

INDIVIDUAL RETURN DUE APRIL 30, 2020

Taxpayer's SSN		Taxpayer's first name Initial Last name		PART-YEAR RESIDENT TAX FORM	
Spouse's SSN		If joint return spouse's first name Initial Last name			
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse		Present home address (Number and street)		Part-year resident - dates of residency (mm/dd/yyyy) From <input type="text"/> To <input type="text"/>	
Enter date of death on page 2, right side of the signature area		Address line 2 (P.O. Box address for mailing use only)		FILING STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here. Spouse's full name if married filing separately <input type="text"/>	
Mark box (X) below if form attached <input type="checkbox"/> Federal Form 1310		City, town or post office State Zip code			
Supporting Notes and Statements (Attachment 22)		Foreign country name Foreign province/county Foreign postal code			

ATTACH COPY OF PAGE 1 OF FEDERAL RETURN	ROUND ALL FIGURES TO NEAREST DOLLAR (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		Column A Federal Return Data	Column B Exclusions/Adjustments	Column C Taxable Income
	1.	Wages, salaries, tips, etc. (W-2 forms must be attached)	1	.00	.00
2.	Taxable interest	2	.00	.00	.00
3.	Ordinary dividends	3	.00	.00	.00
4.	Taxable refunds, credits or offsets of state and local income taxes	4	.00	.00	NOT TAXABLE
5.	Alimony received	5	.00	.00	.00
6.	Business income or (loss) (Attach copy of federal Schedule C)	6	.00	.00	.00
7.	Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. <input type="checkbox"/> Mark if federal Sch. D not required	7	.00	.00	.00
8.	Other gains or (losses) (Attach copy of federal Form 4797)	8	.00	.00	.00
9.	Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9	.00	.00	.00
10.	Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10	.00	.00	.00
11.	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11	.00	.00	.00
12.	Reserved	12			
13.	Farm income or (loss) (Attach copy of federal Schedule F)	13	.00	.00	.00
14.	Unemployment compensation	14	.00	.00	NOT TAXABLE
15.	Social security benefits	15	.00	.00	NOT TAXABLE
16.	Other income (Attach statement listing type and amount)	16	.00	.00	.00
17.	Total additions (Add lines 2 through 16)	17	.00	.00	.00
18.	Total income (Add lines 1 through 16)	18	.00	.00	.00
19.	Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19		.00	.00
20.	Total income after deductions (Subtract line 19 from line 18)	20		.00	.00
21.	Exemptions (Enter the total exemptions, from Form GR-1040, page 2, box 1h, in line 21a and multiply this number by \$600 and enter on line 21b)	21a <input type="text"/>		21b <input type="text"/>	.00
22.	Total income subject to tax (Subtract line 21b from line 20)	22		.00	.00
23.	Tax at {tax rate} (Multiply line 22 by Grand Rapids resident tax rate of 1.5% (0.015) or nonresident tax rate of 0.75% (0.0075) and enter tax on line 23b, or if using Schedule TC to compute tax, mark (X) box 23a and enter tax from Schedule TC, line 23c)	23a <input type="checkbox"/>		23b <input type="text"/>	.00
24.	Payments and credits 24a <input type="text"/> Grand Rapids tax withheld 24b <input type="text"/> Other tax payments (est. extension, or fwd, partnership & tax option corp) 24c <input type="text"/> Credit for tax paid to another city 24d <input type="text"/> Total payments & credits 24d	24a <input type="text"/>	24b <input type="text"/>	24c <input type="text"/>	24d <input type="text"/>
25.	Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a <input type="text"/> Interest 25b <input type="text"/> Penalty 25c <input type="text"/> Total interest & penalty 25c	25a <input type="text"/>	25b <input type="text"/>	25c <input type="text"/>	25c <input type="text"/>
ENCLOSE CHECK OR MONEY ORDER	TAX DUE 26. Amount you owe (Add lines 23b and 25c, and subtract line 24d) MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF GRAND RAPIDS, OR TO PAY WITH A DIRECT WITHDRAWAL, mark (X) pay tax due, line 31b, and complete lines 31c, d & e	26			.00
	OVERPAYMENT 27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)	27			.00
	28. Amount of overpayment donated 28a <input type="text"/> Flags for Veterans graves in GR 28b <input type="text"/> Grand Rapids Childrens Fund 28c <input type="text"/> Total donations 28d <input type="text"/>	28a <input type="text"/>	28b <input type="text"/>	28c <input type="text"/>	28d <input type="text"/>
	29. Amount of overpayment credited forward to 2020	29			.00
	30. Amount of overpayment refunded (Line 27 less lines 28d and 29) (For refund to be directly deposited to your bank account, mark refund box, line 31a, and complete line 31 c, d & e) Refund amount >>	30			.00
31.	Direct deposit refund (Mark (X) box 31a and complete lines 31c, 31d and 31e) 31a <input type="checkbox"/> Refund (direct deposit) 31c Routing number <input type="text"/> Pay tax due (direct withdrawal) 31d Account number <input type="text"/>	31a <input type="checkbox"/>	31c <input type="text"/>	31d <input type="text"/>	
		31e Account Type:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	

Taxpayer's name

Taxpayer's SSN

EXEMPTIONS SCHEDULE

Form with fields for 1a. You, 1b. Spouse, 1d. List Dependents, and 1e-1h. Enter the number of boxes checked on lines 1a and 1b, 1f. Enter number of dependent children listed on line 1d, 1g. Enter number of other dependents listed on line 1d, 1h. Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a)

EXCLUDED WAGES AND TAX WITHHELD SCHEDULE (See instructions. Resident wages generally not excluded)

Table with columns: W-2 #, Col. A T or S, COLUMN B SOCIAL SECURITY NUMBER, COLUMN C EMPLOYER'S ID NUMBER, COLUMN D EXCLUDED WAGES, FAILURE TO ATTACH W-2 FORMS TO PAGE 1 WILL DELAY PROCESSING OF RETURN. WAGE INFORMATION STATEMENTS PRINTED FROM TAX PREPARATION SOFTWARE ARE NOT ACCEPTABLE., COLUMN E GRR TAX WITHHELD, COLUMN F LOCALITY NAME. Includes a warning message in the center.

DEDUCTIONS SCHEDULE (See instructions; deductions allocated on the same basis as related income)

Table with columns: Deduction description, Deductions. Rows include IRA deduction, Self-employed SEP, SIMPLE and qualified plans, Employee business expenses, Moving expenses, Alimony paid, Renaissance Zone deduction, and Total deductions.

ADDRESS SCHEDULE (Where taxpayer (T), spouse (S) or both (B) resided during year and dates of residency)

Table with columns: MARK T, S, B, List all residence (domicile) addresses (Include city, state & zip code). Start with address used on last year's return. If the address on page 1 of this return is the same as listed on last year's return, print "Same." If no return filed last year, list reason. Continue listing this tax year's residence addresses. If address listed on page 1 of this return is in care of another person, enter current residence (domicile) address., FROM MONTH DAY, TO MONTH DAY.

THIRD PARTY DESIGNEE

Form with fields: Do you want to allow another person to discuss this return with the Income Tax Office? Yes, complete the following No; Designee's name; Phone No.; Personal identification number (PIN)

Under the penalty of perjury, I declare that I have examined this return and 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 preparer's declaration is based on all information of which preparer has any knowledge.

Form with fields: SIGN HERE TAXPAYER'S SIGNATURE - If joint return, both spouses must sign; Date (MM/DD/YY); Taxpayer's occupation; Daytime phone number; If deceased, date of death; SPOUSE'S SIGNATURE; Date (MM/DD/YY); Spouse's occupation; Daytime phone number; If deceased, date of death

Form with fields: PREPARER'S SIGNATURE SIGNATURE OF PREPARER OTHER THAN TAXPAYER; Date (MM/DD/YY); PTIN, EIN or SSN; Preparer's phone no.; FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE; NACTP software number; GRR19

Taxpayer's name	Taxpayer's SSN	2019 GRAND RAPIDS	
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SCHEDULE TC, PART-YEAR RESIDENT TAX CALCULATION - GR-1040, PAGE 1, LINES 23a AND 23b **Attachment 1**

A part-year resident is required to complete and attach this schedule to the Grand Rapids return: Revised 09/30/2019

1. Box A to report dates of residency of the taxpayer and spouse during the tax year
2. Box B to report the former address of the taxpayer and spouse
3. Column A to report all income from their federal income tax return
4. Column B to report all income taxable on their federal return that is not taxable to Grand Rapids
5. Column C to report income taxable as a resident and compute tax due on this income at the resident tax rate
6. Column D to report income taxable as a nonresident and compute tax due on this income at the nonresident tax rate

A. PART-YEAR RESIDENCY PERIOD		From	To	B. PART-YEAR RESIDENT'S FORMER ADDRESS	
Taxpayer				Taxpayer	
Spouse				Spouse	

INCOME		Column A Federal Return Data	Column B Exclusions and Adjustments	Column C Taxable Resident Income	Column D Taxable Nonresident Income
1. Wages, salaries, tips, etc. (Attach Form(s) W-2)	1	.00	.00	.00	.00
2. Taxable interest	2	.00	.00	.00	NOT TAXABLE
3. Ordinary dividends	3	.00	.00	.00	NOT TAXABLE
4. Taxable refunds, credits or offsets	4	.00	.00	NOT APPLICABLE	NOT TAXABLE
5. Alimony received	5		.00	.00	.00
6. Business income or (loss) (Att. copy of fed. Sch. C)	6	.00	.00	.00	.00
7. Capital gain or (loss) (Att. copy of Sch. D)	7a	.00	.00	.00	.00
8. Other gains or (losses) (Att. copy of Form 4797)	8	.00	.00	.00	.00
9. Taxable IRA distributions	9	.00	.00	.00	.00
10. Taxable pensions and annuities (Att. Form 1099-R)	10	.00	.00	.00	.00
11. Rental real estate, royalties, partnerships, S corps., trusts, etc. (Attach copy of fed. Sch. E)	11	.00	.00	.00	.00
12. Reserved	12		.00	.00	.00
13. Farm income or (loss) (Att. copy of fed. Sch. F)	13	.00	.00	.00	.00
14. Unemployment compensation	14	.00	.00	NOT APPLICABLE	NOT TAXABLE
15. Social security benefits	15	.00	.00	NOT APPLICABLE	NOT TAXABLE
16. Other income (Att. statement listing type and amt)	16	.00	.00	.00	.00
17. Total additions (Add lines 2 through 16)	17	.00	.00	.00	.00
18. Total income (Add lines 1 through 16)	18	.00	.00	.00	.00

DEDUCTIONS SCHEDULE See instructions. Deductions must be allocated on the same basis as related income.

1. IRA deduction (Attach copy of page 1 of federal return & evidence of payment)	1	.00	.00	.00	.00
2. Self-employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of fed. return)	2	.00	.00	.00	.00
3. Employee business expenses (See instructions & att. deduction worksheet)	3			.00	.00
4. Moving expenses (Into Grand Rapids area only) (Attach copy of federal Form 3903)	4	.00	.00	.00	.00
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. (Att. copy of page 1 of fed. return)	5	.00	.00	.00	.00
6. Renaissance Zone deduction (Att. Sch. RZ)	6			.00	.00
19. Total deductions (Add lines 1 through 6)	19			.00	.00
20a. Total income after deductions (Subtract line 19 from line 18)	20a			.00	.00
20b. Losses transferred between columns C and D (If line 20a is a loss in either column C or D, see instructions)	20b			.00	.00
20c. Total income after adjustment (Line 20a less line 20b)	20c			.00	.00
21. Exemptions (Enter the number of exemptions from Form GR-1040, page 2, box 1h, on line 21a; multiply line 21a by \$600; and enter on line 21b) (If the amount on line 21b exceeds the amount of resident income on line 20c, enter unused portion on line 21c)	21a			.00	.00
	21b				
	21c				.00
22a. Total income subject to tax as a resident (Subtract line 21b from line 20c; if zero or less, enter zero)	22a			.00	
22b. Total income subject to tax as a nonresident (Subtract line 21c from line 20c; if zero or less, enter zero)	22b				.00
23a. Tax at resident rate (MULTIPLY LINE 22a BY 1.5% (0.015) THE RESIDENT TAX RATE)	23a			.00	
23b. Tax at nonresident rate (MULTIPLY LINE 22b BY 0.75% (0.0075), THE NONRESIDENT TAX RATE)	23b				.00
23c. Total tax (Add lines 23a and 23b) (ENTER HERE AND ON FORM GR-1040, PAGE 1, LINE 7.)	23c			.00	