	2011	DIVIDUAL RETURN DUE AP	-						_			
axpayer's S	SSN	Taxpayer's first name		Initial	Last name				R	¬ -		E STATUS
pouse's SS	SN SN	If joint return spouse's first	t name	Initial	Last name					Reside	ent	Nonresident
pouse's 33)N	II Joint return spouse's ills	t Hame	IIIIIai	Last Hame					-year res	ident -	dates of residency (mm/dd/yy
lark (X) hov	cif deceased	Present home address (N	umber and	street)			A	Apt. no.	From			
<u> </u>	payer Spouse								FI	LING	STA	TUS
	f death on page 2, right	Address line 2 (P.O. Box a	address for	mailing use	only)				+ • • •	Single		Married filing jointly
de of the si	ignature area											
ark box (X)) below if;	City, town or post office			Sta	ate	Zip code					separately. Enter spouse's se's SSN box and Spouse's fu
Fede	eral Form 1310 attached									[⊸] name l	here.	
		Foreign country name		Foreign pro	vince/county		Foreign pos	tal code				
	ized deductions on your eral tax return for 2021								S	Spouse's	full nar	me if married filing separately
	INCOME	ND ALL FIGURES TO NE (Drop amounts under \$0.50)			Co	lumn A			Column	В		Column C
	INCOME	amounts from \$.50 to \$0.99 to			Federal I	Return	Data	Exclusion	ons/Adju	ıstment	s	Taxable Income
ATTACH		os, etc. (W-2 forms must be	attached)	1			.00	_			.00	
COPY OF	Taxable interest			2			.00				.00	
G 1 & 2 OF EDERAL				3			.00	_			.00	
RETURN		redits or offsets of state and le	ocal income				.00				.00	NOT TAXABLE
	5. Alimony received	- //> /AH		5			.00				.00	
		r (loss) (Attach copy of federa	al Schedule	C) 6			.00	'			.00	
	 Capital gain or (los: (Attach copy of fed 	Sch. D) - Mark	if federal	ired 7			.00	1			.00	
		ses) (Attach copy of federal F	D not requi	ired '			.00	_			.00	
	,	utions (Attach copy of Form(s		9			.00	_			.00	
		and annuities (Attach copy of	· · ·				.00				.00	
	Rental real estate.	royalties, partnerships, S corp	porations.	,								
		copy of federal Schedule E)	,	11			.00)			.00	
	12. Subchapter S corp	oration distributions (Att. copy	of fed. Sch	h. K-1)12	NOT AF	PPLICA	BLE				.00	
	13. Farm income or (lo	ss) (Attach copy of federal Sc	chedule F)	13			.00				.00	
END W-2	14. Unemployment con	npensation		14			.00				.00	NOT TAXABLE
FORMS	15. Social security ben	efits		15			.00)			.00	NOT TAXABLE
	,	ch statement listing type and	amount)	16	.00					.00		
		ons (Add lines 2 through 16)		17						.00		
		ne (Add lines 1 through 16)		18	.00						.00	
		ctions (Subtractions) (Total from after deductions (Subtract			schedule, line i	()					19	
	20. Total incom				0.1						20	
	21. Exemptions	(Enter the total exemptions, this number by the value of a				n line 21	ia and muiti	pıy	21a		21b	
	22. Total incom	ne subject to tax (Subtract line	e 21b from I	line 20)							22	
	Tay at	(Multiply line 22 by resident of			for city and ente	r tax on	line 23b. or	if using				
	23. 1% or 1/2%	Schedule TC to compute tax							23a		23b	
	Payments 24. and	Big Rapids tax withheld	Other cr fwd,	tax paymer partnership	nts (est, extension & tax option co	on, orp)	Credit f to an	for tax paid nother city		otal ayment		
	credits 24a	.00	24b		.00	24c		.0	0 s	. &	24d	
	25. Interest and penalty	y for: failure to make nents; underpayment of	_	Inte	erest	-	F	Penalty		otal nterest		
	estimated tax; or la		25a		.00	25b		.0	8 0	k penalty	25c	
NCLOSE HECK OR	TAX DUE 26. Ar	mount you owe (Add lines 23b AYABLE TO: CITY OF BIG R	and 25c, a	and subtract	t line 24d) MAKE	CHEC	K OR MON	EY ORDER		WITH		
MONEY	-				105 (" "				RET		26	
ORDER	OVERPAYMEN Amount of		(Subtract li			24d; cho	ose overpa	yment options		8 - 30) otal	27	
	28. overpayment	Community Pool	28b	Commun	ity Library				d	lonation	28d	
	donated 28a	.00	200		.00				s	;	Zou	
	29 Amount of overnav	ment credited forward to 2022	2					Amount of	credit to 1	2022 >>	29	

MAIL TO: CITY OF BIG RAPIDS, INCOME TAX DEPARTMENT, 226 N MICHIGAN AVENUE, BIG RAPIDS, MI, 49307

Refund

(direct deposit)

31a

Direct deposit refund

31c, 31d and 31e)

(Mark (X) appropriate box 31a and complete lines

Refund amount >> 30

31e1. Checking

31e2. Savings

.00

31c Routing number

31d Account number

31e Account Type:

BR	-104	0, PAGI	Ξ 2		Taxpaye	r's name				Taxpayer's	SSN				21MI-	-BR	-104	0-2
ΓV		TIONS	1			Date of birth (mi	m/dd/\aaa\		Regular									
		TIONS	1a. \	You		Date of birtir (iiii	iii/dd/yyyy)		rtegulai						1e. Enter	the nur	mber of	
50	IILD	OLL		Spouse												check		
1d.	List De	ependents	1c.	_	heck box	x if you can be cla	aimed as a	dependent on an	other person	n's tax return					inics	ra and	10	
#		irst Name				ast Name		Social Securi	-		lationship	D	ate of Birth	1		numbe		
1.																ndent cl on line		
2.						•												
3.																	r of other	
4.															line 1		isted on	
5.																		
6.															1h. Total	exempt 1e, 1f a		
7.															enter	here ar	id also on	
8.																1, line 2	21a)	
EX				ES AND	XAT C	WITHHEL COLU		EDULE (Se	ee instru		esident wa	iges gei	nerally)	001111111	_
W-2	Col. A	SOCIAL		LUMN B URITY NU	MBER	EMPLOYER'S		R EXC	COLUMN L		FAILUF	RE TO	BR	COLUN TAX WI	IN E THHELD	LC	COLUMN CALITY NA	
#	1 01 3) (F	orm ۱	N-2, box a))	(Form W-	2, box b)	(Attach	Excluded Wa		ATTAC		(Fo	rm W-2	, box 19)	(Fo	rm W-2, bo	x 20)
1.										.00	FORMS T				.00			
2.										.00	PROCES		-		.00			
3.										.00	RETURN				.00			
4.										.00	INFORM STATEM				.00			
5.										.00	PRINTE				.00			
6. 7.										.00	TA				.00			
8.										.00	PREPAR SOFTWA				.00.			
9.										.00	NC				.00			
10.										.00	ACCEP	TABLE			.00			
	Totals	(Enter here	and o	on page 1:	part-vr re	esidents on Sch T	C)				<< Enter on po	1.ln 1. col	В		.00	<< E	nter on pg 1	. In 24a
						e instructio		luctions allo	ocated o				_	ne)		EDUC1		,
					,	of federal return a			outou o		no baolo a	o rolato	<u>u 1110011</u>	1				.00
2.	Self-e	mployed SE	P, SII	MPLE and	qualified	plans (Attach co	py of Sched	dule 1 of federal	return)					2				.00
3.	Emplo	yee busines	s exp	enses (At	tach cop	y of BR-2106 and	detailed lis	st)						3				.00
4.	Movin	g expenses	(Into	city area o	nly, Milita	ary ONLY) (Attac	ch copy of fe	ederal Form 390	3)					4				.00
5.	Alimor	ny paid (DO	ПОП	INCLUDE	CHILD	SUPPORT. Attac	ch copy of S	Schedule 1 of fed	leral return)					5				.00
6.	Renai	ssance Zone	ded	uction (Atta	ach Sche	edule RZ OF 104	0)							6				.00
						enter total here a								7				.00
AD	DRE					e taxpayer (ency)			
MA	RK					ses (Include city, year's return, pringle)								this	FRO	М	TC)
Τ, \$	S, B					je 1 of this return									MONTH	DAY	MONTH	DAY
	_																	
	-																	
TH	IBD	PARTY	DF	SIGNE	F										I			
						this return with the	e Income Ta	ax Office?	Ye	es, complete	the following		No					
<u> </u>	gnee's			po. 55.1. to	4.00400			<u></u>		55, 55mp.5t5	Phone		1110	Person	nal identificat	tion		
name	-										No.				er (PIN)			
	Un	der the per	alty	of perjury	, I decla	re that I have e	examined t	this return and	accompan	ying schedu	les and staten	nents, and	I to the be	est of m	ny knowled	ge and	belief it is	3
				•		a resident clain on other than ta	-	•		•	•						ded paym	ent
SIG	_					oth spouses must s				r's occupation	all lillollilation		me phone n		/ Kilowiedy		ceased, date	of death
HER																		
		DUSE'S SIGN	ATUR	ιE			Date (f	MM/DD/YY)	Spouse's	occupation						If de	ceased, date	of death
S. i	SIG	NATURE OF	PREF	ARER OTH	ER THAN	TAXPAYER					Date (MM/DD/	/YY)	PTIN, E	IN or SS	N			
REF	5 _												Prepare	r's phone				
PREPARER'S	FIRI	M'S NAME (or	your	s if self-empl	loyed), AD	DRESS AND ZIP (CODE							NACTI softwa				
H G	<u> </u>													numbe				

Taxpayer's name	Taxpayer's SSN 2021 BIG			BIG RAPI	DS		
WAGES AND EXCLUDIBLE W	AGES SCHEDULE -	BR-1040, PA	GE 1, LI	NE 1, COLUMI	N B		Attachment 2-1
All W-2 forms must be attached	ed to page 1 of the re	eturn					Revised 12/27/21
Use this form to provide details for all Forms W- employee for which you did not receive a W-2; the reported on Form W-2; disability pensions show shown on Form 1099-R from excess salary defe Use this form to calculate excludible (nontaxable	ips reported on federal Form 41: n on Form 1099-R if the taxpayerals and/or excess contributions	37; taxable depender fr has not reached t s (plus earnings); w	ent care bene he minimum r ages from Fo	fits; employer-provided etirement age set by the m 8919, line 6; and ot	d adoption benef he employer; cor ther wage items i	its; scholarship rective distribut not included in	and fellowship grants not tions from a retirement plan a Form W-2.
employer are also reported on Form BR-1040, p	page 2, Excluded Wages and Ta	x Withheld Schedul				ed on Form BR	-1040, page 1, line 1, col. B.
WAGES, ETC.	Employer (or sou	ırce) 1	E	mployer (or source	e) 2	Em	oloyer (or source) 3
Employer's ID number (W-2, box b) or source's ID Number if available Employer's agent (Farm W-2, box a) are							
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
Mark (X) box If you work at multiple locations in and out of BIG RAPIDS							
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 sou	urce) 1	E	mployer (or source	e) 2	Emp	oloyer (or source) 3
For use by nonresidents or part-year reside while a nonresident must use the wage allo Nonresidents working all of their work time	cation to determine wages e	arned in city while	a nonreside	ent (use only wages	and days work	ed while a no	nresident for computations.)
11. Enter actual number of days or hours on	Tor an employer in the oity si	iodia skip triis rioi	II COIGCIIL W	age Allocation seem	on for that chip	loyer as all or	their wages are taxable.
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)							
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%) 		%			%		%
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 sou	urce) 1	E	mployer (or source	e) 2	Emp	oloyer (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							
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)							
Total wages (Add lines 8 and 9 for all emplamount reported on Form BR-1040, page 1 must equal amount reported on Schedule T	, line 1, column A; Part-year res				<u> </u>		
Total excludible wages from all employers a Form BR-1040, page 1, line 1, column B; page 1.	and other sources (Add line 20 fo						
Total taxable wages from all employers and residents enter here and allocate on Sched			d also on Fori	 n BR-1040, page 1, lir	ne 1, column C; p	part-year	
. solusinos sinoi noro ana anobato dii delleu	, i , Dotterooli colullillo						

тахраует 5 патте		Taxpayers SSIN	2021 BIG RAF	PIDS	
WAGES AND EXCLUDIBLE W	AGES SCHEDULE - I	BR-1040, PAGE 1,	LINE 1, COLUMN B	I	Attachment 2-2
All W-2 forms must be attache			,		Revised 12/27/21
Use this form to provide details for all Forms W- employee for which you did not receive a W-2; t reported on Form W-2; disability pensions show shown on Form 1099-R from excess salary defe	2 and all other wage income rep tips reported on federal Form 413 in on Form 1099-R if the taxpaye errals and/or excess contributions	orted on federal Forms 1040 67; taxable dependent care be r has not reached the minim (plus earnings); wages fror reported on your federal tax	penefits; employer-provided adoption ber num retirement age set by the employer; on Form 8919, line 6; and other wage item or return (Forms 1040, line 7: 1040A: line	nefits; scholarship and fe corrective distributions from not included in a Form 7: or 1040FZ line 1) Exceptions	llowship grants not om a retirement plan I W-2.
employer are also reported on Form BR-1040, p					
WAGES, ETC.	Employer (or sou	irce) 4	Employer (or source) 5	Employer	r (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				L	
 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 sou	rce) 4	Employer (or source) 5	Employer	r (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	cation to determine wages ea	arned in city while a nonre	esident (use only wages and days wo	orked while a nonreside	ent 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)					
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%)		%	%	, D	%
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 sou	rce) 4	Employer (or source) 5	Employer	r (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 name

less line 20)

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 attach	ed to page 1 of the return		Revised 12/27/21
employee for which you did not receive a W-2; reported on Form W-2; disability pensions shown shown on Form 1099-R from excess salary def	7-2 and all other wage income reported on federal Fortips reported on federal Form 4137; taxable depend wn on Form 1099-R if the taxpayer has not reached cerrals and/or excess contributions (plus earnings); welle) wages included in total wages reported on your page 2, Excluded Wages and Tax Withheld Schedu	lent care benefits, employer-provided adoption bene the minimum retirement age set by the employer; co vages from Form 8919, line 6; and other wage items	fits; scholarship and fellowship grants not prective distributions from a retirement plan not included in a Form W-2.
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			
5. 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) 8. 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 all	lents who worked both in and outside of the cit- ocation to determine wages earned in city while e for an employer in the city should skip this No	e a nonresident (use only wages and days wor	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	To an employer in the city should skip this rec	Wiesident Wage Allocation section for that emp	oryer as an or their wages are taxable.
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%) 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)	5 1 /)7	5 1 ()	F 1 ()
EXCLUDIBLE WAGES 17. Enter nonresident excludible wages (Total	Employer (or source) 7	Employer (or source) 8	Employer (or source) 9
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 less line 20)			

2021 BIG RAPIDS

Taxpayer's name

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

тахраует 5 патте		Taxpayers SSIN	PIDS		
WAGES AND EXCLUDIBLE W	AGES SCHEDULE - I	BR-1040, PAGE 1,	LINE 1, COLUMN B	<u> </u>	Attachment 2-4
All W-2 forms must be attache			,		Revised 12/27/21
Use this form to provide details for all Forms W- employee for which you did not receive a W-2; t reported on Form W-2; disability pensions show shown on Form 1099-R from excess salary defe	2 and all other wage income repriped reported on federal Form 413 m on Form 109-R if the taxpaye rerals and/or excess contributions by wages included in total wages.	orted on federal Forms 1040 67; taxable dependent care be r has not reached the minim (plus earnings); wages fror reported on your federal tax	penefits; employer-provided adoption be turn retirement age set by the employer; in Form 8919, line 6; and other wage itel to return (Forms 1040, line 7: 1040A; line	enefits; scholarship and f corrective distributions t ms not included in a Form a 7: or 1040EZ, line 1). F	ellowship grants not from a retirement plan n W-2. xcludible wages for each
employer are also reported on Form BR-1040, p					
WAGES, ETC.	Employer (or sour	rce) 10	Employer (or source) 11	Employe	r (or source) 12
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					
 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 sour	rce) 10	Employer (or source) 11	Employe	r (or source) 12
For use by nonresidents or part-year reside while a nonresident must use the wage allo Nonresidents working all of their work time	cation to determine wages ea	arned in city while a nonre	esident (use only wages and days w	orked while a nonresid	dent 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)					
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%)		%	9,	%	%
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 sour	rce) 10	Employer (or source) 11	Employe	r (or source) 12
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 name

less line 20)

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

Taxpayer's name	Taxpayer's SSN	2021 BIG RAPIDS	
SCHEDULE TC, PART-YEAR RESIDENT TAX CA	Attachment 1		

Revised 12/27/21

- A part-year resident is required to complete and attach this schedule to the city return:
- 1. Box A to report dates of residency of the taxpayer and spouse during the tax year
- 2. Box B to report the former address of the taxpayer and spouse
- 3. Column A to report all income from their federal income tax return
- 4. Column B to report all income taxable on their federal return that is not taxable to 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		From	То			ome at the nonresident ESIDENT'S FORMER	
Taxpayer				Taxpayer			
Spouse				Spouse			
INCOME		Colum Federal Ret		Column B Exclusions and Adjustme	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.
Taxable interest	2		.00		.00	.00	NOT TAXABLE
Ordinary dividends	3		.00		.00	.00	NOT TAXABLE
Taxable refunds, credits or offsets	4		.00		.00	NOT APPLICABLE	NOT TAXABLE
5. Alimony received	5				.00	.00	.00
6. Business income or (loss) (Att. copy of fe	ed. Sch. C) 6		.00		.00	.00	.00
7. Capital gain or (loss) 7. (Att. copy of Sch. D) 7. (Att. copy of Sch. D)			.00		.00	.00	.00
8. Other gains or (losses) (Att. copy of For	m 4797) 8		.00		.00	.00	.00
9. Taxable IRA distributions	9		.00		.00	.00	.00
10. Taxable pensions and annuities (Att. Fo	rm 1099-R) 10		.00		.00	.00	.00
11. Rental real estate, royalties, partnerships trusts, etc. (Attach copy of fed. Sch. E)	s, S corps.,		.00		.00	.00	.00.
12. Subchapter S corporation distributions (a of federal. Schedule K-1)	Attach copy 12	NOT APPL	ICABLE		.00	.00	.00
13. Farm income or (loss) (Att. copy of fed. Sch. F) 13			.00		.00	.00	.00.
14. Unemployment compensation	14		.00		.00	NOT APPLICABLE	NOT TAXABLE
15. Social security benefits	15		.00		.00	NOT APPLICABLE	NOT TAXABLE
16. Other income (Att. statement listing type	and amt) 16		.00		.00	.00	.00
17. Total additions (Add lines 2 throu	igh 16) 17		.00		.00	.00	.00
18. Total income (Add lines 1 through	16) 18		.00		.00	.00	.00
DEDUCTIONS SCHEDULE	See instructions	s. Deductions must	be allocated on t	he same basis as related inc	come.		
IRA deduction (Attach copy of Sci federal return & evidence of payments)	hedule 1 of nent)		.00		.00	.00	.00
Self-employed SEP, SIMPLE and 2. plans (Attach copy of Schedule 1 return)			.00		.00	.00	.00
3. Employee business expenses (Att 2106 and detailed list)	tached BR- 3					.00	.00
Moving expenses (Into city area of (Attach copy of federal Form 3903)	only) 4		.00		.00	.00	.00.
5. Alimony paid (DO NOT INCLUDE SUPPORT. (Att. copy of page 1 o	E CHILD 5 fed. return)		.00		.00	.00	.00.
6. Renaissance Zone deduction (Att	. Sch. RZ) 6					.00	.00
19. Total deductions (Add lines 1 thro	ough 6)				19	.00	.00
20a. Total income after deductions (Su	ıbtract line 19 fro	m line 18)			20a	.00	.00
20b. Losses transferred between columns (C and D (If line 2	0a is a loss in either	column C or D,	see instructions)	20b	.00	.00
20c. Total income after adjustment (Line 20					20c	.00	.00
21. Exemptions (Enter the number of exe and multiply by the value (If the amount on line 21 unused portion (line 20b	e of an exemption b exceeds the ar	n, and enter on line 2 mount of resident inc	21b)		21b 21c	.00.	.00.
22a. Total income subject to tax as a re			0c; if zero or less	s, enter zero)	22a	.00	
22b. Total income subject to tax as a n	•			,	22b	.00	.0
	,	22a BY RESIDENT		,	23a	.00	
. , , , , , , , , , , , , , , , , , , ,		22b BY NONRESI		≣)	23b	.00	.00
23c Total tay (Add lines 23a and 23b)	ENTER HERE A	ND ON FORM BR-1	1040, PAGE 1, L	INE 23b,	23c	.00	

Taxpayer's name	Taxpayer's SSN	2021 BIG I	RAPIDS	
EXCLUDIBLE INTEREST INCOME - BR-104	40, PAGE 1, LINE 2, CO	LUMN B		Attachment 3
Nonbusiness interest income of a nonresider				Revised 12/27/21
Interest from federal obligations	•			.00
2. Interest from Subchapter S corporations; not excludible for res	sidents of Flint and Grand Rapids (Att	ach Schedule K-1)		.00
3. Other excludible interest income (Attach detailed explanation)				.00
4. Excludible interest income (Add lines 1, 2 and 3; enter total he	ere and on page 1, line 2, column B; p	art-year residents see line 5)		.00
5. Part-year residents enter total from line 4 plus total interest rec	ceived while a nonresident on Schedu	ule TC, line 2, column B (Lines 1, 2 a	and 3 should report only interes	st received while a resident)
EXCLUDIBLE DIVIDEND INCOME - BR-104	40, PAGE 1, LINE 3, COI	LUMN B		Attachment 4
Dividend income of a nonresident individual i				Revised 12/27/21
Dividends from federal obligations				.00
Dividends from Subchapter S corporations; not excludible for r	residents of Flint and Grand Rapids (/	Attach Schedule K-1)		.00
Other excludible dividend income (Attach detailed explanation	1)			.00
4. Excludible dividend income (Add lines 1, 2 and 3; enter total h	ere and on page 1, line 3, column B;	part-year residents see line 5)		.00
Part-year residents enter total from line 4 plus total dividends in			d 3 should report only dividen	
EXCLUSIONS AND ADJUSTMENTS TO BU		-		
Nonresidents and part-year residents use this	-		ne reported on feder	al Revised 12/27/21
Schedule C that is from business activity out	side the city while a nonre	esident		
Attach a copy of each Federal Schedule C.				
Attach a separate Business Allocation Formula calcul	•	•		actors used
Note: In determining the average percentage, if a faction Note: If you are authorized to use a special formula,		•	• ,	
Note: Net operating loss from prior year is reported o		ator o approvar lottor and att	aon a concadio actaining	odiodiation.
BUSINESS INCOME			BUSINESS # 1	BUSINESS # 2
Net profit (or loss) from business or profession			.00	.00
Business allocation percentage (For each separate business of Allocation Formula below and enter it here)	compute the business allocation perce	entage using the Business	%	%
3. Allocated net profit (loss) (For each column, multiply line 1 by	line 2)		.00	.00
4. Excludible net profit (loss) (For each column, subtract line 3 fro	om line 1)		.00	.00
Total excludible net profit (loss) (Add amounts on line 4 of eac Schedule TC, line 6, column B)	ch column; enter here and on Form BF	R-1040, page 1, line 6, column B, or	for part-year residents, on	00
BUSINESS # 1 DBA				
BOOINEOU # 1 BBA		COLUMN 1	COLUMN 2	COLUMN 3
BUSINESS ALLOCATION FORMULA WORKSHEET		EVERYWHERE	IN BIG RAPIDS	PERCENTAGE
Average net book value of real and tangible personal property		.00	.00	
Gross rents paid on real property multiplied by 8		.00	.00	(Column 2 divided by column 1)
Total property		.00	.00	%
		.00		
Total wages, salaries and other compensation of all employees	.5		.00	
5. Gross receipts from sales made or services rendered	0)	.00	.00	
6. Total percentages (Add the percentages computed in column				%
Business allocation percentage (Divide line 6 by the number or	if apportionment factors used)			%
BUSINESS # 2 DBA				_
BOOMLOO II Z BBA		COLUMN 1	COLUMN 2	COLUMN 3
BUSINESS ALLOCATION FORMULA WORKSHEET		EVERYWHERE	IN BIG RAPIDS	PERCENTAGE
Average net book value of real and tangible personal property	!	.00	.00	(Column 2 divided
2. Gross rents paid on real property multiplied by 8		.00	.00	by column 1)
3. Total property		.00	.00	%
4. Total wages, salaries and other compensation of all employee	s	.00	.00	%
5. Gross receipts from sales made or services rendered		.00	.00	%

6. Total percentages (Add the percentages computed in column 3)

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

Taxpayer's name	Taxpayer's SSN	2021 BIG RAPIDS		
EXCLUSIONS AND ADJUSTMENTS TO CA	PITAL GAIN OR (LOSS) -	BR-1040, PAGE 1	, LINE 7, COLUMN	B Attachment 6
Residents, nonresidents and part-year residen	nts use this schedule to rep	ort exclusions	RESIDENT	NONRESIDENT
and adjustments to capital gains or (losses)	COLUMN	COLUMN		
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	0 EXCLUDIBLE ON LINE 1
Portion of capital gain or (loss) from property owned prior to Or nonresidents only on property located in city.) (Attach a schedu	dinance inception (For residents on all sille that identifies and shows the calculation	uch property; for on for each.)	.00	.00
Capital gain or (loss) from Sub. S corporations (See instructions (Attach schedule.)	s; not allowed for residents of Flint or Gr	and Rapids.)	.00	.00
Adjustment for capital loss carryover from period prior to reside carryover from property sold prior to their date of residency.)	ency (A resident is not allowed to claim a	capital loss	.00	NO ADJUSTMENT ALLOWED
Adjustment for difference between federal and city's capital loss usually different from the amount reported on federal return; an	s carryover from prior year (The city's ca adjustment must be made for this differ	pital loss carryover is ence.)	.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) (E for part-year residents, enter on Schedule TC, line 7, column B		age 1, line 7, column B, or	.00	00
Attach copy of federal Schedule D and all supporting schedules to re		•		•
Deferred gains from sales of property located in city or property sold	while a resident of city are taxable when	reported on federal return.		Revised 12/27/21

EXCLUSIONS AND ADJUSTMENTS TO OTHER GAINS OR (LOSSES) - BR-1040, PAG	E 1, LINE 8, COLUM	NB Attachment 7				
Residents, nonresidents and part-year residents use this schedule to report exclusions	RESIDENT	NONRESIDENT				
and adjustments to other gains or (losses)	COLUMN	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; not allowed for residents of Flint or Grand Rapids.)	.00	.00				
4. Total excludible other gains and losses (Enter total here and on Form BR-1040, page 1, line 8, column B, or for part-year 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.						

EXCLU	JSIONS AND AD	DJUSTMENTS TO IRA DISTRIBUTIONS - BR-104	0, PAGE 1, LINE 9,	COLUMN B	Attachment 8		
List all	IRA distributions	reported as taxable on federal return			Revised 12/27/21		
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	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.						

EXCLUSIONS AND ADJUSTMENTS TO PENSIONS AND ANNUITIES - BR-1040, PAGE 1, LINE 10, COLUMN B Attachment 9									
List per		Revised 12/27/21							
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	excludible pension distrib	outions (Add lines above for this column; enter here and also on	Form BR-1040 (for p	art-year residents, Sch. TC), p.	1, I. 10, col. B)	.00			

Taxpayer's name	Taxpayer's SSN	2021 BIG					
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 this schedule to report exclusions and adjustments to income from rental real estate, royalties, partnerships, S corporations, estates, trusts, REMIC's and farm rentals.						
Rental income (loss) from real estate located outside the City			NOT EXCLUDIBLE ON RESIDENT RETURN		.00		
Royalties (A resident may exclude only royalty income upon which Mic exclude royalty income upon which Michigan severance tax was paid.				00	.00		
Partnership income (loss) from partnership business activity outside the control of the con	City		NOT EXCLUDIBLE ON RESIDENT RETURN		.00		
Subchapter S corporation income (loss) (See instructions; not excludible	on Flint and Grand Rapids reside	ent returns.)		00	.00		
Estate or trust income or loss (Enter the total amount from federal Sched	ule E, line 37)		NOT EXCLUDIBLE ON RESIDENT RETURN		.00		
Real estate mortgage investment conduits (REMIC's) income or loss and located outside the city	I net farm rental income or loss fr	om property	NOT EXCLUDIBLE ON RESIDENT RETURN				
7. Total adjustments to income from rental real estate, royalties, partnership 11, column B, or for part-year residents enter total of resident and nonres	os, trusts, etc. (Enter here and on sident columns on Schedule TC, I	From BR-1040, page 1, line ine 11, column B)		00	.00		
Attach a schedule detailing the complete address of each piece of rental real and Attach a schedule detailing name and ID number of each partnership and amount Attach a schedule detailing name and ID number of each Subchapter S Corpo Attach copy of federal Schedule E.	ount of adjustment.						
ADJUSTMENTS FOR TAX OPTION CORPORATION BR-1040, PAGE 1, LINE 12, COLUMN B	ON (LIKE SUBCHAP	TER S CORPORA	TION) DISTRIBUT	IONS - Revi	Attachment 11 ised 12/27/21		
Residents use this schedule to report distributions f		,	•	ns) taxable und	der the		
City Income Tax Ordinance; part-year residents rep	ort only distributions i	eceived while a res	sident				
CORPORATION NAME AND DBA			FEDERAL I.D. #	DISTRIE RECE			
1.					.00		
2.					.00		
3.					.00		
4.					.00		
Total tax option (Subchapter S) corporation distributions (Add lines 1 throesens enter on Schedule TC, line 12, column B)	ough 4; enter here and on Form B	R-1040, page 1, line 12, colu	mn B, or for part-year resid	ents	.00		
Complete above schedule or attach a separate schedule listing the name fede	eral ID number and amount of dis	tribution from each tax option	(Sub. S) corporation listed	on federal Sch. E, paç	ge 2.		
Attach a copy of each Schedule K-1 (1120-S) pages 1 and 2 to return.							
EXCLUSIONS AND ADJUSTMENTS TO FARM IN			LINE 13, COLUM	NB Atta	achment 12		
Nonresidents use this schedule to exclude farm inc	ome from outside the	city		Revis	ised 12/27/21		
Farm address							
FARM INCOME				FAF	RM		
Net profit (or loss) from farm				170	.00		
Farm allocation percentage					%		
Allocated net profit (or loss), multiply line 1 by line 2					.00		
Excludible net profit (or loss) (subtract line 3 from line 1; enter here and continuous conti	on Form BR-1040, page 1, line 1	3, column B)		-	.00		
	3 7/1 3 7	,			.00		
FARM ALLOCATION FORMULA		COLUMN 1 EVERYWHERE	COLUMN 2 IN BIG RAPIDS	COLU			
Average net book value of real and tangible personal property		.00		00			
Average het book value of real and tangible personal property Gross rents paid on real property multiplied by 8				(Column 2 00 by colu			
3. Total property .00				00	%		
				00	%		
4. Total wages, salaries and other compensation of all employees					%		
Gloss receipts from sales frade of services rendered Total percentages (Add the percentages computed in column 3)					%		
Business allocation percentage (Divide line 6 by the number of apportionment factors used)					<u>%</u>		
Note: In determining the average percentage, if a factor does not exist, you m	ust divide the total of the percent	• •					
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		ach a schedule detailing calc	ulation.				

Taxpayer's name	Т	axpayer's SSN	2021 BIG	RAPIDS	
EXCLUSIONS AND ADJUSTMEN	TS TO OTHER IN	COME - BR-1040, P	AGE 1, LINE 16, (COLUMN B	Attachment 13
Residents and nonresidents use th	is schedule to rep	ort exclusions and a	djustments to othe	r income	Revised 12/27/21
SOURCE OF INCOME	FEDERAL I.D. #	NATURE OF I	NCOME	RESIDENT COLUMN	NONRESIDENT COLUMN
1.				.00	.00
2.				.00	.00
3.				.00	.00
4. Total adjustments and exclusions to other incon 16, column B. Part-year residents enter totals or	m BR-1040, page 1, line	.00	.00		
Attach an explanation of and calculation for any reportant Attach an explanation for each item reported and extended lines as needed.					

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 12/27/21

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	TAXP	AYER	SPC	USE		
	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 incon column A) by individual's total e 1, column A plus column B).		
City IRA deduction based upon individual's earned income	.00		.00	Taxpayer's or spouse's federal l multiplied by city earned income		
Amount individual's federal IRA 5. deduction exceeds individual's earned income taxable by city	.00		.00	Taxpayer's or spouse's federal I the individual's earned income t		
Amount spouse's earned income 6. exceeds spouse's federal IRA deduction (excess earned income)	.00.		.00	Column A equals spouse's earn 1 of spouse's column C) less sp (line 2a of spouse's column C). earned income taxable by city (I less taxpayer's federal IRA dedi column A).	ouse's federal IRA deduction Column C equals taxpayer's ine 1 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 content of the conten		
				the lesser of the individual's exc excess earned income multiplied income percentage (line 6), else	d by spouse's city earned	
8. City's IRA deduction	.00		.00	Add individual's (taxpayer or spupon their own city earned incoldeduction based upon their spo	me (line 4) and their city IRA	
RESIDENT OR PART-YEAR RESID the total of the taxpayer's and spous 9. year resident, normally this is the tot columns A and C. If either the taxpay separately compute the resident IRA	e's city IRA deduction, line 2a of al of the taxpayer's and spouse's yer or spouse has nontaxable ea	columns A and C. If a part- 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 co 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 nonresid 10. A) and spouse's (line 8, column C) c Deductions schedule, line 1) PART-	ity IRA deduction here and on Fo	orm BR-1040, page 2,	difference of the amount in column A less the amoun column C and column D.			

Taxpayer's name	Taxpaver's SSN		i
		2021 BIG RAPIDS	

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

Attachment 15
Revised 12/27/21

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 (Federal Deduction column should total amount reported on federal Form 1040, line 28)			.00.		.00	.00

^{6.} 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 DEDUCTION WORKSHEET - BR-1040, PAGE 2, DEDUCTIONS SCHEDULE, LINE 3, Form BR-2106							
		Column 1 Employer 1	Column 2 Employer 2	Column 3 Employer 3	Column 4 Employer 4		
Employer's identification number (FEIN)							
2. Occupation (List for each employer)							
3. Vehicle expenses	.00	.00	.00	.00	.00		
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		
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		

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. Contact the City 2106 requirements of Big Rapids to determine what they require as proof.

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 qualifies for 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 were 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.

raxpayers name			Taxpayer's 55N		2021 BIG	RAPIDS		ļ
MOVING EX	PEN	SE DEDUCTION WORKSHEE	Γ - BR-1040, PA	GE 2, DEDU	ICTIONS SO	CHEDULE, LINE 4		Attachment 17
BR-3903 No de	educti	on is allowed when moving away from	the city					Revised 12/27/21
RESIDENT: A	eside	t individual who moved into the city r	nay claim the dedu	ction as claime	d on federal Fo	orm 3903 if Military.		
		onresident individual who moved into ntage the income after moving to the	,	, , ,			ed on fede	eral Form 3903
		NT: An individual who moved to the a ay be entitled to a portion of the dedu					d then be	came a resident
DISTANCE TE	ST W	RKSHEET						
Number of mile	s from	our old home to your new workplace	1		miles			
2. Number of mile	s from	our old home to your old workplace	2		miles			
3. Subtract line 2	from lin	e 1. If zero or less, enter -0-	3		miles			
If line 3 is great	ter than	50 miles continue, otherwise you are not qualifi	ed to claim this deduction	n.				
Cost of transport	ortation	nd storage of household goods and personal e	ffects (See instructions f	or federal Form 390	03)		1	.00
5. Cost of travel (includin	lodging) from your old home to your new home	e. (See instructions for fe	ederal Form 3903) (Do not include the	cost of meals.)	5	.00
6. Add lines 4 and	15					ı	6	.00
		employer paid you for the expenses listed on lin your Form W-2 with a code P)	nes 4 and 5 that is not in	cluded in box 1 of y	our Form W-2 (wa	ges) (This amount should	7	.00
ls line 6 more		No You cannot deduct your moving expe Form BR-1040, page 1 line 1, column					За	.00
o. than line 7?		Yes Subtract line 7 from line 6					3b	.00
9. Enter percenta	ge of in	ome earned as a resident after moving into are	a		9		%	
10. Enter percenta	ge of in	ome earned as a nonresident in the city after m	noving into area			1	0	%
11. Multiply line 8b Form BR-1040	by the , page 2	ercentage on line 9 (Moving expense deduction Deductions schedule, line 4)	n allowed while a resider	nt; enter here and o	n 11	.(00	
	tions sc	ercentage on line 10 (Moving expense deducti edule, line 4) (If a part-year resident add amou				040, 1	2	.00
ALIMONY P	AID [EDUCTION WORKSHEET - B	R-1040, PAGE	2, DEDUCTI	ONS SCHE	DULE, LINE 5		Attachment 18
	•	residents claim the entire amount of		n federal Form	1040. A full-ye	ar resident is not requi	red to	Revised 12/27/21

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 (Form 1040) 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 in resident column and/or nonresident portion in nonresident column. Part-year 4. 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	xpayer's SSN		2021 BIG RAP	PIDS			
OTHER TAX PAYMENTS - BR-1040, PAGE 1, LINE	24b. PAYMENTS	S AND CR	REDITS (ESTIMA	TED TAX	Attachment 20		
PAYMENTS, EXTENSION PAYMENTS, CREDIT FORWARD, TAX PAID BY A PARTNERSHIP AND CREDIT Revised 12/27/21 FOR TAX PAID BY A TAX OPTION CORPORATION)							
A resident of Flint or Grand Rapids may claim a credit for tax paid to the corporation (see instructions as this credit is not allowed by		poration bas	sed on income taxab	le to the resident and	d also taxed by a city		
OTHER	TAX PAYMENTS				OTHER TAX PAYMENTS		
Estimated tax payments					.00		
2. Tax paid with an extension					.00		
Credit forward from last tax year					.00		
Tax paid by a partnership Partnership FEIN	Pa	artnership nam	ne		.00		
Tax paid by a partnership Partnership FEIN	Pi	artnership nam	ne		.00		
6. Credit for tax paid by a tax option corporation Corporation FEIN	Co	orporation nam	ne		.00		
7. Credit for tax paid by a tax option corporation Corporation FEIN	Co	orporation nam	ne		.00		
8. Total credit for estimated tax, extension and partnership tax payments and concredits schedule, line 24b)	redit forward (Add lines 1	through 7; ente	er here and on BR-1040, F	Page1, Payments and	.00		
CREDIT FOR TAX PAID TO ANOTHER CITY - BR-10	040, PAGE 1, PA	YMENTS	AND CREDITS S	CHEDULE,	Attachment 21		
LINE 24c (Credit will be disallowed if a copy of page	ge 1 of the other	city's ret	urn is not attach	red)	Revised 12/27/21		
Credit for tax paid to another city may be claimed by a resident w	vho paid tax on the s	ame income	e to another city.				
Part-year residents may claim the credit for tax paid to another ci	·				T		
OTHER CITY'S NAME OR CORPORATION FEDE	RAL EMPLOYER ID	ENTIFICAT	TION NUMBER AND	NAME	TAX CREDIT		
Tax paid to another city City name					.00		
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, Payme	ents and Credit	ts schedule, line 24c)		.00		
					T		
CALCULATION OF CREDIT FOR TAX PAID TO AND		sidents o	nly)	RESIDENT CITY	OTHER CITY		
Use a separate calculation worksheet for each city				BIG RAPIDS			
1. Income taxable in the nonresident city that is also taxable in the resident city	(Same amount for both o	ities)		.00.			
Exemptions amount per city's return				.00.			
Taxable income for credit				.00			
Tax for credit purposes at each city's nonresident tax rate		- 4)		.00.			
Credit allowed for tax paid to another city (Enter the smaller of resident city's	s or other city's tax from lir	ie 4)		.00			
CALCULATION OF CREDIT FOR TAX PAID BY TAX	ORTION CORR	AD A TION	(S CORRORATI	ON)			
(Residents of Flint and Grand Rapids only)	OPTION CORP	JKATION	(S CORPORATI	ON)			
The cities of Flint and Grand Rapids tax the flow through income							
taxpayer's proportionate share of the city income tax paid by the			1		,		
CALCULATION OF CREDIT FOR TAX PAID BY A TAX OPTION CORPORATION (S-CORPORATION)	RESIDEN	II CIIY	OTHER CITY	OTHER CITY	OTHER CITY		
Corporation income tax paid to city by tax option corporation		.00	.00	.00	.00		
Corporation income tax rate for city and other cities where tax option corporation income tax	ation paid	%	%	%	%		
If the corporate tax rate of the other city is less than the city's corporation tax enter the tax paid by the tax option corporation to the other city, otherwise er total tax that would have been paid to the other city if their corporation tax rat the same as the city's corporation tax rate (Computation if other city's corporate is higher than the city's corporation tax rate: [City's corporation tax rate] city's corporation tax rate] * [corporation tax paid to other city])	nter the ite was rate tax		.00	.00.	.00		
Taxpayer's percentage of ownership of tax option corporation (from federal S K-1 (Form 1120s), line H, or other federal schedule)	Schedule	%					
Enter the taxpayer's proportionate share of the corporation tax paid to the cit the taxpayer's proportionate share of the lesser of the corporation tax paid to other city or the tax that would have been paid if the other city's corporation i tax rate was the same as the city's corporation tax rate	the	.00	.00	.00	.00		
Credit allowed for tax paid by tax option corporation (Add amounts on line 5 column; enter total here; and list corporation FEIN, name and credit claimed above for Other Tax Payments, Attachment 20)		.00					
· · · · · · · · · · · · · · · · · · ·	·	·	·	·			

Taxpayer's name

「axpayer's name	Taxpayer's SSN	2021 BIG RAPIDS	
SUPPORTING NOTES AND STATEMENTS			Attachment 22
			Revised 12/27/21

Taxpayer's name		Taxpayer's SSN			2021 BIG RA	PIDS	BR-COV		
Employer Name		Employer Federal II	Employer Federal ID number Pay Type Hourly Sa			ommission	Job Title		
NON-RESIDENT Was	ge Allocation - 2021 T	ax Year							
Stay at Home Order	Implications- must be	completed for each	n employei	r for wh	nich you are alloc	ating wages.	Revised 12/27/21		
ALLOCATION TEST WOR	RKSHEET				.				
Check the box(es) below t	that apply.								
Were you laid off during the	stay at home order and did you co	ollect unemployment? 1	Yes	No	If Yes, enter dates	From/	_/ To/		
, , ,, ,	loyer but did not perform any work		Yes	No	If Yes, enter dates	From/	_/ To/		
Were you paid by your empl occasional work-related pho	loyer and only answered occasion one conversations and/or were on o	al emails, had	Yes	No	If Yes, enter dates	From/	/ To//		
Did you work by remote from approximating your regular s	a constitue de la compania del compania de la compania de la compania del compania de la compania del la compania de la compan	City for hours 4	Yes	No	If Yes, enter dates	From/	_/ To//		
No Did you	You cannot allocate your wag	es as a non-resident. *please	e see explanati	on below					
5 answer Yes to question 4? Yes	Wage allocation is allowed to wages and excludible wage so worksheet must be attached to required.	chedule to calculate the exclu	sion based onl	y on the d	ates shown on line 4. As	signed copy of this	9		
Under the penalty of perjury, I declare that I have examined this form, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which preparer has any knowledge. I understand that this information will be verified with my employer.									
SIGN HERE Employee Signature ===>		Date (MM/DD/YY)	Taxpayer's occ	cupation	Daytime pho	ne number			
If this box is chec	cked your City requires an	employer letter confi	rming you	worked	l remotely.				

Explanation of why questions 1 to 3 are not part of the allocation.

- 1) Days out of work are not considered to be days worked. Unemployment compensation is not taxable and is not reported on your W-2.
- 2) No wage allocation is allowed, because days at home are not considered to be days work. These days fall under the same category as vacation/sick time.
- 3) No wage allocation allowed unless taxpayer was called in (i.e. worked by remote for hours approximating their regular shift). This appears to fall under many City Regulations as follows: The mere fact that a non-resident employee is subject to call at any time does not permit the allocation of compensation on a seven day per week basis. The mere fact that a non-resident employee is compensated on a seven day per week salary basis, when he/she does not in fact perform work or render services seven days per week, does not permit the allocation of compensation on a seven day per week basis. The mere fact that a non-resident employee takes work home does not permit the allocation of compensation.