

PH-1040X

Revised 12/16

CITY OF PORT HURON AMENDED INDIVIDUAL INCOME TAX RETURN

TAX YEAR being amended:



Your first name and initial	Last name	Your social security number
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street or PO Box)	Apartment number	Is this the same name and address as your original return? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, town or post office, state and ZIP code		

RESIDENCY STATUS

	Resident	Nonresident	Partial Resident	If a PARTIAL RESIDENT, enter the dates you lived in the city:
On original return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FROM: _____ TO: _____
On this return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FROM: _____ TO: _____

FILING STATUS

	Single	Married filing joint return	Married filing separate return	
On original return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note: you cannot change from joint to separate returns after the due date for filing has passed
On this return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	A. On Original Return	B. Net Change Increase or (Decrease)	C. Correct Amount
AMOUNT OF TAX			
1. Total income	1		
2. Exemption credit. If changing, fill out part I on the back	2		
3. Taxable income. Subtract line 2 from line 1. If less than zero, enter -0-	3		
4. Tax. Residents 1% (.01), nonresidents 1/2 of 1% (.005), or Schedule L	4		
PAYMENTS			
5. Total Port Huron tax withheld	5		
6. Estimated tax payments and amounts carried forward from last year	6		
7. Other credits	7		
8. Amount paid with your original return plus any additional tax paid after it was filed			8
9. Total payments and credits. Add lines 5 through 8 in column C			9
REFUND OR BALANCE DUE			
10. Refund, if any, shown on your original return			10
11. Subtract line 10 from line 9, this is the net tax you paid to the city			11
12. If line 4 is more than line 11, subtract line 11 from line 4. This is your tax due PAY BALANCE DUE			12
13. If line 11 is more than line 4, subtract line 4 from line 11. This is the amount you overpaid OVERPAYMENT			13

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.

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

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

Preparer's name, address and ID number

Preparer's signature _____ Date _____

X

Make checks payable to: 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.