

INDIVIDUAL RETURN DUE APRIL 30, 2024

Taxpayer's SSN	Taxpayer's first name Initial Last name	RESIDENCE STATUS <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident Part-year resident - dates of residency (mm/dd/yyyy) From <input type="text"/> To <input type="text"/>
Spouse's SSN	If joint return spouse's first name Initial Last name	
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	Present home address (Number and street) Apt. no.	FILING STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here. Spouse's full name if married filing separately <input type="text"/>
Enter date of death on page 2, right side of the signature area	Address line 2 (P.O. Box address for mailing use only)	
Mark box (X) below if form attached <input type="checkbox"/> Federal Form 1310	City, town or post office State Zip code	
<input type="checkbox"/> Supporting Notes and Statements (Attachment 22)	Foreign country name Foreign province/county Foreign postal code	

		ROUND ALL FIGURES TO NEAREST DOLLAR (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		Column A Federal Return Data	Column B Exclusions/Adjustments	Column C Taxable Income	
SEND COPY OF PAGE 1 & 2 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1	.00	.00	.00	.00	
	2. Taxable interest	2	.00	.00	.00	.00	
	3. Ordinary dividends	3	.00	.00	.00	.00	
	4. Taxable refunds, credits or offsets of state and local income taxes	4	.00	.00	.00	NOT TAXABLE	
	5. Alimony received	5	.00	.00	.00	.00	
	6. Business income or (loss) (Attach copy of federal Schedule C)	6	.00	.00	.00	.00	
	7. Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. <input type="checkbox"/> Mark if federal Sch. D not required	7	.00	.00	.00	.00	
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8	.00	.00	.00	.00	
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9	.00	.00	.00	.00	
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10	.00	.00	.00	.00	
SEND W-2 FORMS	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11	.00	.00	.00	.00	
	12. Subchapter S corporation distributions (Att. copy of fed. Sch. K-1)	12	NOT APPLICABLE	.00	.00	.00	
	13. Farm income or (loss) (Attach copy of federal Schedule F)	13	.00	.00	.00	.00	
	14. Unemployment compensation	14	.00	.00	.00	NOT TAXABLE	
	15. Social security benefits	15	.00	.00	.00	NOT TAXABLE	
	16. Other income (Attach statement listing type and amount)	16	.00	.00	.00	.00	
	17. Total additions (Add lines 2 through 16)	17	.00	.00	.00	.00	
	18. Total income (Add lines 1 through 16)	18	.00	.00	.00	.00	
	19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19			.00	.00	
	20. Total income after deductions (Subtract line 19 from line 18)	20			.00	.00	
ENCLOSE CHECK OR MONEY ORDER	21. Exemptions (Enter the total exemptions, from Form GR-1040, page 2, box 1h, on line 21a and multiply this number by \$3000 and enter on line 21b)	21a <input type="text"/>	21b		.00	.00	
	22. Total income subject to tax (Subtract line 21b from line 20)		22		.00	.00	
	23. TAX (Multiply line 22 by Grayling resident tax rate of 1% (0.01) or nonresident tax rate of 0.5% (0.005) and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d)	23a <input type="checkbox"/>	23b	23c <input type="text"/>	23d	.00	.00
	24. Payments and credits 24a <input type="text"/> GR tax withheld <input type="text"/> Other tax payments (est. extension, or fwd. partnership & tax option corp) 24b <input type="text"/> Credit for tax paid to another city 24c <input type="text"/> Total payments & credits 24d	24a <input type="text"/>	24b <input type="text"/>	24c <input type="text"/>	24d	.00	.00
	25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a <input type="text"/> Interest 25b <input type="text"/> Penalty 25c <input type="text"/> Total interest & penalty 25c	25a <input type="text"/>	25b <input type="text"/>	25c <input type="text"/>	25c	.00	.00
	TAX DUE 26. Amount you owe (Add lines 23b and 25c, and subtract line 24d) MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF GRAYLING (X) pay tax due, line 31b, and complete lines 31c, d & e)				26	.00	.00
	OVERPAYMENT 27. Tax overpayment (Subtract lines 23b and 25c from line 24d)				27	.00	.00
	28. Amount of overpayment donated 28a <input type="text"/> Capital Improvement Fund <input type="text"/> The Northern Market <input type="text"/> Grayling Main Street <input type="text"/> Total donations 28d	28a <input type="text"/>	28b <input type="text"/>	28c <input type="text"/>	28d	.00	.00
	29. Amount of overpayment credited forward to 2024			Amount of credit to 2024 >>	29	.00	.00
	30. Amount of overpayment refunded (Line 27 less lines 28d and 29)			Refund amount >>	30	.00	.00

EXEMPTIONS SCHEDULE

1a. You Date of birth (mm/dd/yyyy) Regular 65 or over Blind Deaf Disabled

1b. Spouse

1d. List Dependents 1c. Check box if you can be claimed as a dependent on another person's tax return

Table with columns: #, First Name, Last Name, Social Security Number, Relationship, Date of Birth

1e. Enter the number of boxes checked on lines 1a and 1b

1f. Enter number of dependent children listed on line 1d

1g. Enter number of other dependents listed on line 1d

1h. Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a)

EXCLUDED WAGES AND TAX WITHHELD SCHEDULE (See instructions. Resident wages generally not excluded)

Table with columns: W-2 #, Col. A T or S, COLUMN B SOCIAL SECURITY NUMBER, COLUMN C EMPLOYER'S ID NUMBER, COLUMN D EXCLUDED WAGES, COLUMN E GR TAX WITHHELD, COLUMN F LOCALITY NAME

DEDUCTIONS SCHEDULE (See instructions; deductions allocated on the same basis as related income)

Table with columns: Line number, Description, Amount

ADDRESS SCHEDULE (Where taxpayer (T), spouse (S) or both (B) resided during year and dates of residency)

Table with columns: MARK T, S, B, FROM MONTH DAY, TO MONTH DAY

THIRD PARTY DESIGNEE

Do you want to allow another person to discuss this return with the Income Tax Office? Yes, complete the following No

Under the penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

SIGNATURE OF TAXPAYER - If joint return, both spouses must sign Date (MM/DD/YY) Taxpayer's occupation Daytime phone number If deceased, date of death

SPOUSE'S SIGNATURE Date (MM/DD/YY) Spouse's occupation If deceased, date of death

SIGNATURE OF PREPARER OTHER THAN TAXPAYER Date (MM/DD/YY) PTIN, EIN or SSN Preparer's phone no.

FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE NACTP software number