



YOUR SOCIAL SECURITY NUMBER, SPOUSE'S SOCIAL SECURITY NUMBER, DATE(S) OF BIRTH, FIRST NAME(S) AND INITIAL(S), LAST NAME, TELEPHONE, HOME, WORK, (STREET OR RURAL ROUTE) DO NOT USE P.O. BOX, Your Occupation, CITY, TOWN OR POST OFFICE, 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 2023 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:

Table with 5 columns: Dependents 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: RESIDENTS: enter total gross income for 2024. 1B. NONRESIDENTS: enter gross wages from W-2, or Schedule 1, page 2. 2. ADDITIONS TO INCOME. 3. SUBTRACTIONS FROM INCOME. 4. ADJUSTED INCOME. 5. EXEMPTIONS. 6. TAXABLE INCOME. 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: 8. Jackson tax withheld. 9. 2024 Estimate payments. 10. Credits for income tax paid to another Michigan municipality. 11. TOTAL PAYMENTS AND CREDITS. 12. BALANCE DUE. 13. A. REFUND. 13. B. Credit to 2025 Estimated tax. 13. C. Donate your refund to the City Parks and Recreation Fund. 14. Interest and penalty. 15. TOTAL AMOUNT DUE

Table with 2 columns: Line number, Amount

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, SIGN HERE, SIGN HERE, SIGN HERE, (Taxpayer's signature and date), (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 job in Jackson and part outside on same job. Where husband and wife have income subject to allocation, figure separately.

A. Actual number of days worked everywhere 260 maximum.....	A.		Days
B. Subtract sick days, vacation days, holidays and other paid leave days	B.		Days
C. Total number of days worked	C.		Days
D. Actual number of days worked on job in Jackson (Attach Statement).....	D.		Days
E. Percent of days worked in Jackson to total days (line D divided by line C)	E.		%
F. Wages shown on W-2 (Less allowable employee expenses per attached 2106) Subject to 2% Federal Limit.....	F.	\$	
G. Line F multiplied by line E	G.	\$	
H. Add all other W-2 income not allocated	H.	\$	
I. TOTAL WAGES - subject to Jackson City Tax (line G and H) Enter on page 1, line 1B	I.	\$	

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 (active military only).....	J.		
	K. Employees Business Expenses (subject to 2% Federal limit) (attach copy of Federal Form 2106)	K.		
L. Total Subtractions - enter here and on page 1, line 3.....	L.			

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..... (attach copy of Federal return)	G.		
	H. Other - explain (attach schedule)	H.		
	I. Total Subtractions - enter here and on page 1, line 3.....	I.		