

INDIVIDUAL RETURN DUE APRIL 30, 2021

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) From _____ To _____	
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse Enter date of death on page 2, right side of the signature area		Present home address (Number and street) Apt. no.		FILING STATUS	
Mark box (X) below if: <input type="checkbox"/> Federal Form 1310 attached <input type="checkbox"/> Itemized deductions on your Federal tax return for 2020		Address line 2 (P.O. Box address for mailing use only)		<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.	
		City, town or post office State Zip code			
		Foreign country name Foreign province/county Foreign postal code		Spouse's full name if married filing separately	

SEND COPY OF PAGE 1 OF FEDERAL RETURN	ROUND ALL FIGURES TO NEAREST DOLLAR (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)			
	INCOME	Column A Federal Return Data	Column B Exclusions/Adjustments	Column C Taxable Income
1.	Wages, salaries, tips, etc. (W-2 forms must be attached)	1	.00	.00
2.	Taxable interest	2	.00	.00
3.	Ordinary dividends	3	.00	.00
4.	Taxable refunds, credits or offsets of state and local income taxes	4	.00	NOT TAXABLE
5.	Alimony received	5	.00	.00
6.	Business income or (loss) (Attach copy of federal Schedule C)	6	.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
8.	Other gains or (losses) (Attach copy of federal Form 4797)	8	.00	.00
9.	Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9	.00	.00
10.	Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10	.00	.00
11.	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11	.00	.00
12.	Subchapter S corporation distributions (Att. copy of fed. Sch. K-1)	12	NOT APPLICABLE	.00
13.	Farm income or (loss) (Attach copy of federal Schedule F)	13	.00	.00
14.	Unemployment compensation	14	.00	NOT TAXABLE
15.	Social security benefits	15	.00	NOT TAXABLE
16.	Other income (Attach statement listing type and amount)	16	.00	.00
17.	Total additions (Add lines 2 through 16)	17	.00	.00
18.	Total income (Add lines 1 through 16)	18	.00	.00
19.	Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19		.00
20.	Total income after deductions (Subtract line 19 from line 18)	20		.00
21.	Exemptions (Enter the total exemptions, from Form BR-1040, page 2, box 1h, on line 21a and multiply this number by the value of an exemption and enter on line 21b)	21a	21b	.00
22.	Total income subject to tax (Subtract line 21b from line 20)	22		.00
23.	Tax at 1% or 1/2% (Multiply line 22 by resident or nonresident tax rate for city and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d)	23a	23b	.00
24.	Payments and credits 24a Big Rapids tax withheld .00 24b Other tax payments (est, extension, or fwd, partnership & tax option corp) .00 24c Credit for tax paid to another city .00 24d Total payments & credits	24a	24b	.00
25.	Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a Interest .00 25b Penalty .00 25c Total interest & penalty	25a	25b	.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 - 30)	27		.00
28.	Amount of overpayment donated 28a Community Pool .00 28b Community Library .00 28d Total donations	28a	28b	.00
29.	Amount of overpayment credited forward to 2021	29		.00
30.	Amount of overpayment refunded (Line 27 less lines 28d and 29) (For refund to be directly deposited to your bank account, mark refund box, line 31a, and complete line 31 c, d & e)	30		.00
31.	Direct deposit refund (Mark (X) appropriate box 31a and complete lines 31c, 31d and 31e)	31a	31c Routing number 31d Account number 31e Account Type: 31e1. Checking 31e2. Savings	

MAIL TO: CITY OF BIG RAPIDS, INCOME TAX DEPARTMENT, 226 NORTH MICHIGAN AVE, BIG RAPIDS, MI, 49307

Revised 01/26/2021

OR

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

EXEMPTIONS SCHEDULE

1a. You Date of birth (mm/dd/yyyy) Regular
1b. Spouse

1e. Enter the number of boxes checked on lines 1a and 1b

1d. List Dependents 1c. Check box if you can be claimed as a dependent on another person's tax return

Table with columns: #, First Name, Last Name, Social Security Number, Relationship, Date of Birth

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 BR TAX WITHHELD, COLUMN F LOCALITY NAME

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

Table with columns: Deduction description, Line number, Amount

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

Table with columns: MARK T, S, B, 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.

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

SPOUSE'S SIGNATURE Date (MM/DD/YY) Spouse's occupation If deceased, date of death

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

FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE NACTP software number

Taxpayer's name	Taxpayer's SSN	2020 BIG RAPIDS	
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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 01/26/2021

Use this form to provide details for all Forms W-2 and all other wage income reported on federal Forms 1040 (line 7), 1040A (line 7), or 1040EZ (line 1) 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; 1040A, line 7; or 1040EZ, line 1). 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.