

HAMTRAMCK INCOME TAX CORPORATION RETURN 20

Do Not Write in this Space

For taxable period beginning, _____, 20 _____ ending _____, 20 _____

THIS IS NOT A FEDERAL RETURN

PLEASE TYPE OR PRINT	Name _____	Date	
	Number and Street _____	Incorporated	_____
	City, Town or Post Office _____ State _____ Zip Code _____	Where incorporated _____	Principal business activity _____
		Location of Hamtramck records _____	_____
		Person in charge of records _____	_____
		Telephone number _____	_____
		Federal employer identification number _____	_____

TAXABLE INCOME COMPUTATION

1. a. Taxable income before net operating loss deduction and special deductions (per attached copy of U.S. Corporation Income Tax Return Form 1120 or 1120S as filed by you with the Federal Internal Revenue Service.)	1. a.		\$ _____
b. Income from p. 2, Schedule C, line 30. See note 1 below	1. b.		_____
2. Enter gain or loss from sale or exchange of property included in line 1a	2.		_____
3. Result after excluding line 2 from sale or exchange of property included in line 1a	3.		_____
4. Enter items not deductible under Hamtramck Income Tax Ordinance (from p. 2, Schedule E, col. 1, line 5)	4.		_____
5. Total - add lines 3 and 4	5.		_____
6. Enter items not taxable under Hamtramck Income Tax Ordinance (from p. 2, Schedule E, col. 2, line 12)	6.		_____
7. Total - line 5 less line 6	7.		_____
8. Amount in line 2 above (after excluding any capital loss carryover) applicable to taxable period (see instructions)	8.		_____
9. Total income - add lines 7 and 8	9.		_____
10. Allocation percentage from p. 2, Schedule D, line 5 - if all business was conducted in Hamtramck, enter 100% on line 10 and DO NOT fill in Schedule D on page 2	10.		_____ %
11. Total - multiply line 9 by % on line 10	11.		_____
12. Less Applicable portion of net operating loss carryover and/or capital loss carryover (see instructions)	12.		_____
13. Total income subject to tax - line 11 less line 12	13.		_____
14. CITY OF HAMTRAMCK TAX - multiply line 13 by 1%	14. ●		_____

PAYMENTS AND CREDITS

15. a. Tax paid with tentative return	15. a.		\$ _____
b. Payments and credits on Declaration of Estimated Hamtramck Income Tax	15. b. ●		_____
c. Other Credits - explain in attached statement	15. c.		_____
16. Total - add lines 15a, b, and c	16 ●		_____

TAX DUE OR REFUND

17. If your payments (line 16) are larger than your tax (line 14) enter amount of OVERPAYMENT	17. ●		\$ _____
18. If your tax (line 14) is larger than your payments (line 16) enter amount of BALANCE DUE	18. ●		\$ _____

--- PAY IN FULL WITH THIS RETURN TO "CITY TREASURER" - AND MAIL TO
HAMTRAMCK INCOME TAX - 3401 EVALINE STREET, HAMTRAMCK, MICHIGAN 48212

19. Amount on line 17 to be (A) Credited on estimated tax (B) Refunded

Do Not Write in Space Below

- A. Name and address of resident agent in Michigan _____
- B. Is this a consolidated return? Yes No. If yes, list names and addresses of included corporations in an attached statement showing percent owned of voting stock of each corporation.
- C. **IMPORTANT.** Check this box if the amount shown on line 1b above is not in agreement with the amount shown for this item on the return which you filed with the Federal Government for the year indicated above, and attach an explanation, together with a reconciliation of the difference.
- D. Number of Hamtramck location(s) included in this return _____ Number of location(s) everywhere _____
- E. Indicate the last fiscal or calendar year audited by the Federal Internal Revenue Service _____
Was your federal tax liability for any other year changed by either a review by the Federal Government or the filing of an amended Federal return? Yes No. If yes, attach an explanation if an amended Hamtramck return was not filed.

Auditor

Approval

b. NOTE 1 - Use line 1b for reporting income if the "separate accounting" method is used.

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 a taxpayer, his declaration is based on all information of which he has any knowledge.

(Date)	(Signature of officer)	(Title)
(Date)	(Individual or firm signature of preparer)	(Address)

Mail return with payments to: HAMTRAMCK INCOME TAX, 3401 Evaline Street, Hamtramck, MI 48212

Name as shown on H-1120

Federal Employer Identification Number

PROFIT (OR LOSS) FROM BUSINESS - SCHEDULE C

IF A COPY OF YOUR U.S. CORPORATION INCOME TAX RETURN IS ATTACHED, OMIT THIS SCHEDULE

Period from to

Show period covered and check appropriate box to indicate data used for Schedule C. Separate accounting method. Included operations at all locations.

Table with 30 rows for Schedule C items: 1. Gross Receipts, 2. Less Returns and allowances, 3. Net Receipts, COSTS OF GOODS SOLD, 4. Inventory at beginning of period, 5. Merchandise bought for manufacture or sale, 6. Salaries and wages, 7. Other costs (attach statement), 8. Total - lines 4 through 7, 9. Less inventory at end of period, 10. Cost of goods sold, 11. Gross Profit - line 3 less line 10, BUSINESS DEDUCTIONS, 12. Compensation of officers, 13. Salaries and wages - not deducted elsewhere, 14. Rents, 15. Depreciation, 16. Contributions, 17. Taxes (attach statement), 18. Interest, 19. Repairs, 20. Bad debts, 21. Other (attach statement), 22., 23. Total - lines 12 through 22, 24. Net profit or loss - line 11 less line 23, 25. Dividend income, 26. Interest income, 27. Income from rents and royalties, 28. Gain or loss from sale or exchange of property (see instructions), 29. Other income, 30. Total Income (add lines 24 through 29). Enter here and on p.1, line 1b

BUSINESS ALLOCATION FORMULA - SCHEDULE D

Table for Business Allocation Formula with 5 rows: 1. Average net book value of real and tangible personal property, a. Gross annual rent paid for real property only, multiplied by 8, b. TOTAL (add lines 1 and 1a), 2. Total wages, salaries, commissions and other compensation of all employees, 3. Gross receipts from sales made or services rendered, 4. Total percentages - add the three percentages computed for lines 1b, 2 and 3 which you entered in the last column (you must compute a percentage for each of lines 1b, 2 and 3), 5. Average percentage (one-third of line 4) - enter here and on p.1 line 10

In determining the average percentage (line 5), 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 percentage shall be divided by the number of factors actually used.

In the case of a taxpayer authorized by the Income Tax Administrator to use one of the special formulae, attach explanation and use the line provided below: a. Numerator, b. Denominator, c. Percentage (a / b) enter here % and on p. 1, line 10, d. Date of Administrator's approval letter

SCHEDULE E

Schedule E is used to adjust the income reported on page 1 on lines 1a or 1b to give effect to the requirements of the Hamtramck Income Tax Ordinance. The Period of the time used to compute items for Schedule E must be the same as the time period used to report income on lines 1a or 1b. Schedule E entries are allowed only to the extent directly related to net income as shown on lines 1a or 1b on page 1.

PERIOD From to

Table for Schedule E with two columns: COLUMN 1 Add - Items Not Deductible (1. Adjustments to income relating to prior periods, 2. All expenses (including interest) incurred in connection with derivation of income not subject to Hamtramck Income Tax, 3. Hamtramck income tax paid or accrued, 4. Other (subject schedule), 5. Total Additions (enter on page 1, line 4)), COLUMN 2 Deduct - Items Not Taxable and Allowable Deductions (6. Interest from U.S. obligations and from United States governmental units, 7. Dividends - received deduction (exclude dividends in line 6 above), 8. Dividend gross up of foreign taxes, 9. Foreign tax deduction, 10. Other (submit schedule), 11. Total Deductions (enter on page 1, line 6))

SCHEDULE F - SUBCHAPTER S CORPORATION INCOME

Schedule F is used by Subchapter S corporations to reconcile the amount reported on line 1, page 1, H-1120, with Federal forms 1120S and Schedule K of Federal 1120S

Table for Schedule F with 5 rows: 1. Ordinary income (loss) from trade or business (per Federal 1120S), 2. Income (loss) per Schedule K, Federal 1120S, lines 2 through 6, 3. Total income (loss) (Add lines 1 and 2), 4. Deductions per Schedule K, Federal 1120S, 5. Taxable income before net operating loss deduction and special deductions (Subtract line 4 from line 3) ENTER HERE AND ON PAGE 1, LINE 1, H-1120