

**GRAYLING
PARTNERSHIP INCOME TAX RETURN**

GR-1065

2025

25MI-GR-1065-1

For fiscal year or other taxable period beginning / / 2025 and ending / / **IDENTIFICATION AND INFORMATION**

A1. Name of partnership			B1. Employer identification No.					
			B2. Date business started					
A2. In care of			B3. Principal business activity					
			B4. Principal product or service					
A3. Street number and name		A4. Rm. or Ste. No.	B5. Number of partners		B6. Number of employees			
A4. Address 2			C. What type of entity is filing this return? Check the appropriate box:					
			<table border="0" style="width: 100%;"><tr><td><input type="checkbox"/> C1. Domestic general partnership</td><td><input type="checkbox"/> C4. Domestic limited partnership</td></tr><tr><td><input type="checkbox"/> C2. Domestic limited liability company (LLC)</td><td><input type="checkbox"/> C5. Domestic limited liability partnership (LLP)</td></tr><tr><td><input type="checkbox"/> C3. Foreign partnership</td><td><input type="checkbox"/> C6. Other ►</td></tr></table>			<input type="checkbox"/> C1. Domestic general partnership	<input type="checkbox"/> C4. Domestic limited partnership	<input type="checkbox"/> C2. Domestic limited liability company (LLC)
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<input type="checkbox"/> C2. Domestic limited liability company (LLC)	<input type="checkbox"/> C5. Domestic limited liability partnership (LLP)							
<input type="checkbox"/> C3. Foreign partnership	<input type="checkbox"/> C6. Other ►							
A5. City, town or post office		A6. State	A7. Zip code					
A8. Foreign country name			D. What type of return filed. Check all boxes that apply:					
			<table border="0" style="width: 100%;"><tr><td><input type="checkbox"/> D1. Information only</td><td><input type="checkbox"/> D3. Amended return</td></tr><tr><td><input type="checkbox"/> D2. Initial return</td><td><input type="checkbox"/> D4. Final return</td></tr></table>			<input type="checkbox"/> D1. Information only	<input type="checkbox"/> D3. Amended return	<input type="checkbox"/> D2. Initial return
<input type="checkbox"/> D1. Information only	<input type="checkbox"/> D3. Amended return							
<input type="checkbox"/> D2. Initial return	<input type="checkbox"/> D4. Final return							
A9. Foreign province/county		A10. Foreign postal code						

Enter below the general partner or member manager designated as the tax matters partner (TMP) on the federal partnership return for the tax year of this return:

E1. Name of designated TMP		E4. Identifying number of TMP	
E2. If the TPM is an entity, name of TMP representative		E5. Phone number of TMP	
E3. Address of designated TMP			

☐ F. Mark (X) box if partnership elects to pay tax on behalf of partners, complete the remaining sections of the return that apply and the remainder of this page.

The partnership may elect to pay tax for partners only if it pays the tax for ALL partners subject to the tax. If the partnership elects to file an information return, complete the Identification and Information section, the Disclosure section, the Signature section of this page and the remaining sections of the return that apply to the partnership.

TAX	1. Tax (Sum of totals of Tax Due Schedule 2, column 8 and column 9)				1
PAYMENTS & CREDITS	2a. Estimated income tax payments for tax year		2a		
	2b. Prior year credit forward		2b		
	2c. Extension Payment		2c		
	2d. Tax paid by another partnership		2d		
	2e. Credit for tax paid to another city on behalf of resident partners (Enter total from Sch G, col 7)		2e		
	2f. Total tax paid (Add lines 2a through 2e)		2f		
BALANCE DUE	3. If the tax due (line 1) is larger than the payments and credits (line 2f), enter balance due				
	Enclose check or money order payable to the City of Grayling.				3
OVERPAYMENT	4. If payments and credits (line 2f) are larger than tax (Line 1), enter overpayment				4
CREDIT FWD	5. Overpayment to be credited forward and applied to 2025 estimated tax				5
DONATIONS	6. Donations: Capital Improvement Fund The Northern Market Grayling Main Street				
	6a.	6b.	6c.	Total Donations	6d
REFUND	7. Refund.				7
ELECTRONIC REFUND OR PAYMENT DATA	8. NOT APPLICABLE				

DISCLOSURE OF RETURN INFORMATION

9. Do you want to allow the preparer or another person to discuss this return with the Income Tax Office?		9a. Yes, complete 10a and 10b	9b. No
10a. Designee's name		10b. Designee's phone number	

SIGNATURE

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. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which preparer has any knowledge.

11a. Date signed	11b. Signature of partner	11c. Printed name of partner signing return	11d. Phone number () -
12a. Signature of preparer	12c. Firm name		12g. Date prepared
12b. Printed name of preparer	12d. Address 1 (include suite #)		12h. Preparer's phone number () -
	12e. Address 2		
	12f. City, state & zip code		
Return is due April 30, 2026 or the last day of the fourth month after the close of tax year. See instructions for mailing address.			13. NACTP software number

SCHEDULE 1 - PARTNER INFORMATION SCHEDULE						Attachment 1
PARTNER NUMBER	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	
	NAME AND ADDRESS OF ALL PARTNERS	PARTNER'S SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	TYPE OF ENTITY OF PARTNER (Follow Federal Form 1065 instructions for Schedule K-1, Item I; see Partner Entity Classification Chart)	IF PARTNER IS AN INDIVIDUAL OR NOMINEE REPRESENTING AN INDIVIDUAL, ENTER RESIDENCE STATUS OF PARTNER (R = Resident, N = Nonresident, PR = Part-year resident portion, PN = Part-year nonresident portion)	IF COLUMN 4 EQUALS PART-YEAR RESIDENT ENTER RESIDENCY START DATE ON RESIDENT (PR) LINE AND END DATE ON NONRESIDENT (PN) LINE	
	(Complete column 1, column 2 and, if necessary, columns 3 and 4; if column 4 for partner equals part-year (PR or PN), report the resident and nonresident portions on separate partner lines)					
	Enter partner's name and address as per example below					
EXAMPLE	Partner's Name					
	Street number, street name and suite number					
	City, state, zip code					
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Name of partnership	Partnership's FEIN	2025 Form GR-1065, Schedule 2
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SCHEDULE 2 - PARTNER INCOME AND TAX CALCULATION SCHEDULE											
Partnerships filing an information return complete only columns 1 through 4.											
Partnerships electing to pay tax must complete all applicable columns.											
Attachment 2											
N P U A M B T E N R E R	COLUMN 1 PARTNER'S NAME	COLUMN 2 TYPE OF ENTITY OF PARTNER (From Partner Information Sch.)		COLUMN 3 PARTNER'S SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER (From Partner Information Sch.)	COLUMN 4 TOTAL INCOME (From Schedule C, column 8; See page 1, box F)	COLUMN 5 ALLOWABLE DEDUCTIONS (See instructions)	COLUMN 6 EXEMPTIONS (See note 2 on page 1 and instructions)	COLUMN 7 TAXABLE INCOME (Column 4 less columns 5 and 6)	COLUMN 8 TAX AT RESIDENT OR CORPORATION TAX RATE (Column 7 multiplied by tax rate)	COLUMN 9 TAX AT NONRESIDENT TAX RATE (Column 7 multiplied by tax rate)	COLUMN 10 TAX PAID (Column 8 less Schedule G, column 6; or column 9; see Instructions)
		Federal Classification	Residency Status								
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
Totals											

Name of partnership	Partnership's FEIN	2025 Form GR-1065, Schedules A & B
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SCHEDULE A – ALLOCABLE PARTNERSHIP ORDINARY BUSINESS INCOME		Attachment 3
1. Ordinary business income (loss) (Form 1065, pg. 1, line 22) (Attach copy of federal Form 1065, Sch K (1065), ancillary schedules and statements)		
2. Add City of Grayling income tax, if deducted in determining income on federal Form 1065		
3. Add interest and other costs incurred in connection with the production of income exempt from {City Name} income tax (Attach schedule)		
4. Deduct Sec. 179 depreciation (Federal Schedule K, line 12)		
5. Other partnership deductions allowed under Michigan Uniform City Income Tax Ordinance (Attach explanation)		
6. Deduct ordinary income (loss) from other partnerships, estates & trusts (Federal Form 1065, page 1, line 4; attach explanation)		
7. Total adjusted ordinary business income (Add lines 1, 2, 3 and subtract lines 4, 5 and 6)		

SCHEDULE B – PARTNERSHIP INCOME NOT INCLUDED IN SCHEDULE A								Attachment 4
ATTACH COPY OF FEDERAL SCHEDULE K (1065)	FEDERAL FORM 1065 REFERENCE	COLUMN 1 APPORTIONED INCOME	COLUMN 2 TOTAL EXCLUDIBLE RESIDENT PARTNERS' PORTION OF COLUMN 1	COLUMN 3 TOTAL EXCLUDIBLE NONRESIDENT, ESTATE AND TRUST PARTNERS' PORTION OF COLUMN 1	COLUMN 4 TOTAL EXCLUDIBLE CORPORATION PARTNERS' PORTION OF COLUMN 1	COLUMN 5 TOTAL EXCLUDIBLE OTHER PARTNERS' PORTION OF COLUMN 1 (Partners not in columns 2, 3 or 4)	COLUMN 6 TOTAL TAXABLE AT RESIDENT OR CORPORATE TAX RATE (Column 1 less column 2, 4 or 5)	COLUMN 7 TOTAL TAXABLE AT NONRESIDENT TAX RATE (Column 1 less column 3)
NONBUSINESS INTEREST AND DIVIDENDS (SEE INSTRUCTIONS)								
1. Nonbusiness interest income	Sch. K, line 5							
2. Nonbusiness dividend income	Sch. K, lines 6a							
SALE OR EXCHANGE OF PROPERTY (SEE INSTRUCTIONS)								
3. Net short-term capital gain (loss)	Sch. K, line 8							
4. Net long-term capital gain (loss)	Sch. K, L. 9a - c							
5. Net Section 1231 gain (loss)	Sch. K, line 10							
RENTS AND ROYALTIES (IF INCOME INCLUDES RENTAL REAL ESTATE, ATTACH COPY OF FEDERAL FORM 8825)								
6. Net income (loss) from rental real estate activities	Sch. K, line 2							
7. Net income (loss) from other rental activities	Sch. K, line 3c							
8. Royalty income	Sch. K, line 7							
OTHER INCOME								
9. Other income	Sch. K, line 11							
10. Ordinary income from other partnerships (See ** below)	Form 1065, line 4							
11. Total apportioned income (Add lines 1 through 10 of each column)								
Amounts reported in column 1 are from federal Form 1065 or Schedule K (1065).								
** Attach schedule showing name, address and FEIN of each partnership.								

Name of partnership	Partnership's FEIN	2025 Form GR-1065, Schedules C & D
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SCHEDULE C – INCOME DISTRIBUTION TO PARTNERS								Attachment 5
P U B L I C R E D I T O R	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
	ADJUSTED ORDINARY BUSINESS INCOME (Total equals Schedule A, line 7)	GUARANTEED PAYMENTS TO PARTNERS (Fed. 1065, line 10)	INCOME SUBJECT TO ALLOCATION (Add Column 1 and Column 2)	ALLOCATION PERCENTAGE (Resident partners enter 100%; partnership partners see instructions; other partners enter percentage from Sch. D, line 5)	ALLOCATED ORDINARY BUSINESS INCOME (Column 3 multiplied by percentage in Column 4)	RESIDENT, CORPORATION AND PARTNERSHIP PARTNER'S PORTION OF SCHEDULE B INCOME (From Schedule B, line 11, column 6)	NONRESIDENT, ESTATE AND TRUST PARTNER'S PORTION OF SCHEDULE B INCOME (From Schedule B, line 11, column 7)	TOTAL INCOME (Add columns 5, 6 and 7; If partnership elects to pay tax, enter on Schedule 2, column 1)
	1				%			
	2				%			
	3				%			
	4				%			
	5				%			
	6				%			
	7				%			
	8				%			
	9				%			
	10				%			
	Totals				%			

SCHEDULE D – BUSINESS ALLOCATION PERCENTAGE			Attachment 6
	COLUMN 1 LOCATED EVERYWHERE	COLUMN 2 LOCATED IN CITY	COLUMN 3 PERCENTAGE
1. a. Average net book value of real and tangible personal property			(Column 2 divided by column 1)
b. Gross annual rent paid for real property only, multiplied by 8			
c. Totals (Add lines 1a and 1b)			
2. Total wages, salaries, commissions and other compensation of all employees			%
3. Gross receipts from sales made or services rendered			%
4. Total percentages (Add the percentages computed in column 3, lines 1c, 2 and 3)			%
5. Business allocation percentage (Divide line 4 by the number of factors) Enter here and on Schedule C, column 2 (See note below)			%
Note 3. In determining the business allocation percentage (Line 5), a factor shall be excluded from the computation only when such factor does not exist anywhere insofar as the taxpayer's business operation is concerned. In such cases, the sum of the remaining percentages shall be divided by the number of factors actually used.			
In the case of a taxpayer authorized by the Income Tax Administrator to use one of the special formulas, attach an explanation and use the lines provided below:			
a. Numerator		c. Percentage (a divided by b) (Enter here and on Schedule C, Col. 2)	%
b. Denominator		d. Date of Administrator's approval letter (mm/dd/yyyy)	

Name of partnership	Partnership's FEIN	2025 Form GR-1065, Schedule E
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<div> SCHEDULE E – RENTAL REAL ESTATE <div>Attachment 7</div> </div>	
If the business activity of the partnership includes rental of real estate, indicate below the complete address and the gain or loss of each property.	
PROPERTY #	PROPERTY ADDRESS (Street number, street name, city, state and zip code)
1.	
2.	
3.	
4.	
5.	
TOTALS	(ATTACH COPY OF FEDERAL FORM 8825)

Partnership's name	Partnership's FEIN	2025 GRAYLING
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SCHEDULE N – SUPPORTING NOTES AND STATEMENTS	Attachment 10
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