# City Schedule W Continuation

## City of Detroit Withholding Tax Continuation Schedule - 2023

Issued under authority of Public Act 284 of 1964, as amended.

Type or print in blue or black ink.

**INSTRUCTIONS:** Complete this form if you have more than eight (8) withholding statements or more than three (3) partnerships to list. This is a continuation of the *City of Detroit Withholding Tax Schedule* (Form 5121).

1. Filer's First Name	M.I.	Last Name		2. Filer's Full Social Security No. (Example: 123-45-6789)
If a Joint Return, Spouse's First Name	M.I.	Last Name		<del>-</del> -
				3. Spouse's Full Social Security No. (Example: 123-45-6789
4. Return for the city of:			City Code	
DETROIT			170	<del>_</del>

### PART 1: CITY TAX WITHHELD (List all additional withholding).

	A Enter "X" for: Filer or Spouse	<b>B</b> — Employer's federal identification number (Example: 38-1234567)	identification number compensatio		E City income tax withheld from Box 19 of W-2
9.				00	00
10.				00	00
11.				00	00
12.				00	00
13.				00	00
14.				00	00
15.				00	00
16.				00	00
17.				00	00
18.				00	00

#### PART 2: CITY TAX PAID FOR YOU BY A PARTNERSHIP

A	В	С	
Name of Partnership	Federal Identification Number	Tax Paid	
		00	
		00	
		00	

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Filer's Full Social Security Number		

### **NONRESIDENTS AND PART-YEAR RESIDENTS ONLY**

#### PART 3: WAGE ALLOCATION FOR NONRESIDENTS AND PART-YEAR RESIDENTS

Part 3 is used by nonresidents and part-year residents to compute wages earned in Detroit. Do not complete Part 3 if all of your work is performed in Detroit. See instructions for additional information and definition of "days worked". Residents **do not** complete Part 3 because all wages are subject to tax. All wages reported on Part 1 of this form will be allocated 100% to the City of Detroit if Part 3 is not completed.

A separate computation must be made for each W-2. If both filer and spouse have income subject to allocation, both must report their compensation here and figure them separately. The sum of wages earned in Detroit in column H should be reported on form 5119, line 9 or Form 5120, line 10, column B. If you need additional space, include another Form 5253.

	Α	В	С	D	E	F		G	Н
	Enter "X" for: Filer or Spouse	Number of days paid (5 day week x 52 weeks = 260 days)	Number of vacation days, holidays, and other days not worked.	Actual number of days worked everywhere. Subtract C from B.	Actual number of days worked in Detroit	Percentage of days worked Detroit.  Divide E by	in	Total wages shown on W-2 (City Schedule W) (see instructions)	Wages earned in Detroit. Multiply G by percentage in F.
9.							%	00	00
		If column B is not	260 days, enter	explanation.	•				
10.							%	00	00
10.		If column B is not	l 260 days, enter	explanation.		I	70 <u>I</u>	100	100
							0/		
11.		If column B is not	260 days, enter	explanation.			%	00	00
12.		If column B is not	260 days, enter	explanation.			%	00	00
13.		If column B is not	260 days, enter	explanation.			%	00	00
14.		If column B is not	260 davs. enter	explanation.			%	00	00
			<b>,</b>				ı		
15.		If column D is not	260 days enter	avalanation			%	00	00
		If column B is not	L 200 uays, enter	expianation.					
16.							%	00	00
		If column B is not	t 260 days, enter	explanation.					
17.							%	00	00
		If column B is not	260 days, enter	explanation.					
18.							%	00	00
10.		If column B is not	t 260 days, enter	explanation.			,,,	100	100