CITY OF LAPEER INDIVIDUAL INCOME TAX RETURN

DUE APRIL 30, 2008

2007 L-1040

TAXPAYER'S FIRST NAME , MIDDLE INITIAL, AND LAST NAME	YOUR SOCIAL SECURITY NUMBER	YOUR OCCUPATION
IF JOINT RETURN, SPOUSE'S FIRST NAME, MIDDLE INITIAL, AND LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER	SPOUSE'S OCCUPATION
CURRENT HOME ADDRESS (NUMBER AND STREET INCLUDING APARTMENT NUMBER)	IF MARRIED, IS SPOUSE FILING A SEPARATE RETURN? ☐ YES ☐ NO	
CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE	ENTER NAME AND ADDRESS USED ON 2006 RETURN IF DIFFERENT	

RESIDENCY STATUS ☐ RESIDENT ☐ NONRESIDENT ☐ PART-YEAR RESIDENT FROM TO

EXEMPTIONS 1a. ☐ YOURSELF ☐ 65 OR OVER ☐ BLIND ☐ DISABLED ☐ DEAF 1b. ☐ SPOUSE ☐ 65 OR OVER ☐ BLIND ☐ DISABLED ☐ DEAF

NAME OF DEPENDENT	SOCIAL SECURITY NUMBER	RELATIONSHIP	DATE OF BIRTH	
1c.				TOTAL LINE 1a. &1b. ☐
1d.				DEPENDENTS (ENTER TOTAL NUMBER 1c. - 1f.). ☐
1e.				TOTAL EXEMPTIONS (1a.-1f.) (ENTER ON LINE 17) ☐
1f.				

INCOME ENTER WAGES, TIPS AND OTHER COMPENSATION (DEFERRED COMPENSATION DISTRIBUTIONS, SICK PAY, ETC.) RESIDENT- ALL INCOME REGARDLESS OF WHERE EARNED. NON-RESIDENT- INCOME EARNED IN CITY

ATTACH COPY OF PAGE 1 OF FEDERAL RETURN TO BACK OF RETURN

EMPLOYER'S NAME	ADDRESS OF ACTUAL WORK STATION		LAPEER INCOME TAX WITHHELD	WAGES ETC **W-2 FORM, BOX 1**
2a.		2a.	.00	.00
2b.		2b.	.00	.00
2c.		2c.	.00	.00
2d.		2d.	.00	.00
2e. Total for additional employers from attached sheet.		2e.	.00	.00
3. TOTAL COMPENSATION AND LAPEER TAX WITHHELD (Attach W-2's)		3a.	.00	3b. .00

ATTACH W-2 FORMS HERE

4. Taxable interest. (Attach copy of Page 1 of Federal 1040)	4.	.00
5. Ordinary dividends. (Attach copy of Page 1 of Federal 1040)	5.	.00
6. Business Income. (Attach copy of Federal Schedule C.)	6.	.00
7. Capital gains or losses. (Attach copy of Federal Schedule D.)	7.	.00
8. Rental real estate, royalties, partnerships, trusts, etc. (Attach copy of Federal Schedule E.)	8.	.00
9. Other income. Total from Page 2, line 31 (UNEMPLOYMENT IS NOT TAXABLE INCOME TO THE CITY)	9.	.00
10. TOTAL INCOME. ADD LINES 3b. THROUGH 9	10.	.00

DEDUCTIONS

11. Individual Retirement Account. (Attach copy of Page 1 of Federal 1040)	11.	.00
12. Employee business expenses. (See instructions and attach Federal 2106 or list)	12.	.00
13. Moving expenses. (Into City of Lapeer only) (Attach Federal 3903 or list)	13.	.00
14. Alimony paid. DO NOT INCLUDE CHILD SUPPORT (Attach copy of Page 1 of Federal 1040)	14.	.00
15. TOTAL DEDUCTIONS. ADD LINES 11 THROUGH 14	15.	.00
16. TOTAL INCOME AFTER DEDUCTIONS. SUBTRACT LINE 15 FROM LINE 10	16.	.00
17. Amount for exemptions. (Number of exemptions, _____ times exemption amount of $600.00)	17.	.00
18. TOTAL INCOME SUBJECT TO TAX. SUBTRACT LINE 17 FROM LINE 16	18.	.00
19. City of Lapeer Tax: Multiply Line 18 by .01 for Residents, .005 for Non-residents or amount from Part-year Resident Schedule P	19.	.00

ATTACH CHECK OR MONEY ORDER HERE

PAYMENTS AND CREDITS

20. Tax withheld by your employer from line 3a above. (Attach LW-2 or W-2 forms)	20.	.00
21. Payments on 2007 Declaration of Estimated Income Tax, payments with an extension, and credit forward from 2006.	21.	.00
22. Credit for tax paid to another city and for tax paid by a partnership. (Attach copy of other city's return)	22.	.00
23. TOTAL PAYMENTS AND CREDITS. ADD LINES 20 THROUGH 22	23.	.00

COMPLETE 26 a,b,c FOR DIRECT DEPOSIT see instructions

TAX DUE	24. If tax (line 19) is larger than payments (line 23) you owe tax. ENTER TAX DUE **PAY WITH RETURN>>>**	24	.00
OVERPAYMENT	25. If payments (line 23) are larger than tax (line 19) ENTER OVERPAYMENT **REFUND>>>**	25	.00
DIRECT DEPOSIT OF REFUND	26. a. ROUTING NUMBER (MUST BE 9 DIGITS) ___ ___ ___ ___ ___ ___ ___ ___ ___ b. SAVINGS ___ c. ACCT # ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ CHECKING ___		
CREDIT TO 2008	27. Overpayment to be HELD and APPLIED TO YOUR 2008 ESTIMATED TAX	26	.00

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 taxpayer, the preparer's declaration is based on all information of which he has any knowledge.

☐ **I AUTHORIZE THE INCOME TAX DEPARTMENT TO DISCUSS THIS RETURN AND ATTACHMENTS WITH THE PREPARER.**

====> SIGN HERE ====>

TAXPAYER'S SIGNATURE-If joint return, both husband and wife must sign. DATE / / PHONE ( ) -

SIGNATURE OF PREPARER OTHER THAN TAXPAYER DATE / /

SPOUSE'S SIGNATURE

PREPARER'S ADDRESS

PREPARER'S PHONE NUMBER

MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF LAPEER.

MAIL TO: LAPEER CITY INCOME TAX DEPARTMENT, 576 LIBERTY PARK, LAPEER, MI 48446

NAME(S) AS SHOWN ON FRONT	SOCIAL SECURITY NUMBER

FAILURE TO ATTACH DOCUMENTATION OR ATTACHING INCORRECT OR INCOMPLETE DOCUMENTATION WILL RESULT IN DEDUCTIONS AND LOSSES BEING DISALLOWED OR DELAY PROCESSING OF RETURN

27. WAGE ALLOCATION

COMPUTATION OF LAPEER WAGES OF A NON-RESIDENT WHO WORKS BOTH IN AND OUTSIDE OF LAPEER FOR THE SAME EMPLOYER.

WAGES FROM LINE 27f ARE TO BE ENTERED ON THE APPROPRIATE LINE OF PAGE 1, LINES 2a THROUGH 2e, COLUMN "WAGES, ETC W-2 FORM, BOX 1".

27a.	Employer name. (A COMPUTATION MUST BE MADE FOR EACH EMPLOYER)	27a.	1	2	3	4
27b.	Actual number of days or hours worked for employer. (DO NOT INCLUDE WEEKENDS OFF, HOLIDAYS, SICK OR VACATION DAYS, ETC. IN AMOUNTS ON 27b AND 27c	27b.				
27c.	Actual number of days or hours worked in Lapeer	27c.				
27d.	Percentage of days or hours worked in Lapeer. Line 27c divided by line 27b	27d.	%	%	%	%
27e.	Total wages shown on LW-2 or W-2 box 1.	27e.	.00	.00	.00	.00
27f.	Wages earned in Lapeer. Line 27e multiplied by percentage on line 27d	27f.	.00	.00	.00	.00
	Enter on page 1, lines 2a through 2e, in column "Wages etc" the Lapeer wages from 27f for each employer.					

28. BUSINESS INCOME

28a.	Net profit (or loss) from business, profession or farm. (ATTACH FEDERAL SCHEDULE C OR SCHEDULE F)	28a.	.00
28b.	Allocation percentage from line 29g below. (IF ALL BUSINESS WAS CONDUCTED IN LAPEER ENTER 100%)	28b.	%
28c.	Allocated net profit (loss). Multiply line 28a by line 28b	28c.	.00
28d.	Applicable portion of net operating loss carryover. (ATTACH SCHEDULE)	28d.	.00
28e.	Applicable portion of retirement plan deduction. Check type of plan ☐ KEOGH ☐ SEP ☐ SIMPLE (Attach federal schedule)	28e.	.00
28f.	Total. Lines 28c less lines 28d and 28e ENTER HERE AND ON PAGE 1 LINE 6	28f.	.00

29. BUSINESS ALLOCATION FORMULA

For use by nonresidents to compute excludible business income

BUSINESS FEIN:

			COLUMN 1 LOCATED EVERYWHERE	COLUMN 2 LOCATED IN LAPEER	COLUMN 3 PERCENTAGE (Column 2 divided by column 1)
29a.	Average net book value of real and tangible personal property.	29a.	.00	.00	
29b.	Annual gross rent paid on real property multiplied by 8.	29b.	.00	.00	
29c.	Total property. Add lines 29a and 29b	29c.	.00	.00	%
29d.	Total wages, salaries and other compensation of all employees.	29d.	.00	.00	%
29e.	Gross receipts from sales made or services rendered.	29e.	.00	.00	%
29f.	Total percentages. Add the percentages computed in column 3 lines 29c, 29d and 29e	29f.			%
29g.	Business Allocation Percentage. Divide line 29f by the number of factors used ENTER HERE AND ON LINE 28B ABOVE	29g.			%

30. RENTAL REAL ESTATE, ROYALTIES, PARTNERSHIPS, TRUSTS, ETC.

THE FEDERAL RULES CONCERNING PASSIVE LOSSES ARE APPLICABLE TO LOSSES DEDUCTED ON THIS RETURN. SUBCHAPTER S GAINS ARE NOT TAXABLE AND SUBCHAPTER S LOSSES ARE NOT DEDUCTIBLE ON INDIVIDUAL RETURNS UNDER THE LAPEER INCOME TAX ORDINANCE.

30a.	Rental real estate from federal Schedule E. (ATTACH FEDERAL SCHEDULE E AND FORM 8582)	30a.	.00
30b.	Partnership, estates, trusts from federal Schedule E. (ATTACH FEDERAL SCHEDULE E AND SCHEDULE K-1)	30b.	.00
30c.	Subchapter S distributions. (ATTACH A COPY OF FEDERAL SCHEDULE K-1)	30c.	.00
30d.	Total. Add line 30a, 30b and 30c. ENTER HERE AND ON PAGE 1, LINE 8	30d.	.00

31. OTHER INCOME

OTHER INCOME INCLUDES: LOTTERY WINNINGS, ALIMONY RECEIVED, PROFIT SHARING PLAN DISTRIBUTIONS, PREMATURE I.R.A. DISTRIBUTIONS, PREMATURE PENSION PLAN DISTRIBUTIONS, ETC. ATTACH COPIES OF ALL APPLICABLE FEDERAL SCHEDULES AND FORMS 1099.

	RECEIVED FROM	KIND OF INCOME	AMOUNT
31a.		31a.	.00
31b.		31b.	.00
31c.		31c.	.00
31d.		31d.	.00
31e.		31e.	.00
31f.	Total. Add lines 31a through 31e. ENTER HERE AND ON PAGE 1, LINE 9	31f.	.00