_\_\_\_\_
4. Allocable income - line 1 plus line 2, minus line 3 \$ \_\_\_\_\_
5. Allocation percentage (from schedule below) - If all business was conducted in the city enter 100%, RESIDENTS ENTER 100% \_\_\_\_\_ %
6. Taxable income - multiply line 4 by line 5, enter the result here \$ \_\_\_\_\_
7. Excludable income - line 4 minus line 6 \$ \_\_\_\_\_

**BUSINESS ALLOCATION FORMULA - NONRESIDENTS ONLY**

- Aa. Average net book value of real and tangible personal property
- Ab. Gross rentals of real property multiplied by 8
- Ac. Total - line Aa plus line Ab
- B. Total wages salaries, commissions and other compensation paid to all employees
- C. Gross receipts from sales made or services rendered
- D. Total of all percentages - add the percentages computed on lines Ac, B and C
- E. Average percentage - divide line D by three\* - Enter here and on line 5 above

I Located everywhere	II Located in the city	III Percentage in the city
		<b>II ÷ I</b>
		%
		%
		%
		%
		%

\* Note: in determining the average percentage, if a factor does not exist, you must divide line D by the number of factors used  
 Note: If you are authorized to use a special formula, give the date of the administrator's approval letter and attach a schedule detailing the calculation

**SCHEDULE C - OTHER EXCLUSIONS** (Exclude in column II if shown on the front of the return)

- |   |  |
|---|--|
| 1. Interest income from federal, state, or municipal obligations \$ _____ | 4. Taxable social security benefits \$ _____                   |
| 2. Unemployment compensation \$ _____                                     | 5. State and local refunds included in taxable income \$ _____ |
| 3. Pensions and annuities \$ _____  | 6. Other - describe _____ \$ _____                             |

RESIDENTS: The city compares the total income reported on your city return to the income reported on your state return. Provide information in this section that explains any difference between the first line of your state return (adjusted gross income) and the total income reported on this return.

**SCHEDULE D - ADJUSTMENTS** (Explain adjustments claimed)

1. Moving expenses (into the taxing area only) - Attach federal form 3903 \$ \_\_\_\_\_
2. Employee business expenses SEE INSTRUCTIONS - Attach federal form 2106 \$ \_\_\_\_\_
3. Alimony paid - child support is NOT deductible \$ \_\_\_\_\_
4. Deductible I.R.A. contributions - YOU MUST ATTACH A RECEIPT for any contribution claimed \$ \_\_\_\_\_
5. Other - attach documentation and describe: \_\_\_\_\_ \$ \_\_\_\_\_
6. Other - attach documentation and describe: \_\_\_\_\_ \$ \_\_\_\_\_

Note: Nonresidents must prorate income based on the amount of income subject to tax - see instructions

List employers who paid you wages and DID NOT WITHHOLD CITY TAX (list only if you did not attach a copy of your W-2 from the employer)

Employer's name	Work location	Wages
		\$
		\$
		\$
		\$