D-1040(NR)

City of Detroit Income Tax Individual Return — Non-Resident

2014

*	1	0	1	1	2	0	1	4	*

Social	Security Number	Spouse's Social Security Check here if this							
				return is for	a	* 1 0 1 1 2	0 1 4 *		
First N	Name	MI	Last Name	deceased ta	axpayer				
Spouse's First Name MI Spouse's Last Name									
Home	Address (Number and Street or Rural I	Route)							
City o	r Town		State	e Zip Cod	le	_			
				2.000					
A. F		EXEMPTIONS:	OVED DUND	DEAE DIGARI		er of Dependent Childre	en 📗		
Ļ	Single or Married Filing Separately	REGULAR 65 C. YOURSELF	or OVER BLIND	DEAF DISABL		er of Other Dependents			
L	Married Filing Jointly	C. TOURSELI				nes and Social Security s on separate page)			
В.	Check if you can be claimed as a dependent on another person's tax return.	D. SPOUSE	<u> </u>	·		Number of Exemption S C, D, E and F.	ns 🕨		
	tructions	as a result of a federal audit?	J. If Yes, enter	the federal determ	ination date				
	INCOME AND	ADJUSTMENTS ——			Dollars		Cents —		
	Total Detroit Income from W-2 wages (work location:	(page 2, Schedule N line 5))	1			0 0		
	Other Income (or losses) (from page 2	2, Schedule J, line 5) ·····		2			0 0		
3 .	Subtotal (add lines 1 and 2)			• 3			0 0		
Horm 4.	Deductions from Income (from page 2	2, Schedule M, line 5) ·······		······ • 4			0 0		
5.	Subtotal (line 3 less line 4)			5			.00		
6.	Exemption amount (multiply the total r	number of exemptions from	line G by \$600.00	0) • 6			.00		
5 7.	Net Income (line 5 less line 6)			7			.00		
8.	8. Renaissance Zone Deduction (attach Renaissance Zone Approval Letter)						.00		
9.	Total Income Subject to Tax (line 7 les	ss line 8)		9			.00		
	Tax (multiply line 9 by .0120 (1.20%)	S AND CREDITS ——		10			.00		
H 11.				······ <u>11</u>			0 0		
12.	2014 estimated payments, credits and	d other payments (see instru	uctions)	12			.00		
13.	Detroit tax paid for you by a partnersh	nip (attach separate schedule	e)	····· 13			.00		
13.	Total payments and credits (add lines	11 through 13)		14			0 0		
	If line 14 is larger than line 10 enter a			 	1		0 0		
	-			, <u>L</u>			.00		
Ch	,						.00		
2	If line 10 is larger than line 14 enter a			, <u> </u>	J <u> </u>		0 0		
¥ 10.	(make check payable to: Treasurer, Cit	ty of Detroit)	•••••	18			.00		

SCHEDULE N — COMPUTATION OF WAGES EARNED IN DETROIT—DO NOT USE THIS SCHEDULE IF ALL YOUR WORK IS PERFORMED IN DETROIT

If your Detroit allocation is less than 100%, please attach letter from your employer to verify lines 1& 2 of this Schedule and your work log.

(see instructions for definition of "days worked")



	e instructions for definition of "days worked")				* 1	0 1 2	2 0 1 4
			You	ı		Spous	se .
1.	a. Number of days paid (5 day week x 52 weeks = 260 days) (if other than 260 days attach explanation)	1a			1a		
	b. Vacation, holidays, sick, and other days not worked						
	c. Actual number of days worked everywhere (1a minus 1b)						
2.	Actual number of days worked in Detroit	2					
3.	Percentage of days worked in Detroit (line 2 divided by line 1c)	3		%	3		%
	Total wages shown on W-2						00
5.	Wages earned in Detroit (line 4 multiplied by percentage on line 3)	5		00	5		00
This s	Enter total for both columns, page 1 line 1 (If multiple schedules are used the total for all line 5's) schedule applies to Non-Residents only. Where both Husband and Wife have income subject to allocation, figure them	separately. Also	o a separate comput	ation must be ma	nde for each W2	2. (Photocopy this	s schedule if needed).
SC	CHEDULE J — Other Income (or losses)						
	Rental income (or loss) from tangible property in the City of Detroit (attach fed	deral sched	dule)	1			.00
	Net Profit (or loss) from business or profession (Schedule C line 6)		,				
	Income (losses) from DETROIT partnership and other income (attach federal s	schedule)					
4.	Gain (or loss) from sale or exchange of tangible property in the City of Detroit	,	deral schedule				
5.	Total (Add lines 1, 2, 3 and 4, Enter on page 1 line 2)	,					
	, 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Federal	Amount			
SC	CHEDULE M — DEDUCTIONS ALLOWED ON DETROIT RETURN	\$	You	Spous		You	
	must attach copies of your federal forms to support lines 1 through 5. (See Instru		Tou	Spous	, e	Tou	Spouse
1.	Employee Business Expenses (attach federal form 2106 and see instructions)	—	00		00	00	00
2.	Moving Expenses (attach federal form 3903)	—	00		00	00	00
3.	Individual Retirement Account (IRA) (attach federal form 1040, page 1)		00		00	00	00
	Alimony (attach federal form 1040, page 1)				00	00	00
5.	Total Deductions (add lines 1 through 4), enter total for both columns on page 1,	line 4			\$	00	00
	CHEDULE C — PROFIT (OR LOSS) FROM BUSINESS OR PROFESS					le C filed w	vith your
	eral income tax return. Attach a separate schedule for each business.						
	Net profit (or loss) from business or profession per federal Schedule C attach						00
2.	Apportionment percentage from Schedule D below, line 5 — if all business we enter 100% and DO NOT fill in Schedule D	as conduc	ted in Detroit,	2	2.		%
3.	Apportioned income (multiply line 1 by line 2)						.00
	Less: Applicable portion of net operating loss carryover						.00
	Less: Applicable portion of Self-Employment Retirement deduction (attach fe				5		.00
6.	Total: (enter amount on Schedule J above, line 2)			6	S		00
SC	CHEDULE D — INCOME APPORTIONMENT FORMULA:		Located	d Lo	cated in	l Per	rcentage
	INCOME ALL OFFICIALITY FORMOLE.		Everywhe		etroit II	III (II c	divided by I)
1.	Average net book value of real and tangible personal property			00	00)	%
	a. Gross annual rent paid for real property multiplied by 8			00	00)	%
	b. TOTAL (add lines 1 and 1a)			00	00)	%
2.	Total wages, salaries, commissions and other compensation of all employees			00	00)	%
3.					00	າ	%

Under penalty of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

* To determine the average, divide line 4 by 3. However, if a factor does not exist, divide the sum of the percentages by the number of factors actually used. In the case

Signature of preparer other th	an taynayer	Date	Address	ID number	
Spouse's Signature	Date	Occupation	Home Phone	Work Phone	
			()	()	
Taxpayer's Signature	Date	Occupation	Home Phone	Work Phone	
			()	()	

MAILING INSTRUCTIONS: Due Date: This return is due April 30, 2015 or at the end of the fourth month after the close of your tax year.

4. Total (add lines 1b, 2 and 3) you must compute a percentage for each line
5. Average * (enter here and on Schedule C, line 2)

of a taxpayer authorized by the Finance Director to use a special formula, attach a copy of the approval letter.