CF-1040 (Grand Rapids) ☒ Resident ☐ Non-Resident ☐ Part Year ☐ Amended Year Select Year

TAXPAYER'S SSN	TAXPAYER'S FIRST NAME	INITIAL	LAST NAME
SPOUSE'S SSN	IF JOINT RETURN SPOUSE'S FIRST NAME	INITIAL	LAST NAME
PRESENT HOME ADDRESS (NUMBER AND STREET)			APT. NO.
ADDRESS LINE 2 (P.O. BOX ADDRESS FOR MAILING USE ONLY)			
CITY, TOWN OR POST OFFICE		STATE	ZIP CODE
FOREIGN COUNTRY NAME	FOREIGN PROVINCE/COUNTY		FOREIGN POSTAL CODE

FILING STATUS
- ☒ Single
- ☐ Married filing jointly
- ☐ Married filing separately. Enter spouse's SSN and Spouse's full name here.

▸ SPOUSE'S FULL NAME

▸ SPOUSE'S SSN

Mark box if deceased ☐ Taxpayer ☐ Spouse
Enter date of death on page 2, right side of the signature area

Mark box if; ☐ Federal Form 1310 attached ☐ Itemized deductions on your Federal tax return

EXEMPTIONS SCHEDULE

1a	You Date of birth (mm/dd/yyyy) ☐ Regular ☐ 65 or over ☐ Blind	0
1b	Spouse Date of birth (mm/dd/yyyy) ☐ Regular ☐ 65 or over ☐ Blind	0
1c.	Check box if you can be claimed as a dependent on another person's tax return	☐
1d.	Enter the number of boxes checked on lines 1a and 1b	0
1e.	Enter number of dependent children and/or other dependents claimed on your federal return	
1f.	Total exemptions (Add lines 1d and 1e; enter here and also on page 1, line 16a)	0

INCOME

SEND COPY OF PAGE 1 OF FEDERAL RETURN

SEND W-2 FORMS

ENCLOSE CHECK OR MONEY ORDER

	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)			0
2	Taxable interest			0
3	Ordinary dividends			0
4	Business income or (loss) attach federal Schedule C			0
5	Capital gain or (loss) attach federal Schedule D			0
6	Other gains or (losses) attach federal Form 4797			0
7	Taxable IRA distributions from Form(s) 1099-R (attach)			0
8	Taxable pensions and annuities from Form(s) 1099-R (attach)			0
9	Rental real estate, royalties attach federal Sched E pg 1			0
10	Partnership, estate, trust, etc attach federal Sched E pg 2			0
11	Additional income from page 2 Sched A line 6	0	0	0
12	Total additions (Add lines 2 through 11)	0	0	0
13	Total income (Add lines 1 through 11)	0	0	0
14	Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)			0
15	Total income after deductions (Subtract line 14 from line 13)			0
16	Exemptions – Enter number from line 1f in 16a, multiply by 600, enter in 16b	16a 0		16b 0
17	Total income subject to tax (Subtract line 16b from line 15)			17 0
18	Tax at (rate). Multiply line 17 by the resident rate (1.50%) or non-resident rate (0.75%) enter on 18b. If using Schedule TC, check box 18a and enter tax from Sch TC, line 23c.	18a		18b 0
19	Payments and credits, enter total 19a, b, c in 19d	19a Grand Rapids tax withheld 0	19b Other tax payments (est,extension, cr fwd, partnership & tax option corp)	19c Credit for tax paid to another city	19d 0
20	Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax		20a Interest	20b Penalty	20c 0

TAX DUE

21	Amount owed. Add 18b, 20c. Subtract 19d. Check or Money Order payable to Grand Rapids. If accepted, Direct Withdrawal mark 26b, then complete 26c, d & e **PAY WITH RETURN**	21 0

OVERPAYMENT

22	Overpayment (subtract 18b, 20c from 19d); choose overpayment options on lines 23-25.				22
23	Amount of overpayment donated	23a American Flags for Veterans' Graves	23b Grand Rapids Children's Fund	23c Donation 3	23d 0
24	Amount of overpayment credited forward to 2026 **AMOUNT OF CREDIT TO NEXT YEAR**				24
25	Amount of overpayment refunded (Line 22 less lines 23d and 24) (For refund to be directly deposited to your bank account, mark refund box, line 26a, and complete line 26 c, d & e) **REFUND AMOUNT**				25 0

26 Direct deposit refund or direct withdrawal payment (Mark (X) appropriate box 26a or 26b and complete lines 26c, 26d and 26e)

26a	☐	Refund (direct deposit)	26c Routing number		26e1	Checking	☐
26b	☐	Tax due (direct withdrawal)	26d Account number		26e2	Savings	☐

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SCHEDULE A – OTHER INCOME

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	Alimony – Date of Original Divorce or Separation:			0
2	Subchapter S corporation distributions (Att copy of fed Sch K-1)			0
3	Farming Income or (loss) (Attach copy of federal Schedule F)			0
4	Gambling Income			0
5	Other Income. List type:			0
6	Total additions (Add lines 1 through 5)	0	0	0

EXCLUDED WAGES AND TAX WITHHELD SCHEDULE (SEE INSTRUCTIONS – RESIDENT WAGES GENERALLY NOT EXCLUDED)

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

W-2	COLUMN A T or S	COLUMN B SOCIAL SECURITY NUMBER (Form W-2, box a)	COLUMN C EMPLOYER'S ID NUMBER (Form W-2, box b)	COLUMN D EXCLUDED WAGES (Attach Excluded Wages Sch)	COLUMN E GR TAX WITHHELD (Form W-2, box 19)	COLUMN F LOCALITY NAME (Form W-2, box 20)
1	T					
2	T					
3	T					
4	T					
5	T					
6	T					
7	T					
8	T					
9	Totals (Enter here and on page 1; part-yr residents on Sch TC)		Enter on pg 1,In 1, col B >>	0	0	<< Enter on pg 1, In 19a

DEDUCTIONS SCHEDULE

		DEDUCTIONS
1	IRA deduction (Attach copy of Schedule 1 of federal return & evidence of payment)	
2	Self-employed SEP, SIMPLE and qualified plans (Attach copy of Schedule 1 of federal return)	
3	Employee business expenses (Attach copy of CF-2106 and detailed list)	
4	Moving expenses (Into city area only, Military ONLY) (Attach copy of federal Form 3903)	
5	Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of Schedule 1 of federal return)	
6	Renaissance Zone deduction (Attach Schedule RZ OF 1040)	
7	Total deductions (Add line 1 through line 6, enter total here and on page 1, line 14)	0

ADDRESS SCHEDULE (WHERE TAXPAYER (T), SPOUSE (S) OR BOTH (B) RESIDED DURING YEAR AND DATES OF RESIDENCY)

MARK T, S, B	List all residence (domicile) addresses (Include city, state & zip code). Start with address used on last year's return. If the address on page 1 of this return is the same as listed on last year's return, print "Same." If no return filed last year, list reason. Continue listing this tax year's residence addresses. If address listed on page 1 of this return is in care of another person, enter current residence (domicile) address.	FROM MONTH	FROM DAY	TO MONTH	TO DAY
T					
T					
T					
T					
T					

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 ID 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. If I am a resident claiming a credit for taxes paid to another city, I acknowledge and consent to the City's verification of unrefunded payment to that city. If prepared by a person other than tax payer, the preparer's declaration is based on all information of which preparer has any knowledge

TAXPAYER'S SIGNATURE If joint return, both spouses must sign	Date (MM/DD/YY)	Taxpayer's occupation	Daytime phone no.	If deceased, date of death
SPOUSE'S SIGNATURE	Date (MM/DD/YY)	Spouse's occupation	Daytime phone no.	If deceased, date of death

Some cities are using new communication methods. If your City participates and you would like email notifications regarding important changes and Income Tax related information please provide your email address. No City will email you asking for your social security number.	Email

SIGNATURE OF PREPARER OTHER THAN TAXPAYER	Date (MM/DD/YY)	PTIN, EIN OR SSN	Preparer's Phone
FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE		NACTP software number	

MAIL TO: