CITY OF GRAND RAPIDS NON-RESIDENT INDIVIDUAL INCOME TAX RETURN

GR-1040NR

TAX YEAR

Please print Your first name & initial Last name Your Social Security Number—REQUIRED

Complete social security numbers are required.

If joint, spouse's first name & initial Last name

Home address (Number and street or rural route)

City, town or post office State Zip code Day phone Evening phone

If married, is spouse filing a separate return? Yes No

Schedule 1 Exemption Amount
Check boxes that apply: Regular 65 or over Blind

1. Number of boxes checked

2. Number of dependent children and/or other dependents for which you claimed an exemption on your federal return

3. Total number of exemptions—add lines 1 and 2

Multiply number of exemptions in line 3 by $600 and enter on line 5 of return summary below.

Schedule 2 Wage Detail

<table>
<thead>
<tr>
<th>Employer's name</th>
<th>Street address of actual work location(s)</th>
<th>Column A</th>
<th>Column B</th>
<th>Column C</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

If additional lines are needed--attach schedule

Totals

1a. .00 1b. .00 1c. .00

Schedule 3 Payments

1. Tax withheld by your employer from line 1b. of Schedule 2

2. Prev year estimated payments, credit from previous year, payment with extension

3. Total payments—add lines 1 and 2—enter here and on line 8 of return summary below

Tax

7. Multiply line 6 by .75% (.0075) This is your Grand Rapids tax

Tax Due

8. Total of Grand Rapids payments from Schedule 3, line 3

Pay With

9. If tax (line 7) is larger than payments (line 8) enter amount you owe. MAKE CHECK PAYABLE TO Grand Rapids Income Tax OR PAY WITH A DIRECT ELECTRONIC WITHDRAWAL (Mark pay tax due, line 14b, and complete lines 14 c,d,e & f) Pay With

Return Due

10. If payments (line 8) are larger than tax (line 7) ENTER OVERPAYMENT

Credit to NEXT

11. Amount of overpayment to be held and applied to the next year estimated tax

Credit to NEXT

12. Overpayment donated—See page 2

Donation

13. Amount of overpayment to be refunded (For direct deposit, mark refund box, line 14a, and complete lines 14 c,d,e & f)

Refund

14. Direct deposit refund or direct withdrawal payment

Pay tax due-direct withdraw

Mark one: 14a

Refund-direct deposit 14b

c. Routing number

d. Account number

e. Type of account: Checking Savings

f. Withdrawal date:

I have read this return. Under the penalties of perjury, I declare that to the best of my knowledge and belief the return is true, correct and accurately lists all amounts and sources of Grand Rapids income I received during the tax year. If prepared by a person other than the taxpayer, his/her declaration is based on all information of which he/she has any knowledge.

PLEASE SIGN HERE Your signature Spouse's signature if joint return Paid preparer's signature

Date Your occupation Date Spouse's occupation Address

Mail return to: City of Grand Rapids Income Tax Dept., PO Box 347, Grand Rapids, MI 49501-0347
## Schedule 4  Wages Earned in Grand Rapids

A SEPARATE COMPUTATION MUST BE MADE FOR EACH JOB PERFORMED BOTH INSIDE AND OUTSIDE OF GR.

If you have more than two jobs you can use the wages and excludable wages schedule.

<table>
<thead>
<tr>
<th>JOB #1</th>
<th>JOB #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual number of days worked everywhere. (Do not include weekends off, vacations, sick days, etc.)</td>
<td>1.</td>
</tr>
<tr>
<td>Actual number of days worked in Grand Rapids.</td>
<td>2.</td>
</tr>
<tr>
<td>Percentage of days worked in Grand Rapids (line 2 divided by line 1)</td>
<td>3.</td>
</tr>
<tr>
<td>Total wages shown in Box 1 of WW-2 or W-2</td>
<td>4.</td>
</tr>
<tr>
<td>Wages earned in Grand Rapids (line 4 multiplied by percentage on line 3)</td>
<td>5.</td>
</tr>
</tbody>
</table>

**IMPORTANT!** You must show the street address of your work station outside of GR on Schedule 2 or your allocation will be disallowed.

## Schedule 5  Other Income/Loss

INCLUDE INCOME/LOSS ONLY TO THE EXTENT THAT THE INCOME/LOSS IS RELATED TO GR—SEE INSTRUCTIONS

1. Income/loss from business—Federal Schedule C
2. Income/loss from rents/royalties—Federal Schedule E, page 1
3. Income/loss from partnerships—Federal Schedule E, page 2
4. Income/loss from sale or exchange of property (Capital gains)—Federal Schedule D/Form 8949
5. Premature pension and IRA distributions
6. Total—combine lines 1c. through 5—enter here and on page 1, line 2 of return summary

## Schedule 6  Deductions

1. IRA deduction—attach page 1 of Federal 1040 (No deduction is allowed for contributions to a ROTH IRA)
2. Employee business expenses—attach Federal 2106 or list
3. Moving expenses—attach Federal 3903 or list
4. Subtotal—add lines 1 through 3
5. % from Schedule 4, line 3 (enter 100% if Schedule 4 is not required)
6. Multiply line 4 by line 5
7. Allowable alimony deductions—see instructions and attach page 1 of Federal 1040
8. Total deductions—add lines 6 and 7—enter here and on page 1, line 3 of return summary

## Worksheet 1  Business Allocation Formula

USE THIS WORKSHEET TO CALCULATE THE BUSINESS INCOME OR LOSS ATTRIBUTABLE TO GR IF YOU OPERATE YOUR SCHEDULE C BUSINESS PARTLY WITHIN GRAND RAPIDS AND PARTLY WITHIN OTHER LOCALITIES.

1. Net profit or loss from business—from Federal Schedule(s) C
2. LESS: SEP deduction—attach copy of page one of Federal Form 1040
3. Subtotal—subtract line 2 from line 1
4. Apportionment percentage from Worksheet 2 below
5. Apportioned income—multiply line 3 by line 4
6. LESS: applicable portion of net operating loss carryover
7. Total—subtract line 6 from line 5—enter here and on Schedule 5, line 1c.

## Worksheet 2  Business Allocation Formula

8. Average net book value of real and tangible personal property
   a. Gross rent paid for real property multiplied by 8
   b. Total--add lines 8 and 8a.
9. Total wages, salaries, commissions and other compensation of employees
10. Gross receipts from sales made or services rendered
11. Total percentages—add the three percentages computed for lines 8, 9 and 10 which you entered in the last column
12. Average percentage—divide line 11 by 3—enter here and on line 4 of Worksheet 1

## Donations of Overpayment

You may contribute your overpayment from Page 1, line 10 to the charities listed by checking the appropriate box. If you check a box, the amount of your overpayment requested will be sent to the program you have chosen.

<table>
<thead>
<tr>
<th>Flags for Veterans graves in GR</th>
<th>Amount of Donation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Rapids Childrens Fund</td>
<td>Amount of Donation</td>
</tr>
</tbody>
</table>

Total of Donation

## Third Party Designee

Do you want to allow another person to discuss this return with the Income Tax Department?  

| Yes—Complete the following: | No |

Designee's Name: Phone No. (   )