CITY OF MUSKEGON NON-RESIDENT INDIVIDUAL INCOME TAX RETURN

M-1040NR Due April 30, 2020 2019 Please print Your first name & initial Last name Your Social Security Number--REQUIRED Complete If joint, spouse's first name & initial Last name social security Spouse's Social Security Number numbers are required. Home address (Number and street or rural route) City, town or post office SEE State Zip code Day phone Evening phone **INSTRUCTIONS** If married, is spouse filing a separate return? No Schedule 1 **Exemption Amount** 1. Regular 65 or over Blind/Deaf Other Check boxes that apply: 1 Number of boxes checked Yourself 2. Number of dependent children and/or other dependents 2. which you listed on your federal return 3. Total number of exemptions--add lines 1 and 2 Spouse *If this box is checked, you must enter spouse's social Multiply number of exemptions in line 3 by \$600 security number above and spouse must sign return and enter on line 5 of return summary below. Wage Detail Schedule 2 Column A Column B Column C Street address of Total wages from Muskegon Wages earned in Muskegon actual work location(s) Box 1 of W-2 Tax withheld Employer's name from Schedule 4 (NOT BOX 18) .00 .00 .00 .00 .00 .00 .00 .00 .00 00 .00 .00 If additional lines are needed--attach schedule Totals 1a. 00 .00 .00 1b. 1c. Schedule 3 **Payments** Tax withheld by your employer from line 1b. of Schedule 2 .00 2 2019 estimated payments, credit from 2018 M-1040NR, payment with extension 2. .00 3. Total payments--add lines 1 and 2--enter here and on line 8 of return summary below 3. .00 .00 1. Total wages, salaries and tips from Schedule 2, line 1c. Attach your W-2 form(s) 1 .00 Return 2. Other income/loss from Page 2, Schedule 5, line 6 2 3. .00 Summary 3. Deductions from Page 2, Schedule 6, Line 8 (Enter as negative amount) .00 4 4. Combine lines 1, 2 and 3. This is your total Muskegon income 5. .00 **Exemptions** 5. Multiply number of exemptions from Schedule 1, line 3 by \$600 and enter here .00 6. Taxable Income 6. Subtract line 5 from line 4. This is your taxable income .00 7. Tax 7. Multiply line 6 by one-half of one percent (.005) This is your Muskegon tax Tax >>> .00 **Payments** 8. Total of Muskegon payments from Schedule 3, line 3 Payments >>> 8. 9. If tax (line 7) is larger than payments (line 8) enter amount you owe. MAKE CHECK Tax PAYABLE TO CITY OF MUSKEGON OR PAY WITH A DIRECT ELECTRONIC **Pay With** .00 WITHDRAWAL (Mark pay tax due, line 14b, and complete lines 14 c,d,e & f) 9 Due Return >>> .00 10. Overpayment 10. If payments (line 8) are larger than tax (line 7) ENTER OVERPAYMENT Overpayment >>> Credit to 2020 Credit to 2020 >>> 11. .00 11. Amount of overpayment to be held and applied to your 2020 estimated tax Check the appropriate box to donate your refund. Choose only one program.

12.

| Lakeshore Trail Improvements | Muskegon Farmers Market | Muskegon Dog Beach .00 Donation 12. Donation >>> 13. Amount of overpayment to be refunded (For direct deposit, mark refund box, Refund line 14a, and complete lines 14 c,d,e & f) Refund >>> .00 **Direct Deposit** Refund-direct deposit 14b Pay tax due-direct withdraw 14. Direct deposit refund or direct withdrawal payment 14a Mark one: c. Routing number e. Type of account: Checking Savings or **Direct Payment** d. Account number 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 Muskegon 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 Your signature Spouse's signature if joint return Paid preparer's signature PLEASE

Spouse's occupation

Date

Your occupation

Address

SIGN HERE

Date

Page 2	M-10)40NR					2019
Schedule 4	Wages Earned in Muskegon						
	IPUTATION MUST BE MADE FOR EACH JOB PERFORMED BOT	H INSIDE AND	OUTSIDE O	F MUSKEGO	N		
					OB #1	JC	B #2
1. Actual number	of days worked everywhere. (Do not include weekends off, vacation	ns, sick days, e	etc.)	1.		1.	
Actual number of days worked in Muskegon.				2.		2.	
3. Percentage of days worked in Muskegon (line 2 divided by line 1)				3.		3.	
4. Total wages shown in Box 1 of W-2				4.	.00.	4.	.00
5. Wages earned in Muskegon (line 4 multiplied by percentage on line 3)							
Enter here and in Column C, "Wages earned in Muskegon," on Schedule 2 5.						5.	.00
IMPORTANT! You	must show the <u>street address</u> of your work station <u>outside</u> of N	/luskegon on S	Schedule 2 or	your alloca	tion will be	disallowe	d.
Schedule 5	Other Income/Loss						
	LOSS ONLY TO THE EXTENT THAT THE INCOME/LOSS IS REL	ATED TO MUS	SKECON SEI	= INISTRI IC	LIUNIS		
		deduction	1b.	.00	1c.		.00
	m rents/royaltiesFederal Schedule E, page 1	deddellon	10.	.00	2.		.00
Income/loss from partnershipsFederal Schedule E, page 2							.00
Income/loss from sale or exchange of property (Capital gains)Federal Schedule D/Form 8949					3. 4.		.00
Premature pension and IRA distributions					5.		.00
Totalcombine lines 1c. through 5enter here and on page 1, line 2 of return summary					6.		.00
		- ,					
Schedule 6	Deductions						
1. IRA deductionattach Schedule 1 of Federal 1040 (No deduction is allowed for contributions to a ROTH IRA)					1.		.00
Employee business expenses—see instructions and attach detailed list					2.		.00
Moving expensessee instructions and attach Federal 3903					3.		.00
4. Subtotaladd lines 1 through 3					4.		.00
5. % from Schedule 4, line 3 (enter 100% if Schedule 4 is not required)					5.		
6. Multiply line 4 by line 5					6.		.00
7. Allowable alimony deductionssee instructions and Schedule 1 of Federal 1040							.00
8. Total deductionsadd lines 6 and 7-enter here and on page 1, line 3 of return summary							.00
Worksheet 1							
USE THIS WORKS	HEET TO CALCULATE THE BUSINESS INCOME OR LOSS ATTR	RIBUTABLE TO	MUSKEGON	I IF YOU OP	ERATE YO	JR SCHED	ULE C
BUSINESS PARTL	Y WITHIN MUSKEGON AND PARTLY WITHIN OTHER LOCALITIE	ES.					
Net profit or loss from business–from Federal Schedule(s) C					1.	100	
2. LESS: SEP deductionattach copy of Schedule 1 of Federal Form 1040					2.	200	
3. Subtotalsubtract line 2 from line 1					3.		.00
Apportionment percentage from Worksheet 2 below					4.		
5. Apportioned incomemultiply line 3 by line 4					5.		.00
6. LESS: applicable portion of net operating loss carryover					6.		.00
7. Totalsubtract line 6 from line 5enter here and on Schedule 5, line 1c.					7.		.00
Worksheet 2	Business Allocation Formula		ī	ı	I	II Divid	ed by I
		Located	l Everywhere	Located in	1	Perce	-
8. Average net bo	ok value of real and tangible personal property						9-
	aid for real property multiplied by 8						
b. Totaladd lir							
9. Total wages, sa	alaries, commissions and other compensation of employees						
-	from sales made or services rendered						
11. Total percentag	gesadd the three percentages computed for lines 8, 9 and						
1	ntered in the last column						
12. Average percentagedivide line 11 by 3enter here and on line 4 of Worksheet 1							
	Third Party De	neianon			•		
Do you want to allow	v another person to discuss this return with the Income Tax Departn	Ū	Vec	-Complete tl	ne following:	Г	No
Do you want to allow	Tanonia, person to disouss this return with the income Tax Departi	nont:	163	Joinpiele li	io ionownig.	L	

Phone No. ()

Designee's Name: