

INDIVIDUAL RETURN DUE APRIL 30, 2019

Taxpayer's SSN	Taxpayer's first name Initial Last name	RESIDENCE STATUS <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident
Spouse's SSN	If joint return spouse's first name Initial Last name	Part-year resident - dates of residency (mm/dd/yyyy) From <input type="text"/> To <input type="text"/>
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	Present home address (Number and street) Apt. no.	FILING STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly
Enter date of death on page 2, right side of the signature area	Address line 2 (P.O. Box address for mailing use only)	<input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.
Mark box (X) below if form attached <input type="checkbox"/> Federal Form 1310	City, town or post office State Zip code	Spouse's full name if married filing separately
<input type="checkbox"/> Supporting Notes and Statements (Attachment 22)	Foreign country name Foreign province/country Foreign postal code	

		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
SEND COPY OF PAGE 1 & 2 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1	.00	.00	.00	.00
	2. Taxable interest	2	.00	.00	.00	.00
	3. Ordinary dividends	3	.00	.00	.00	.00
	4. Taxable refunds, credits or offsets of state and local income taxes	4	.00	.00	.00	NOT TAXABLE
	5. Alimony received	5	.00	.00	.00	.00
	6. Business income or (loss) (Attach copy of federal Schedule C)	6	.00	.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	.00
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8	.00	.00	.00	.00
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9	.00	.00	.00	.00
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10	.00	.00	.00	.00
	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11	.00	.00	.00	.00
	12. Subchapter S corporation distributions (Att. copy of fed. Sch. K-1)	12	NOT APPLICABLE	.00	.00	.00
	13. Farm income or (loss) (Attach copy of federal Schedule F)	13	.00	.00	.00	.00
	14. Unemployment compensation	14	.00	.00	.00	NOT TAXABLE
	15. Social security benefits	15	.00	.00	.00	NOT TAXABLE
	16. Other income (Attach statement listing type and amount)	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
19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19				.00	
20. Total income after deductions (Subtract line 19 from line 18)	20				.00	
21. Exemptions (Enter the total exemptions, from Form CF-1040, page 2, box 1h, on line 21a and multiply this number by the value of an exemption and enter on line 21b)	21a <input type="text"/> 21b				.00	
22. Total income subject to tax (Subtract line 21b from line 20)	22				.00	
23. Tax at (tax rate) (Multiply line 22 by resident or nonresident tax rate for city and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d)	23a <input type="checkbox"/> 23b				.00	
24. Payments and credits 24a <input type="text"/> BEN tax withheld <input type="text"/> .00 24b <input type="text"/> .00 Other tax payments (est. extension, or fwd. partnership & tax option corp) 24c <input type="text"/> .00 Credit for tax paid to another city 24d <input type="text"/> .00 Total payments & credits 24d	24a <input type="text"/> .00 24b <input type="text"/> .00 24c <input type="text"/> .00 24d <input type="text"/> .00				.00	
25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a <input type="text"/> .00 Interest 25b <input type="text"/> .00 Penalty 25c <input type="text"/> .00 Total interest & penalty 25c	25a <input type="text"/> .00 25b <input type="text"/> .00 25c <input type="text"/> .00				.00	
TAX DUE 26. PAYABLE TO: CITY OF BENTON HARBOR, 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"/> .00 Donation City of Benton Harbor 28b <input type="checkbox"/> not in use 28c <input type="checkbox"/> not in use Total donations 28d	28a <input type="text"/> .00 28b <input type="checkbox"/> 28c <input type="checkbox"/> 28d				.00	
29. Amount of overpayment credited forward to 2019	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)	30				.00	
31. (Mark (X) appropriate box 31a or 31b and complete lines 31c, 31d and 31e)	31a <input type="checkbox"/> Direct deposit refund or direct withdrawal payment 31b <input type="checkbox"/> (Mark (X) appropriate box 31a or 31b and complete lines 31c, 31d and 31e) 31c <input type="text"/> Refund (direct deposit) 31d <input type="text"/> Routing number 31e Account Type: <input type="checkbox"/> 31e1. Checking <input type="checkbox"/> 31e2. Savings					

Taxpayer's name

Taxpayer's SSN

EXEMPTIONS SCHEDULE

Form with fields for exemptions: 1a. You, 1b. Spouse, 1c. List Dependents, 1d. Check box if you can be claimed as a dependent on another person's tax return, 1e. 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 (Form W-2, box a), COLUMN C EMPLOYER'S ID NUMBER (Form W-2, box b), COLUMN D EXCLUDED WAGES (Attach Excluded Wages Sch), 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 {CN} TAX WITHHELD (Form W-2, box 19), COLUMN F LOCALITY NAME (Form W-2, box 20). Includes a totals row at the bottom.

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

Table with columns: DEDUCTIONS, 1. IRA deduction (Attach copy of Schedule 1 of federal return & evidence of payment), 2. Self-employed SEP, SIMPLE and qualified plans (Attach copy of Schedule 1 of federal return), 3. Employee business expenses (Attach copy of CF-2106 and detailed list), 4. Moving expenses (Into city area only for military) (Attach copy of federal Form 3903), 5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of Schedule 1 of federal return), 6. Renaissance Zone deduction (Attach Schedule RZ OF 1040), 7. Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)

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

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 I am a resident claiming a credit for taxes paid to another city, I acknowledge and consent to the City's verification of unrefunded payment to that city. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which preparer has any knowledge.

SIGNATURE OF TAXPAYER AND SPOUSE: 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, If deceased, date of death

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