## **2023 City of Detroit Part-Year Resident Income Tax Return** Issued under authority of Public Act 284 of 1964, as amended.

Check here if you are amending. List reason on page 3.

| Return is due | April 15, | 2024. |
|---------------|-----------|-------|
|---------------|-----------|-------|

| Туре              | or print in blue or black ink.                        |                                              |                                       |           |                   |                                                            |                                         |                                  |                                                 |
|-------------------|-------------------------------------------------------|----------------------------------------------|---------------------------------------|-----------|-------------------|------------------------------------------------------------|-----------------------------------------|----------------------------------|-------------------------------------------------|
| 1. File           | r's First Name                                        | M.I. Last Name                               |                                       |           |                   | 2. Filer's Full Social Security No. (Example: 123-45-6789) |                                         |                                  |                                                 |
| If a Jo           | int Return, Spouse's First Name                       | M.I. Last Name                               |                                       |           |                   |                                                            |                                         |                                  |                                                 |
| Home              | Address (Number, Street, or P.O. Box)                 | <u>                                     </u> | L                                     |           |                   |                                                            | 3. Spouse's Full Socia                  | al Security No. (Examp           | le: 123-45-6789)                                |
|                   | , , , ,                                               |                                              |                                       |           |                   |                                                            |                                         |                                  |                                                 |
| City o            | r Town                                                |                                              |                                       | State     | ZIP Code          |                                                            | 4. CITY RESIDENT, P                     | Return for the city of:<br>TROIT | City Code<br>170                                |
| 5.                | 2023 FILING STATUS. Check one                         | ə.                                           |                                       |           |                   | 8. EXEM                                                    | PTIONS. 8a-8c apply                     | to you and your s                | pouse only.                                     |
| a. [              | Single                                                |                                              | ou check box "c,'<br>3 and enter spou |           |                   | Porcon                                                     | al Exemption                            |                                  |                                                 |
| b.                | Married filing jointly                                | belo                                         | •                                     | 30 3 1011 | name              | Feison                                                     | iai Exemplion                           |                                  | a.                                              |
| ا م               | Married filing separately*                            |                                              |                                       |           |                   | 65 and                                                     | over                                    |                                  | b                                               |
| ا <sup>د.</sup> ا | Married liling separately                             |                                              |                                       |           |                   | Deaf, D                                                    | Disabled or Blind                       |                                  | c.                                              |
| 6.                | PART-YEAR RESIDENCY PER (Enter dates as MM-DD-YYYY, I |                                              |                                       | idency i  | n 2023.           | Numbe                                                      | er of dependent childr                  | en                               | d.                                              |
|                   | FILER                                                 |                                              | SPOUSE                                |           |                   |                                                            |                                         |                                  |                                                 |
| FROM              | 2023                                                  |                                              |                                       | 2023      |                   |                                                            | er of other dependents  EXEMPTIONS. Add |                                  | e                                               |
| 111011            |                                                       |                                              |                                       | 2023      |                   | _                                                          | 1 8e                                    |                                  | f                                               |
| TC                | ): <b> </b>                                           | 71-                                          | Chavada data at                       |           |                   | 0 2002 B                                                   | ACREMICATION OF A THE                   |                                  |                                                 |
| 7a.               | Filer's date of birth (MM-DD-YYYY)                    | / 10.                                        | Spouse's date of                      | DITUT (IV | ואו-טט-۲۲۲۲)      |                                                            | DEPENDENT STATUS  heck the box if you   |                                  | an be claimed                                   |
|                   |                                                       |                                              | _                                     |           |                   | as                                                         | s a dependent on a                      | nother person's ta               | x return.                                       |
| PAR <sup>-</sup>  | Γ 1: INCOME                                           |                                              |                                       |           |                   | Taxa                                                       | olumn A:<br>ble Resident<br>Income      | Columi<br>Taxable Nor<br>Incom   | resident                                        |
|                   |                                                       |                                              |                                       |           |                   |                                                            |                                         |                                  |                                                 |
| 10.               | Wages, salaries, tips or other cor                    | npens                                        | ation. (See instru                    | ctions).  | 10.               |                                                            | 00                                      |                                  | [00                                             |
| 11.               | Taxable interest                                      |                                              |                                       |           | 11.               |                                                            | 00                                      | XXXX                             | XXX                                             |
| 12.               | Ordinary dividends                                    |                                              |                                       |           | 12.               |                                                            | 00                                      | XXX                              | $\frac{\langle XX \rangle}{\langle XX \rangle}$ |
| 13.               | Alimony received                                      |                                              |                                       |           | 13.               |                                                            | 00                                      | XXXX                             | $\frac{XXX}{\bot}$                              |
| 14.               | Net profit or (loss). Include a cop                   | y of U                                       | S. Schedule C o                       | Sched     | ule F 14.         |                                                            | 00                                      |                                  | 00                                              |
| 15.               | Gain or (loss) on sale or exchang                     |                                              | -                                     | -         |                   |                                                            | 00                                      |                                  | 00                                              |
|                   | property                                              |                                              |                                       |           | 15.               |                                                            |                                         | VVV                              |                                                 |
| 16.               | Early distribution of IRA                             |                                              |                                       |           | 16.               |                                                            | 00                                      | \\\\/                            |                                                 |
| 17.               | Early distribution of pensions and                    | d annu                                       | ities                                 |           | 17.               |                                                            | 00                                      | XXXX                             | $\times \times \times$                          |
| 18.               | Rental real estate and royalties. I                   | Include                                      | e a copy of U.S. S                    | Schedul   | e <i>E.</i> . 18. |                                                            | 00                                      |                                  | 00                                              |
| 19.               | Partnerships and trusts                               |                                              |                                       |           | 19.               |                                                            | 00                                      |                                  | 00                                              |
| 20.               | Other income. Describe:                               |                                              |                                       |           | 20.               |                                                            | 00                                      | XXXX                             | XXX                                             |
| 21.               | SUBTOTAL. Add lines 10 throug                         | h 20                                         |                                       |           | 21.               |                                                            | 00                                      |                                  | 00                                              |

| 2023 F       | orm 5120, Page 2 of 3                                                                                                                 |                |                            |       |                               |          |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------|-------|-------------------------------|----------|
| City of      | Detroit Part-Year Resident Income Tax Return Filer's Full Social Se                                                                   | ecurity Number | r  -                       | _     |                               |          |
| PΔR          | T 2: SUBTRACTIONS FROM INCOME                                                                                                         |                | Column A: Taxable Resident |       | Column B: Taxable Nonresident |          |
|              | entries must be positive numbers.)                                                                                                    |                | Income                     |       | Income                        |          |
| •            | Self-employed SEP, SIMPLE, IRA, and qualified plans. Include a copy of page 1 of U.S. <i>1040</i> (see instructions)                  | 22.            |                            | 00    |                               | 00       |
| 23.          | Employee business expenses (see instructions)                                                                                         | 23.            |                            | 00    |                               | 00       |
|              | Work-related moving expenses for active duty military                                                                                 |                |                            |       |                               |          |
| 27.          | (see instructions)                                                                                                                    | 24.            |                            | 00    |                               | 00       |
| 25.          | Alimony paid. <b>Do not</b> include child support (see instructions)                                                                  | 25.            |                            | 00    |                               | 00       |
| 26.          | Renaissance Zone deduction.                                                                                                           | 26.            |                            | 00    | XXXXXX                        |          |
| 27.          |                                                                                                                                       |                |                            |       |                               |          |
| 21.          | Describe:                                                                                                                             | 27.            |                            | 00    | (                             | 00       |
| 28.          | Total Subtractions. Add lines 22 through 27.                                                                                          | 28.            |                            | 00    |                               | 00       |
| PAR          | T 3: INCOME TAX CALCULATION                                                                                                           |                |                            |       |                               |          |
| 29.          | Total income after subtractions. Subtract line 28 from line 21                                                                        | 29.            |                            | 00    |                               | 00       |
| 30.          | Exemption allowance (see instructions).                                                                                               | 30.            |                            | 00    |                               | 00       |
| 31.          | Net income. Subtract line 30 from line 29.                                                                                            | 31.            |                            | 00    |                               | 00       |
| 32.          | Losses transferred between columns A and B (see instructions)                                                                         | 32.            |                            | 00    | (                             | 00       |
| 33.          | <b>Taxable income</b> . Subtract line 32 from line 31. If line 32 is greater than line 31, enter "0".                                 | 33.            |                            | 00    |                               | 00       |
| 34.          | $ \textbf{Tax.} \ \ \text{Multiply line 33 column A by 2.4\% (0.024) and enter in column A.} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $ | 34.            |                            | 00    |                               | 00       |
| 35.          | Combined Total Income Tax. Add line 34 columns A and B                                                                                |                |                            | . 35. |                               | 00       |
| PAR          | T 4: CREDITS AND PAYMENTS                                                                                                             |                |                            |       |                               |          |
| 36.          | Tax withheld from City Schedule W, line 5                                                                                             |                |                            | . 36. | (                             | 00       |
| 37.          | City estimated tax, extension payments and 2022 credit forward                                                                        |                |                            | . 37. |                               | 00       |
| 38.          | Tax paid for you by a partnership from City Schedule W, line 6                                                                        |                |                            | . 38. | (                             | 00       |
| 39.          | Credit for income taxes paid to another city while a resident taxpayer. City of:                                                      |                |                            | _ 39. | (                             | 00       |
| 40.          | Total Credits and Payments. Add lines 36 through 39.                                                                                  |                |                            | . 40. |                               | 00       |
| PAR          | T 5: REFUND OR TAX DUE                                                                                                                |                |                            |       |                               |          |
| 41a.         | Tax Due. If line 35 is greater than line 40, subtract line 40 from line 35.                                                           |                |                            | 41a.  |                               | 00       |
| <b>11</b> L  | Interest if applicable (see instructions)                                                                                             |                |                            | 11L   |                               | ا ہ      |
| 41b.<br>41c. | Interest if applicable (see instructions)  Penalty if applicable (see instructions)                                                   |                |                            | i     |                               | 00<br>00 |
| 41d.         | Underpaid estimate penalty and interest (see instructions)                                                                            |                |                            |       |                               | 50       |
|              | •                                                                                                                                     |                |                            |       |                               | $\neg$   |
| 41e.         | Balance Due. Add lines 41a through 41d                                                                                                |                | YOU OWE                    | 41e.  |                               | ool      |

|                   | orm 5120, Page 3 of 3<br>Detroit Part-Year Resident Income Tax Return                       | Filer's Full Social Security Nur                                                                                                              | nber ————————————————————————————————————   | _           |
|-------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------|
| 42.               | Overpayment. If line 40 is greater than lin                                                 | e 35, subtract line 35 from line 40                                                                                                           | 42.                                         | 00          |
| 43.               | Credit Forward. Amount of line 42 to be o                                                   | credited to your 2024 estimated tax for                                                                                                       | your 2024 tax return 43.                    | 00          |
| 44.               | Refund. Subtract line 43 from line 42                                                       |                                                                                                                                               | REFUND 44.                                  | 00          |
| PAR               | 6: AMENDED RETURN                                                                           |                                                                                                                                               |                                             |             |
| 45. R             | eason for amending:                                                                         |                                                                                                                                               |                                             |             |
|                   |                                                                                             |                                                                                                                                               |                                             |             |
| PAR               | 7: CERTIFICATION                                                                            |                                                                                                                                               |                                             |             |
|                   | ased Taxpayer. If Filer and/or Spouse died a R DATE OF DEATH ONLY. Example: 04-15-2         | <b>Preparer Certification.</b> I declare under penalty of perjury that this return is based on all information of which I have any knowledge. |                                             |             |
| Filer             | Spot                                                                                        | use — —                                                                                                                                       | Preparer's PTIN, FEIN or SSN                |             |
|                   | ayer Certification. I declare under penalty achments is true and complete to the best of my |                                                                                                                                               | Preparer's Name (print or type)             |             |
| Filer's Signature |                                                                                             | Date                                                                                                                                          | Preparer's Business Name, Address and Telep | hone Number |
| Spous             | e's Signature                                                                               | Date                                                                                                                                          | 7                                           |             |
|                   | By checking this box, I authorize the Michig                                                | gan Department of Treasury to discus                                                                                                          | s                                           |             |

Refund or zero returns. Mail your return to: Michigan Department of Treasury, Lansing, MI 48956
Pay amount on line 41e. Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

Make your check payable to "State of Michigan - Detroit." Print the last four digits of your Social Security number and "2023 Detroit Income Tax" on the front of your check. If paying on behalf of another taxpayer, write the filer's name and the last four digits of the filer's Social Security number on the check. Do not staple your check to the return. Keep a copy of your return and supporting schedules for six years. To check your refund status, have a copy of your Form 5120 available when you visit www.michigan.gov/citytax.

my return with my preparer.