

CHECK
ONE
BOX



RESIDENT
NONRESIDENT
PART-YEAR

YOUR SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		DATE(S) OF BIRTH	
FIRST NAME(S) AND INITIAL(S)		LAST NAME		TELEPHONE	
(STREET OR RURAL ROUTE) DO NOT USE P.O. BOX		CITY, TOWN OR POST OFFICE		Your Occupation	
STATE		POSTAL ZIP CODE		Spouse's Occupation	

FILING STATUS:
 RESIDENT FROM _____ TO _____

SINGLE JOINT

EMPLOYERS NAME & LOCAL ADDRESS

EXEMPTIONS:
 Children are allowed their own exemption even if being claimed on parents return:

- a. YOURSELF 65 & Over SPOUSE 65 & Over
 b. Blind Paraplegic Blind Paraplegic

Did you file a 2009 City Return?
 Yes No

If yes, are the Name(s) and Address the same?
 Yes No

If no, list name and address used on previous return:

Dependents Name (first, initial, and last name)	Check if under age 2	If age 2 or over dependent's social security number	Relationship	No. of months in your home

NO. OF BOXES CHECKED ON a AND b

NO. OF OTHER DEPENDENTS LISTED ON c

TOTAL EXEMPTIONS ADD NUMBERS ENTERED ON BOXES ABOVE

DO NOT ROUND DROP CENTS

W-2'S HERE

ATTACH CHECK HERE

1A. TOTAL INCOME: (all W2's Schedules and / or documents to substantiate totals must be attached in order to process return)
 RESIDENTS: enter total gross income for 2010.

1B. NONRESIDENTS: enter gross wages from W-2, or Schedule 1, page 2 (If you have no additions or subtractions, carry this amount to line 4)

2. ADDITIONS TO INCOME: (from page 2 Schedule 2R line C for Residents or 2NR line E for Non-Residents) 1120-S income is not taxable on individual return. . .

3. SUBTRACTIONS FROM INCOME (From page 2 schedule 2R line M for Residents/Schedule 2NR line I for Non-Residents) 1120-S loss not deductible on individual return.

ATTACH ALL SCHEDULES AND EXPLANATIONS

4. ADJUSTED INCOME (Add lines 1 and 2 less line 3.)

5. EXEMPTIONS: Multiply the number of exemptions claimed by \$600.00.

6. TAXABLE INCOME (line 4 less line 5)

7. TAX - Multiply amount on line 6 by one of the following:
 A. RESIDENT ONLY - 1% (.01)
 B. NONRESIDENT ONLY - 1/2% (.005).
 C. PART-YEAR RESIDENT - Tax from Schedule 4, line M.

PAYMENTS AND TAX CREDITS: **ATTACH COPIES OF W2'S**

8. Jackson tax withheld (You must attach copies of all W2's to obtain credit for withholding.)	8.	00
9. 2010 Estimate payments (including carry forward credit from 2009 J-1040)	9.	00
10. Credits for income tax paid to another Michigan municipality (Residents Only) or by a partnership. *Attach copy of other municipalities return.	10.	00

11. TOTAL PAYMENTS AND CREDITS (Add lines 8, 9 and 10.) (Make checks payable to City Treasurer.)

12. BALANCE DUE: (line 7 larger than line 11). **PAY WITH RETURN**
 (No payment necessary if less than \$1.00)

13. A. REFUND: (line 11 larger than 7) refunds will not be made for less than \$1.00.

13. B. Credit to 2011 Estimated tax

13. C. Donate your refund to the City Parks and Recreation Fund

14. Interest and penalty, will be assessed, after April 30th

15. TOTAL AMOUNT DUE add lines 12 & 14 (Do not enter refunds)

1A.	00
1B.	00
2.	00
3.	00
4.	00
5.	00
6.	00
7.	00
	00
12.	00
13A.	00
13B.	00
13C.	00
14.	00
15.	00

REFUND CREDIT DONATE

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

SIGN HERE (Taxpayer's signature and date)

SIGN HERE (Spouse's signature and date)

(Signature of preparer other than taxpayer and date)

(Address) (Telephone)

J 1040

SCHEDULE 1

DO NOT USE THIS SCHEDULE IF ALL OF YOUR WORK IS PERFORMED IN JACKSON

NON-RESIDENTS ONLY

COMPUTATION OF WAGES EARNED IN JACKSON - To be completed by Non-Residents who performed only part of their services in Jackson and part outside city on same job. Where both husband and wife have income subject to allocation, figure each separately.

A. Actual number of days worked everywhere (do not include vacation, holidays, sick, etc.) (5 days week x 52 weeks = 260 days maximum, less vacation, holidays, sick, etc. If more than 260 days attach explanation).....	A.	Day
B. Actual number of days worked on job in Jackson (Attach Statement)	B.	Day
C. Percent of days worked in Jackson to total days (line B divided by line A) Do not carry out decimal.....	C.	%
D. Wages shown on W-2 (Less allowable employee expenses per attached Federal Form 2106) Subject to 2% Federal Limit.....	D.	\$
E. Line D multiplied by line C..... (Those keeping separate records of Jackson earnings check here <input type="checkbox"/> and enter amount on line E)	E.	\$
F. Add all other W-2 income not allocated.....	F.	\$
G. TOTAL WAGES - subject to Jackson City Tax (line E and F) Enter on page 1, line 1.....	G.	\$

SCHEDULE 2R

RESIDENTS (See instructions)

ADDITIONS TO INCOME	A. Loss on sale of property portion prior to 1/1/70 (included in line 1 - total income)	A.	
	B. Other - explain and attach schedules	B.	
	C. Total Additions - enter here and on page 1, line 2	C.	
SUBTRACTIONS FROM INCOME ONLY IF INCLUDED IN LINE 1	D. Gain on sale of property - portion prior to 1/1/70 (included in line 1 - total income)	D.	
	E. Interest on U.S. and State obligations	E.	
	F. Annuities, pensions, and insurance proceeds	F.	
	G. Compensation from services in U.S. Armed Forces.....	G.	
	H. IRA Payments as allowed on Federal 1040 (attach copy of Federal return)	H.	
	I. Unemployment benefits.....	I.	
	J. Moving expense (attach copy of Federal Form 3903)	J.	
	*Only allowed if moving into the City of Jackson		
	K. Employees Business Expenses (subject to 2% Federal limit) (attach copy of Federal Form 2106).....	K.	
L. Renaissance Zone or Other.....	L.		
M. Total Subtractions - enter here and on page 1, line 3	M.		

SCHEDULE 2NR

NON-RESIDENTS (See instructions)

ADDITIONS TO INCOME	A. Net profits from Jackson rental property (Attach Schedule E).....	A.	
	B. Net profits from sale of property located in Jackson.....	B.	
	C. Net profits of a business or profession earned in Jackson (attach schedule C).....	C.	
	D. Other - explain (attach schedule).....	D.	
	E. Total Additions - enter here and on page 1, line 2	E.	
SUBTRACTIONS FROM INCOME IF INCLUDED IN LINE 1	F. Employees business expenses incurred in the production of Jackson Income. (if not deducted in schedule 1) (include Federal Form 2106) subject to 2% Federal Limit.....	F.	
	G. IRA Payments as allowed on Federal 1040 and in proportion to income taxed by city	G.	
	H. Other - explain (attach schedule).....	H.	
	I. Total Subtractions - enter here and on page 1, line 3	I.	