



|   |       |  |  |                                   |
|---|-------|--|--|-----------------------------------|
| <b>YOUR SOCIAL SECURITY NUMBER</b>          |       | <b>SPOUSE'S SOCIAL SECURITY NUMBER</b> |  | DATE(S) OF BIRTH                  |
| FIRST NAME(S) AND INITIAL(S)                |       | LAST NAME                              |  | TELEPHONE<br>HOME ( )<br>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  Paralegic  Blind  Paralegic

Did you file a 2020 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<br>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, 1099's and / or documents to substantiate totals must be attached in order to process return)  
 RESIDENTS: enter total gross income for 2021. . . . .

**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, 1099**

|   |     |    |
|---|-----|----|
| 8. Jackson tax withheld (You must attach copies of all W2's to obtain credit for withholding.)  | 8.  | 00 |
| 9. 2021 Estimate payments (including carry forward credit from 2018 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.) . . . . . (No payment necessary if less than \$1.00)

**12. BALANCE DUE:** (line 7 larger than line 11) . . . . . **PAY WITH RETURN**  
 Direct Deposit- Routing Number   Checking  Savings

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

**13. B. Credit to 2022 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 |
|      |    |
| 11.  | 00 |
| 12.  | 00 |
| 13A. | 00 |
| 13B. | 00 |
| 13C. | 00 |
| 14.  | 00 |
| 15.  | 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, 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 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 | A. Loss on sale of property portion prior to 1/1/70 (included in line 1 - total income)..... | A. |  |  |
| TO        | B. Other - explain and attach schedules.....   | B. |  |  |
| INCOME    | C. Total Additions - enter here and on page 1, line 2.....                                   | C. |  |  |

|   |  |    |  |  |
|---|--|----|--|--|
| SUBTRACTIONS<br>FROM<br>INCOME<br>ONLY<br>IF INCLUDED<br>IN<br>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<br>TO<br>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<br>FROM<br>INCOME<br>IF INCLUDED<br>IN<br>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. |  |  |