

INDIVIDUAL RETURN DUE APRIL 30, 2020

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

SEND COPY OF PAGE 1 & 2 OF FEDERAL RETURN	ROUND ALL FIGURES TO NEAREST DOLLAR (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		Column A Federal Return Data	Column B Exclusions/Adjustments	Column C Taxable Income				
	1.	Wages, salaries, tips, etc. (W-2 forms must be attached)	1	.00	.00	.00			
2.	Taxable interest	2	.00	.00	.00				
3.	Ordinary dividends	3	.00	.00	.00				
4.	Taxable refunds, credits or offsets of state and local income taxes	4	.00	.00	NOT TAXABLE				
5.	Alimony received	5	.00	.00	.00				
6.	Business income or (loss) (Attach copy of federal Schedule C)	6	.00	.00	.00				
7.	Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. <input type="checkbox"/> Mark if federal Sch. D not required	7	.00	.00	.00				
8.	Other gains or (losses) (Attach copy of federal Form 4797)	8	.00	.00	.00				
9.	Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9	.00	.00	.00				
10.	Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10	.00	.00	.00				
11.	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11	.00	.00	.00				
12.	Subchapter S corporation distributions (Att. copy of fed. Sch. K-1)	12	NOT APPLICABLE	.00	.00				
13.	Farm income or (loss) (Attach copy of federal Schedule F)	13	.00	.00	.00				
14.	Unemployment compensation	14	.00	.00	NOT TAXABLE				
15.	Social security benefits	15	.00	.00	NOT TAXABLE				
16.	Other income (Attach statement listing type and amount)	16	.00	.00	.00				
17.	Total additions (Add lines 2 through 16)	17	.00	.00	.00				
18.	Total income (Add lines 1 through 16)	18	.00	.00	.00				
19.	Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19		.00	.00				
20.	Total income after deductions (Subtract line 19 from line 18)	20		.00	.00				
21.	Exemptions (Enter the total exemptions, from Form BR-1040, page 2, box 1h, on line 21a and multiply this number by \$600 and enter on line 21b). Big Rapids does not allow personal exemptions for being 65 and over, blind, deaf, or permanently disabled.	21a		21b	.00				
22.	Total income subject to tax (Subtract line 21b from line 20)	22			.00				
23.	TAX (Multiply line 22 by Big Rapids resident tax rate of 1% (0.01) or nonresident tax rate of 0.5% (0.005) and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d)	23a		23b	.00				
24.	Payments and credits 24a <input type="checkbox"/> Big Rapids tax withheld 24b <input type="checkbox"/> Other tax payments (est, extension, or fwd, partnership & tax option corp) 24c <input type="checkbox"/> Credit for tax paid to another city 24d <input type="checkbox"/> Total payments & credits	24a	.00	24b	.00	24c	.00	24d	.00
25.	Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a <input type="checkbox"/> Interest 25b <input type="checkbox"/> Penalty 25c <input type="checkbox"/> Total interest & penalty	25a	.00	25b	.00	25c	.00		
26.	Amount you owe (Add lines 23b and 25c, and subtract line 24d) MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF BIG RAPIDS	26			.00				
27.	Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 31)	27			.00				
28.	Amount of overpayment donated 28a <input type="checkbox"/> Community Pool 28b <input type="checkbox"/> Community Library 28c <input type="checkbox"/> Total donations	28a	.00	28b	.00	28c	.00		
29.	Amount of overpayment credited forward to 2020	29		Amount of credit to 2020 >>	.00				
30.	Amount of overpayment refunded (Line 27 less lines 28d and 29) (For refund to be directly deposited to your bank account, mark refund box, line 31a, and complete line 31 c, d & e)	30		Refund amount >>	.00				
31.	Direct deposit refund (Mark (X) appropriate box 31a and complete lines 31c, 31d and 31e). We are only direct depositing refunds, we cannot directly withdraw payments from your account.	31a	<input type="checkbox"/>	Refund (direct deposit) 31c Routing number 31d Account number 31e Account Type:		31e1. Checking	31e2. Savings		

EXEMPTIONS SCHEDULE

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

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

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

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

Table with columns: DEDUCTIONS, 1. IRA deduction, 2. Self-employed SEP, SIMPLE and qualified plans, 3. Employee business expenses, 4. Moving expenses, 5. Alimony paid, 6. Renaissance Zone deduction, 7. Total deductions

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

Table with columns: MARK T, S, B, List all residence (domicile) addresses, FROM MONTH DAY, TO MONTH DAY

THIRD PARTY DESIGNEE

Do you want to allow another person to discuss this return with the Income Tax Office? Yes, complete the following No

Designee's name, Phone No., Personal identification number (PIN)

Under the penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

SIGNATURE HERE: TAXPAYER'S SIGNATURE, SPOUSE'S SIGNATURE, Date (MM/DD/YY), Taxpayer's occupation, Spouse's occupation, Daytime phone number, If deceased, date of death

PREPARER'S SIGNATURE: SIGNATURE OF PREPARER OTHER THAN TAXPAYER, FIRM'S NAME, Date (MM/DD/YY), PTIN, EIN or SSN, Preparer's phone no., NACTP software number

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

WAGES AND EXCLUDIBLE WAGES SCHEDULE - BR-1040, PAGE 1, LINE 1, COLUMN B **Attachment 2-1**
All W-2 forms must be attached to page 1 of the return Revised 01/30/2020

Use this form to provide details for all Forms W-2 and all other wage income reported on federal Forms 1040 (line 7), such as: wages received as a household employee for which you did not receive a W-2; tips reported on federal Form 4137; taxable dependent care benefits; employer-provided adoption benefits; scholarship and fellowship grants not reported on Form W-2; disability pensions shown on Form 1099-R if the taxpayer has not reached the minimum retirement age set by the employer; corrective distributions from a retirement plan shown on Form 1099-R from excess salary deferrals and/or excess contributions (plus earnings); wages from Form 8919, line 6; and other wage items not included in a Form W-2.

Use this form to calculate excludible (nontaxable) wages included in total wages reported on your federal tax return (Forms 1040, line 7). Excludible wages for each employer are also reported on Form BR-1040, page 2, Excluded Wages and Tax Withheld Schedule and the total amount of excludible wages is reported on Form BR-1040, page 1, line 1, col. B.

WAGES, ETC.	Employer (or source) 1		Employer (or source) 2		Employer (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	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
5. Dates of employment during tax year	From	To	From	To	From	To
6. Mark (X) box if you work at multiple locations in and out of Big Rapids	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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 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 use only the portion of wages earned while a nonresident)						

EXCLUDIBLE WAGES	Employer (or source) 1		Employer (or source) 2		Employer (or source) 3	
17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16)						
18. Enter resident excludible wages						
19. 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 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)						
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 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)						

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