Notice To All Employers Filing Big Rapids Withholding:

In an effort to ensure we are providing the highest level of customer service to our taxpayers, The City of Big Rapids is requesting your assistance.

We ask that you mail all withholding certificates (along with payments) to the following address:

City of Big Rapids
Income Tax Processing Center
PO Box 536
Eaton Rapids, MI 48827-0536

Remittance must be made payable to: City of Big Rapids

If you are unsure what to do or if you do not understand these instructions please call (231) 287-5644 for clarification.

By partnering together, we can ensure that all filings are accurate while being received and processed in a timely manner.

Thank you for your assistance in this matter.

Sincerely,

Big Rapids Income Tax Office
City of Big Rapids

CITY OF BIG RAPIDS INCOME TAX OFFICE

YEAR 2019 INCOME TAX WITHHOLDING INSTRUCTIONS

A monthly deposit is required for the first and/or second month of a quarter when the amount withheld during the month exceeds \$100.00. If not complied with, the withholdings will be subject to interest and penalty.

EXEMPTIONS

Exemptions of \$600.00 per year are allowed for the employee for himself, his spouse, and each of his dependents. Dependents and all deductions are those allowed by the Internal Revenue Service.

The withholding may be determined by a direct percentage. For residents 1%, for non-residents working inside the city limits 1/2%. The following amounts may be used per exemptions.

| Weekly | \$11.54 |
|--------------|---------|
| Bi-Weekly | \$23.08 |
| Semi-Monthly | \$25.00 |
| Monthly | \$50.00 |
| Per Diem | \$1.65 |

FOR EXAMPLE:

| Gross Weekly Pay | \$500.00 |
|----------------------|----------|
| 2 Exemptions | \$23.08 |
| _ | \$476.92 |
| Residents (1%) | \$4.77 |
| Non-residents (1/2%) | \$2.38 |

PREPARING W-2 FORMS – IF BOX 20 OF THE W-2 FORM IS LEFT BLANK OR DOES NOT CLEARLY IDENTIFY THE LOCALITY AS <u>BIG RAPIDS</u> OR <u>BRR</u>, YOUR EMPLOYEES WILL EXPERIENCE A DELAY IN THE PROCESSING OF THEIR RETURNS.

CLEARLY IDENTIFYING THE LOCALITY IN BOX 20 OF THE W-2 FORM AS <u>BIG RAPIDS</u> OR <u>BRR</u> WILL HELP AVOID CONFUSION WITH OTHER MICHIGAN CITIES THAT HAVE AN INCOME TAX.

WHO IS REQIRED TO WITHHOLD?

Every employer who:

- 1. Has a location in the City of Big Rapids, or
- 2. Is doing business in the City of Big Rapids.

WITHHOLDING RATES:

Use **1% (.01)** for residents of the City of Big Rapids working anywhere.
Use **1/2% (.005)** for non-residents of the City of Big Rapids working within Big Rapids city limits.

CITY OF BIG RAPIDS INCOME TAX OFFICE

INSTRUCTIONS FOR FORM BR-941, EMPLOYER'S MONTHLY DEPOSIT OF INCOME TAX WITHHELD, AND FORM BR-941, EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD.

A. MONTHLY DEPOSITS AND QUARTERLY RETURNS

- 1. Enter the Identification Number in Box 1 in addition to entering the Taxpayer name and mailing address in the space provided below Box 1 of the BR-941.
- 2. Monthly deposits of Big Rapids income tax withheld are required for each month in which the amount withheld exceeds \$100.00. Monthly deposits are made using Form BR-941. Remittance in full payable to the CITY OF BIG RAPIDS is required. Monthly deposits are due on the last day of the month following the month withheld. Example: The monthly deposit, Form BR-941, for May is due June 30.
- 3. Quarterly returns of Big Rapids income tax withheld are filed using Form BR-941. Remittance payable to the CITY OF BIG RAPIDS is required. Quarterly returns and payments are due on the last day of the month following the end of the quarter. The quarterly return, Form BR-941, for the first quarter is due April 30.
- 4. Mail monthly/quarterly deposits with Form BR-941, to <u>City of Big Rapids, Income Tax Processing Center, PO Box 536, Eaton Rapids, MI 48827-0536.</u>
- 5. A monthly deposit is not required if less than \$100 is withheld during a month.
- 6. A quarterly return, Form BR-941, is required even though no tax was withheld during a quarter. Under such circumstances, a quarterly return, form BR-941, must be filed showing zero tax withheld.
- 7. If the payment of wages has been temporarily discontinued for any reason, such as the seasonal nature of the business, the employer must continue to file returns.

B. INITIAL RETURNS

- 1. Employer Registration forms are available on the City of Big Rapids website (www.cityofbr.org). An Employer Registration form must be filled out and submitted with or before the initial withholding tax payment and Form BR-941 are submitted.
- 2. If a business is sold or transferred at any point during a reporting period, both the old and new employer must file returns for the period. Neither employer should report tax withheld by the other, both employers should use their own FEIN numbers. Also see instructions for Final Returns.

C. FINAL RETURNS – NOTICE OF CHANGE OR DISCONTINUANCE

- 1. If no wages are to be paid in the future, complete and file a Notice of Change or Discontinuance.
- 2. If the business has been sold or transferred, provide the name of the new owner(s), the date transferred and their FEIN. Also, provide the name, address and telephone number of the person who will have custody of the books and records of the discontinued business.
- 3. When discontinuing a business, the Employer's Annual Reconciliation of Income Tax Withheld, Form BRW-3, and a W-2 form for each employee must be filed. These forms are due by the end of the month following the end of the guarter of discontinuance.
- 4. It is being requested that you attach a copy of your CD if available of your W-2's. (See the BRW-3 Form for instructions on filing CD). Make sure you include box 18, 19, and 20 of W-2's on the CD.

D. ALL EMPLOYERS

- 1. Printed Big Rapids forms should be used in filing returns. If you do not have forms for filing please visit the City of Big Rapids website at (www.cityofbr.org) and download the necessary form(s).
- 2. Verify the name, address, and FEIN on the monthly/quarterly deposit, form BR-941, are correct before submitting. If there are any changes, the necessary corrections should be made on the form, and a Notice of Change or Discontinuance should be completed and filed.
- 3. Form BR-941 provides a space for adjustments to correct mistakes made on prior returns from the <u>current calendar year</u>. When an adjustment is reported it must be accompanied by a statement explaining the adjustment. DO NOT TAKE CREDIT FOR A PRIOR YEAR'S OVERPAYMENT.
- 4. Calculate and remit penalty and interest on all delinquent tax payments and delinquent returns.

BIG RAPIDS INCOME TAX OFFICE EMPLOYER'S MONTHLY DEPOSIT OF INCOME TAX WITHHELD

| 2019 | 941 1M | | |
|---|--|--|--|
| 1. IDENTIFICATION NUMBER | 2. DEPOSIT PERIOD JANUARY 2019 | 3. DUE ON OR BEFORE 2/28/2019 | 4. WITHHOLDING TAX DEPOSIT |
| TAXPAYER NAME & MAILING ADDRESS | | | MONTHLY DEPOSIT OF INCOME TAX IS REQUIRED IF TAX WITHHELD IN FIRST OR SECOND MONTH OF A QUARTER EXCEEDS \$100. |
| SIGNATURE | TITLE | DATE | MAKE REMITTANCE PAYABLE TO: CITY OF BIG RAPIDS |
| PRINTED NAME OF SIGNER | TELEPHONE NUMBER | | MAIL THIS FORM AND PAYMENT TO: Income Tax Processing Center PO Box 536 Eaton Rapids, MI 48827-0536 |
| BR-941 | | ICOME TAX OFFICE POSIT OF INCOME TAX WITHHE | BR-941 |
| 2019 | 941 2M | | |
| 1. IDENTIFICATION NUMBER | 2. DEPOSIT PERIOD FEBRUARY 2019 | 3. DUE ON OR BEFORE 3/31/2019 | 4. WITHHOLDING TAX DEPOSIT |
| | | | REQUIRED IF TAX WITHHELD IN FIRST OR SECOND MONTH OF A QUARTER EXCEEDS \$100. |
| SIGNATURE | TITLE | DATE | MAKE REMITTANCE PAYABLE TO: CITY OF BIG RAPIDS |
| PRINTED NAME OF SIGNER | TELEPHONE NUMBER | | MAIL THIS FORM AND PAYMENT TO: Income Tax Processing Center PO Box 536 Eaton Rapids, MI 48827-0536 |
| BR-941 | BIG RAPIDS I | NCOME TAX OFFICE EPOSIT OF INCOME TAX WITHI | BR-941 |
| 2019 | 941 3M or 1Q | | |
| 1. IDENTIFICATION NUMBER | 2. DEPOSIT PERIOD MARCH OR 1ST QUARTER 201 | 3. DUE ON OR BEFORE 4/30/2019 | TAX REMITTED |
| TAXPAYER NAME & MAILING ADDRESS | • | - | January |
| | | | February |
| | | | March |
| | - | | Adjustments |
| SIGNATURE | TITLE | DATE | TOTAL |
| PRINTED NAME OF SIGNER TELEPHONE NUMBER | ☐ If final return, check he of Change or Discontin | | PAY TO: CITY OF BIG RAPIDS MAIL TO: Income Tax Processing Center PO Box 536 Eaton Rapids, MI 48827-0536 |

TELEPHONE NUMBER

BIG RAPIDS INCOME TAX OFFICE EMPLOYER'S MONTHLY DEPOSIT OF INCOME TAX WITHHELD

| | | | ••• | ٠. | ., |
|--|------|------|-----|----|--------|
| | | | | | |

| 2019 | 941 4M | | | |
|----------------------------------|---|--|--|---------|
| 1. IDENTIFICATION NUMBER | 2. DEPOSIT PERIOD APRIL 2019 | 3. DUE ON OR BEFORE 5/31/2019 | 4. WITHHOLDING TAX DEPOSIT | |
| TAXPAYER NAME & MAILING ADDRESS | | | MONTHLY DEPOSIT OF INCOME REQUIRED IF TAX WITHHELD IN OR SECOND MONTH OF A QUA EXCEEDS \$100. | N FIRST |
| SIGNATURE PRINTED NAME OF SIGNER | TELEPHONE NUMBER | DATE | MAKE REMITTANCE PAYABLE CITY OF BIG RAPIDS MAIL THIS FORM AND PAYMENT Income Tax Processing Co PO Box 536 | TO: |
| | | | Eaton Rapids, MI 48827-0 |)536 |
| BR-941 | | OME TAX OFFICE DIT OF INCOME TAX WITHHELD | BF | R-941 |
| 2019 | 941 5M | | | |
| 1. IDENTIFICATION NUMBER | 2. DEPOSIT PERIOD MAY 2019 | 3. DUE ON OR BEFORE 6/30/2019 | 4. WITHHOLDING TAX DEPOSIT | |
| TAXPAYER NAME & MAILING ADDRESS | | | MONTHLY DEPOSIT OF INCOME REQUIRED IF TAX WITHHELD IN OR SECOND MONTH OF A QUA EXCEEDS \$100. | N FIRST |
| SIGNATURE | TITLE | | MAKE REMITTANCE PAYABLE CITY OF BIG RAPIDS | |
| PRINTED NAME OF SIGNER | TELEPHONE NUMBER | | MAIL THIS FORM AND PAYMENT Income Tax Processing Co PO Box 536 Eaton Rapids, MI 48827-0 | enter |
| BR-941 | | OME TAX OFFICE OSIT OF INCOME TAX WITHHELD | BF | R-941 |
| 2019 | 941 6M or 2Q | | | |
| 1. IDENTIFICATION NUMBER | 2. DEPOSIT PERIOD JUNE OR 2 ND QUARTER 2019 | 3. DUE ON OR BEFORE 7/31/2019 | TAX REMITT | ED |
| TAXPAYER NAME & MAILING ADDRESS | <u> </u> | | April | |
| | | | May | |
| | | | June | |
| | | | Adjustments | |
| SIGNATURE | TITLE | DATE | TOTAL | |
| PRINTED NAME OF SIGNER | - | | | |

☐ If final return, check here and complete Notice of Change or Discontinuance in return booklet.

PAY TO: CITY OF BIG RAPIDS MAIL TO: Income Tax Processing Center PO Box 536 Eaton Rapids, MI 48827-0536

BIG RAPIDS INCOME TAX OFFICE EMPLOYER'S MONTHLY DEPOSIT OF INCOME TAX WITHHELD

| 2019 | 941 7M | | | | |
|---|---|---|--|--|--|
| 1. IDENTIFICATION NUMBER | 2. DEPOSIT PERIOD JULY 2019 | 3. DUE ON OR BEFORE 8/31/2019 | 4. WITHHOLDING TAX DEPOSIT | | |
| TAXPAYER NAME & MAILING ADDRESS | | | MONTHLY DEPOSIT OF INCOME TAX IS REQUIRED IF TAX WITHHELD IN FIRST OR SECOND MONTH OF A QUARTER EXCEEDS \$100. | | |
| SIGNATURE | TITLE | DATE | MAKE REMITTANCE PAYABLE TO: CITY OF BIG RAPIDS MAIL THIS FORM AND PAYMENT TO: | | |
| PRINTED NAME OF SIGNER | TELEPHONE NUMBER | | Income Tax Processing Center PO Box 536 Eaton Rapids, MI 48827-0536 | | |
| BR-941 | | COME TAX OFFICE DIST OF INCOME TAX WITHHELD | BR-941 | | |
| 2019 | 941 8M | | | | |
| 1. IDENTIFICATION NUMBER | 2. DEPOSIT PERIOD AUGUST 2019 | 3. DUE ON OR BEFORE 9/30/2019 | 4. WITHHOLDING TAX DEPOSIT | | |
| TAXPAYER NAME & MAILING ADDRESS | | | MONTHLY DEPOSIT OF INCOME TAX IS REQUIRED IF TAX WITHHELD IN FIRST OR SECOND MONTH OF A QUARTER EXCEEDS \$100. | | |
| SIGNATURE | TITLE | DATE | MAKE REMITTANCE PAYABLE TO: CITY OF BIG RAPIDS | | |
| PRINTED NAME OF SIGNER | TELEPHONE NUMBER | | MAIL THIS FORM AND PAYMENT TO: Income Tax Processing Center PO Box 536 Eaton Rapids, MI 48827-0536 | | |
| BR-941 | | COME TAX OFFICE DSIT OF INCOME TAX WITHHELD | BR-941 | | |
| 2019 | 941 9M or 3Q | | | | |
| 1. IDENTIFICATION NUMBER | 2. DEPOSIT PERIOD SEPTEMBER OR 3RD QUARTER 2019 | 3. DUE ON OR BEFORE 10/31/2019 | TAX REMITTED | | |
| TAXPAYER NAME & MAILING ADDRESS | | | July | | |
| | | | August | | |
| | | | September | | |
| | | | Adjustments | | |
| SIGNATURE | TITLE | DATE | TOTAL | | |
| PRINTED NAME OF SIGNER TELEPHONE NUMBER | - □ If final return, check here | and complete Notice | PAY TO: CITY OF BIG RAPIDS MAIL TO: Income Tax Processing Center PO Box 536 Eaton Rapids, MI 48827-0536 | | |
| . LLL. HORE HOMBEN | of Change or Discontinua | | Euton (tupius, iiii 40027-0550 | | |

2019 941 10M

| 1. IDENTIFICATION NUMBER | 2. DEPOSIT PERIOD OCTOBER 2019 | 3. DUE ON OR BEFORE 11/30/2019 | 4. WITHHOLDING TAX DEPOSIT |
|---------------------------------|--|---|--|
| TAXPAYER NAME & MAILING ADDRESS | | | MONTHLY DEPOSIT OF INCOME TAX IS REQUIRED IF TAX WITHHELD IN FIRST OR SECOND MONTH OF A QUARTER EXCEEDS \$100. |
| SIGNATURE | TITLE | DATE | MAKE REMITTANCE PAYABLE TO: CITY OF BIG RAPIDS MAIL THIS FORM AND PAYMENT TO: |
| PRINTED NAME OF SIGNER | TELEPHONE NUMBER | | Income Tax Processing Center PO Box 536 Eaton Rapids, MI 48827-0536 |
| BR-941 | | COME TAX OFFICE DSIT OF INCOME TAX WITHHEI | BR-941 |
| 2019 | 941 11 M | | |
| 1. IDENTIFICATION NUMBER | 2. DEPOSIT PERIOD NOVEMBER 2019 | 3. DUE ON OR BEFORE 12/31/2019 | 4. WITHHOLDING TAX DEPOSIT |
| TAXPAYER NAME & MAILING ADDRESS | | | MONTHLY DEPOSIT OF INCOME TAX IS REQUIRED IF TAX WITHHELD IN FIRST OR SECOND MONTH OF A QUARTER EXCEEDS \$100. |
| SIGNATURE | TITLE | DATE | MAKE REMITTANCE PAYABLE TO: CITY OF BIG RAPIDS |
| PRINTED NAME OF SIGNER | TELEPHONE NUMBER | | MAIL THIS FORM AND PAYMENT TO: Income Tax Processing Center PO Box 536 Eaton Rapids, MI 48827-0536 |
| BR-941 | | COME TAX OFFICE DSIT OF INCOME TAX WITHHEI | BR-941 |
| 2019 | 941 12M or 4Q | | |
| 1. IDENTIFICATION NUMBER | 2. DEPOSIT PERIOD DECEMBER OR 4 TH QUARTER 2019 | 3. DUE ON OR BEFORE 1/31/2020 | TAX REMITTED |
| TAXPAYER NAME & MAILING ADDRESS | 2013 | | October |
| | | | November |
| | | | December |
| | | | Adjustments |
| SIGNATURE | TITLE | DATE | TOTAL |
| PRINTED NAME OF SIGNER | | and another Nether | PAY TO: CITY OF BIG RAPIDS MAIL TO: Income Tax Processing Center PO Box 536 |
| TELEPHONE NUMBER | ☐ If final return, check here of Change or Discontinua | | Eaton Rapids, MI 48827-0536 |

City of Big Rapids Income Tax Processing Center P.O. Box 536 Eaton Rapids, MI 48827-0536

Form BR-1040

2019 BIG RAPIDS INDIVIDUAL INCOME TAX INSTRUCTIONS

For use by individual residents, partyear residents and nonresidents

ALL PERSONS HAVING BIG RAPIDS GROSS INCOME OF \$600.00 OR MORE IN 2019 **MUST FILE A RETURN**

TAX RETURNS ARE DUE APRIL 30, 2020

ASSISTANCE: If you have questions not answered in these instructions or if you need assistance in filing your return you may call our office, at (231) 592-4012, and schedule an appointment with the Income Tax Administrator. Before requesting an appointment with the Income Tax Administrator you must have all required documents needed to file your city return (this should include, but is not limited to: all W-2's, 1099's, Page 1 & 2 of the Federal Return, as well as any federal schedules required for the Federal Return).

MAILING ADDRESS All returns and payments should be mailed to the following address: Income Tax Processing Center

City of Big Rapids P.O. Box 536 Eaton Rapids, MI 48827-0536

TAX RATES AND **EXEMPTIONS** Resident: 1% Nonresident: 0.5% Exemption value: \$600

PAYMENT OF TAX DUE

Tax due, if one dollar (\$1.00) or more, must be paid when filing your return.

NOTE: If you are paying \$100.00 or more with your 2019 return, you may need to make estimated income tax payments for 2020 to avoid penalty and interest. See page 2 of instructions.

Make check or money order payable to: CITY OF BIG RAPIDS

Mail tax return and payment to:

City of Big Rapids, Income Tax Processing Center, P.O. Box 536, Eaton Rapids, MI 48827-0536

FILING YOUR RETURN

We accept paper returns only. Forms and instructions can be found on our website, www.cityofbr.org. Tax returns are due April 30, 2020.

CONTACT US

For assistance find us online at www.cityofbr.org or call (231) 592-4012 or (231) 287-5644. The Big Rapids Income Tax Office is located at City Hall, 226 N. Michigan Ave, Big Rapids, MI 49307. Mail all tax correspondence to:

City of Big Rapids, Income Tax Processing Center, P.O. Box 536, Eaton Rapids, MI 48827-0536

Failure to attach documentation or attaching incorrect or incomplete documentation will delay processing of the return or result in corrections being made to the return.

2019 BIG RAPIDS FORM BR-1040 INSTRUCTIONS FOR RESIDENTS, NONRESIDENTS AND PART-YEAR RESIDENTS

WHO MUST FILE A RETURN

Every resident, nonresident, or part-year resident of Big Rapids, including renters, who had a gross income of \$600.00 or more must complete and file a return, even if you're not required to file a Federal return. You are required to file a tax return and pay tax even if your employer did not withhold Big Rapids tax from your paycheck. You may be required to make estimated income tax payments if you work for an employer not withholding Big Rapids tax from your 2020 wages.

ESTIMATED TAX PAYMENTS

When your total income tax is greater than the amount of tax withheld plus other credits, by \$100.00 or more, you may be required to make quarterly estimated tax payments. File Form BR-1040ES (available on the Big Rapids website) by April 30 of the tax year and pay at least one-fourth (1/4) of the estimated tax. The remaining estimated tax is due in three equal payments on June 30 and September 30 of the tax year and January 31 of the following year. Adjust the remaining quarterly payments if your income increases or decreases during the year. Failure to make required estimated tax payments or underpayment of estimated tax will result in assessment of penalty and interest. If you have made estimated tax payments and do not owe more tax for the year, you still must file a tax return.

DUE DATE AND EXTENSIONS

Returns are due on or before April 30, 2020. The due date of the annual income tax return may be extended for a period not to exceed six months. To apply for an extension, use the Application for Extension of Time to File a Big Rapids Income Tax Return and attach a copy of Federal Form 4868 or 7004. Applying for a federal extension does not satisfy the requirement for filing an Big Rapids extension. Application for an extension must be made and the tentative tax due must be paid by the original due date of the return (MCL 141.664). Filing an extension with payment is not a substitute for making estimated tax payments. An extension does not extend the time for paying the tax due.

AMENDED RETURNS

File amended returns using the Amended Income Tax Form. If a change on your federal return affects Big Rapids taxable income, you must file an amended return within 90 days of the change and pay the tax due. All schedules supporting the changes should accompany the filing. Every change must be explained. Mail amended returns to: City of Big Rapids, Income Tax Processing Center, P.O. Box 536, Eaton Rapids, MI 48827-0536.

CHARGES FOR LATE PAYMENTS

All tax payments remaining unpaid after they are due are liable to a penalty of 1% per month, not to exceed a total penalty of 25%, and bear interest at the rate of 1% above the prime rate on an annual basis. The minimum combined charge for interest and penalty is \$2.00.

DISCLAIMER

These instructions are interpretations of the Uniform City Income Tax Ordinance, MCLA 141.601 et seq. The Big Rapids Incomé Tax Ordinance will prevail in any disagreement between these instructions and the Ordinance.

COMPLETING YOUR RETURN NAME, ADDRESS, SOCIAL SECURITY NUMBER

- Always write your social security number(s) on the return. Your social security number must agree with the SSN on the Form(s) W-2 atťached to your reťurn.
- Enter your name and, if a joint return, your spouse's name. If the taxpayer or spouse is deceased: attach a copy of federal Form 1310 or a copy of the death certificate; write deceased in the signature area; and enter the date of death in the box on the signature line of the return.
- Enter your current address under present home address. If using a PO Box, or an address that is not your legal residence, you must add an attachment that states your actual residence.
- Mark the box to indicate your filing status.

RESIDENCY STATUS

Indicate your residency status by marking (X) the proper box.

Resident - a person whose domicile (principle residence) was in the City of Big Rapids all year. File as a resident if you were a resident the entire year.

Nonresident – a person whose domicile (principle residence) was outside the City of Big Rapids all year. File as a nonresident if you were a nonresident the entire year.

Part-Year Resident а person who changed domicile (primary residence) during the year from one inside Big Rapids to one outside Big Rapids, or vice versa. If you were a resident for only part of 2019, use form BR-1040TC to calculate the tax and attach it to the BR-1040.

RESIDENCY STATUS (continued)

Ferris State University Students - Married students, living in Big Rapids, where one or both are attending Ferris, are considered residents, unless you are maintaining a permanent residence

Single students, living in Big Rapids and attending Ferris are considered residents unless you are maintaining a permanent residence elsewhere (including parents home) or are registered to vote elsewhere.

Married with Different Residency Status. If you were married in 2019 and had a different residency status from that of your spouse, file separate returns or file a resident return using Form separate BR-1040TC to compute the tax.

FILING STATUS

Indicate filing status by marking (X) the proper box. If married filing separately, enter spouse's Social Security number in the spouse's SSN box and enter the spouse's full name in the filing status box.

INCOME EXEMPT FROM BIG RAPIDS INCOME TAX

Big Rapids does not tax the following types of income:

- Gifts, inheritances, bequests and distributions of principal from estates and trusts.
- Proceeds from insurance, pensions, annuities and retirement benefits (including SOCIAL SECURITY) even if taxable under the Federal Internal Revenue Code. Premature withdrawls are taxable both to resident and non-resident. Revised 01/20/22
- Amounts received for personal injuries, sickness, and disability are excluded only to the extent provided by the Federal Internal Revenue Code. Unemployment compensation, supplemental unemployment benefits,
- welfare relief payments, workmen's compensation.
 Interest from obligation of the United States, such as Savings Bonds and Treasury Notes, obligations of the states, or subordinate units of government of states. Dividends on an insurance policy.
- Compensation received for service in the armed forces of the United States,

including Reserves.

- Conventional IRA or Roth IRA payments made on income taxed by the City only. Conventional IRA or Roth IRA distributions after age 59 1/2 are NOT taxable income. You must attach a copy of your Federal Form. Federal guidelines are followed.
 Penalty on early withdrawals of savings.
- Ordinary, necessary, reasonable and non-reimbursed expenses paid or incurred by an individual in connection with the performance of services as an employee. Use Attachment 16 from Form BR-1040.

FORM BR-1040, PAGE 1, INSTRUCTIONS TOTAL INCOME AND TAX COMPUTATION

Round all figures to the nearest dollar.

Lines 1 - 16, Columns A & B - Federal Data and Exclusions NOTE: Schedules, attachments and other documentation that support tax withheld, exclusions, adjustments or deductions must be provided. Failure to attach or attaching incomplete supporting information will delay processing of your return or result in tax withheld, exclusions, adjustments or deductions being disallowed.

Lines 1 - 16, Column C - Figure Taxable Income

Subtract column B from column A and enter difference in column C. Support figures with schedules.

Line 17 - Total Additions

Add lines 2 through 16.

Line 18 - Total Income

Add lines 1 through 16.

Line 19 - Total Deductions

Enter the total deductions from line 7 of Deductions schedule, page 2.

Line 20 - Total Income after Deductions

Subtract line 19 from line 18

Line 21 - Exemptions

Enter the total number of exemptions (page 2, Exemptions schedule, line 1h) on line 21a and multiply line 21a by \$600.00 and enter the product on line 21b.

Line 22 - Total Income Subject to Tax

Subtract line 21b from line 20. If line 21b is greater, enter zero.

Multiply line 22 by the appropriate tax rate to compute tax liability, and enter it on line 23b. (The resident tax rate is 1%. The nonresident rate is 0.5%.) If you were a resident for only part of the year and used Schedule TC to compute your tax, mark (X) line 23a and attach Schedule TC to the return.

Line 24a - Total Tax Withheld by Employers

The Big Rapids tax withheld by each of your employers is to be reported on page 2 on the Excluded Wages and Tax Withheld Schedule. Total Big Rapids tax withheld, line 11 of this schedule, is reported on line 24a. The Form W-2 received from each employer shows the tax withheld in box 19 and locality name in box 20.

2019 BIG RAPIDS BR-1040 INSTRUCTIONS FOR RESIDENTS, NONRESIDENTS AND PART-YEAR RESIDENTS

You must attach a copy of each Form W-2 showing the amount of Big Rapids tax withheld and the locality name as Big Rapids (or an equivalent indicating the tax was withheld for Big Rapids.) Credit for Big Rapids tax withheld will not be allowed without a supporting Form W-2.

Line 24b - Other Tax Payments

Enter the total of the following: estimated tax paid, credit forward from past year, tax paid with an extension, tax paid on your behalf by a partnership.

Line 24c - Tax Credit for Tax Paid to Another City (Residents only) Enne 24c - Tax Credit for Tax Paid to Another City (Residents only) Enter on line 24c the credit for income taxes paid to another city. If you had income subject to tax in another city while you were a **resident** of Big Rapids, you may claim this credit. The credit IS NOT NECESSARILY the tax paid to the other city. This credit must be based on income taxable by both cities, and the credit may not exceed the tax that a nonresident of Big Rapids would pay on the same income. Base the credit on the amount actually paid to another city, <u>not the amount withheld</u>. You must attach a copy of the income tax return filed with the other city to receive this credit credit.

Line 24d - Total Payments and Credits

Add lines 24a through 24c. Enter the total on line 24d.

Line 25 - Interest and Penalty for Failure to Make Estimated Tax Payments; Underpayment of Estimated Tax; or Late Payment of

Nonpayment or underpayment of estimated income tax and late payment of tax is subject to penalty and interest. You may calculate the amounts and enter penalty on line 25a, interest on 25b, and the total interest and penalty on line 25c or the city may calculate and assess this for

TAX DUE OR REFUND Line 26 – Tax Due and Payment of Tax

If the tax on line 23b plus the interest and penalty on line 25c exceeds the total Payments and Credits on line 24, enter the difference, the tax due, on line 26. The tax due must be paid with the return when filed. The due date for the return is April 30, 2020.

Pay by Check or Money Order. Tax is due at the time of filing your return. Make the check or money order payable to the CITY OF BIG RAPIDS, place the check or money order in front of page 1 of the tax form and mail the return with the payment to: CITY OF BIG RAPIDS, INCOME TAX PROCESSING CENTER, P.O. BOX 536, EATON RAPIDS, MI 48827-0536

Line 27 - Overpayment

If the total payments and credits on line 24 exceed the tax on line 23 plus the interest and penalty on line 25c, enter the difference, the overpayment, on line 27. Use lines 28 through 31 to indicate what you want done with the overpayment. You must file the return even if there is no tax due, no overpayment or only a slight overpayment.

Line 28 - Donation

Enter on line 28 the amount of overpayment to be donated to the Community Pool (28a) and/or Community Library (28b). Enter the total of line 28a and 28b on Line 28c.

Line 29 - Credit Forward

Enter on line 29 the amount of overpayment to credit to the next year.

Please allow 45 days before calling about a refund. You may choose to receive the refund as a paper check or a direct bank deposit.

Refund Check. If you want your refund issued as a paper check, enter on Line 30 the amount of the overpayment to be refunded.

Direct Deposit Refund. To have your refund deposited directly into your bank account, on line 31a, mark (X) the box "Refund (direct deposit)" and enter the bank routing number on line 31c, the bank account number on line 31d; and the account type on line 31e.

FORM BR-1040, PAGE 2 INSTRUCTIONS

EXEMPTIONS SCHEDULE

Complete the Exemptions schedule to report and claim the total exemptions amount allowed. Everyone who files a Big Rapids return gets a personal exemption of \$600 for 2019. You may not claim an exemption if someone else claims you as a dependent on their Big Rapids return.

Lines 1a - 1c – You and Spouse. Enter your date of birth and mark (X) the exemption boxes that apply to you. If filing jointly, complete line 1b for spouse. Mark (X) the boxes that apply, and enter on line 1e the total number of exemption boxes marked.

Lines 1d - Dependents. Determine dependents using the same rules as on the federal return. If you cannot claim a dependent on the federal on the lederal return. If you cannot claim a dependent on the lederal return, you cannot claim them on an Big Rapids return. Enter the names of your dependent children that live with you, then the names of other dependents and their relationship to you. Provide dependents' Social Security numbers and dates of birth. Enter totals on 1f and 1g.

Lines 1e - 1h - Total Exemptions. Add the amounts on 1e. 1f and 1g. and enter the total exemptions on line 1h and on page 1, line 21a.

EXCLUDED WAGES SCHEDULE

If any wages reported on page 1, line 1, column A, are not taxable, the Excluded Wages schedule must be completed. The data to complete this schedule comes from the Wages and Excludible Wages schedule.

DEDUCTIONS SCHEDULE

You may deduct amounts that directly relate to income that is taxable by Big Rapids, prorating where necessary. Allowable deductions include the following line number items:

Line 1 - Individual Retirement Account (IRA) Contributions Contributions to an IRA are deductible to the same extent deductible under the Internal Revenue Code. Attach page 1 & 2 of federal return and evidence of contribution, which includes, but is not limited to, one of the following: a copy of receipt for IRA contribution, a copy of federal Form 5498, a copy of a canceled check that clearly indicates it is for an IRA contribution. ROTH IRA contributions are not deductible.

Line 2 - Self-Employed SEP, SIMPLE and Qualified Plans Self-employed SEP, SIMPLE and qualified retirement plan deductions may be entered on page 2, Deductions schedule, line 2.

Line 3 – Employee Business Expenses

Employee business expenses are deductible only when incurred in the performance of service for an employer and only to the extent not reimbursed by the employer. Meal expenses are not subject to the reductions and limitations of the Internal Revenue Code. Under the Big Rapids Income Tax Ordinance meals must be incurred while away from home overnight on business.

BUSINESS EXPENSES ARE LIMITED TO THE FOLLOWING:

- Expenses of transportation, but not to and from work.
- Expenses of travel, meals and lodging while away from home overnight on business for an employer.
- Expenses incurred as an "outside salesperson" away from the employer's place of business. This does not include driver-salesperson whose primary duty is service and delivery.
- Expenses reimbursed by employer from an expense account or other arrangement if included in gross earnings.

NOTE: Business expenses claimed on line 4 of fed. Form 2106 are not allowed unless taxpayer qualifies as an outside salesperson. Attach a copy of federal Form 2106 or a list of your employee business expenses.

Line 4 - Moving Expenses

Moving expenses for moving into the City of Big Rapids are deductible to the same extent deductible under the Internal Revenue Code. Moving must be related to starting work in a new location. Attach a copy of federal Form 3903 or a list of moving expenses, with the distance in miles from where you moved.

Line 5 - Alimony Paid

Separate maintenance payments, alimony, and principal sums payable in installments (to the extent includable in the spouse's or former spouse's adjusted gross income under the federal Internal Revenue Code) and deducted on the federal return are deductible. Child support is not deductible. Attach a copy of federal return, page 1 & 2.

NOTE: The above deductions are limited to the amount claimed on your federal return, except meals. The deductions are limited by the extent they apply to income taxable under the Big Rapids Income Tax Ordinance. Part-year residents must allocate deductions the same way they allocate income.

Line 6 - Renaissance Zone

The Renaissance Zone deduction may not be claimed by any Big Rapids residents as we do not have any Renaissance Zones within the City limits.

Line 7 – Total Deductions

Add lines 1 through 6. Enter the total on line 7 and on page 1, line 19.

ADDRESS SCHEDULE

Every taxpayer must complete the Address schedule. Start by listing the address used on last year's return. If this address is the same as listed on page 1, write "Same." If no 2018 return was filed provide reason none was filed. Complete the schedule by listing the addresses of the other principal residences (domiciles) occupied during 2019. Mark whether the address was for the taxpayer (T), spouse (S) or both (B) and enter the beginning and ending dates of residence at each. The Address schedule must be completed for all Part-year residents, in addition you may be asked to provide proof of residency such as a copy of your valid State issued picture ID (front and back), a copy of your deed/lease, service history/letter from utility company, voter registration records/history, or address history from the Secretary of State.

2019 BIG RAPIDS BR-1040 INSTRUCTIONS FOR RESIDENTS, NONRESIDENTS AND PART-YEAR RESIDENTS

THIRD-PARTY DESIGNEE

To allow another person (including parents, brothers, sisters, boyfriends, girlfriends, etc.) to discuss the tax return information with the Income Tax Office, mark (X) the "Yes" box and enter the person's name, phone number and any five digits as their personal identification number (PIN). To designate the tax preparer, enter "Preparer."

SIGN THE RETURN

You must sign and date the return. If filing a joint return, both spouses must sign and date the return. If someone else prepared the return, they must sign it and provide their address and telephone number.

PART-YEAR RESIDENT INSTRUCTIONS

If you had income taxable as a resident and as a nonresident during the year, you must file as a part-year resident. Part-year residents compute the amount of their tax on Schedule TC, which has multiple tax rates. Complete the form using the instructions on the Schedule TC

Income is allocated according to the residency status for each item of income. Adjustments and deductions must be allocated in the same

way income is allocated. Use the instructions for residents and nonresidents as a guide to allocate income.

Schedule TC and other Big Rapids tax forms are available on the Big Rapids website: www.cityofbr.org

RESIDENT INSTRUCTIONS

Line 1 - Wages, Salaries, Tips, Etc.

Report on line 1, column A, the amount of wages, salaries, tips, etc. from your federal tax return.

Pages 1 & 2 of the federal tax return must be attached to all Big Rapids tax returns. All W-2 forms showing wages and Big Rapids tax withheld must be attached to page 1 of the return.

A resident is taxed on ALL earnings, including salary, bonus, separation, and incentive payments, tips, commissions and other compensation for services rendered—no matter where earned. Example: Taxpayer lives in the City of Big Rapids but works in Reed City and receives a paycheck from the home office in New York City: 100% of this compensation is taxable.

If your employer did not withhold Big Rapids tax from your paycheck, you are still required to file and pay tax on those wages at the resident tax rate. You may also be required to make estimated tax payments if your employer does not withhold Big Rapids tax for you in 2020.

Report on line 1, column B, the total excluded wages. All nontaxable wages must be documented on the Wages, Excludible Wages, and City Tax Withheld schedule <u>and</u> listed by employer on the Excluded Wages schedule on Form 1040, page 2. A resident's wages are generally not excludible. An example of excludible (nontaxable) resident wages is military pay.

Line 2 - Interest

Interest is taxable to the same extent on the federal return except for interest from U.S. Bonds, Treasury Bills, Treasury notes and flow through interest income from a tax option corporation (S corporation, Etc.).

Report the amount of taxable interest income from federal 1040, on line 2. column A. Report on line 2, column B, interest from U.S. Bonds and Treasury Bills and notes; document this excluded interest on the Excludible Interest Income schedule. Document the excluded interest on the Excludible Interest Income schedule.

Line 3 - Dividends

Dividends are taxable. Report on line 3, column A, the total amount of dividend income from the federal return. Report on line 3, column B, excludible dividends from U.S. Bonds, Treasury Bills, and Treasury notes. Document the excluded dividends on the Excludible Dividend Income schedule.

Line 4 – Taxable Refunds, Credits or Offsets NOT TAXABLE. Exclude all. No explanation needed.

Line 5 - Alimony Received

Alimony received is taxable. Report on line 5, columns A and C, the amount of alimony received as reported on the federal return.

Line 6 - Business Income

All self-employment income is taxable regardless of where the business is located. Report on line 6, columns A and C, the total business income from the federal return. Attach a complete copy of federal Schedule C. Federal rules concerning passive losses are applicable to losses deducted on a Big Rapids return.

Line 7 - Capital Gain or (Loss)

The Uniform City Income Tax Ordinance follows the Internal Revenue Code regarding capital gains. All capital gains realized while a resident are taxable regardless of where the property is located, with the following exceptions:

Capital gains on sales of obligations of the United States and subordinate units of government.

Line 7 - Capital Gain or (Loss) (continued)

- The portion of the capital gain or loss on property purchased prior to the inception of the Big Rapids income tax ordinance that is
- attributed to the time before inception ordinance.
 Capital loss carryovers that originated prior to the taxpayer becoming a resident of Big Rapids are not deductible.

Capital losses are allowed to the same extent they are allowed under the Internal Revenue Code and limited to \$3,000 per year. Unused net capital losses may be carried over to future tax years. The capital loss carryover for Big Rapids may be different than the carryover for federal income tax purposes.

Deferred capital gain income from installment sales and like-kind exchanges are taxable in the same year reported on the taxpayer's federal income tax return.

Flow through income or loss from a tax option corporation (S corporation, etc.) reported on federal Sch. D is excludible income. Attach copies of federal Sch. K-1 (Form 1120S).

Residents reporting capital gains or losses \boldsymbol{must} attach a copy of federal Schedule D.

Excluded capital gains must be explained by completing and attaching the Exclusions and Adjustments to Capital Gains or (Losses) schedule.

Line 8 – Other Gains or (Losses)
Other gains or losses are taxable to the extent that they are taxable on the Federal 1040. Other gains and losses realized while a resident are taxable regardless of where the property is located, except the portion of the gain or loss on property purchased prior to the inception of the Big Rapids Income Tax Ordinance.

Deferred other gains from installment sales and like-kind exchanges are taxable in the year recognized on the federal income tax return. Deferred gains must be supported by attaching a copy of federal Form 6252 and/or Form 8824.

Residents reporting other gains and losses must attach a copy of federal Form 4797.

Flow through income or loss from an S corporation reported on federal Form 4797 of a resident is excludible. Attach copies of federal Schedule K-1 (Form 1120S).

Use the Exclusions and Adjustments to Other Gains or (Losses) schedule to compute exclusions and adjustments to other gains and losses reported on your federal income tax return.

Line 9 - IRA Distributions

In column A enter the IRA distributions reported on federal Form 1040. Premature IRA distributions (Form 1099-R, box 7, distribution code 1) and IRA distributions made to a decedent's beneficiary other than the decedent's spouse (Form 1099-R, box 7, distribution code 4) are taxable. Other codes on Form 1099-R, box 7, may indicate the distribution is taxable to the City.

Exclude in column B, IRA distributions qualifying as retirement benefits: IRA distributions received after age $59\frac{1}{2}$ or described by Section 72(t) (2) (A)(iv) of the IRC and all other excludible IRA distributions. The Exclusions and Adjustments to IRA Distributions schedule is used to document excluded IRA distributions.

The conversion of a traditional IRA to a ROTH IRA is taxable to a resident (Form 1099-R, box 7, Distribution Code, G) unless the individual making the conversion is 59 ½ years old or older at the time of the conversion distribution.

Line 10 - Taxable Pension Distributions

Enter on line 10, column A, pension and annuities reported on federal Form 1040. Excluded pension and retirement benefits are reported on line 10, column B and explained on the **Exclusions and Adjustments to Pension Distributions** schedule. Pension and retirement benefits from the following are not taxable:

- 1. Pension plans that define eligibility for retirement and set contribution and benefit amounts in advance;
- 2. Qualified retirement plans for the self-employed;
 3. Benefits from any of the previous plans received on account of disability or as a surviving spouse if the decedent qualified for the exclusion at the time of death;
- 4. Distributions from a 401(k) or 403(b) plan attributable to employer contributions or attributable to employee contributions to the extent they result in matching contributions by the employer;
 5. Benefits paid to an individual from a retirement annuity policy that has
- been annuitized and paid over the life of the individual.

- Pension and retirement benefits from the following **are** taxable:
 1. Premature pension plan distributions (those received prior to qualifying for retirement);
 - 2. Amounts received from deferred compensation plans that let the employee set the amount to be put aside and do not set retirement age or requirements for years of service. These plans include, but are not limited to, plans under IRC Sections 401(k), 457 and 403(b):
 - Amounts received before the recipient could retire under the plan provisions, including amounts paid on separation, withdrawal or discontinuance of the plan;
 - b. Amounts received as early retirement incentives, unless the incentives were paid from a pension trust;
 - Benefits paid from a retirement annuity policy other than annuitized benefits paid over the life of the individual are taxable to the same extent taxable under the Internal Revenue Code.

Report taxable pension and retirement income on line 10, column C.

Line 11 - Rental Real Estate, Royalties, S Corporations,

Partnerships, Royalties, Estates, Trust, Etc.
All income reported on federal Schedule E is taxable. A resident's share of an S corporation's flow through income is taxable to the same extent and on the same basis the income is taxable under the Internal Revenue Code. Report this income on line 11, columns A and C.

Line 12 - Tax Option Corporation Distributions (S corporation)

Distributions (S corporation) Distributions (S corporation) Distributions received by a resident from a tax option corporation's Accumulated Adjustments Account, Other Adjustments Account and/or the Shareholder's Undistributed Taxable Income Previously Taxed Account (federal Form 1120S, Schedule M-2, line 7) are income on a Big Rapids return and are to be reported on this line. These distributions are found on federal Schedule K-1 (1120), line 16. Report these distributions on the Adjustments for Subchapter S Corporation Distributions schedule. Also attach copies of federal Schedule K-1 (Form 1120S).

Line 13 - Farm Income or (Loss)

Profit or loss from the operation of a farm is taxable as reported on the federal return regardless of where the farm is located. There are no exclusions. Attach a complete copy of federal Schedule F.

Line 14 - Unemployment Compensation

NOT TAXABLE. Exclude all. No explanation needed.

Line 15 - Social Security Benefits

NOT TAXABLE. Exclude all. No explanation needed.

Line 16 - Other Income

Other income reported on the resident's federal return is taxable except for income from recoveries related to federal itemized deductions from prior tax years. Report on this line a net operating loss carryover from the previous tax year. Report exclusions and adjustments on p. 2, using the Exclusions and Adjustments to Other Income schedule.

Line 17 — Total Additions

Add lines 2 through 16. of each column and enter amounts on line 17.

Line 18 - Total Income

Add lines 1 through 16 of each column and enter amounts on line 18.

Line 19 - Deductions

Enter amount from Deductions schedule, page 2, line 7.

NONRESIDENT INSTRUCTIONS

NONRESIDENT INCOME SUBJECT TO TAX:

- 1. Salaries, bonuses, wages, commissions, fees, vacation pay, severance pay, profit sharing plans and other compensation for services rendered as an employee in Big Rapids. Vacation pay, holiday pay, sabbatical pay, sick pay, institutional travel and a bonus paid by the employer are deemed to have the same tax status as the work assignment or work location and are taxable on the same ratio as the normal earnings of the employee.
- 2. Fair market value of merchandise or service received as compensations.
- 3. Net profits or loss from the operation of an unincorporated business, profession or other activity attributable to business activity conducted in Big Rapids, whether or not such business is located in Big Rapids. This includes business interest income from business activity in Big Rapids.

 4. Net profits from rental of real and tangible personal property
- located in Big Rapids.

 5. Net profits from sale or exchange of real or tangible personal property located in Big Rapids.
 Premature distributions from an Individual Retirement Account
- (IRA) where a deduction was claimed on a current or previous year's Big Rapids income tax return.
- 7. Premature distributions from a pension plan attributable to work performed in Big Rapids.
 Deferred compensation earned in Big Rapids.
- 9. Alimony received by earnings within the City only.

Line 1 - Wages, Salaries, Tips, Etc.

All wages of a nonresident are to be reported on the Wages, Excludible Wages and City Tax Withheld schedule. The total wages from line 15 of this schedule is the amount reported on Form BR-1040, page 1, line 1, column A. The total wages should be the same as the wages reported on your federal tax return (Form 1040).

All W-2 forms showing income earned in Big Rapids and/or tax withheld for Big Rapids must be attached to the return.

A Statement from every employer whose wages are being allocated must be attached to your return, the letter must state both the total number of hours worked for them and the number worked in Big Rapids. This letter must be on company letterhead and have the name, phone number and be signed by your direct supervisor.

Report on page 1, line 1, column B, the total excluded wages from Line Report on page 1, line 1, column B, the total excluded wages from Line 16 of the Wages, Excludible Wages and City Tax Withheld schedule. All excluded wages must be documented on the Wages, Excludible Wages and City Tax Withheld schedule and listed, by employer, on the Excluded Wages schedule on Form BR-1040, page 2. On the Wages, Excludible Wages and City Tax Withheld schedule, lines 13 and 14, enter the reason the wages are excludible and the address of the work station where you performed the work for the employer.

Do not use box 18 of W-2 form to report taxable wages or to allocate wages, use all wages reported on your federal return as the allocation basis.

A separate wage allocation must be completed for each employer. Wages are normally allocated using the actual number of days or hours worked in and outside of Big Rapids during the tax year for an employer. Vacation pay, holiday pay, sick pay, bonuses, severance pay, etc. are taxable to same extent as normal earnings.

100% Earned in Big Rapids. All wages, salaries, tips, sick pay, bonuses, deferred compensation, severance pay, and other compensation (Form W-2, boxes 1 and 8) is taxable to nonresidents who worked 100% of the time in Big Rapids.

Wage Allocation. Nonresidents who performed only part of their services for an employer in the City of Big Rapids must allocate their wages. Use the Nonresident and Part-Year Resident Wage Allocation section of the Wages, Excludible Wages and City Tax Withheld schedule. Also include a letter from your employer verifying the allocation.

Wage Allocations on Commissions, Etc. A nonresident salesperson paid on a commission basis or other results achieved should allocate wages based on commissions received or other results achieved attributable to efforts expended in Big Rapids. A nonresident insurance salesperson paid sales commissions and renewal commissions should salesperson pard sales commissions and renewal commissions should allocate compensation on the following basis: Allocate commissions from life, health, accident and vehicle (auto) insurance based on the location (residence) of the purchaser. Allocate commissions from group insurance based on the location of the group. Allocate commissions from fire and casualty insurance based on the location of the risk insured.

2019 BIG RAPIDS FORM BR-1040 INSTRUCTIONS FOR RESIDENTS, NONRESIDENTS AND PART-YEAR RESIDENTS

Line 2 - Interest

Non-business interest income of a nonresident is not taxable. Exclude all non-business interest income. No explanation needed. Interest income that is business income from business activity in Big Rapids is taxable and must be reported. Attach a schedule showing source and computation of taxable and nontaxable interest income.

Line 3 – Dividends

NOT TAXABLE. Exclude all dividend income. No explanation needed.

Line 4 - Taxable Refunds, Credits or Offsets

NOT TAXABLE. Exclude all. No explanation needed.

Line 5 - Alimony Received

NOT TAXABLE. Exclude all. No explanation needed.

Line 6 - Profit (Or Loss) from a Business, Etc.

Profit or loss from the operation of a business or profession is taxable to the extent it results from work done, services rendered or other business activities conducted in Big Rapids. Report on page 1, line 6, column A, business income reported taxable on your federal

The Exclusions and Adjustments to Business Income schedule is used to exclude business income. The total excluded business income from line 5 of this schedule is also entered on page 1, line 6, column B. If a business operates both in and outside of Big Rapids, the taxable profit or loss is determined using the three factor Business Allocation formula. Where no work is done, services rendered or other business activity is conducted in Big Rapids, the profit or loss is entirely excluded. Complete the Exclusions and Adjustments to Business Income schedule to exclude profit or loss from the operation of a business.

A Big Rapids net operating loss carryover from the previous tax year is reported on page 1, line 16, column C. See instructions for line 16.

Line 7 - Capital Gains or (Losses)

Capital gains or losses of a nonresident are included in taxable income to the extent the gains or losses are from property located in Big Rapids. Capital losses from property located in Big Rapids are allowed to the same extent they are allowed under the Internal Revenue Code. Unused capital losses may be carried over to future tax years. The capital loss carryover for Big Rapids may be different than the carryover for federal income tax purposes.

Deferred capital gain income from installment sales and likekind exchange of property located in Big Rapids are taxable in the year recognized on the taxpayer's federal income tax return.

Flow through income or loss from a tax option corporation (S corporation, etc.) reported on a nonresident's federal Schedule D is excluded on the Exclusions and Adjustments to Capital Gains or (Losses) schedule Attach copies of federal Schedule K-1 (Form 1120S).

Use the Exclusions and Adjustments to Capital Gains or (Losses) schedule to compute exclusions and adjustments to capital gains. NOTE: A common error on a nonresident return is failure to complete the Exclusions and Adjustments schedule to exclude the capital loss carryover reported on the taxpayer's federal income tax return.

Line 8 - Other Gains or (Losses)

A nonresident's other gains and losses are included in taxable income to the extent the gains or losses are from property located in Big Rapids. Deferred other gains and losses from installment sales and like-kind exchanges of property located in Big Rapids are taxable in the year recognized on the taxpayer's federal income tax return. Deferred other gains must be supported by attaching a copy of federal Form 6252 and/or Form 8824.

Flow through income or loss from a tax option corporation (S corporation, etc.) reported on federal Form 4797 is excluded on the Exclusions and Adjustments to Other Gains and (Losses) schedule. Attach copies of federal Schedule K-1 (Form 1120S)

Nonresidents reporting other gains and losses must attach a copy of federal Form 4797. Use the Exclusions and Adjustments to Other Gains and Losses schedule to compute exclusions and adjustments to other gains and losses reported on the federal income tax return. On line 4 of the schedule enter the total excluded other gains or losses and also enter this total on page 1, line 8, column

Line 9 - IRA Distributions

That portion of a premature IRA distribution that was deducted from Big Rapids taxable income in the current or a prior tax year (reported on Form 1099-R, box 7, distribution code 1) are taxable to a nonresident. IRA distributions received after age 59 ½ or described by Section 72(t)(2)(A)(iv) of the IRC are not taxable.

Line 10 - Taxable Pension Distributions

Premature pension plan distributions (those received by a nonresident prior to qualifying for retirement) are taxable to the same extent the normal wages from the employer are taxable.

A nonresident remaining employed by the particular employer in Big Rapids may not exclude amounts received from deferred compensation plans that let the employee set the amount to be put aside and do not plans include, but are not limited to, plans under Sections 401(k), 457 and 403(b) of the Internal Revenue Code (IRC): Amounts received before the recipient could retire under the plan provisions, including amounts paid on separation, withdrawal or discontinuance of the plan. Amounts received as early retirement incentives, unless the incentives were paid from a pension trust. See Line 10 under "Residents" for additional information on nontaxable pension and retirement benefits.

Excludible pension distributions are listed on the Exclusions and Adjustments to Pension Income schedule. Enter the total excluded pension distributions on the last line of the schedule and also enter the amount on page 1, line 10, column B.

Line 11 - Rental Real Estate, Royalties, Partnerships, S

Corporations, Estates, Trusts, Etc.

All income reported on the federal Schedule E that comes from business activity in Big Rapids or property located in Big Rapids is taxable to nonresidents. When an estate or trust has taxable income in Big Rapids, the estate or trust must file a return and pay tax on distributions, to populations and on undistributed taxable income. distributions to nonresidents and on undistributed taxable income.

The following income reported on federal Schedule E is excludable: income from business activity or property outside Big Rapids; tax option corporation (S corporation, etc.) flow through income or loss reported on Schedule E; and income from estates and trusts.

Explain all exclusions on the Exclusions and Adjustments to Income from Rental Real Estate, Royalties, Partnerships, S Corporations, Trusts, Etc. schedule. On line 6 of this schedule enter the total exclusions and adjustments; enter also on page 1, line 11, column B.

Line 12 - Subchapter S Corporation Distributions

None of these distributions are taxable to a nonresident, unless the S Corp is located in the City. Distributions from an S Corporation are taxable as if paid by a regular corporation as dividends

Line 13 – Farm Income or (Loss)
A nonresident's profit or loss from a farm are included in Big Rapids income to the extent the profit or loss results from work done, services rendered or other activities conducted in Big Rapids. The portion of the profit or loss reported on Big Rapids return is determined by use of the three factor Farm Allocation Percentage formula. Where no work is done, services rendered or other business activity is conducted in Big Rapids. the entire farm profit or loss is excluded, using the Exclusions and Adjustments to Farm Income schedule.

Sales of crops at any produce market, farmers market, or produce stand located in the city are Big Rapids business activity and subject to Big Rapids income tax.

Line 14 – Unemployment Compensation NOT TAXABLE. Exclude all. No explanation needed.

Line 15 – Social Security Benefits
NOT TAXABLE. Exclude all. No explanation needed.

Line 16 - Other Income

Other income is taxable if it is from work performed or other activities conducted in Big Rapids. Use the Exclusions and Adjustments to Other Income schedule to document exclusions and adjustments. Report on this line a Big Rapids-related net operating loss carryover from the previous tax year.

Line 17 - Total Additions

Add lines 2 through 16

Line 18 - Total Income

Add lines 1 through 16 of each column and enter amounts on line 18.

Line 19 - Total Deductions

Enter amount from Deductions schedule, page 2, line 7. A nonresident's deductions are limited by the extent they relate to income taxable under the Big Rapids Income Tax Ordinance. Nonresidents must allocate deductions the same way related income is allocated. See Deductions schedule (page 2 instructions) for a list of allowable deductions.

Big Rapids
INDIVIDUAL RETURN DUE APRIL 30, 2020

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| FEDERAL | 4. | Taxable refunds, cred | lits or offsets of state and local | income taxes | 4 | | .00 | | | | .00 | NOT TA | AXABLE |
| RETURN | 5. | Alimony received | | | 5 | | .00 |) | | | .00 | | .00 |
| | 6. | Business income or (le | oss) (Attach copy of federal Sc | hedule C) | 6 | | .00 | | | | .00 | | .00 |
| | | Capital gain or (loss) | | | | | | | | | | | |
| | 7. | (Attach copy of fed. S | ch. D) 7a Mark if fe | | 7 | | .00 |) | | | .00 | | .00 |
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| | 11. | | valties, partnerships, S corporat | ions, trusts, | | | | | | | | | |
| | | etc. (Attach copy of fe | ederai Schedule E) | | 11 | | .00 |) | | | .00 | | .00 |
| | 12. | Subchapter S corpora | ation distributions (Att. copy of fe | ed. Sch. K-1) | 12 NO | T APPLICA | ABLE | | | | .00 | | .00 |
| | 13. | Farm income or (loss) | (Attach copy of federal Schedu | ule F) | 13 | | .00 | | | | .00 | | .00 |
| SEND W-2 | 14. | Unemployment compe | ensation | | 14 | | .00 | | | | .00 | NOT T/ | AXABLE |
| FORMS | 15. | Social security benefit | ts | | 15 | | .00 | | | | .00 | NOT T/ | AXABLE |
| | 16. | Other income (Attach | statement listing type and amo | unt) | 16 | | .00 | | | | .00 | | .00 |
| | 17. | Total additions | s (Add lines 2 through 16) | | 17 | | .00 | | | | .00 | | .00 |
| | 18. | | (Add lines 1 through 16) | | 18 | | .00 | + | | | .00 | | .00 |
| | 19. | | ons (Subtractions) (Total from p | | | ne 7) | .00 | | | | 19 | | .00 |
| | 20. | | , , , , , | | | 110 7) | | | | | | | |
| | 20. | | after deductions (Subtract line and total exemptions, from Form E | | • | o 21a and r | multiply this pu | umbor by \$600 | | | 20 | | .00 |
| | 21. | Exemptions and ente | er on line 21b). | ., 0 | | | . , | • | | _ | | | |
| | | Big Rap | ids does not allow personal exe | emptions for be | eing 65 and ove | r, blind, dea | f, or permane | ently disabled. | 21a | | 21b | | .00 |
| | 22. | Total income | subject to tax (Subtract line 21b | from line 20) | | | | | | | 22 | | .00 |
| | 23. | | 2 by Big Rapids resident tax rat | | | | | | | _ | | | |
| | | on line 23b, or | if using Schedule TC to compu | • | | | | | 23a | | 23b | | .00 |
| | 24 | Payments and | Big Rapids tax withheld | Other tax pay cr fwd, partne | yments (est, extership & tax option | ension, on corp) | Credit to ar | for tax paid nother city | | Γotal | | | |
| | 24. | credits 24a | .00 | 24b | |)() 24c | | .00 | | ayments & credits | | | .00 |
| | 25. | Interest and penalty for | | | Interest | · · | F | Penalty | | Γotal | | | |
| | | estimated tax payment estimated tax; or late | | 25a | .(| 00 25b | | .00. | | nterest & penalty | 25c | | .00 |
| ENCLOSE | | | unt you owe (Add lines 23b and | d 25c and sub | tract line 2/ld) M | AKE CHEC | K OB MONE | V ORDER | | WITH | | | |
| CHECK OR | T/ | | ABLE TO: CITY OF BIG RAPID | | tract line 24d) IVI | AIL OILC | OK OK WORL | LI ONDLIN | | URN | 26 | | .00 |
| MONEY ORDER | ٥١ | VERPAYMENT | 27. Tax overpayment (Su | htract lines 231 | and 25c from I | ino 24d: ch | ooso ovornav | ment entions on | | | 27 | | .00 |
| ONDER | 0 | Amount of | | | | | oose overpay | ment options on | 111165 20 | 5 - 31) | 21 | | .00 |
| | 28. | overpayment | Community Pool | | Community Libra | <u> </u> | | | | Γotal | | | |
| | | donated 28a | .00 | 28b | .(| 00 | | | | donations | | | .00 |
| | 29. | Amount of overpayme | ent credited forward to 2020 | | | | | Amount of | credit to | 2020 > | > 29 | <u> </u> | .00 |
| | 30 | Amount of overpayme | ent refunded (Line 27 less lines | 28d and 29) (F | or refund to be | directly d | eposited to v | your bank | | | | | |
| | | | d box, line 31a, and complete | | | | | | fund an | nount >> | 30 | | .00 |
| | | Direct deposit refund (I | | Refund | sit) Rou | ting | | | | | | | |
| | ٠. | appropriate box 31a ar 31c, 31d and 31e). We | ia compiete imes | (direct depo | , | | | | | | | | |
| | 31. | depositing refunds, w | ve cannot | | 31d Acco | ber | | | | | | | |
| | | directly withdraw pay your account. | rments from | | 31e Acco | ount Type: | | 31e1. Checkin | g | | 3 | 1e2. Savings | |
| | | | | | | | 1 | 1 | | | | | |

| BR | -1040 |), PAG | E 2 | | Taxpaye | r's name | | | | Taxpayer's S | SSN | 19MI-BR-1040-2 | | | | | | |
|------------|----------|------------------------|----------|----------------------------|----------------|--|------------------------------|-------------------|----------------------------|---------------------------------|------------------------------------|----------------|------------------------|-------------------|-----------------------------|---------------------|--------------------|----------|
| EY | EMD. | TIONS | | | | Date of birth (mm/de | d/yyyy) | | Regular | | | | | | | | | |
| | HEDI | | 1a. \ | ⁄ou | | | | | | | | | | | 1e. Enter | | | |
| • | , | | 1b. S | Spouse | | | | | | | | | | | | s check 1a and | | |
| 1d. | List De | pendents | 1c. | С | heck bo | x if you can be claime | ed as a dep | endent on and | ther perso | n's tax return | | | | | | | | |
| # | Fir | rst Name | | | L | ast Name | | Social Security | Number | Rel | ationship | | ate of Birtl | h | | numbe | | |
| 1. | | | | | | | | | | | | | | | | ndent cl on line | | |
| 2. | | | | | | | | | | | | | | | liotod | OIT IIIIC | ıu | |
| 3. | | | | | | | | | | | | | | | 1g. Enter | numbe | r of other | |
| 4. | | | | | | | | | | | | | | | deper | | isted on | |
| 5. | | | | | | | | | | | | | | | iii ic i | u | | |
| 6. | | | | | | | | | | | | | | | 1h. Total | exempt | ions (Add | |
| 7. | | | | | | | | | | | | | | | | 1e, 1f a | | |
| 8. | | | | | | | | | | | | | | | | nere ar | nd also on 21a) | |
| | | DED W | ΙΛGΙ | ES AND |) TAY | (WITHHELD : | SCHED | III E (Soc | inetru | ctions Pa | acidant v | vades de | nerally | not a | vcluded) | | * | |
| W-2 | Col. A | JED W | | LUMN B | 7 177 | COLUMN | | | COLUMN E | | esiderit v | vages ge | licially | COLUM | MN E | | COLUMN | F |
| vv-∠ # | T or S | | | URITY NUI | | EMPLOYER'S ID I | | | UDED WA | | FΔII | URE TO | BI WITH | G RAPII HELD (| MN E OS TAX Form W-2, | | CALITY N | |
| 1. | | (1 | Form V | V-2, box a) |) | (Form W-2, bo | ox b) | (Attach Ex | cluded Wa | | | ACH W-2 | | box 1 | 19) | (Fo | rm W-2, bo | x 20) |
| 2. | | | | | | | | | | .00 | FORMS | TO PAGE | | | .00 | | | |
| | | | | | | | | | | .00 | | L DELAY | | | .00 | | | |
| 3. | | | | | | | | | | .00 | | SSING OF | | | .00 | | | |
| 4. | | | | | | | | | | .00 | | RMATION | | | .00 | | | |
| 5. | | | | | | | | | | .00 | | EMENTS | | | .00 | | | |
| 6. | | | | | | | | | | .00 | | ED FROM TAX | | | .00 | | | |
| 7. | | | | | | | | | | .00 | | ARATION | | | .00 | | | |
| 8. | | | | | | | | | | .00 | | VARE ARE | | | .00 | | | |
| 9. | | | | | | | | | | .00 | NOT AC | CEPTABLE | · | | .00 | | | |
| 10. | | | | | | | | | | .00 | | | | | .00 | | | |
| 11. | Totals (| (Enter her | e and | on page 1; | part-yr r | residents on Sch TC) | | | | .00 | << Enter on | pg 1,ln 1, co | В | | .00 | << Er | nter on pg 1 | , In 24a |
| DE | DUC. | TIONS | SC | HEDUL | . E (Se | ee instructions | ; deduc | tions alloc | ated o | n the sam | ne basis | as relate | d incom | ne) | D | EDUCT | IONS | |
| 1. | IRA de | duction (A | Attach | copy of Scl | hedule 1 | of federal return & e | vidence of p | payment) | | | | | | 1 | | | | .00 |
| 2. | Self-em | nployed SI | EP, SI | MPLE and | qualified | l plans (Attach copy | of Schedule | e 1 of federal re | eturn) | | | | | 2 | | | | .00 |
| 3. | Employ | ee busine | ess exp | enses (At | tach cop | y of federal Form 210 | 6 and deta | iled list) | | | | | | 3 | | | | .00 |
| 4. | Moving | expenses | s (Into | city area o | only) (At | tach copy of federal F | orm 3903) | | | | | | | 4 | | | | .00 |
| 5. | Alimon | y paid (D | о иот | INCLUDE | CHILD | SUPPORT. Attach of | opy of Sch | edule 1 of fede | eral return) | | | | | 5 | | | | .00 |
| 6. | Renais | sance Zor | ne ded | uction (N/A | A to Big I | Rapids residents as E | ig Rapids o | does not have a | any Renais | ssance Zones |) | | | 6 | | | | .00 |
| 7. | | | | | | line 6, enter total here | | | | | | | | 7 | | | | .00 |
| ΑD | DRE | SS SC | HED | ULE (V | Where | e taxpayer (T), | spouse | (S) or bo | th (B) r | resided di | uring yea | ar and da | tes of r | eside | ncy) | | | |
| MA | RK | List all re | sideno | e (domicile me as liste | e) addres | sses (Include city, sta t year's return, print "S | te & zip coo Same " If no | de). Start with a | address us st vear list | sed on last ye t reason. Con | ar's return. If tinue listing t | the address | on page 1 residence | of this | FRO | М | TC |) |
| T, 8 | S, B | | | | | ge 1 of this return is i | | | | | | , | rediaeride | | MONTH | DAY | MONTH | DAY |
| | | | | | | | | | | | | | | | | | | |
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| TH | RD F | PARTY | DE | SIGNE | E | | · <u></u> - | | | | | | | | | | - | - |
| Do yo | ou want | to allow a | nothe | person to | discuss | this return with the In | come Tax | Office? | Y | es, complete t | the following | | No | | | | | |
| Desi | gnee's | | | | | | | | | | Phone | | | Person | nal identifica | tion | | |
| name | • | | | | | | | | | | No. | | | numbe | er (PIN) | | | |
| | | | | | | are that I have exa | | | | | | | | | • | - | | is |
| | | , correct ment to t | | | | a resident claiming by a person other | | | | | | | | | | | | |
| SIG | | | | | | oth spouses must sign | Date (MM/D | | _ | r's occupation | 54554 51. 4 | | ime phone n | | | | eased, date | of death |
| HER | | | | | | | | | | | | | | | | | | |
| | | USE'S SIGN | NATUR | E | | | Date (MM/D | DD/YY) | Spouse's | occupation | | | | | | If dec | eased, date | of death |
| | | | | | | | | | | | | | | | | | | |
| ζy ,, | SIGN | IATURE OF | PREP | ARER OTHE | R THAN | TAXPAYER | | | | | Date (MM/I | DD/YY) | PTIN, E | IN or SS | N | | | |
| ZER. | É | | | | | | | | | | | | Prepare | er's phone | e no. | | | |
| PREPARER'S | FIRM | I'S NAME (| or yours | if self-emplo | oyed), AD | DRESS AND ZIP CODE | : | | | | | | | NACT | | | | |
| PRE | 5 | | | | | | | | | | | | | softwa | | | | |

| WAGES AND EXCLUDIBLE WAGES SCHEDULE - BR-1040, PAGE 1, LINE 1, COLUMN B Altachment 2-1 All W-2 forms must be attached to page 1 of the return Wall will be this form to positive dealth or all from W-2 and all other wage income reported on feberal Forms 1040 (line 7), such as: wages received as a household employee for which you did not receive a W-2; lips reported on federal Form 4137, tasable dependent care benefits, employer-provided adoption benefits, scholarship and fellowship granten of reported or Form W-2; disability benefits and/or excess contributions (plus earnings); wages from Form 8919, line 6; and office wage ltems not included in a Form W-2. When the form to calculate excludible formations (plus earnings); wages from Form 8919, line 6; and office wage ltems not included in a Form W-2. When the form to calculate excludible formationably wages included in load wages incorped on your described wages for each employer are also reported or your feed of home 864-000, page 1, line 1, col. 8. Employer (or source) 2 Employer (or source) 3 Employer's Damber (W-2, box t) or source's 10 Must here if available or source's 10 Must here induded in the source's contract was three induded street number and street name, city, state and 21P code, lift line 6 is checked either primary work location) Address of the student (Where you actually work, not address on Form W-2, box t) (see instructions) 10. Code for wage type reported on line 9 Wages in the color competisation or source's 2 Employer (or source) 2 Employer (or source) 3 For use by nonresidents or part-war residents who worked both in and outside of the city for the employer wages and day worked while a nonresident working all of their wages are taxable. 11. Enter actual number of days or house on the out on the city should skip his Nonresident Wage Allocation | Тахра | ayer's name | | Taxpayer's SSN | | 2019 Big | Rapids | |
|--|----------------------------|--|--|---|--|--|--|--|
| All W-2 forms must be attached to page 1 of the return We revised 01/02/2022 We his fix mit to provide details for all Form W-2 and all of the ways income reported on returned to the provide details for all Form W-2 and all of the provided details for all Form W-2 and all of the provided details for all Form W-2 and the provided on Form W-2 (the provided details for all Form W-2 (the provided details for all Form W-2 (the provided details for the provided on Form W-2 (the fish time to calculate exclusive flow introduction (plus earnings)) wages from Form 8919, line 6; and other wage aftern not included in a Form W-2. WAGES, ETC. Employer (or source) 1 Employer (or source) 2 Employer (or source) 2 Employer (or source) 3 SSN from Form W-2, box a 4, Enter T for texpoyer or Sor spouse 5. Details of employer and unique system of form w-2, box a 4, Enter T for texpoyer or Sor spouse 5. Details of employer during system of form w-2, box a 1/2 (the provided on the p | 14/4 | OFO AND EVOLUDIDIES | 4.0E0.00UEDUU | 5 55 4040 54 | 05.4.11 | | | 4// 1 104 |
| Use this Kern to provide details for all Forms W-2 and all offer wage income reported on federal Forms 1040 (lier 7), such as: wages received as a household employee for which you did not receive a W-2, lies period not federal form 4137 (axabide appendent care benefits, employee-provide adoption benefits; exchanging and interpreted on federal period 147 (lier and 147) (axabide periods shown on Form 1096-8ff the taxpayer has not reached the minimum reterement age set by the employer, corrective delibroulons from a reterement plant shown on Form 1096-8ff flow on the control of the wage times on included in a Form W-2, good or such minory or as also reported on Form 8ff (lier of, and minor) or an also reported on Form 8ff (lier of, and minor) or an also reported on Form 8ff (lier of, and minor) or an also reported on Form 8ff (lier of, and minor) or an also reported on Form 8ff (lift) (light) or source) 3 Employer (in Dumber (W-2, box b) or source) 1 | | | | | AGE 1, LIN | E 1, COLUMN B | | |
| receive a W2, tips reported on federal Form 4157, taxable dependent care benefits, employer-provided adoption benefits, scholarship and fellowship grants not reported on Form W2. Use his form to entire excess contributions (plus emings), wages from Form 819, line 6; and other wage freem not included in a Form W2. Use his form to calculate excludible contraded by wages included in lotal wages person from 819, line 6; and other wage freem not included in a Form W2. Use his form to calculate excludible provided in foot wages reported or your visibility of the policy 2, cocalod Vigos and Tax Virtual Format wages and policy formation of the policy 2. Employer (or source) 1 Employer (or source) 2 Employer (or source) 2 Employer (or source) 3 SSN from Form W-2, box a) 4. Enter 1 for taxpayer or S for spouse 5 Dates of employment during tax year 6 Dates of employment during tax year 7 From 10 | | | | | orms 1040 (line | 7), such as: wages receive | ed as a household empl | |
| Form IR-1040, page 2, Excluded Wages and Tax Willhelded Schedule and the total amount of excludious and recovery 1 Employer (or source) 2 Employer (or source) 3 | receiv pension exces | ve a W-2; tips reported on federal Form 413 ons shown on Form 1099-R if the taxpayer ss salary deferrals and/or excess contribution | 37; taxable dependent care has not reached the minimons (plus earnings); wages | benefits; employer-prov lum retirement age set b from Form 8919, line 6; | vided adoption by the employer and other wag | penefits; scholarship and fe ; corrective distributions fro e items not included in a Fo | ellowship grants not report a retirement plan shorm W-2. | orted on Form W-2; disability own on Form 1099-R from |
| 1. Employer's ID number (PX-2 box t) or source's name (Form W-2, box c) or source's na | Use the Form | BR-1040, page 2, Excluded Wages and Ta | e) wages included in total w ax Withheld Schedule and t | ages reported on your fages reported on your fages. He total amount of exclusions are seen as the contract of | ederal tax retur ıdible wages is | n (Forms 1040, line 7). Exc reported on Form BR-1040 | cludible wages for each), page 1, line 1, col. B. | employer are also reported on |
| Sumpleyer's name (Form W-2, box c) or source's In Number if sivalitatie | | , | Employer (or | source) 1 | En | ployer (or source) 2 | Eı | mployer (or source) 3 |
| S. SSN from Form W-2, box a 3. SSN from Form W-2, box a 4. Enter T for taxpayer or S for spouse 5. Dates of employment during tax year 6. Mark (X) box If you work at multiple locations in and out of Big Rapids 7. Address of work station (Where you actually work, not address on Form W-2 unless you work there: includes street number and street name, city, state and 2IP code; if line 6 is checked enter primary work location) 8. Wages, Ibb, other compensation (Form W-2, box 1) (see instructions) 10. Code for wage type reported on line 9 10. Code for wage type reported on line 9 10. Code for wage type reported on line 9 10. For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident fursure working all of their work time for an employer in the city should skip this Nonresidents working all of their work time for an employer in the city should skip this Nonresidents working all of their work time for an employer in the city should skip this Nonresident work in the for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident work time for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident work time for an employer or source in an employer or source in an employer or the city should skip this Nonresident work time for an employer in the city should skip this Nonresident work time for an employer or the city should skip this Nonresident work time for an employer or hours worked (Line 11 least line 12). 14. Enter actual number of days or hours worked in city (Line 14 divided by line 15, 2nd-17-2re residents worked in city (Line 14 divided by line 15, 2nd-17-2re residents worked in city (Line 14 divided by line 15, 2nd-17-2re residents worked in city (Line 14 divided by line 15, 2nd-17-2re residents worked in city (Line 14 divided by line 15, 2nd-17-2re residents worked in city (Line 14 divided by line 15, 2nd-17-2re reside | s | ource's ID Number if available | | | | | | |
| 4. Enter T for taxpayer or S for spouse 5. Dates of employment during tax year 6. Mark (X) box If you work at multiple locations in and out of tig Rapids 7. Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street number and street name, city, state and 2IP code; if line 6 is checked enter primary work location) 8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero 9. Wages not included in Form W-2, box 1 (See instructions) 10. Code for wage type reported on line 9 NONRESIDENT WAGE ALLOCATION Employer (or source) 1 Employer (or source) 2 Employer (or source) 3 For use by nonresidents or part-vear residents who worked both in and outside of the city for the employer while a nonresident for computations, Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable. 11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work) 12. Vacation, holiday and sick days or hours worked (Line 11 less line 12) 13. Actual number of days or hours worked (Line 11 less line 12) 14. Enter actual number of days or hours worked (Line 11 less line 12) 15. Percentage of days or hours worked in city (Line 14 divided by line 15, part-year residents) 16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15), part-year residents | | | | | | | | |
| 5. Dates of employment during tax year 6. Mark (X) box if you work at multiple locations in and out of Big Rapids 7. Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street number and street name, city, state and ZIP code; if line 6 is checked enter primary work location) 8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero 9. Wages not included in Form W-2, box 1 (See instructions) 10. Code for wage type reported on line 9 NONRESIDENT WAGE ALLOCATION 10. Code for wage type reported on line 9 NONRESIDENT WAGE ALLOCATION 11. Enter actual number of days or hours worked both in and outside of the city for employee way worked while a nonresident for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable. 12. Vacation, holiday and sick days or hours included he line 11, only flow to provide the city in the city should skip this Nonresident (use only wages and clays worked while a norresident for computations.) 13. Actual number of days or hours on job for employer during period (Do not include weekends yould into twork) 14. Enter actual number of days or hours worked (Line 11, 11, 11, 11, 11, 11, 11, 11, 11, 11 | | · | | _ | | | | |
| 6. Mark (X) box If you work at multiple locations in and out of Big Rapids 7. Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street number and street name, city, state and ZIP code; if line 6 is checked enter primary work (location) 8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero 9. Wages not included in Form W-2, box 1 (See instructions) 10. Code for wage type reported on line 9 NONRESIDENT WAGE ALLOCATION Employer (or source) 1 Employer (or source) 2 Employer (or source) 3 For use by nonresidents working all of their work time for an employer in the city while a nonresident must use the wage allocation to determine wages earned in city while a nonresident (use only wages and days worked while a nonresident for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation for that employer as all of their wages are taxable. 11. Enter actual number of days or hours on both or employer during period (Do not include weekends you did not work) 12. Vacation, holiday and slot days or hours included in line 11, only if work performed in and outside the city 13. Actual number of days or hours worked (Line 11 less line 12) 14. Enter actual number of days or hours worked (Line 11 less line 12) 15. Percentage of days or hours worked (Line 11 less line 12) 16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents 17. Percentage of days or hours worked on city (Total of lines 8 and 9 multiplied by line 15; part-year residents | | | F | | F | | F | |
| multiple locations in and out of Big Rapids Rapids 7. Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street name; oil, state and ZIP code; if line 6 is checked enter primary work location) 8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero 9. Wages not included in Form W-2, box 1 (See instructions) 10. Code for wage type reported on line 9 10. NONRESIDENT WAGE ALLOCATION Employer (or source) 1 Employer (or source) 2 Employer (or source) 3 10. For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident must use the wage allocation to determine wages earned in city while a nonresident (use only wages and days worked while a nonresident number of days or hours on job for employer during period (Do not include weekends you did not work) 12. Vacation, holiday and sick days or hours on job for employer during period (Do not include weekends you did not work) 13. Actual number of days or hours worked (Line 11 less line 12) 14. Enter actual number of days or hours worked worked in and outside the city worked in city (Line 14 divided by line 15), set-year residents worked in city (Line 14 divided by line 15), set-year residents 15. Percentage of days or hours worked in city (Line 14 divided by line 15), set-year residents | | | FIOIII | 10 | FIOIII | 10 | FIOTI | 10 |
| actually work, not address on Form W-2 unless you work there included street number and street name, city, state and ZIP code; if line 6 is checked enter primary work location) 8. Wages, lips, other compensation (Form W-2, Ebx 1); report statutory employee wages as zero 9. Wages not included in Form W-2, box 1 (See instructions) 10. Code for wage type reported on line 9 NONRESIDENT WAGE ALLOCATION Employer (or source) 1 Employer (or source) 2 Employer (or source) 3 For use by nonresidents or part-year residents who worked both in and outside of the city of the employer while a nonresident must use the wage allocation to determine wages earned in city while a nonresident working all of their work time for an employer in the city should skip this Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable. 12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city 13. Actual number of days or hours worked (Line 11 less line 12) 14. Enter actual number of days or hours worked (Line 11 less line 12) 15. Percentage of days or hours worked (Line 11 less line 12) 16. Enter actual number of days or hours worked (Line 11 less line 12) 17. Enter actual number of days or hours worked (Line 11 less line 12) 18. Enter actual number of days or hours worked (Line 11 less line 12) 19. Expercentage of days or hours worked (Line 11 less line 12) 19. Expercentage of days or hours worked (Line 11 less line 12) 10. Expercentage of days or hours worked (Line 11 less line 12) 11. Enter actual number of days or hours worked (Line 11 less line 12) 12. Expercentage of days or hours worked (Line 11 less line 12) 13. Expercentage of days or hours worked (Line 11 less line 12) 14. Enter actual number of days or hours worked (Line 11 less line 12) 15. Percentage of days or hours worked (Line 11 less line 12) 16. Wages earned in city (Total of lines 8 a | n R | nultiple locations in and out of Big Rapids | | | | | | |
| (Form W-2, Box 1); report statutory employee wages as zero 9. Wages not included in Form W-2, box 1 (See instructions) 10. Code for wage type reported on line 9 NONRESIDENT WAGE ALLOCATION Employer (or source) 1 Employer (or source) 2 Employer (or source) 3 For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use the wage allocation to determine wages earned in city while a nonresident (so en) wages and days worked while a nonresident for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable. 11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work) 12. Vacaction, holiday and sick days or hours in an and outside the city 13. Actual number of days or hours worked (Line 11 less line 12) 14. Enter actual number of days or hours worked in city (Line 14 divided by line 15; part-year residents Worked in city (Line 14 divided by line 15; part-year residents working both in and outside working all of their wages are taxable. 15. Percentage of days or hours worked in city (Line 14 divided by line 15; part-year residents | a u n Z | actually work, not address on Form W-2 unless you work there: include street number and street name, city, state and ZIP code; if line 6 is checked enter | | | | | | |
| 9. Wages not included in Form W-2, box 1 (See instructions) 10. Code for wage type reported on line 9 NONRESIDENT WAGE ALLOCATION Employer (or source) 1 Employer (or source) 2 Employer (or source) 3 For use by nonresidents or part-vear residents who worked both in and outside of the city for the employer while a nonresident. Part-vear residents working both in and outside while a nonresident fuse only wages and days worked while a nonresident for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable. 11. Enter actual number of days or hours include weekends you did not work) 12. Vacaction, holiday and sick days or hours included in line 11, only if work performed in and outside the city 13. Actual number of days or hours worked (Line 11 less line 12) 14. Enter actual number of days or hours worked in city (Line 14 divided by line 13; default is 100%) 15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%) 16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents | (1 | Form W-2, Box 1); report statutory | | | | | | |
| NONRESIDENT WAGE ALLOCATION Employer (or source) 1 Employer (or source) 2 Employer (or source) 3 For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use the wage allocation to determine wages earned in city while a nonresident (use only wages and days worked while a nonresident for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable. 11. Enter actual number of days or hours worked (Line 11 less line 12) 12. Vacation, holiday and sick days or hours worked (Line 11 less line 12) 14. Enter actual number of days or hours worked in city (Line 14 divided by line 13; default is 100%) 15. Percentage of days or hours worked in city (Cline 14 divided by line 13; default is 100%) 16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents | 9. V | Vages not included in Form W-2, box 1 | | | | | | |
| For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use the wage allocation to determine wages earned in city while a nonresident (use only wages and days worked while a nonresident for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable. 11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work) 12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city 13. Actual number of days or hours worked (Line 11 less line 12) 14. Enter actual number of days or hours worked in city 15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%) 16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents | 10. C | code for wage type reported on line 9 | | | | | | |
| while a nonresident must use the wage allocation to determine wages earned in city while a nonresident (use only wages and days worked while a nonresident for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable. 11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work) 12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city 13. Actual number of days or hours worked (Line 11 less line 12) 14. Enter actual number of days or hours worked in city 15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%) 16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents | | | . , , | , | | . , , , | | . , , , |
| job for employer during period (Do not include weekends you did not work) 12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city 13. Actual number of days or hours worked (Line 11 less line 12) 14. Enter actual number of days or hours worked in city 15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%) 16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents | while | a nonresident must use the wage allo | cation to determine wag | es earned in city while | e a nonreside | nt (use only wages and o | days worked while a r | nonresident for computations.) |
| 12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city 13. Actual number of days or hours worked (Line 11 less line 12) 14. Enter actual number of days or hours worked in city 15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%) 16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents | jc | ob for employer during period (Do not | | | | | | |
| (Line 11 less line 12) 14. Enter actual number of days or hours worked in city 15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%) 16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents | ir | ncluded in line 11, only if work performed | | | | | | |
| worked in city 15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%) 16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents | | | | | | | | |
| worked in city (Line 14 divided by line 13; default is 100%) 16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents | | | | | | | | |
| 9 multiplied by line 15; part-year residents | W | vorked in city (Line 14 divided by | | % | | | % | % |
| while a nonresident) | 9 u | multiplied by line 15; part-year residents use only the portion of wages earned | | | | | | |
| EXCLUDIBLE WAGES Employer (or source) 1 Employer (or source) 2 Employer (or source) 3 | | | Employer (or | source) 1 | En | ployer (or source) 2 | Eı | mployer (or source) 3 |
| 17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16) | | | | | | | | |
| 18. Enter resident excludible wages | 18. E | inter resident excludible wages | | | | | | |
| 19. Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by Big Rapids | re | eported on lines 17 and/or 18 are not | | | | | | |
| 20. Total excludible wages (Line 17 plus line 18; Enter here and on BR-1040, page 2, Excluded Wages schedule) | 1 | 8; Enter here and on BR-1040, page | | | | | | |
| 21. Total taxable wages (Line 8 plus line 9 less line 20) | | • | | | | | | |
| 22. Total wages (Add lines 8 and 9 for all employers and other sources; must equal amount reported on Form BR-1040, page 1, line 1, column A; Part-year residents must equal amount reported on Schedule TC, line 1, column A) | а | amount reported on Form BR-1040, page 1 | , line 1, column A; Part-yea | r | ı | | <u> </u> | |
| 23. Total excludible wages from all employers and other sources (Add line 20 for all columns; enter here and also on Form BR-1040, page 1, line 1, column B; part-year residents enter here and on Schedule TC, line 1, column | 23. T o | otal excludible wages from all employers a on Form BR-1040, page 1, line 1, column B | and other sources (Add line | 20 for all columns; ente | | | | |
| B) 24. Total taxable wages from all employers and other sources (Line 22 less line 23); enter here and also on Form BR-1040, page 1, line 1, column C; part-year residents enter here and allocate on Schedule TC, line 1, between columns C and D) | 24. T | Total taxable wages from all employers and | | | d also on Form | BR-1040, page 1, line 1, c | olumn C; part- | |

| Taxpayer's name | Taxpayer's SSN | 2019 Big Rapids | | | | | | | |
|--|----------------|-----------------|--|--|--|--|--|--|--|
| SCHEDULE TC, PART-YEAR RESIDENT TAX CALCULATION - BR-1040, PAGE 1, LINES 23a AND 23b Attachmen | | | | | | | | | |

A part-year resident is required to complete and attach this schedule to the city return:

Revised 01/30/2020

- 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 the city
- 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 PE | RIOD | From | То | B. PART-YEA | R R | ESIDENT'S FORMER / | ADDRESS |
|--|--------------------------|--|----------------------|--------------------------------------|------------|--|---|
| Taxpayer | | | | Taxpayer | | | |
| Spouse | | | | Spouse | | | |
| INCOME | | Colun Federal Re | | Column B Exclusions and Adjustmer | nts | 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 | .0 |
| 6. Business income or (loss) (Att. copy of fed. S | ch. C) 6 | | .00 | | .00 | .00 | .0 |
| 7. Capital gain or (loss) 7a Mark if So D not required | h. 7t |) | .00 | | .00 | .00 | .0 |
| 8. Other gains or (losses) (Att. copy of Form 47 | 97) 8 | | .00 | | .00 | .00 | .0 |
| 9. Taxable IRA distributions | 9 | | .00 | | .00 | .00 | .0 |
| 10. Taxable pensions and annuities (Att. Form 10 | | | .00 | | .00 | .00 | .0 |
| 11. Rental real estate, royalties, partnerships, S c trusts, etc. (Attach copy of fed. Sch. E) | orps., 11 | | .00 | | .00 | .00 | .0 |
| 12. Subchapter S corporation distributions (Attac of federal Schedule K-1) | n copy 12 | NOT APP | LICABLE | | .00 | .00 | .00 |
| 13. Farm income or (loss) (Att. copy of fed. Sch. | F) 13 | | .00 | | .00 | .00 | .0 |
| 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 | .0 |
| 17. Total additions (Add lines 2 through 10 | 5) 17 | | .00 | | .00 | .00 | .0 |
| 18. Total income (Add lines 1 through 16) | 18 | | .00 | | .00 | .00 | .0 |
| DEDUCTIONS SCHEDULE See | instruction | s. Deductions mus | t be allocated on | the same basis as related inc | ome. | | |
| IRA deduction (Attach copy of Schedu federal return & evidence of payment) | e 1 of 1 | | .00 | | .00 | .00 | .0 |
| Self-employed SEP, SIMPLE and qual 2. plans (Attach copy of Schedule 1 of fer return) | | | .00 | | .00 | .00 | .0 |
| Employee business expenses (See instructions & attach copy of fed. Form | 2106) 3 | | | | | .00 | .00 |
| Moving expenses (Into city area only) (Attach copy of federal Form 3903) | 4 | | .00 | | .00 | .00 | .00 |
| 5. Alimony paid (DO NOT INCLUDE CHI SUPPORT.) (Att. copy of page 1 of fec | LD . return) 5 | | .00 | | .00 | .00 | .00 |
| 6. Renaissance Zone deduction (Att. Sch | | | | | | .00 | .0 |
| 19. Total deductions (Add lines 1 through | 5) | | | | 19 | .00 | .0 |
| 20a. Total income after deductions (Subtrac | t line 19 fro | om line 18) | | | 20a | .00 | .0 |
| 20b. Losses transferred between columns C and | D (If line 2 | 20a is a loss in eithe | r column C or D, | see instructions) | 20b | .00 | .0 |
| 20c. Total income after adjustment (Line 20a les | | | | | 20c | .00 | .0 |
| 21. Exemptions (Enter the number of exempti and multiply by the value of a (If the amount on line 21b ex- unused portion (line 20b less | n exemptio eeds the a | n, and enter on line mount of resident in | 21b) | | 21b 21c | .00. | .0 |
| 22a. Total income subject to tax as a reside | | , | 20c; if zero or less | s, enter zero) | 22a | .00 | |
| 22b. Total income subject to tax as a nonre | | | | * | 22b | | .0 |
| <u> </u> | , | 22a BY RESIDEN | • | | 23a | .00 | |
| • | | E 22b BY NONRES | | · " | 23b | .00 | .0 |
| 23c Total tay (Add lines 23a and 23b) (ENTE | R HERE A | AND ON FORM BR- | 1040, PAGE 1, L | INE 23b, | 23c | .00 | |

| | | | _ | | | | |
|---------------------------|---|---|---|---|--|---|--|
| Taxpayer's name | | Taxpayer's SSN 2019 Big Rapid | | Rapids | | | |
| W | AGES AND EXCLUDIBLE W | AGES SCHEDULE - | BR-1040. PA | GE 1. LIN | IE 1. COLUMN B | | Attachment 2-1 |
| | I W-2 forms must be attache | | - | ., | ·, | | Revised 01/30/2020 |
| Use rece per exc | this form to provide details for all Forms W- eive a W-2; tips reported on federal Form 41: sions shown on Form 1099-R if the taxpayer ess salary deferrals and/or excess contributi | 2 and all other wage income rej 37; taxable dependent care ben r has not reached the minimum ons (plus earnings); wages from | ported on federal Fo nefits; employer-prov retirement age set b n Form 8919, line 6; | ided adoption y the employe and other wag | benefits; scholarship and fellor; corrective distributions from e items not included in a Forr | owship grants not repo a retirement plan sho n W-2. | orted on Form W-2; disability own on Form 1099-R from |
| Use For | this form to calculate excludible (nontaxable m BR-1040, page 2, Excluded Wages and Ta |) wages included in total wages ax Withheld Schedule and the to | s reported on your fe otal amount of exclu | ederal tax retu dible wages is | n (Forms 1040, line 7). Exclu reported on Form BR-1040, ¡ | dible wages for each o page 1, line 1, col. B. | employer are also reported on |
| | GES, ETC. | Employer (or so | | | nployer (or source) 2 | | nployer (or source) 3 |
| 1. | Employer's ID number (W-2, box b) or source's ID Number if available | | | | | | |
| 2. | Employer's name (Form W-2, box c) or source's name | | | | | | |
| 3. | SSN from Form W-2, box a | | | | | | |
| 4. | Enter T for taxpayer or S for spouse | | | | | | |
| 5. | Dates of employment during tax year | From To | | From | То | From | То |
| 6. | Mark (X) box If you work at multiple locations in and out of Big Rapids | | | | | | |
| 7. | Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street number and street name, city, state and ZIP code; if line 6 is checked enter primary work location) | | | | | | |
| | Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero | | | | | | |
| | Wages not included in Form W-2, box 1 (See instructions) | | | | | | |
| 10. | Code for wage type reported on line 9 | | | | | | |
| | NRESIDENT WAGE ALLOCATION | Employer (or so | , | | nployer (or source) 2 | | nployer (or source) 3 |
| whi | use by nonresidents or part-year reside le a nonresident must use the wage allo nresidents working all of their work time | cation to determine wages e | earned in city while | a nonreside | nt (use only wages and da | ys worked while a n | onresident for computations.) |
| 11. | Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work) | | | | | | |
| 12. | Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city | | | | | | |
| 13. | Actual number of days or hours worked (Line 11 less line 12) | | | | | | |
| 14. | Enter actual number of days or hours worked in city | | | | | | |
| | Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%) | | % | | | % | % |
| 16. | Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident) | | | | | | |
| | CLUDIBLE WAGES | Employer (or so | urce) 1 | Er | nployer (or source) 2 | En | nployer (or source) 3 |
| 17. | Enter nonresident excludible wages (Total of lines 8 & 9 less line 16) | | | | | | |
| 18. | Enter resident excludible wages | | | | | | |
| | Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by Big Rapids | | | | | | |
| 20. | Total excludible wages (Line 17 plus line 18; Enter here and on BR-1040, page 2, Excluded Wages schedule) | | | | | | |
| 21. | Total taxable wages (Line 8 plus line 9 less line 20) | | | | | | |
| 22. | Total wages (Add lines 8 and 9 for all emploamount reported on Form BR-1040, page 1 residents must equal amount reported on S | , line 1, column A; Part-year | equal | | | | |
| 23. | Total excludible wages from all employers a on Form BR-1040, page 1, line 1, column B B) | and other sources (Add line 20 f | | | | | |
| 24. | Total taxable wages from all employers and year residents enter here and allocate on S | | | d also on Forn | BR-1040, page 1, line 1, col | ımn C; part- | |

| l axpayer's name | | 2019 Bi | | Rapids | |
|---|---|--|---|--------------------------|------------------------------|
| WAGES AND EXCLUDIBLE W | AGES SCHEDULE - | BR-1040. PAGE 1. | LINE 1. COLUMN B | | Attachment 2-2 |
| All W-2 forms must be attached | | · · · · · · · · · · · · · · · · · · · | | | Revised 01/30/2020 |
| Use this form to provide details for all Forms W-a W-2; tips reported on federal Form 4137; taxa shown on Form 1099-R if the taxpayer has not deferrals and/or excess contributions (plus earn | -2 and all other wage income repable dependent care benefits; en reached the minimum retirement | ported on federal Forms 1040 aployer-provided adoption ber tage set by the employer; cor | nefits; scholarship and fellowship rective distributions from a retire | grants not reported on F | orm W-2; disability pensions |
| Use this form to calculate excludible (nontaxable Form BR-1040, page 2, Excluded Wages and T | | | | | nployer are also reported on |
| WAGES, ETC. | Employer (or so | urce) 4 | Employer (or source) 5 | Em | ployer (or source) 6 |
| Employer's ID number (W-2, box b) or source's ID Number if available | | | | | |
| Employer's name (Form W-2, box c) or source's name | | | | | |
| 3. SSN from Form W-2, box a | | | | | |
| 4. Enter T for taxpayer or S for spouse | | | | | |
| Dates of employment during tax year | From To | From | То | From | То |
| Mark (X) box If you work at multiple locations in and out of Big Rapids | | | | | |
| 7. Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street number and street name, city, state and ZIP code; if line 6 is checked enter | | | | | |
| 8. Wages, tips, other compensation (Form W-2, Box 1); report statutory | | | | | |
| employee wages as zero 9. Wages not included in Form W-2, box 1 (See instructions) | | | | | |
| 10. Code for wage type reported on line 9 | | | | | |
| NONRESIDENT WAGE ALLOCATION | Employer (or so | urce) 4 | Employer (or source) 5 | Em | ployer (or source) 6 |
| For use by nonresidents or part-year reside while a nonresident must use the wage allo Nonresidents working all of their work time | ocation to determine wages e | arned in city while a nonre | sident (use only wages and d | ays worked while a no | nresident for computations.) |
| Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work) | | | | | |
| Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city | | | | | |
| 13. Actual number of days or hours worked (Line 11 less line 12) | | | | | |
| 14. Enter actual number of days or hours worked in city | | | | | |
| 15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%) | | % | | % | % |
| 16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident) | | | | | |
| EXCLUDIBLE WAGES | Employer (or so | urce) 4 | Employer (or source) 5 | Em | ployer (or source) 6 |
| 17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16) | | | | | |
| 18. Enter resident excludible wages | | | | | |
| Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by Big Rapids | | | | | |
| Total excludible wages (Line 17 plus line 18; Enter here and on BR-1040, page 2, Excluded Wages schedule) | | | | | |
| 21. Total taxable wages (Line 8 plus line 9 | | | | | |

Taxpayer's SSN

Taxpayer's name

FAILURE TO ATTACH ALL FORMS W-2 OR PROPERLY COMPLETE AND ATTACH THIS SCHEDULE WILL DELAY PROCESSING OF RETURN.

| WAGES AND EXCLUDIBLE W | AGES SCHEDULE - BR-1040, PA | AGE 1 LINE 1 COLUMN B | Attachment 2-3 |
|--|--|---|---|
| All W-2 forms must be attached | - | TOL 1, LINE 1, OOLOMIN B | Revised 01/30/2020 |
| Use this form to provide details for all Forms W- a W-2; tips reported on federal Form 4137; taxa shown on Form 1099-R if the taxpayer has not r | 2 and all other wage income reported on federal Foble dependent care benefits; employer-provided ad | orms 1040 (line 7), such as: wages received as a ho option benefits; scholarship and fellowship grants n ployer; corrective distributions from a retirement pla ge items not included in a Form W-2. | ousehold employee for which you did not receive not reported on Form W-2; disability pensions |
| Use this form to calculate excludible (nontaxable Form BR-1040, page 2, Excluded Wages and To | e) wages included in total wages reported on your fo ax Withheld Schedule and the total amount of exclu | ederal tax return (Forms 1040, line 7). Excludible wardible wages is reported on Form BR-1040, page 1, | ages for each employer are also reported on line 1, col. B. |
| WAGES, ETC. | Employer (or source) 7 | Employer (or source) 8 | Employer (or source) 9 |
| Employer's ID number (W-2, box b) or source's ID Number if available | | | |
| Employer's name (Form W-2, box c) or source's name | | | |
| 3. SSN from Form W-2, box a | | | |
| 4. Enter T for taxpayer or S for spouse | | | |
| Dates of employment during tax year | From To | From To | From To |
| Mark (X) box If you work at multiple locations in and out of BIG RAPIDS | | | |
| 7. Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street number and street name, city, state and ZIP code; if line 6 is checked enter primary work location) | | | |
| Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero | | | |
| Wages not included in Form W-2, box 1 (See instructions) | | | |
| 10. Code for wage type reported on line 9 | | | |
| NONRESIDENT WAGE ALLOCATION | Employer (or source) 7 | Employer (or source) 8 | Employer (or source) 9 |
| while a nonresident must use the wage allo | ocation to determine wages earned in city while | y for the employer while a nonresident. Part-ye e a nonresident (use only wages and days wor nresident Wage Allocation section for that em | ked while a nonresident for computations.) |
| Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work) Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city Actual number of days or hours worked | To an employer in the dry should skip this to | riesident wage Allocation section for that en | proyer as an or trien wages are taxable. |
| (Line 11 less line 12) 14. Enter actual number of days or hours worked in city | | | |
| 15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%) | % | % | % |
| Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident) | | | |
| EXCLUDIBLE WAGES | Employer (or source) 7 | Employer (or source) 8 | Employer (or source) 9 |
| 17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16) | | | |
| 18. Enter resident excludible wages | | | |
| Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by BIG RAPIDS | | | |
| Total excludible wages (Line 17 plus line 18; Enter here and on BR-1040, page 2, Excluded Wages schedule) | | | |
| 21. Total taxable wages (Line 8 plus line 9 | | | |

Taxpayer's SSN

2019 Big Rapids

Taxpayer's name

FAILURE TO ATTACH ALL FORMS W-2 OR PROPERLY COMPLETE AND ATTACH THIS SCHEDULE WILL DELAY PROCESSING OF RETURN.

| 2019 Big Rapids | |
|--|--------------------------------------|
| EXCLUDIBLE INTEREST INCOME - BR-1040, PAGE 1, LINE 2, COLUMN B | Attachment 3 |
| | evised 01/30/2020 |
| Interest from federal obligations | .00 |
| Interest from Subchapter S corporations (Attach Schedule K-1) | .00 |
| Other excludible interest income (Attach detailed explanation) | .00 |
| 4. Excludible interest income (Add lines 1, 2 and 3; enter total here and on page 1, line 2, column B; part-year residents see line 5) | .00 |
| 5. Part-year residents enter total from line 4 plus total interest received while a nonresident on Schedule TC, line 2, column B (Lines 1, 2 and 3 should report only interest received while a nonresident on Schedule TC, line 2, column B (Lines 1, 2 and 3 should report only interest received while a nonresident on Schedule TC, line 2, column B (Lines 1, 2 and 3 should report only interest received while a nonresident on Schedule TC, line 2, column B (Lines 1, 2 and 3 should report only interest received while a nonresident on Schedule TC, line 2, column B (Lines 1, 2 and 3 should report only interest received while a nonresident on Schedule TC, line 2, column B (Lines 1, 2 and 3 should report only interest received while a nonresident on Schedule TC, line 2, column B (Lines 1, 2 and 3 should report only interest received while a nonresident on Schedule TC, line 2, column B (Lines 1, 2 and 3 should report only interest received while a nonresident on Schedule TC, line 2, column B (Lines 1, 2 and 3 should report only interest received while a nonresident on Schedule TC, line 2, column B (Lines 1, 2 and 3 should report only interest received while a nonresident on Schedule TC, line 2, column B (Lines 1, 2 and 3 should report only interest received while a nonresident on Schedule TC, line 2, column B (Lines 1, 2 and 3 should report only interest received while a nonresident on Schedule TC, line 2, column B (Lines 1, 2 and 3 should report only interest received while a nonresident on Schedule TC, line 2, column B (Lines 1, 2 and 3 should report only interest received while a nonresident on Schedule TC, line 2, column B (Lines 1, 2 and 3 should report only interest received while a nonresident on Schedule TC, line 2, column B (Lines 1, 2 and 3 should report only interest received while a nonresident on Schedule TC, line 2, column B (Lines 1, 2 and 3 should report on Schedule TC, line 2, and 3 should report on Schedule TC, line 2, and 3 should report on Schedule TC, line 2, and 3 should report on Schedule TC, line 2, a | hile a resident) |
| | |
| EXCLUDIBLE DIVIDEND INCOME - BR-1040, PAGE 1, LINE 3, COLUMN B | Attachment 4 |
| | evised 01/30/2020 |
| Dividends from federal obligations | .00 |
| Dividends from Subchapter S corporations (Attach Schedule K-1) | .00 |
| 3. Other excludible dividend income (Attach detailed explanation) | .00 |
| 4. Excludible dividend income (Add lines 1, 2 and 3; enter total here and on page 1, line 3, column B; part-year residents see line 5) | .00 |
| 5. Part-year residents enter total from line 4 plus total dividends received while a nonresident on Schedule TC, line 2, col. B (Lines 1, 2 and 3 should report only dividends received values of the contract | vhile a resident) |
| | |
| EXCLUSIONS AND ADJUSTMENTS TO BUSINESS INCOME OR (LOSS) - BR-1040, PAGE 1, LINE 6, COLUMN B | Attachment 5 |
| Nonresidents and part-year residents use this schedule to compute excludible business income reported on federal | evised 01/30/2020 |
| Schedule C that is from business activity outside the city while a nonresident | |
| Attach a copy of each Federal Schedule C. | |
| Attach a separate Business Allocation Formula calculation for each separate federal Schedule C if allocating income of a business. | |
| Note: In determining the average percentage, if a factor does not exist, you must divide the total of the percentages by the number of factors use Note: If you are authorized to use a special formula, attach a copy of the administrator's approval letter and attach a schedule detailing calculation | |
| Note: Net operating loss from prior year is reported on Line 16, Other income. | 1. |
| | NESS # 2 |
| 1. Net profit (or loss) from business or profession | .00 |
| 2. Business allocation percentage (For each separate business compute the business allocation percentage using the Business % Allocation Formula below and enter it here) | % |
| 3. Allocated net profit (loss) (For each column, multiply line 1 by line 2) | .00 |
| 4. Excludible net profit (loss) (For each column, subtract line 3 from line 1) | .00 |
| 5. Total excludible net profit (loss) (Add amounts on line 4 of each column; enter here and on Form BR-1040, page 1, line 6, column B, or for part-year residents, | |
| on Schedule TC, line 6, column B) | 00 |
| | - |
| BUSINESS # 1 DBA | |
| COLUMN 1 COLUMN 2 CO | LUMN 3 |
| BUSINESS ALLOCATION FORMULA WORKSHEET EVERYWHERE IN CITY PER | CENTAGE |
| 1. Average net book value of real and tangible personal property .00 .00 (Colum | nn 2 divided |
| · · | column 1) |
| 3. Total property .00 .00 | % |
| 4. Total wages, salaries and other compensation of all employees .00 .00 | % |
| 5. Gross receipts from sales made or services rendered .00 .00 | % |
| Total percentages (Add the percentages computed in column 3) | % |
| 7. Business allocation percentage (Divide line 6 by the number of apportionment factors used) | % |
| | |
| BUSINESS # 2 DBA | |
| BUSINESS ALLOCATION FORMULA WORKSHEET COLUMN 1 COLUMN 2 CO | |
| | LUMN 3 CENTAGE |
| (Solial) | CENTAGE |
| 1.2 Gross route poid on real property multiplied by 8 | CENTAGE |
| 2. Gloss felia paid officer property multiplied by 0 | CENTAGE nn 2 divided column 1) |
| 3. Total property .00 .00 | CENTAGE nn 2 divided column 1) |
| 2. Gloss felia paid officer property multiplied by 0 | CENTAGE nn 2 divided column 1) |

7. Business allocation percentage (Divide line 6 by the number of apportionment factors used)

| Тах | xpayer's name | Taxpayer's SSN | 2019 Big | Rapids | | |
|------|---|---|--|------------------|------|-----------------------|
| E | CLUSIONS AND ADJUSTMENTS TO CAPITA | L GAIN OR (LOSS |) - BR-1040, PAGE | 1, LINE 7, COLUM | IN E | Attachment 6 |
| Re | esidents, nonresidents and part-year residents us | se this schedule to r | eport exclusions | RESIDENT | | NONRESIDENT |
| an | nd adjustments to capital gains or (losses) | | | COLUMN | | COLUMN |
| 1. | Capital gain or (loss) on property located outside of city | | | NOT EXCLUDIBLE | | .00 |
| 2. | Capital gain or (loss) on securities issued by U.S. Government | | | | 00 | EXCLUDIBLE ON LINE 1 |
| 3. | Portion of capital gain or (loss) from property owned prior to Ordinance nonresidents only on property located in city.) (Attach a schedule that is | inception (For residents on a dentifies and shows the calcu | Il such property; for lation for each.) | | 00 | .00 |
| 4. | Capital gain or (loss) from Sub. S corporations (See instructions) (Attac | ch schedule.) | | | 00 | .00 |
| 5. | Adjustment for capital loss carryover from period prior to residency (A r carryover from property sold prior to their date of residency.) | resident is not allowed to clain | n a capital loss | | 00 | NO ADJUSTMENT ALLOWED |
| 6. | Adjustment for difference between federal and city's capital loss carryo usually different from the amount reported on federal return; an adjustn | ver from prior year (The city's nent must be made for this dif | capital loss carryover is ference.) | | 00 | .00 |
| 7. | Adjustment to limit capital loss to \$3,000 for tax year | | | | 00 | .00 |
| 8. | Total exclusions and adjustments to capital gains or (losses) (Enter total for part-year residents, enter on Schedule TC, line 7, column B) | al here and on Form BR-1040 | , page 1, line 7, column B, or | | 00 | 00 |
| Atta | ach copy of federal Schedule D and all supporting schedules to return. | | · | · | | |
| Def | ferred gains from sales of property located in city or property sold while a | resident of city are taxable w | hen reported on federal return. | | | Revised 01/30/2020 |

| EXCLUSIONS AND ADJUSTMENTS TO OTHER GAINS OR (LOSSES) - BR-1040, PAGE 1, LINE 8, COLUMN B At | | | | | |
|--|--------------------|-----------------------|--|--|--|
| Residents, nonresidents and part-year residents use this schedule to report exclusions and adjustments to other gains or (losses) | RESIDENT COLUMN | NONRESIDENT COLUMN | | | |
| Other gains or (losses) on property located outside of city | NOT EXCLUDIBLE | .00 | | | |
| 2. Portion of other gains or (losses) from property owned prior to effective date of tax for city (For residents on all such property; for nonresidents only on property located in city.) (Attach a schedule that identifies and shows the calculation for each.) | .00 | .00 | | | |
| 3. Other gains or (losses) from Sub. S corporations (See instructions) | .00 | .00 | | | |
| Total excludible other gains and losses (Enter total here and on Form BR-1040, page 1, line 8, column B, or for part-year 4. residents, enter on Schedule TC, line 8, column B) | .00 | 00 | | | |
| Deferred gains from sales of property located in city or property sold while a resident of city are taxable when reported on federal return. | | | | | |
| Attach a copy of federal Form 4797 and all supporting schedules to return to explain. | | Revised 01/30/2020 | | | |

| EXCLUSIONS AND ADJUSTMENTS TO IRA DISTRIBUTIONS - BR-1040, PAGE 1, LINE 9, COLUMN B | | | | | | | | |
|---|--|--------------|-------------------------------------|--|------------------------------|--|--|--|
| List all IRA distributions reported as taxable on federal return | | | | | | | | |
| Enter T for taxpayer or S for spouse | Payer's federal ID Number | Payer's name | Federally taxable IRA distributions | Distribution Code (Form 1099-R, box 7) | Excludible IRA distributions | | | |
| 1. | | | .00 | | .00 | | | |
| 2. | | | .00 | | .00 | | | |
| 3. | | | .00 | | .00 | | | |
| 4. | | | .00 | | .00 | | | |
| | 5. Total federally taxable IRA distributions (Add lines1 through 4 above for this column; amount should equal the amount reported on Form BR-1040, page 1, line 9, column A) | | | | | | | |
| 6. Total excludible IRA distributions (Add lines above for this column; enter here and also on Form BR-1040 (for part-year residents, Sch. TC), page 1, line 9, col. B) | | | | | | | | |

| EXCLUSIONS AND ADJUSTMENTS TO PENSIONS AND ANNUITIES - BR-1040, PAGE 1, LINE 10, COLUMN B Attachment 9 | | | | | | | | |
|--|--|--------------|--|---|--|----------------------------------|--|--|
| List per | List pension distributions reported as taxable on federal return Revised 01/30/2020 | | | | | | | |
| Enter T for taxpayer or S for spouse | Payer's federal ID Number | Payer's name | Kind of pension distribution (employer's pension plan, 401k plan, 457 plan, etc.) | Federally taxable pension distributions | Distribution Code (Form 1099-R, box 7) | Excludible pension distributions | | |
| 1. | | | | .00 | | .00 | | |
| 2. | | | | .00 | | .00 | | |
| 3. | | | | .00 | | .00 | | |
| 4. | | | | .00 | | .00 | | |
| | 5. Total federally taxable pension distributions (Add lines 1 through 4 above for this column; amount should equal the amount reported on Form BR-1040, page 1, line 10, column A) | | | | | | | |
| 6. Total | .00 | | | | | | | |

| Taxpayer's name | Taxpayer's SSN | 2019 Big Rapids | | | |
|--|---|--|--------------------------------------|-----------------|-----------------------|
| EXCLUSIONS AND ADJUSTMENTS TO INCOME FROM RENTAL REAL ESTATE, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS, ETC BR-1040, PAGE 1, LINE 11, COLUMN B | | | | | |
| Residents, nonresidents and part-year residents use | • | | RESIDENT | NO | NRESIDENT |
| adjustments to income from rental real estate, royalt estates, trusts, REMIC's and farm rentals. | adjustments to income from rental real estate, royalties, partnerships, 5 corporations, | | | | |
| Rental income (loss) from real estate located outside the City | | | NOT EXCLUDIBLE ON RESIDENT RETURN | ı | .00 |
| 2. Royalties (A resident may exclude only royalty income upon which Michigan severance tax was paid; a nonresident may exclude royalty income upon which Michigan severance tax was paid and royalty income from sources outside the city) | | | | | .00 |
| Partnership income (loss) from partnership business activity outside the 0 | Dity | | NOT EXCLUDIBLE ON RESIDENT RETURN | ı | .00 |
| Subchapter S corporation income (loss) (See instructions) | | | | .00 | .00 |
| Estate or trust income or loss (Enter the total amount from federal Schedi | ule E, line 37) | | NOT EXCLUDIBLE ON RESIDENT RETURN | ı | .00 |
| Real estate mortgage investment conduits (REMIC's) income or loss and located outside the city | net farm rental income or los | s from property | NOT EXCLUDIBLE ON RESIDENT RETURN | ı | |
| Total adjustments to income from rental real estate, royalties, partnership: 11, column B, or for part-year residents enter total of resident and nonresi | s, trusts, etc. (Enter here and dent columns on Schedule TC | on From BR-1040, page 1, line C, line 11, column B) | | .00 | .00 |
| Attach a schedule detailing the complete address of each piece of rental real e Attach a schedule detailing name and ID number of each partnership and amo Attach a schedule detailing name and ID number of each Subchapter S Corpo | unt of adjustment. | ent. | | | |
| Attach copy of federal Schedule E. ADJUSTMENTS FOR TAX OPTION CORPORATION | ON /I IKE SIIBCHA | DTED S COPPORA | ION) DISTRIBILIT | ONS | Attachment 11 |
| - BR-1040, PAGE 1, LINE 12, COLUMN B | N (LINE SOBOLIA | FILK 3 CORFORA | IION, DISTRIBUT | | Revised 01/30/2020 |
| Residents use this schedule to report distributions from | om tax option corpo | rations (like Subchap | ter S Corporations | | |
| Income Tax Ordinance; part-year residents report or | · · · · · · · · · · · · · · · · · · · | ` . | то. с со.регашено | , | |
| CORPORATION NAME AND DBA | • | | FEDERAL I.D. # | | TRIBUTION RECEIVED |
| 1. | | | | | .00 |
| 2. | | | | | .00 |
| 3. | | | | | .00 |
| 4. | | | | | .00 |
| 5. Total tax option (Subchapter S) corporation distributions (Add lines 1 through enter on Schedule TC, line 12, column B) | ugh 4; enter here and on Form | BR-1040, page 1, line 12, colu | mn B, or for part-year reside | nts | .00 |
| Complete above schedule or attach a separate schedule listing the name fede Attach a copy of each Schedule K-1 (1120-S) pages 1 and 2 to return. | ral ID number and amount of | distribution from each tax option | n (Sub. S) corporation listed | on federal Sch. | E, page 2. |
| EXCLUSIONS AND ADJUSTMENTS TO FARM IN | COME OR (LOSS) | - BR-1040, PAGE 1, | LINE 13, COLUM | N B | Attachment 12 |
| Nonresidents use this schedule to exclude farm inco | | | -, | | Revised 01/30/2020 |
| Farm address | | | | | |
| FARM INCOME | | | | | FARM |
| Net profit (or loss) from farm | | | | | .00 |
| Farm allocation percentage | | | | | % |
| 3. Allocated net profit (or loss), multiply line 1 by line 2 | | | | | .00 |
| 4. Excludible net profit (or loss) (subtract line 3 from line 1; enter here and o | n Form BR-1040, page 1, line | 13, column B) | | | .00 |
| | | | | | |
| FARM ALLOCATION FORMULA | | COLUMN 1 EVERYWHERE | COLUMN 2 IN CITY | | COLUMN 3 ERCENTAGE |
| Average net book value of real and tangible personal property | | .00 | | | lumn 2 divided |
| Gross rents paid on real property multiplied by 8 .00 | | | | .00 | by column 1) |
| | | | .00 | % | |
| 4. Total wages, salaries and other compensation of all employees | | .00. | | .00 | % |
| 5. Gross receipts from sales made or services rendered | | .00 | | .00 | % |
| 6. Total percentages (Add the percentages computed in column 3) | | | | | % |
| Business allocation percentage (Divide line 6 by the number of apportion) Note: In determining the average percentage, if a factor does not exist, you m | · · · · · · · · · · · · · · · · · · · | entages by the number of factor | rs used. | | % |
| Note: If you are authorized to use a special formula, attach a copy of the adm Note: Net operating loss from prior year is reported on Form BR-1040, line 16, | inistrator's approval letter and | | | | |

| Taxpayer's name | Taxpayer's SSN 2019 Big Rapids | | Rapids | | | |
|---|--------------------------------|----------------------|--------------------|--------------------|---|----------------------|
| EXCLUSIONS AND ADJUSTMEN | TS TO OTHER IN | ICOME - BR-1040, P | AGE 1, LINE 16, 0 | COLUMN B | | Attachment 13 |
| Residents and nonresidents use th | nis schedule to rep | ort exclusions and a | djustments to othe | r income | | Revised 01/30/2020 |
| SOURCE OF INCOME | FEDERAL I.D. # | NATURE OF I | NCOME | RESIDENT COLUMN | N | ONRESIDENT COLUMN |
| 1. | | | | .0 | 0 | .00 |
| 2. | | | | .0 | 0 | .00 |
| 3. | | | | .0 | 0 | .00 |
| 4. Total adjustments and exclusions to other income (Add lines 1 through 3 and enter totals here and on Form BR-1040, page 1, line 16, column B. Part-year residents enter totals on Form BR-1040TC, line 16, column B) | | | | .0 | 0 | .00 |
| Attach an explanation of and calculation for any reportation for an explanation for each item reported and ex | • | | | | - | |

IRA DEDUCTION WORKSHEET - BR-1040, PAGE 2, DEDUCTIONS SCHEDULE - LINE 1

Attachment 14

RESIDENT: Claim 100% of the federal IRA deduction unless taxpayer or spouse has nontaxable earned income (military pay, etc.). If the taxpayer or spouse has nontaxable earned income, compute IRA deduction in the same manner as a nonresident using worksheet below.

NONRESIDENT: Use worksheet below to compute the city IRA deduction.

PART-YEAR RESIDENT: Compute the resident portion of the IRA deduction following the resident instructions and using the amount of earned income received while a resident and the portion of the federal IRA deductible contributions made while a resident; compute nonresident portion of the IRA deduction using the amount of earned income received while a nonresident and the portion of the federal IRA deductible contributions made while a nonresident; list amounts separately on worksheet and enter the resident and nonresident IRA deduction on Schedule TC, Deductions schedule, line 1.

Nonresidents and part-year residents claiming a city IRA deduction must attach this completed worksheet to their city return.

Revised 01/30/2020

| Revised 01/30/2020 | | | | | | | |
|---|---|--|---|--|--|--|--|
| | TAXP | AYER | SPC | | | | |
| | COLUMN A EARNED INCOME TAXABLE BY BIG RAPIDS | COLUMN B EARNED INCOME NOT TAXABLE BY BIG RAPIDS | COLUMN C EARNED INCOME TAXABLE BY BIG RAPIDS | COLUMN D EARNED INCOME NOT TAXABLE BY BIG RAPIDS | COLUMN E TOTALS | | |
| Earned income | .00 | .00 | .00 | .00 | .00 | | |
| 2a.Federal IRA deduction | .00 | | .00 | | .00 | | |
| If part-year resident, enter portion 2b. of federal IRA deduction contributed while a resident | .00 | | .00 | | .00 | | |
| | TAXPAYER | | SPOUSE | INSTRU | CTIONS | | |
| Percentage that the individual's 3. earned income taxable in city is to the individual's total earned income | % | | % | Divide individual's earned income taxable by city (line 1, column A) by individual's total earned income (the sum o 1, column A plus column B). | | | |
| City IRA deduction based upon individual's earned income | .00 | | .00 | Taxpayer's or spouse's federal IRA deduction (line 2a) multiplied by city earned income percentage (line 3). | | | |
| Amount individual's federal IRA 5. deduction exceeds individual's earned income taxable by city | .00 | | .00 | Taxpayer's or spouse's federal IRA deduction (line 2a) less the individual's earned income taxable by city (line 1). | | | |
| Amount spouse's earned income 6. exceeds spouse's federal IRA deduction (excess earned income) | .00. | | .00 | Column A equals spouse's earned income taxable by city (lin 1 of spouse's column C) less spouse's federal IRA deduction (line 2a of spouse's column C). Column C equals taxpayer's earned income taxable by city (line 1 of taxpayer's column A) less taxpayer's federal IRA deduction (line 2a of taxpayer's column A). | | | |
| 7. City IRA deduction based upon spouse's earned income | .00 | | .00 | If individual's (taxpayer or spouse) federal IRA deduction exceeds individual's earned income and spouse's earned income exceeds spouse's federal IRA deduction (line 5), enter | | | |
| | | | | the lesser of the individual's exc excess earned income multiplie income percentage (line 6), else | d by spouse's city earned | | |
| 8. City's IRA deduction | .00 | | .00 | Add individual's (taxpayer or sp upon their own city earned inco deduction based upon their spo | me (line 4) and their city IRA | | |
| RESIDENT OR PART-YEAR RESIDENT: Enter total resident IRA deduction here. Normally the total of the taxpayer's and spouse's city IRA deduction, line 2a of columns A and C. If a p. 9. year resident, normally this is the total of the taxpayer's and spouse's city IRA deduction, line columns A and C. If either the taxpayer or spouse has nontaxable earned income while a resiseparately compute the resident IRA deduction in the same manner as a nonresident. | | columns A and C. If a part- s city IRA deduction, line 2b of rned income while a resident, | .00 | PART-YEAR RESIDENT: Enter Schedule TC, Deductions sched resident city IRA deduction in ci city IRA deduction in column D; | dule, line 1, column A; enter the olumn C; enter the nonresident and enter in column B the | | |
| NONRESIDENT: Total city nonreside 10. column A) and spouse's (line 8, column Deductions schedule, line 1) PART- | mn C) city IRA deduction here a | nd on Form BR-1040, page 2, | .00 | difference of the amount in column A less the amounts in column C and column D. | | | |

| Taxpayer's name | Taxpaver's SSN | - | |
|-----------------|----------------|-----------------|--|
| | ' ' | 2019 Big Rapids | |

SELF-EMPLOYED, SEP, SIMPLE AND QUALIFIED PLANS DEDUCTION WORKSHEET - BR-1040, PAGE 2, DEDUCTIONS SCHEDULE, LINE 2

Attachment 15
Revised 01/30/2020

RESIDENT: No schedule required; a full year resident deducts amount reported on federal Form 1040, line 28.

NONRESIDENT: Nonresidents use the nonresident deduction column of this worksheet to calculate their deduction. A nonresident is required to attach a copy of this deduction schedule to their city return.

PART-YEAR RESIDENT: Part-year residents use a separate line to report the amount of deduction by related source of income as a resident or while a nonresident and indicate resident (R) or nonresident (N) relationship in front of the deduction by related source of income. The resident portion of the deduction is 100% of the related deduction. The nonresident deduction is related to the income earned in the city while a nonresident and is computed by entering the percentage the related income is taxable in the Percentage Related Income Is Taxable column and entering the product of multiplying the related deduction times the percentage and entering it in the Nonresident Deduction column.

| RELATED SOURCE OF INCOME | FEIN (OR SSN) OF RELATED SOURCE OF INCOME | R OR N | FEDERAL DEDUCTION BY RELATED SOURCE OF INCOME | PERCENTAGE RELATED INCOME IS TAXABLE | RESIDENT DEDUCTION FOR A PART-YEAR RESIDENT | NONRESIDENT DEDUCTION |
|---|---|--------------|---|--|---|--------------------------|
| 1. | | | .00 | % | .00 | .00 |
| 2. | | | .00 | % | .00 | .00 |
| 3. | | | .00 | % | .00 | .00 |
| 4. | | | .00 | % | .00 | .00 |
| Add lines 1 through 4 of each dollar column column should total amount reported on federal columns. | (Federal Deduction eral Form 1040, line 28) | | .00. | | .00 | .00 |

Nonresidents enter total from nonresident deduction column on Form BR-1040, page 2, Deductions schedule, line 2. Part-year residents enter total from the part-year resident column on Schedule TC. Deductions schedule. line 2. column D

| EMPLOYEE BUSINESS EXPENSE DEDU SCHEDULE, LINE 3, Form BR-2106 | JCTION WORKSHE | ET - BR-1040, PA | AGE 2, DEDUCTION | ONS | Attachment 16 Revised 01/30/2020 |
|---|---|------------------------|------------------------|------------------------|-------------------------------------|
| | Column 1 As reported on federal Form 2106 | Column 2 Employer 1 | Column 3 Employer 2 | Column 4 Employer 3 | Column 5 Employer 4 |
| Employer's identification number (FEIN) | | | | | |
| 2. Occupation (List for each employer) | | | | | |
| 3. Vehicle expenses | .00 | .00 | .00 | .00 | .00 |
| 4. Parking, fees, tolls and local transportation, including train, bus, etc. | .00 | .00 | .00 | .00 | .00. |
| Travel expenses while away from home overnight, 5. including, lodging, airfare, car rental, etc. Do not include meals and entertainment | .00 | .00 | .00 | .00 | .00. |
| Were you an outside salesperson? (Answer yes or no in 6. the column for each employer; see definition of outside salesperson below) | | | | | |
| Business expenses not included on lines 3, 4 or 5. Do not 7. include meals and entertainment (Enter these expenses only if an outside salesperson; see instruction below) | .00 | .00 | .00 | .00 | .00 |
| 8. Meals (See meal expenses instruction below) | .00 | .00 | .00 | .00 | .00. |
| 9. Total business expenses (Add lines 3, 4, 5, 7 and 8) | .00 | .00 | .00 | .00 | .00 |
| Enter reimbursements received from your employer for 10. expenses included in line 9 that were not reported to you in box 1 of Form W-2 | .00 | .00 | .00 | .00 | .00 |
| 11. Business expense deduction (Line 9 less line 10) | | .00 | .00 | .00 | .00. |
| 12. Percentage deductible (Same percentage related wages are taxable) | | % | % | % | % |
| 13. Allowable business expense deduction (Line 11 times line 12) | | .00 | .00 | .00 | .00. |
| Total business expense deduction (Enter the total of line 14. 13, columns 2 through 5 here and also on Form BR-1040, page 2, Deductions schedule, line 3) | | | | | .00. |

Form BR-2106, Column 1, lines to related lines on federal Form 2106 Line 3 = Fed. Form 2106, line 1, Col. A; line 4 = Fed. Form 2106, line 2, Col. A; line 5 = Fed. Form 2106, line 3, Col. A; line 7 = Fed. Form 2106, line 4, Col. A; line 8 = Fed. Form 2106, line 5, Col. B; line 9 = Fed. Form 2106, line 6, Col. A & B; line 10 = Fed. Form 2106, line 7, Col. A & B; line11 = Fed. Form 2106, line 8, Col. A & B.

2106 requirements

The changes made at the federal level do not apply to the City for the 2106. In order to show proof of these expenses a detailed list may be required.

Outside salesperson:

An "outside salesperson" is one who solicits business while working away from the employer's place of business as a full-time salesperson. If the individual is required to spend a stated period of time selling at the employer's place of business as part of their job, the individual is not an outside salesperson. If the individual only performs incidental activities there, such as writing up and handing in orders, the individual fight of the expense deduction. A salesperson whose principal activity is service and delivery is not an "outside salesperson." An inside salesperson who makes incidental outside calls and sales is not an "outside salesperson."

Line 7 instructions:

Business expenses reported are allowed as an expense on the city's return only when the individual employee qualifies as an outside salesperson when the expenses

vere incurred.

Meal expenses:

Under the Uniform City Income Tax Ordinance meal expenses are allowed only when incurred while away from home. No deduction is allowed for entertainment unless incurred by an outside salesperson.

| MOVING EXPEN | SE DEDUCTION WORKSHEET - E | 3R-1040, I | PAGE 2, DEDUCTIONS SC | HEDULE, LINE 4 | Attachment 17 |
|--|---|-----------------|--|----------------------------|---------------------|
| BR-3903 No dedu | ction is allowed when moving away from th | e city | | | Revised 01/30/2020 |
| RESIDENT: A reside | nt individual who moved into the city may o | laim the dec | duction as claimed on federal Forn | า 3903. | |
| | onresident individual who moved into the antage the income after moving to the area | | | e deduction as claimed on | federal Form 3903 |
| | NT: An individual who moved to the area ay be entitled to a portion of the deduction | , | . , | , | n became a resident |
| DISTANCE TEST W | DRKSHEET | | | | |
| Number of miles from | your old home to your new workplace | 1 | miles | | |
| Number of miles from | your old home to your old workplace | 2 | miles | | |
| 3. Subtract line 2 from li | ne 1. If zero or less, enter -0- | 3 | miles | | |
| If line 3 is greater that | 50 miles continue, otherwise you are not qualified to | claim this dedu | uction. | | |
| 4. Cost of transportation and storage of household goods and personal effects (See instructions for federal Form 3903) | | | | 4 | .00 |
| 5. Cost of travel (includi | g lodging) from your old home to your new home. (S | ee instructions | for federal Form 3903) (Do not include the | cost of meals.) 5 | .00 |
| 6. Add lines 4 and 5 | | | 6 | .00 | |
| | employer paid you for the expenses listed on lines 4 your Form W-2 with a code P) | and 5 that is n | ot included in box 1 of your Form W-2 (wa | ges) (This amount should 7 | .00 |
| ls line 6 more | You cannot deduct your moving expenses. (If line 6 is less than line 7, subtract line 6 from line 7 and include the result on Form BR-1040, page 1 line 1, column A and report exclusion of this income on the excluded wages schedule) | | | | .00 |
| o. than line 7? | Yes Subtract line 7 from line 6 | | | 8b | .00 |
| 9. Enter percentage of it | come earned as a resident after moving into area | | 9 | % | |
| 10. Enter percentage of it | come earned as a nonresident in the city after movin | g into area | | 10 | % |
| 11. Multiply line 8b by the Form BR-1040, page | percentage on line 9 (Moving expense deduction allo 2, Deductions schedule, line 4) | wed while a res | sident; enter here and on | .00 | |
| | percentage on line 10 (Moving expense deduction all chedule, line 4) (If a part-year resident add amounts o | | | 40, | .00 |
| | | | | | |

2019 Big Rapids

Taxpayer's SSN

Taxpayer's name

ALIMONY PAID DEDUCTION WORKSHEET - BR-1040, PAGE 2, DEDUCTIONS SCHEDULE, LINE 5

Attachment 18

RESIDENT: Full-year residents claim the entire amount of alimony reported on federal Form 1040, Schedule 1, Line 31a. A full-year resident is not required to attach this deduction schedule to their city income tax return.

Revised 01/30/2020

NONRESIDENT: Nonresidents use the nonresident column of this worksheet to calculate their city alimony deduction.

PART-YEAR RESIDENT: A part-year resident may need to use both the resident and nonresident columns of this worksheet to calculate their alimony deduction. For each line of the worksheet, compute the amount to enter into the resident and/or nonresident columns and follow the line by line instructions. A part-year resident with no city income while a nonresident ignores the nonresident column of this form.

| Nonresidents and part-year residents use this worksheet to compute the alimony paid deduction | RESIDENT COLUMN | NONRESIDENT COLUMN |
|--|--------------------|-----------------------|
| Enter resident portion of federal adjusted gross income (federal Form 1040, page 2, line 7) in resident column and/or nonresident portion in nonresident column | .00 | .00 |
| 2. Enter resident portion of federal alimony paid while a resident in the resident column and/or nonresident portion of the alimony paid while a nonresident in the nonresident column (Actual amount paid while a resident of the city and while nonresident) | .00 | .00 |
| 3. Federal income for alimony deduction computation (Line 1 plus line 2 of column) | .00 | .00 |
| Enter resident portion of total income for city (Form BR-1040, page 1, line 18) in resident column and/or nonresident portion in 4. nonresident column. Part-year residents enter total income for city as a resident and/or nonresident as reported on Schedule TC, line 18, columns C (resident) and D (nonresident) | .00 | .00 |
| 5. Enter resident portion of total deductions for city other than alimony deduction (Add lines 1, 2, 3, 4 & 6 on Form BR-1040, page 2, Deductions schedule) in resident column and/or nonresident portion in nonresident column | .00 | .00 |
| 6. Taxable income for city prior to alimony deduction (Line 4 less line 5) | .00 | .00 |
| 7. Resident column: Enter 100%. Nonresident column: Enter alimony deduction percentage (Line 6 divided by line 3) | 100 % | % |
| Alimony deduction (Line 2 multiplied by line 7) (Residents and nonresidents enter amount from respective column on Form 8. BR-1040, page 2, Deductions schedule, Line 5. Part-year residents enter amount from each column on Schedule TC, Deductions schedule, line 5, column C and D) | .00 | .00 |

| Taxpayer's name | Taxpayer's SSN | 2019 Big Rap | ds | |
|--|---|------------------------------------|---------------------------|-------------------------------------|
| OTHER TAX PAYMENTS - BR-1040, PAGE 1, L PAYMENTS, EXTENSION PAYMENTS, CREDIT FOR TAX PAID BY A TAX OPTION CORPORAT | FORWARD, TAX PAIL | • | | Attachment 20 Revised 01/30/2020 |
| A resident of Flint or Grand Rapids may claim a credit for ta o the corporation (see instructions as this credit is not allov | | oration based on income taxa | ble to the resident and a | also taxed by a city |
| ОТ | THER TAX PAYMENTS | | | OTHER TAX PAYMENTS |
| Estimated tax payments | | | | .00 |
| 2. Tax paid with an extension | | | | .00 |
| Credit forward from last tax year | | | | .00 |
| 4. Tax paid by a partnership Partnership FEIN | Pari | nership name | | .00. |
| 5. Tax paid by a partnership Partnership FEIN | Pari | nership name | | .00. |
| 6. Credit for tax paid by a tax option corporation Corporation FEIN | Corp | poration name | | .00. |
| 7. Credit for tax paid by a tax option corporation Corporation FEIN | Corp | poration name | | .00. |
| Total credit for estimated tax, extension and partnership tax payments and Credits schedule, line 24b) | s and credit forward (Add lines 1 th | rough 7; enter here and on BR-1040 | , Page1,Payments | .00 |
| CREDIT FOR TAX PAID TO ANOTHER CITY - B | | | • | Attachment 21 |
| _INE 24c (Credit will be disallowed if a copy o Credit for tax paid to another city may be claimed by a residual for tax paid | | • | ched) | Revised 01/30/2020 |
| Part-year residents may claim the credit for tax paid to anot | ther city based on income a | s a resident that is also taxab | le by another city. | |
| OTHER CITY'S NAME OR CORPORATION | FEDERAL EMPLOYER IDE | NTIFICATION NUMBER AN | D NAME | TAX CREDIT |
| Tax paid to another city City name | | | | .00. |
| 2. Tax paid to another city City name | | | | .00 |
| 3. Total credit for tax paid to another city (Add lines 1 and 2; enter here | and on BR-1040, Page 1, Paymen | s and Credits schedule, line 24c) | | .00 |
| | | | | |
| CALCULATION OF CREDIT FOR TAX PAID TO Use a separate calculation worksheet for each | | dents only) | RESIDENT CITY BIG RAPIDS | OTHER CITY |
| 1. Income taxable in the nonresident city that is also taxable in the resid | ent city (Same amount for both citi | es) | .00 | .00 |
| Exemptions amount per city's return | | | .00 | .00 |
| Taxable income for credit | | | .00 | .00 |
| 4. Tax for credit purposes at each city's nonresident tax rate | | | .00 | .00 |
| 5. Credit allowed for tax paid to another city (Enter the smaller of resider | nt city's or other city's tax from line | 4) | .00 | |
| | | | | |
| | | | | |

EMPLOYER'S ANNUAL RECONCILIATION OF INCOME TAX WITHHELD

| 1. EMPLOYER NAME & ADDRESS | 2. FEDERAL EMPLOYER IDENTIFICATION NUMBER |
|----------------------------|---|
| | DUE ON OR BEFORE FEBRUARY 28, 2020 |

| SUMMARY OF WITHHOLDING TAX PAID | | | | |
|---------------------------------|----------------------------------|------------|------------|--|
| MONTH/QUARTER | TAX WITHHELD | WITHHOLDIN | G TAX PAID | |
| January | | | | |
| February | | | | |
| March | | | | |
| FIRST QUARTER TOTAL | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| SECOND QUARTER TOTAL | | | | |
| July | | | | |
| August | | | | |
| September | | | | |
| THIRD QUARTER TOTAL | | | | |
| October | | | | |
| November | | | | |
| December | | | | |
| FOURTH QUARTER TOTAL | | | | |
| | TOTAL WITHHOLDING TAX PAID | 3. | | |
| TOTAL BIG RAPIDS WAGES F | ROM BOX 1 OF YOUR 2019 W-2(S |) 4. | | |
| NU | JMBER OF W-2 FORMS ATTACHED | O 5. | | |
| | TOTALTAX WITHHELD PER W-2(S | 6) 6. | | |
| | BALANCE DUE | = 7. | | |
| | REFUND | O 8. | | |
| TIDE | 10 NAME AND TITLE (Places Print) | DUONE # | 14 DATE | |

| 9. SIGNATURE | 10. NAME AND TITLE (Please Print) | PHONE # | 11. DATE |
|--------------|-----------------------------------|---------|----------|
| | | | |

INSTRUCTIONS FOR EMPLOYER'S ANNUAL RECONCILIATION OF INCOME TAX WITHHELD

- Check identification information in Box 1 and Box 2. If incorrect, make corrections and file Notice of Change or Discontinuance.
- Enter tax withheld and tax payment information in the Summary of Withholding Tax Paid section.
- Enter the total withholding tax paid in Box 3.
- Enter the number of W-2 forms attached in Box 5.
- Enter the amount of tax withheld per the W-2 forms attached in Box 6. <u>Attach an adding machine tape totaling the W-2 forms and include copies of W-2 forms.</u>
- It is being requested that you attach a copy of your CD if available of your W-2's for 2019. (See last two pages of this booklet for filing CD from Innovative Software Company, Make sure you include box 18, 19, and 20 of W-2's on the CD)
- filing CD from Innovative Software Company. Make sure you include box 18, 19, and 20 of W-2's on the CD).

 If the withholding tax paid (Box 3) is less than the tax withheld per the W-2 forms (Box 6), enter the balance due in Box 7. The balance
- due must be paid in full with this BRW-3 form. Make remittance payable to: CITY OF BIG RAPIDS.

 If the withholding tax paid (Box 3) is greater than the tax withheld per the W-2 forms (Box 6), enter the refund in Box 8.
- If the withholding tax paid (Box 3) equals the tax withheld per the W-2 forms (Box 6) enter a zero (0) in Boxes 7 and 8.
- Sign the return in Box 9; Print your name, title, and phone number in Box 10; and enter the date signed in Box 11.
- Attach the required copies of the W-2 forms and payment for any balance due to the completed BRW-3 form and mail to: City of Big Rapids, Income Tax Processing Center, PO Box 536, Eaton Rapids, MI 48827-0536

Local Entity Codes
Use the following entity codes for Michigan cities:

| Albion | MIALB |
|------------------|-------|
| Battle Creek | MIBCK |
| Benton Harbor | MIBEN |
| Big Rapids | MIBRR |
| Detroit | MIDET |
| Flint | MIFLT |
| Grand Rapids | MIGRR |
| Grayling | MIGRA |
| Hamtramck | MIHAM |
| Highland Park | MIHPK |
| Hudson | MIHUD |
| Ionia | MIION |
| Jackson | MIJAC |
| Lansing | MILNS |
| Lapeer | MILPR |
| Muskegon | MIMKG |
| Muskegon Heights | MIMHT |
| Pontiac | MIPNT |
| Port Huron | MIPHN |
| Portland | MIPOR |
| Saginaw | MISAG |
| Springfield | MISPR |
| Walker | MIWAL |

CITY OF BIG RAPIDS Submitting W2s electronically

The following formats are acceptable for filing W2 information electronically.

Federal Filing Format - MMREF-1 or EFW2

Information about the Federal MMREF and EFW2 formats are available on the Social Security Administration website at: www.ssa.gov/employer

Note that the record with local information is not required for filing federally. The RS record must be included to provide city information.

CityTax Proprietary Format (CTP)

This is a simple format for a single employer. It may be created using Microsoft Excel. It is a Comma Delimited format. Details are shown below.

The following table lists critical fields with local information, with the location in that format.

| | | MMREF | CTP |
|--------------|----------------|-------|-------|
| Local Entity | Record | RS | CTW |
| Code | Start Position | 5 | 12 |
| | Length | 5 | |
| | Value | MIBRR | MIBRR |
| Local | Record | RS | CTW |
| Withholding | Start Position | 320 | 13 |
| | Length | 11 | |
| Local | Record | RS | CTW |
| Taxable | Start Position | 309 | 11 |
| | Length | 11 | |

CITY OF BIG RAPIDS

Using Excel to Submit W2s electronically in CityTax Proprietary Format (CTP)

All text must be in upper case.

If leading zeros on Social Security Numbers or Zip Codes do not show, this is all right.

All dollar amounts should be entered as normal number with decimal point, such as 15100.50 Do not leave blank lines between information.

- 1. Open a new spreadsheet.
- 2. On the first line, enter the Employer data as specified below, entering one value per column. The letter shown at the start of each line must match the letter at the top of the column in Excel. Skip the column if blank. Insure all entries are upper case. To start, enter 'CTE' in the first column.
- 3. For each employee, enter another line, entering CTW in the first column (A) and entering one field per column.
- 4. Click on the Save button (or select Save from the File menu). At the bottom is a drop-down box for Save As type. Click on this drop-down and select

'CSV (Comma delimited)(*.csv)'

Then enter a file name and click save.

5. Copy this file to a diskette or compact disc and send to the Income Tax Office.

First Line: Employer

| A. | CTE | text exactly as shown |
|----|-------------------------|---|
| B. | Employer FEIN or TaxID | 9 digits no spaces or punctuation |
| C. | TaxYear | 4 digits |
| D. | Employer name | |
| E. | Corporate | C if a corporation, blank otherwise |
| F. | Employer street address | No commas |
| G. | Employer City | |
| H. | Employer State | 2 characters |
| I. | Employer Zipcode | 5 digits (or 6 characters if foreign country) |
| J. | Employer Plus4 | 4 digits |

| Rema | aining Lines: One per Employee | |
|------|--------------------------------|-----------------------------------|
| A. | CTW | text exactly as shown |
| B. | Employee SSN | 9 digits no spaces or punctuation |
| C. | Employee Last Name | |
| D. | Employee First Name | |
| E. | Employee Middle Name | |
| F. | Employee street address | No commas |
| G. | Employee City | |
| H. | Employee State | 2 characters |

| I. | Employee Zipcode | 5 digits (or 6 characters if foreign country) |
|----|-------------------|---|
| J. | Employee Plus4 | 4 digits |
| K. | Federal Wages | from Box 1 |
| L. | Local Entity Code | MIBRR |

| M. | Local Withholding | |
|----|-----------------------|--------------------|
| N. | Social Security Wages | from Box 3 |
| Ο. | Medicare Wages | from Box 5 |
| P. | Local Wages | from Box 18 |
| Q. | Total Deferred | Included in Box 12 |

Mail your return and remittance to:

CITY OF BIG RAPIDS INCOME TAX PROCESSING CENTER P.O. BOX 536 EATON RAPIDS, MI 48827-0536

2019

CITY OF BIG RAPIDS

2019

CORPORATIONINCOME TAX RETURN

FORM 1120

FOR: **CORPORATIONS** DOING BUSINESS IN BIG RAPIDS, MICHIGAN

FILING INSTRUCTIONS

FILING DATE: Calendar year taxpayers must file by April 30. Fiscal year taxpayers must file by the last day of the fourth month following the end of the fiscal year. Returns shall be for the same calendar year, fiscal year or other accounting period as the taxpayer uses for federal income tax purposes.

TAX RATE: 1.0% (0.01)

REMITTANCE: The tax due, if one dollar (\$1.00) or more, must be paid when filing the return. Make remittance payable to:

CITY OF BIG RAPIDS

MAILING ADDRESS: Mail your return and remittance to:

CITY OF BIG RAPIDS INCOME TAX PROCESSING CENTER P.O. BOX 536 EATON RAPIDS, MI 48827-0536

CORPORATIONS REQUIRED TO FILE

Every corporation doing business in the City, whether or not it has an office or place of business in the city, and whether or not it has net profits, is required to file a City of Big Rapids Corporation Income Tax Return.

Corporations cannot elect to file and be taxed as partnerships. Subchapter S corporations are treated as C corporations. (Likewise, partnerships cannot elect to file and be taxed as corporations.)

Non-profit corporations which have applied for and received approval for exemptions from the Federal Income tax shall not be required to file a Big Rapids return provided they submit approval from the Internal Revenue Service. Such exemption for the City's filing requirement will continue in effect as long as their Federal exemption is in effect.

The Ordinance also specifically exempts financial institutions from taxation. "Financial institutions" include state and national banks, trust companies, insurance companies, building and loan and savings and loan associations, and credit unions (charted by either the state or federal government).

EXTENSIONS

Upon filing the form APPLICATION FOR EXTENSION OF TIME TO FILE CITY OF BIG RAPIDS INCOME TAX RETURN (available on the City's website) on or before the date for filing a return, the Income Tax Administrator may extend the time for filing up to six months. When an extension is requested, the tentative tax must be paid.

EXTENSIONS(continued)

When an extension form is filed with the appropriate payment, it may be assumed that the extension is automatically granted unless otherwise noted. When the return is filed, a copy of the application for extension must be attached. If the return is filed after the extended due date, penalty and interest will apply from the original due date.

FORM TO BE USED

The Corporate Summary Return shall be attached to a copy of the federal Form 1120, 1120-A or 1120-S, Schedule K and all schedules filed with the IRS.

LOSSES

Net operating loss carry-over and/or net capital loss carry-over applicable to Big Rapids operating losses and net capital losses sustained by a corporation may be carried forward twenty years. There is no provision for carrying back losses to prior tax years. No deductions will be allowed for net operating losses and net capital losses sustained prior to January 1, 1970. Capital losses and capital loss carry-overs are deductible only to the extent of capital gains.

Losses be allocated Rapids at the percentage of business conducted in Big Rapids in the year in which the loss was all business was not conducted in Big sustained. lf Rapids in the year in which the loss was sustained. business allocation percentage formula to arrive at the deductible portion of the loss. If you do not conduct 100% of your business in Big Rapids, schedule showing attach а your computation for the amount reported on this line.

PLEASE NOTE

Corporations are not permitted to file as so-called "tax option" corporations. Every corporation subject to the city tax must file a return and pay the tax, regardless of any option available to it under Section 1371-1377 of the Federal Internal Revenue Code.

The taxable income or net operating loss of a corporation shall not be prorated to the shareholders and reported on their individual returns.

Subchapter S Corporation distributions are taxable to the individual who received the distribution. For this reason copies of all K-1's must be attached to this return.

Attach Federal Form 1065, 1120, 1120A, or 1120S

City of Big Rapids Income Tax Summary Return For Partnerships or Corporations 2019

| | Or other taxable period BEGINNING | & ENDING | | |
|----------|---|---|-----------------------|------------------|
| Name o | of Partnership or Corporation: | | | |
| | | This return is paying to | ax for all partne | ers or officers. |
| Addres | es es | | | |
| - | | FEIN: | | |
| | | Principal Business Activity: | | |
| | ATTACH COPIE | | | |
| 1) | Income carried over from Federal Form 1065, 1120, 1120A, or | | | |
| 2) | Add items not deductible under Big Rapids Income Tax | 1 1 | 1) \$ | 00 |
| , | Big Rapids Income Tax Paid | 00 | | |
| | Other – Submit Schedule | 00 | | |
| | Total | 00 | 2) + | 00 |
| 3) | Subtract items not taxable under Big Rapids Income Tax | | , <u></u> | |
| | Interest from Government Obligations | 00 | | |
| | Dividends Received Deductions | 00 | | |
| | Foreign Tax Credit Other – Submit Schedule | 00 | | |
| | Total | 00 | 0) | |
| 4) | | 00 | 3) <u>-</u> 4) | 00 |
| 4) 5) | Subtotal Percentage of Business Attributable to City of Big Rapids (Use | formula on back) | 5) | - 00 |
| 6) | Multiply Line 4 by Line 5 | , ioimula on backy | 6) | 00 |
| 7) | Carry over loss from prior percentage allocations of Big Rapids | s tax years | 7) | 00 |
| 8) | Taxable Income | | 8) | 00 |
| 9) | City of Big Rapids Tax – Multiply Line 8 by 1% (Corporations, Su | | 0) | 00 |
| 10 | Multiply Line 8 by ½% (Non-Resident P Voluntary Contribution to Big Rapids Community Pool and/or C | | 9) | 00 |
| | Total of Lines 9 and 10 | Community Library (Flease Circle) | 11) | 00 |
| | NTS AND CREDITS | | | |
| | | 40-1 | ا مو ا | |
| 12 | • • | 12a) | 00 | |
| | b. Total estimated payments | 12b) | 00 | |
| | c. Payment made with Application for Extension | 12c) | 00 | 1 |
| 13 | , , , , | | 13) | 00 |
| OVERP | AYMENT OR TAX DUE | | | 1 |
| 14 | Penalty and interest (Penalty - 1% of the amount of the unpaid not to exceed a total penalty of 25% of the unpaid tax. Interest | tax for each month or a fraction thereof 0001749 per day. Minimum of \$2.00. | f) ¹⁴⁾ | 00 |
| 15 | If your tax (Line 11) is larger than payments (Line 13) enter bala | ance due and pay in full with this return. | 15) | 00 |
| 16 | If your payments (Line 13) are larger than your tax (Line 11) en | iter amount overpaid. | 16) | 00 |
| 17) | Amount of Line 16 is to be (check one box only): | A Credited to 2020 B Ref | funded to you | |
| I dec | are, under penalty of perjury, that the information on this | I declare, under penalty of | perjury, that th | is return is |
| _ | return and attachments is true and complete. | based on all information of | which I have k | nowledge. |
| ☐ Ia | uthorize the CITY to discuss my claim and attachments with my preparer | PREPARER'S SIGNA | TURE & ADD | RESS |
| □ в | NOT discuss my claim with my preparer. | | | |
| | | | | |
| EII ED'G | SSIGNATURE | | | |
| TITLE | DATE | | | |
| | | 7 | | |
| PHONE | | L | | |
| Write \ | our FEIN on Remittance and Make Payable to: CITY OF BIG R | APIDS | | |

Mail Return and Remittance to: CITY OF BIG RAPIDS, INCOME TAX PROCESSING CENTER, P.O. BOX 536, EATON RAPIDS, MI 48827

BUSINESS ALLOCATION FORMULA

| | | Located Everywhere A. | Located in Big Rapids B. | Percentage (B divided by A) | | | | |
|---|---|-----------------------------|--------------------------------|--------------------------------|--|--|--|--|
| | | | | | | | | |
| 1. | Average net book value of real and tangible personal property | | | | | | | |
| | Gross rent paid for real property only, multiplied by 8 | | | | | | | |
| | b. Total (Add Lines 1 and 1a) | | | | | | | |
| 2. | Total wages, salaries, commissions and other compensation of all employees | | | | | | | |
| 3. | Gross receipts from sales made or services rendered | | | | | | | |
| 4. | Total percentages – Add the three percentages computed for Lines 1b, 2, and 3 which you entered in the last column | | | | | | | |
| 5. | Business apportionment percentage (Line 4 divided by number of factors, usually 3; enter here and on page 1, line 6 | | | | | | | |
| *In determining the business apportionment percentage (Line 5), a factor shall be excluded from the computation only when such factor does not exist anywhere insofar as the taxpayer's business operation is concerned. In such cases, the sum of the remaining percentages shall be divided by the number of factors actually used. | | | | | | | | |
| | Penalty and Interest | | | | | | | |
| Lir | ne 14 A. Interest0001749 per c | day - | A. | | | | | |
| | B. Penalty – 1% of the amo tax for each month or a f not to exceed a total per the unpaid tax | fraction thereof | | | | | | |
| | | - | В. | _ | | | | |

C. Total penalty and interest, minimum of \$2.00. Enter on Line 14

C.

INSTRUCTIONS FOR CITY OF BIG RAPIDS DECLARATION OF ESTIMATED INCOME TAX

1. WHO MUST MAKE A DECLARATION

- **A.** Individuals and Unincorporated Businesses must file a declaration and make estimated payments if annual liability is over **\$100.00**.
- **B.** Corporations must file a declaration and make estimated payments if annual liability is over **\$250.00**.
- C. A partnership electing to pay the tax on behalf of its partners must make estimated income tax payments. Payments are not required if the annual liability is \$100.00 or less. If the partnership elects to pay the tax on behalf of the partners, a partner is not required to make estimated payments as an individual unless the partner has other income on which the annual liability is expected to exceed \$100.00.

2. WHEN AND WHERE TO FILE DECLARATION AND PAY TAX

- A. Calendar Year The declaration must be filed on or before April 30th of the tax year.
- **B.** Fiscal Year The declaration must be filed within four (4) months after the beginning of the fiscal year.
- C. Filing The declaration must be filed with the: City of Big Rapids
 Income Tax Processing Center
 PO Box 536

Eaton Rapids, MI 48827-0536

D. Payment – The estimated payment must be paid in full with the declaration or in four (4) equal installments on or before **April 30**, **June 30**, **September 30**, **January 31**, or on or before the fourth, sixth, ninth and thirteenth month after the beginning of the taxable fiscal year.

3. PENALTIES AND INTEREST

If the total amount of tax withheld or paid by declaration is less than seventy percent (70%) of the tax due for the current or previous year, penalty and interest will be charged.

THE FILING OF A DECLARATION OF ESTIMATED TAX DOES NOT EXCUSE THE TAXPAYER FROM FILING AN ANNUAL RETURN EVEN THOUGH THERE IS NO CHANGE IN THE DECLARED TAX LIABILITY.

| ESTIMATED TAX COMPUTATION WORKSHEET | | | | | |
|---|---|-------|--|--|--|
| Estimated 2019 income subject to tax or 2018 income. | come subject to tax | 1. \$ | | | |
| 2. Exemption allowance (\$600 for each exemption) | | 2. \$ | | | |
| Taxable Income (Subtract Line 2 from Line 1) | 3. Taxable Income (Subtract Line 2 from Line 1) | | | | |
| 4. Estimated Big Rapids Tax: Residents - Multiply Line 3 by 1% (.01) Non-Residents - Multiply Line 3 by ½% (.005) | | 4. \$ | | | |
| Tax expected to be withheld from earnings | | | | | |
| All estimated credits | | | | | |
| 7. Total expected withholding & estimated credits (Add Lines 5 and 6) | | 7. \$ | | | |
| 8. Estimated Tax Due (Subtract Line 7 from Line 4) | | 8. \$ | | | |
| Estimated Payment Due each Quarter (Divide am | ount on Line 8 by 4) | 9. \$ | | | |

| 2019 First Quarter | Due Date: 04/30/2019 | | oids Estimated Tax | | 2019 BR-1040ES BR-1120ES |
|---|---|--------------------------|------------------------------------|-----|---------------------------------|
| SSN or FEIN: | <u> </u> | | | | |
| Name(s): | | | Estimated Tax: | | \$ |
| Address: | | | | | |
| City, State, Zip: | | | Amount of this Payme | nt: | \$ |
| Make checks payable to "C | City of Big Rapids" and mail w | ith this declaration to: | | | |
| | City of Dia Donido | | | | |
| Incor | City of Big Rapids me Tax Processing Cento | er | | | |
| | PO Box 536 | | 01 | | |
| Eato | on Rapids, MI 48827-0536 | 6 | Sign Here: | | |
| 2019 | Due Date: | City of Big Rar | oids Estimated Tax | Ī | 2019 |
| Second Quarter | 06/30/2019 | | on Voucher 2 | | BR-1040ES |
| SSN or FEIN: | | | | • | |
| Name(s): | | | Estimated Tax: | | \$ |
| Address: | | | | | |
| City, State, Zip: | | | Amount of this Payme | nt: | \$ |
| Make checks payable to "C | City of Big Rapids" and mail w | ith this declaration to: | | | |
| | City of Big Rapids ne Tax Processing Cento PO Box 536 on Rapids, MI 48827-0536 | | Sign Here: | | |
| 2019 Third Quarter | Due Date: 09/30/2019 | | oids Estimated Tax on Voucher 3 | | 2019 BR-1040ES BR-1120ES |
| SSN or FEIN: | | | | | |
| Name(s): | | | Estimated Tax: | | \$ |
| Address: | | | | | |
| City, State, Zip: | | | Amount of this Payme | nt: | \$ |
| Make checks payable to "C | City of Big Rapids" and mail w | ith this declaration to: | | | |
| City of Big Rapids Income Tax Processing Center PO Box 536 Eaton Rapids, MI 48827-0536 | | | Sign Here: | | |
| | | | | | |
| 2019 Fourth Quarter | Due Date: 01/31/2020 | | oids Estimated Tax on Voucher 4 | | 2019 BR-1040ES BR-1120ES |
| SSN or FEIN: | | | - | | |
| Name(s): | | | Estimated Tax: | | \$ |
| Address: | | | | | |
| City, State, Zip: | | | Amount of this Payme | nt: | \$ |
| Make checks payable to "City of Big Rapids" and mail with this declaration to: | | | | | |
| City of Big Rapids Income Tax Processing Center PO Box 536 | | | Sign Here: | | |
| , Eato | on Rapids, MI 48827-0536 | ס | orgin riere. | | |

Mail your return and remittance to:

CITY OF BIG RAPIDS INCOME TAX PROCESSING CENTER P.O. BOX 536 EATON RAPIDS, MI 48827-0536

2019

CITY OF BIG RAPIDS

2019

PARTNERSHIP INCOME TAX RETURN

FORM 1065

FOR: **PARTNERSHIPS** DOING BUSINESS IN BIG RAPIDS, MICHIGAN

FILING INSTRUCTIONS

FILING DATE: Calendar year taxpayers must file by April 30. Fiscal year taxpayers must file by the last day of the fourth month following the end of the fiscal year. Returns shall be for the same calendar year, fiscal year or other accounting period as the taxpayer uses for federal income tax purposes.

TAX RATE: 1.0% (0.01) for resident partners 0.5% (0.005) for non-resident partners

REMITTANCE: Partnerships electing to pay tax for partners must remit for all partners when filing return. The tax due, if one dollar (\$1.00) or more, must be paid when filing the return. Make remittance payable to:

CITY OF BIG RAPIDS

MAILING ADDRESS: Mail your return and remittance to:

CITY OF BIG RAPIDS INCOME TAX PROCESSING CENTER P.O. BOX 536 EATON RAPIDS, MI 48827-0536

PARTNERSHIPS REQUIRED TO FILE

Every partnership that conducts business activities in the City of Big Rapids, whether or not an office or place of business is maintained in the City, is required to file a return within four (4) months following the end of the taxable year. If on a calendar year basis, the return must be filed by April 30. If the partnership elects to pass through the income to the partners on their personal return, then file an Informational Return, Form 1065, with the City of Big Rapids and attach schedule K and copies of all K-1's.

FORM TO BE USED

If a partnership elects to pay for all partners when filing the return, the Partnership Summary Return provided shall be attached to a copy of the Federal 1065 with all necessary schedules and K-1's or the required information should be carried over to the necessary federal schedule(s) and attached to Form BR-1040.

RESIDENT VS. NON-RESIDENT PARTNER

Partners who are residents of Big Rapids are taxed on their entire distributive shares of the net profits of the partnership, including that rising from the business activity outside the City, and including interest, dividends, and royalties and gains from the sale or exchange of property, either tangible or intangible.

RESIDENT VS. NON-RESIDENT PARTNER (continued)

Partners who are non-residents of Big Rapids are taxed on their distributive shares of the net profit which is attributed to business activity in the City, plus net rentals of property in the City and gains from the sale or exchange of real or tangible personal property in the City. They are not taxed on their share of net rentals on property outside the City, gains from the sale or exchange of real or tangible property outside the City, gains from the sale or exchange of securities or other tangible property, or interest or dividends.

OPTION TO PAY TAX

At its election, the partnership may file either an informational return or it may compute and pay the tax which is due with respect to each partner's share of the net profit of the business, after giving effect to exemptions and other items to which each partner is entitled. Such election is available to all partnerships regardless of the residency of the partners. The partnership may pay the tax for partners only if it pays for all partners subject to the tax.

If the partnership elects to pay the tax on behalf of the partners thereof, then such election and payments shall be deemed to meet the requirements for filing of a return as provided by the Ordinance, for each partner who has no other income subject to the tax. However, a return shall be required from any partner having taxable income other than his/her distributive share of the net profits of the partnership.

PARTNERSHIP AS TAXPAYER

If the partnership elects to pay the tax on behalf of the partners, then it assumes the status of the taxpayer to the following extent:

1.Timely payment. Payment must be made within four (4) months from the end of the fiscal year or period; otherwise, it will be subject to interest and penalties the same as a delinquent payment from any other taxpayer.

2.Payment of estimated tax. The election of the partnership to pay the tax on behalf of the individual partners also carries with it the requirement to file a Declaration of Estimated Income Tax, Form BR 1040ES, if the total estimated tax for the partnership is expected to exceed \$100.

Attach Federal Form 1065, 1120, 1120A, or 1120S City of Big Rapids Income Tax Summary Return For Partnerships or Corporations 2019

| | Or other taxable period BEGINNING | & ENDING | | |
|----------|--|--|--------------|-----------------------|
| Name o | f Partnership or Corporation: | | | |
| | | This return is paying | tax for all | partners or officers. |
| Addres | <u> </u> | | | , |
| | | | | |
| | F | EIN: | | |
| | Р | rincipal Business Activity: | | |
| | ATTACH COPIES | OF ALL K-1's | | |
| 1) | Income carried over from Federal Form 1065, 1120, 1120A, or 11 | 20S | 4) • | 1 00 |
| 2) | Add items not deductible under Big Rapids Income Tax | 1 1 | 1) <u>\$</u> | 00 |
| | Big Rapids Income Tax Paid | 00 | | |
| | Other – Submit Schedule | 00 | | |
| | Total | 00 | 2) + | 00 |
| 3) | Subtract items not taxable under Big Rapids Income Tax | 00 | | |
| | Interest from Government Obligations Dividends Received Deductions | 00 | | |
| | Foreign Tax Credit | 00 | | |
| | Other – Submit Schedule | 00 | | |
| | Total | 00 | 3) - | 00 |
| 4) | Subtotal | <u> </u> | 4) | 00 |
| 5) | Percentage of Business Attributable to City of Big Rapids (Use fo | rmula on back) | 5) | |
| 6) | Multiply Line 4 by Line 5 | | 6) | 00 |
| 7) 8) | Carry over loss from prior percentage allocations of Big Rapids ta Taxable Income | ax years | 7) 8) | 00 |
| 9) | City of Big Rapids Tax – Multiply Line 8 by 1% (Corporations, Sub S | Corporations, & Resident Partnerships | | 00 |
| • , | Multiply Line 8 by ½% (Non-Resident Partr | | 9) | 00 |
| | Voluntary Contribution to Big Rapids Community Pool and/or Con | nmunity Library (Please circle) | 10) | 00 |
| | Total of Lines 9 and 10 | | 11) | 00 |
| PAYME | NTS AND CREDITS | | | |
| 12) | a. Credit forward from prior year | 12a) | 00 | |
| | b. Total estimated payments | 12b) | 00 | |
| | c. Payment made with Application for Extension | 12c) | 00 | ı |
| 13) | Total Payments and Credits (add 12a,12b,and 12c) | | 13) | 00 |
| OVERP | AYMENT OR TAX DUE | | | , |
| 14) | Penalty and interest (Penalty - 1% of the amount of the unpaid ta | x for each month or a fraction thereo | of (14) | |
| | not to exceed a total penalty of 25% of the unpaid tax. Interest0 | 0001749 per day. Minimum of \$2.00 | .) 14) | 00 |
| 15) | If your tax (Line 11) is larger than payments (Line 13) enter balance | e due and pay in full with this return | · 15) | 00 |
| | | | | |
| 16) | If your payments (Line 13) are larger than your tax (Line 11) enter | amount overpaid. | 16) | 00 |
| 17) | Amount of Line 16 is to be (check one box only): | ☐ Credited to 2020 B ☐ Re | efunded to | you |
| I decla | are, under penalty of perjury, that the information on this | I declare, under penalty of | perjury, tl | hat this return is |
| | return and attachments is true and complete. | based on all information of | which I h | ave knowledge. |
| ☐ I au | thorize the CITY to discuss my claim and attachments with my preparer | PREPARER'S SIGNA | ATURE & | ADDRESS |
| □ ро | NOT discuss my claim with my preparer. | | | |
| | | | | |
| | | | | |
| FILER'S | SIGNATURE | _ | | |
| TITLE | DATE | _ | | |
| PHONE | () - | | | |
| Write Y | our FEIN on Remittance and Make Payable to: CITY OF BIG RAP | PIDS | | |

Mail Return and Remittance to: CITY OF BIG RAPIDS, INCOME TAX PROCESSING CENTER, P.O. BOX 536, EATON RAPIDS, MI 48827

BUSINESS ALLOCATION FORMULA

| | | Located Everywhere A. | Located in Big Rapids B. | Percentage (B divided by A) | | | | |
|---|---|-----------------------------|--------------------------------|--------------------------------|--|--|--|--|
| | | | | | | | | |
| 1. | Average net book value of real and tangible personal property | | | | | | | |
| | Gross rent paid for real property only, multiplied by 8 | | | | | | | |
| | b. Total (Add Lines 1 and 1a) | | | | | | | |
| 2. | Total wages, salaries, commissions and other compensation of all employees | | | | | | | |
| 3. | Gross receipts from sales made or services rendered | | | | | | | |
| 4. | Total percentages – Add the three percentages computed for Lines 1b, 2, and 3 which you entered in the last column | | | | | | | |
| 5. | Business apportionment percentage (Line 4 divided by number of factors, usually 3; enter here and on page 1, line 6 | | | | | | | |
| *In determining the business apportionment percentage (Line 5), a factor shall be excluded from the computation only when such factor does not exist anywhere insofar as the taxpayer's business operation is concerned. In such cases, the sum of the remaining percentages shall be divided by the number of factors actually used. | | | | | | | | |
| | Penalty and Interest | | | | | | | |
| Lir | ne 14 A. Interest0001749 per c | day - | A. | | | | | |
| | B. Penalty – 1% of the amo tax for each month or a f not to exceed a total per the unpaid tax | fraction thereof | | | | | | |
| | | - | В. | _ | | | | |

C. Total penalty and interest, minimum of \$2.00. Enter on Line 14

C.