

H-1065

CITY OF HAMTRAMCK PARTNERSHIP RETURN

20

FOR THE PERIOD JAN 1, 20, thru DECEMBER 31, 20, or other taxable period beginning, 20 ending, 20

THIS IS NOT A FEDERAL RETURN

PLEASE TYPE OR PRINT Name of Partnership, Number and Street, City or Town, State, Postal Zip Code, DATE BUSINESS COMMENCED, NUMBER OF EMPLOYEES ON DECEMBER 31, 20, NUMBER OF PARTNERS, FEDERAL EMPLOYER IDENTIFICATION NUMBER

Table with columns: NAME AND HOME ADDRESS OF EACH PARTNER, SOCIAL SECURITY NUMBER, HAMTRAMCK RESIDENT (YES/NO). Rows (a) through (e).

INCOME

Table with columns: COL. 1 TOTAL INCOME, COL. 2 EXEMPTIONS, COL. 3 TAXABLE INCOME, COL. 4 TOTAL TAX, COL. 5 CREDITS, COL. 6 BALANCE TAX PAYABLE. Rows 1 through 6.

PAYMENTS AND CREDITS

7. a. Tax paid with tentative return, b. Payment on 20 Declaration of Estimated Hamtramck Income Tax, c. Other credits - explain attached statement. (other cities - 1/2 of 1%), 8. Total - add lines 7a., b. and c. This total must agree with the total of Col. 5 above

FOR AUDIT USE

TAX DUE OR REFUND

9. If your tax (Col 4) is larger than your payments (line 8), enter BALANCE DUE, 10. If your payments (line 8) are larger than your tax (total of Col. 4) enter OVERPAYMENT to be refunded

NOTE 1 - A partner who has other income in addition to the partnership income must file an individual return and show on such return the amounts entered above in columns 1, 2, and 5. A partner who is claiming his exemption as a member of another partnership is NOT to claim his exemption in this partnership return in column 2.

NOTE 2 - The Partnership may pay tax for partners only if it pays for ALL partners subject to tax. Check here [] if partnership elects to pay the tax on behalf of all partners. If this return is an information return, check here [] and only fill in column 1 of this page.

I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

SIGN HERE (Signature of partner or member) (Date)

SIGN HERE (Signature of preparer other than partner or member) (Address) (Date)

Mail to: CITY OF HAMTRAMCK, INCOME TAX DEPT., 3401 EVALINE, HAMTRAMCK, MI 48212

ADJUSTED PARTNERSHIP INCOME — SCHEDULE A

1	ORDINARY INCOME (OR LOSS) from page 1, U.S. Partnership Return of Income, Form 1065	\$
2	Add:	
3	Qualifying dividends	\$
4	Net loss or one-half net gain from sale or exchange of property — Col. 7, Schedule C .....	.....
5	Partners' Salaries and interest deducted on page 1, Form 1035 .....	.....
6	City of Hamtramck income tax, if included in line 1 above .....	.....
7	TOTAL LINES 1 THROUGH 6	\$
8	DEDUCT: Exempt interest and dividends	\$
9	Business contributions unallowable on U.S. Partnership Return .....	.....
10	Additional first year depreciation .....	.....
11	ADJUSTED PARTNERSHIP INCOME FOR THE YEAR	\$

EXCLUSIONS FOR NON-RESIDENT PARTNERS — SCHEDULE B

12	Dividends \$	\$
	interest \$ .....	.....
	(enter total dividends and interest) .....	.....
13	Net rental income from property outside City of Hamtramck .....	.....
14	Net capital gains (or losses) on sale of property located outside City (after Oct. 1, 1962, included in line 11) .....	.....
15	TOTAL EXCLUSION FOR NON-RESIDENT PARTNERS	\$

SALE OR EXCHANGE OF PROPERTY — SCHEDULE C

COL. 1 KIND OF PROPERTY (IF NECESSARY, ATTACH STATEMENT OF DESCRIPTIVE DETAILS NOT SHOWN BELOW) DO NOT INCLUDE PART IV SCHEDULE D, 1965 GAINS & LOSSES	COL. 2 DATE ACQUIRED (MO., DAY, YR.)	COL. 3 DATE SOLD (MO., DAY, YR.)	COL. 4 PROCEEDS OF SALE	COL. 5 Cost or Other basis or Oct. 1962 Market Value	COL. 6 DEPRECIATION Allowable Since Acquisition of Since Oct. 1962 if Market Value is Used in Col. 5	COL. 7 GAIN OR LOSS (Cols. 4 Less 5 Plus 6)
16
17
18
19
20	Net gain (or loss) .....	.....	.....	.....	.....	.....

DISTRIBUTION TO PARTNERS — SCHEDULE D

COL. 1 INCOME FOR PERIOD JAN. 1 thru December 31, _____ OR FISCAL YEAR _____	COL. 2 EXCLUSIONS FOR NON-RESIDENT PARTNERS (FROM LINE 15 SCHEDULE B)	COL. 3 TAXABLE INCOME BEFORE NON-RESIDENT ALLOCATION (COL. 1 LESS COL. 2)	COL. 4 ALLOCATION % FROM LINE 25, SCHEDULE E APPLY ONLY TO NON-RESIDENTS (ENTER 100% FOR RESIDENTS)	COL. 5 TAXABLE INCOME (COL. 3 x % IN COL. 4)
ENDED 19
1 (a) \$	\$	\$ %	\$
2 (b) %
3 (c) %
4 (d) %
5 (e) %
6 TOTALS

BUSINESS ALLOCATION FORMULA — SCHEDULE E (TO BE USED BY NON-RESIDENT PARTNERS ONLY)

	LOCATED EVERYWHERE I	LOCATED IN HAMTRAMCK II	PERCENTAGE II ÷ I
21 Average net book value of real and tangible personal property for period Jan. 1 _____ thru Dec. 31, _____	\$	\$ %
a Gross rentals multiplied by 8 for period Jan. 1, _____ thru Dec. 31, _____	.....	.....	..... %
b TOTAL (Add lines 21 and 21a) .....	.....	.....	..... %
22 Total wages, salaries, commissions and other compensation of all employees (exclude partners) for period Jan. 1, _____ thru Dec. 31, _____	.....	.....	..... %
23 Gross receipts from sales made or services rendered for period Jan. 1 _____ thru Dec. 31, _____	.....	.....	..... %
24 Total Percentage — add the three percentages computed for lines 21b, 22 and 23 which you entered in the last column (you must compute a percentage for each of lines 21b, 22 and 23)	.....	.....	..... %
25 Average percentage (one-third of line 24 — enter here and on Page 2, Schedule D, Column 4 (see note below))	.....	.....	..... %

NOTE: In determining the average percentage (line 25), a factor shall be excluded from the computation only when such factor does not exist anywhere insofar as the taxpayer's business operation is concerned and, in such cases, the sum of the percentages on line 24 shall be divided by the number of factors actually used.

In the case of a taxpayer authorized by the Administrator to use one of the special formulae, use the lines provided below.

- | | | |
|----------------------|---|--|
| a. Numerator | c. Percentage (a - b) | enter here and on P. 2, Sch. D, Col. 4 |
| b. Denominator | d. Date of Administrator's letter | |