



2015 INDIVIDUAL TAX FORM

RETURNS AND PAYMENTS DUE APRIL 30, 2016

Header section containing personal information: Your Social Security Number, Spouse's Social Security Number, First Name and Initial, Last Name, Mailing Address, City/Town, State, Zip Code, Filing Status, Residency Status, and Exemptions.

Main table with 28 numbered rows for income, deductions, and payments. Includes instructions like 'ATTACH COPY OF PAGE 1 OF FEDERAL RETURN', 'ATTACH W-2 & 1099-R FORMS HERE', and 'PAY WITH RETURN BY APRIL 30 >>>'. Includes a section for 'REFUND OR PAYMENT INFORMATION' with fields for routing and account numbers.

EXEMPTIONS & DEPENDENTS SCHEDULE

Perm. Disabled Para-/Hemi-

Date of Birth Regular 65 & over Blind Deaf Quadriplegic

You _____
Spouse _____

Box A - Number of boxes checked **Box A**

First Name	Last Name	Social Security Number	Relationship	Date of Birth

Box B - Number of dependents you claimed on your federal return (list to the left) **Box B**

Box C - Total exemptions. (Box A and B) **Box C**

SCHEDULE SF-W2 - FOR FORM SF-1040 LINE 1

EMPLOYER 1	Check here if for spouse	Total wages (W-2, box 1)	EMPLOYER 4	Check here if for spouse	Total wages (W-2, box 1)
Employer's name			Employer's name		
Address of actual work station			Address of actual work station		
Dates of employment From To			Dates of employment From To		
EMPLOYER 2	Check here if for spouse		EMPLOYER 5	Check here if for spouse	
Employer's name			Employer's name		
Address of actual work station			Address of actual work station		
Dates of employment From To		Dates of employment From To			
EMPLOYER 3	Check here if for spouse		EMPLOYER 6	Check here if for spouse	
Employer's name			Employer's name		
Address of actual work station			Address of actual work station		
Dates of employment From To		Dates of employment From To			

TO PAY BY CREDIT CARD FILL IN BELOW ELECTRONIC FUNDS WITHDRAWAL (SEE BOTTOM OF PG 7)

Master Card Visa

Total \$ _____

Card Number:

Exp. Date: _____
Month Year

Signature: _____

THIRD PARTY DESIGNEE

Do you want to allow another person to discuss this return with the Income Tax Department? Yes No If yes, complete the following:
 Designee's Name _____ Phone _____ Personal Identification (PIN) _____

PLEASE SIGN YOUR RETURN BELOW

If joint return, both husband and wife must sign.

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, the preparer's declaration is based on all information of which he/she has any knowledge.

====> X	Date	X	Date
SIGN HERE	TAXPAYER'S SIGNATURE	SIGNATURE OF PREPARER OTHER THAN TAXPAYER	
	Occupation: Phone #	PREPARER'S ADDRESS	
====> X	SPOUSE'S SIGNATURE	PREPARER'S PHONE NUMBER:	
	Occupation		

MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF SPRINGFIELD MAIL TO: SPRINGFIELD INCOME TAX DEPARTMENT, 601 AVENUE A, SPRINGFIELD, MI 49037-7774

PART-YEAR RESIDENT TAX CALCULATION

ATTACH THIS SCHEDULE TO YOUR SF-1040 FORM

Taxpayer's SSN	First Name and Initial	Last Name
Spouse's SSN	First Name and Initial	Last Name

PART-YEAR RESIDENT	From	To
Taxpayer		
Spouse		
FORMER ADDRESS		
Taxpayer:		
Spouse:		

INCOME	COL. A From Federal return	COL. B Exclusions / Adjustments	COL. C Springfield Resident Income	COL. D Springfield Nonresident Income
1. Wages, salaries, tips, etc. <i>complete pg 10 and attach</i>				
2. Taxable interest.				NOT TAXABLE
3. Ordinary dividends.				NOT TAXABLE
4. Taxable refunds, credits or offsets.			NOT TAXABLE	NOT TAXABLE
5. Alimony received.				
6. Business income. Attach copy of Federal Schedule C				
7. Capital gains or losses. Attach Federal Schedule D				
8. Other gains or losses. Attach Federal Form 4797				
9. Taxable IRA distributions. worksheet available on pg 11				
10. Taxable pension distributions. Attach copy of Form 1099-R				
11. Rental real estate, royalties, partnerships, trusts, etc. Attach Federal Sch. E				
12. Subchapter S corporation distributions. Attach Federal Schedule K-1	NOT APPLICABLE			NOT TAXABLE
13. Farm income or (loss). Attach Federal Schedule F				
14. Unemployment compensation.			NOT TAXABLE	NOT TAXABLE
15. Social security benefits.			NOT TAXABLE	NOT TAXABLE
16. Other income. Attach statement listing type and amount.				
17. Total income. Add lines 1 through 16.				
DEDUCTIONS See instructions. Deductions must be allocated on the same basis as related income.				
18. Individual Retirement Account deduction. Attach pg 1 of Federal return and evidence of payment				
19. Self Employed SEP, SIMPLE and qualified plans. Attach pg 1 of Federal return				
20. Employee business expenses. See instructions and attach Federal Form 2106				
21. Moving expenses. INTO SPRINGFIELD ONLY Attach Federal Form 3903				
22. Alimony paid. DO NOT INCLUDE CHILD SUPPORT Attach pg 1 of Federal tax return along with name, address and SSN				
23. Other, explain and attach forms/schedules.				
24. Total deductions. Add lines 18 through 23				
25. Total income after deductions. Subtract line 24 from line 17				
26a. Exemption amount from pg 8 of the Springfield SF-1040.				
26b. Excess exemption amount. If the amount on line 26a exceeds the amount of taxable income as a resident enter unused portion.				
27a. Total income subject to tax as a resident. Subtract line 26a from line 25				
27b. Total income subject to tax as a nonresident. Subtract line 26b from line 25				
28a. Tax at resident rate. MULTIPLY LINE 27a by 1% (.01)				
28b. Tax at nonresident rate. MULTIPLY LINE 27b by 1/2% (.005)				
29. Total tax. Add lines 28a and 28b ENTER HERE AND ON PG 1 OF THE SF-1040, LINE 28				

PART-YEAR RESIDENT SCHEDULE OF WAGES, SALARIES, TIPS, ETC.

Schedule PY (Pg 2)

(For a nonresident taxpayer using the wage allocation schedule, provide the address of work location outside the City or an explanation)

TAXPAYER'S EMPLOYERS	SF tax withheld	Total wages (W-2, box 1)	Not taxed to to any MI city	Taxable wages SF Resident	Taxable wages SF Nonresident
EMPLOYER 1 Employer's name Address of actual work station Dates of employment From To Reason not taxed to Springfield:					
EMPLOYER 2 Employer's name Address of actual work station Dates of employment From To Reason not taxed to Springfield:					
EMPLOYER 3 Employer's name Address of actual work station Dates of employment From To Reason not taxed to Springfield:					
EMPLOYER 4 Employer's name Address of actual work station Dates of employment From To Reason not taxed to Springfield:					

SPOUSE'S EMPLOYERS

EMPLOYER 1 Employer's name Address of actual work station Dates of employment From To Reason not taxed to Springfield:					
EMPLOYER 2 Employer's name Address of actual work station Dates of employment From To Reason not taxed to Springfield:					
EMPLOYER 3 Employer's name Address of actual work station Dates of employment From To Reason not taxed to Springfield:					
EMPLOYER 4 Employer's name Address of actual work station Dates of employment From To Reason not taxed to Springfield:					
Totals					

Carry to pg 7, Line 29 Carry to pg 9, Line 1, Col. A Total not taxed to any MI city Carry to pg 9, Line 1, Col. C Carry to pg 9, Line 1, Col. D

Attach this sheet to the SF-1040 Form

SF-1040 FORM, NONRESIDENT WAGE ALLOCATION

This schedule to be completed by nonresidents who performed part of their services in Springfield and the other part outside of the City of Springfield on the same job. (When husband and wife both have income subject to allocation figure separately.)

	YOURSELF	SPOUSE
A. Total income subject to allocation from W-2(s)	A.\$ _____	A.\$ _____
B. Figure percentage of wages earned in Springfield	B. _____	B. _____
1. Total number of days worked everywhere in 2015.	1. _____	1. _____
2. Actual number of days worked in Springfield*	2. _____	2. _____
* ATTACH STATEMENT FROM YOUR EMPLOYER - REQUIRED		
3. Divide line 2 by line 1, enter percentage on line B.		
C. Multiply line A by percentage on line B	C. _____	C. _____
D. Add all other W-2 income earned in Springfield not allocated.	D. _____	D. _____
E. Total income subject to Springfield tax. (Add C and D)	E. _____	E. _____
Enter on SF-1040 form, line 1, in the taxable to Springfield column.		

BUSINESS ALLOCATION - NONRESIDENTS ONLY

This schedule applies to nonresidents who conducted business in the City of Springfield.

A. Total income from BUSINESS or PROFESSION.	A. \$ _____
B. Percentage earned in Springfield. (Attach federal Schedule C.)	B. _____
C. Multiply line A by percentage on line B. (Enter on SF-1040, line 6, Springfield column.)	C. _____

CREDIT FOR TAX PAID TO ANOTHER CITY

WORKSHEET FOR SF-1040 FORM LINE 31 - Residents and Part-year residents only

Residents and Part-year residents may claim the credit for tax paid to another city **only** on the portion of income earned while a resident of Springfield.

CALCULATION FOR CREDIT Residents or Part-year residents of Springfield only.	COLUMN A SPRINGFIELD RES INCOME	COLUMN B OTHER TAXING CITY
1. IDENTICAL INCOME - TAXABLE IN BOTH CITIES	\$	\$
2. EXEMPTIONS PER CITY'S RETURN		
3. TAXABLE INCOME FOR CREDIT Subtract line 2 from line 1 in column A and column B.		
4. EACH CITY'S NONRESIDENT TAX RATE	.005 (1/2%)	
5. Multiply line 3 by line 4 in column A and in column B		
CREDIT ALLOWED Enter the smaller of line 5, Column A or B.	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	