

SAGINAW

INDIVIDUAL RETURN
DUE April 30, 2008

2007 S-1040

Form section for personal information including name, social security number, and marital status.

Mailing Address and RESIDENCY STATUS section with checkboxes for Resident, Nonresident, and Part-Year Resident.

Table for INCOME with columns for line number, description, amount, and tax status. Includes lines 1-15.

Table for DEDUCTIONS with columns for line number, description, amount, and tax status. Includes lines 16-22.

Table for PAYMENTS AND CREDITS with columns for line number, description, amount, and tax status. Includes lines 23-32.

Table for TAX DUE and REFUND with columns for line number, description, amount, and tax status. Includes lines 33-34.

Form section for electronic payment options, including checkboxes for Electronic Funds Withdrawal and Direct Deposit Refund, and routing/account numbers.

Declaration statement: 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.

Signature lines for TAXPAYER'S SIGNATURE, SPOUSE'S SIGNATURE, and PREPARER'S SIGNATURE with date and phone number fields.

Please check appropriate box. [ ] Yes you may discuss my return with my preparer [ ] Do not discuss my return with my preparer

**ALL TOTALS FROM PAGE 2, GO ON PAGE 1**

<b>EXEMPTIONS SCHEDULE</b>							
You	Date of birth _____	Regular <input type="checkbox"/>	65 & over <input type="checkbox"/>	Blind <input type="checkbox"/>	Box A. Number of boxes checked	Box A	
Spouse	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Box B. Number of dependents (attach copy of Federal return Page 1)	Box B	
<b>DEPENDENTS</b>						Box C. Total Exemptions (Add Box A and Box B) (enter on Page 1, Line 25)	Box C
<b>ATTACH COPY OF FEDERAL RETURN PAGE 1</b>							

<b>SCHEDULE A - NONRESIDENT WAGE ALLOCATION</b>				
<b>IF YOU WERE A RESIDENT AT ANY TIME DURING THE YEAR DO NOT USE THIS SCHEDULE (SEE INSTRUCTIONS)</b>				
Wages earned partially outside the City of Saginaw	Employer#	Employer#	Employer#	Employer#
a. Actual number of days worked during 2007 include vacation, holiday and sick days				
b. Actual number of days worked outside the City of Saginaw				
c. Percentage of days worked outside the City of Saginaw (Line b divided by Line a)	%	%	%	%
d. Wages earned from this job (From W-2)				
e. Non-taxable wages earned outside the City of Saginaw. (Multiply Line d by Line c)				

<b>SCHEDULE B - EXCLUDIBLE INTEREST AND DIVIDEND INCOME (FOR USE BY RESIDENTS ONLY)</b>			
<b>Excludible Interest Income</b>		<b>Excludible Dividend Income</b>	
Interest income from federal return		Dividend income from federal return	
Excludible interest income		Excludible dividend income	
Interest from federal obligations		Dividend from federal obligations	
Interest from Subchapter S corp		Dividends from Subchapter S corp	
Other excludible interest income		Other excludible dividend income	
Total excludible interest income		Total excludible dividend income	
Taxable interest income		Taxable dividend income	

**SCHEDULE C - BUSINESS INCOME, BUSINESS ALLOCATION FORMULA AND PROFIT OR LOSS (Attach Federal Schedule C)**

<b>SCHEDULE D - SALE OR EXCHANGE OF PROPERTY (ATTACH FEDERAL FORM SCHEDULE D)</b>	
1. Portion of gain which occurred before July 1, 1965 (Resident and Non-resident)	
2. Non-resident Sale of Stock	
3. Non-resident Sale of Property located outside City of Saginaw	
TOTAL EXCLUDABLE SALE OR EXCHANGE OF PROPERTY	Enter TOTAL on Page 1, Line 6 or 7 Exclusions

<b>SCHEDULE E - SUPPLEMENTAL INCOME (ATTACH FEDERAL FORM SCHEDULE E)</b>	
1. Rents (Excludable by NON-RESIDENTS only on property located outside the City of Saginaw)	
2. Partnerships (Excludable by NON-RESIDENTS only on partnerships located outside the City of Saginaw)	
3. Other (Identify)	
4. Total Excludable Supplemental Income (Add Lines 1, 2 and 3)	

<b>SCHEDULE F - ADDRESSES.</b>	Enter name and address used on <b>2006</b> return. (If same as 2007 write "SAME". If none filed, please give reason. )
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<b>LIST ALL ADDRESSES WHERE YOU RESIDED IN 2007 (if more than 2 list on separate sheet and attach)</b>					
INDICATE <b>T</b> for taxpayer <b>S</b> for spouse <b>B</b> for both					
		FROM		TO	
T,S, B	ADDRESS	MONTH	DAY	MONTH	DAY

<b>SCHEDULE G - EMPLOYERS. LIST ALL EMPLOYERS DURING 2007 &amp; ACTUAL JOB LOCATION ( if more than 2 list on separate sheet &amp; attach)</b>					
		FROM		TO	
EMPLOYER	GIVE ACTUAL ADDRESS WHERE YOU WORKED	MONTH	DAY	MONTH	DAY

MAKE CHECK/MONEY ORDER PAYABLE TO: SAGINAW CITY TREASURER.  
 MAIL **PAYMENTS** TO: INCOME TAX OFFICE  
 P.O. BOX 5081  
 SAGINAW MI 48605-5081

MAIL **REFUND & ZERO** RETURNS TO:  
 INCOME TAX OFFICE  
 1315 S WASHINGTON  
 SAGINAW MI 48601