



INDIVIDUAL RETURN DUE
April 30, 2005

2004
SF-1040

Your Social Security Number		Spouse Social Security Number	
First Name and Initial		Last Name	
If Joint, Spouse's First Name and Initial		Last Name	
Mailing Address(If using a PO box you must also list your physical home address)			
City / Town		State	Zip Code
Name and address used on 2003 return. If same as above, print "Same" if no return filled, explain:			

RESIDENCY STATUS		
<input type="checkbox"/> RESIDENT	<input type="checkbox"/> NON-RESIDENT	<input type="checkbox"/> PART YEAR RESIDENT
FILING STATUS		
<input type="checkbox"/> Single	<input type="checkbox"/> Married filing jointly	<input type="checkbox"/> *Married filing separately
* Spouses Name and Social Security Number		
EXEMPTIONS		Total number of exemptions (from pg 8)

INCOME				
ATTACH COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, Complete and attach Schedule SF-W2 (page 8)	1.		0 0
	2. Taxable interest.	2.		0 0
	3. Ordinary dividends.	3.		0 0
	4. Taxable refunds, credits or offsets.	4.	NOT TAXABLE	
	5. Alimony received.	5.		0 0
	6. Business income. (Attach federal Schedule C, page 1 & 2.)	6.		0 0
	7. Capital gains or losses. (Attach federal Schedule D.) Federal Schedule D not required.	7.		0 0
	8. Other gains or losses. (Attach federal Form 4797.)	8.		0 0
	9. Taxable IRA distributions.	9.		0 0
	10. Taxable pension distributions. (Attach copy of Form 1099-R.)	10.		0 0
	11. Rental real estate, royalties, partnerships, trusts, etc. (Attach federal Schedule E(s).)	11.		0 0
	12. Subchapter S corporation distributions. (Attach federal Schedule K-1.)	12.		0 0
ATTACH W-2 FORMS HERE	13. Farm income or (loss). (Attach federal Schedule F.)	13.		0 0
	14. Unemployment compensation.	14.	NOT TAXABLE	
	15. Social security benefits.	15.	NOT TAXABLE	
16. Other income. Attach statement listing type and amount.	16.		0 0	
17. Total income. Add lines 1 through 16.	17.		0 0	
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 & EVIDENCE OF PAYMENT.)	18.		0 0
	19. Self Employed SEP, SIMPLE and qualified plans. (ATTACH PAGE 1 OF FEDERAL RETURN.)	19.		0 0
	20. Employee business expenses. (SEE INSTRUCTIONS.)	20.		0 0
	21. Moving expenses. (Into Springfield only) (ATTACH FEDERAL 3903.)	21.		0 0
	22. Alimony paid. DO NOT INCLUDE CHILD SUPPORT (ATTACH PAGE 1 OF FEDERAL RETURN.)	22.		0 0
	23. Other, explain	23.		0 0
	24. Total deductions. Add lines 18 through 23	24.		0 0
	25. Total income after deductions. Subtract line 24 from line 17	25.		0 0
	26. Amount for exemptions from page 2. (Amount will carryover from this schedule after you tab thru and fill out this schedule)	26.		0 0
ATTACH CHECK OR MONEY ORDER HERE	27. Total income subject to tax. Subtract line 26 from line 25	27.		0 0
	28. MULTIPLY LINE 27 BY YOUR TAX RATE (RES. = 1% (.01), NON-RES. = 1/2% (.005), PART YEAR RES.- ATTACH SF 'SCH PY' (PG 9 & 10))	28.		0 0
PAYMENTS AND CREDITS				
	29. Tax withheld by your employer (ATTACH W-2 FORMS showing tax withheld)	29.		0 0
	30. Payments on 2004 Declaration of Estimated Income Tax, payments with an extension and credits forward.	30.		0 0
	31. Credit for tax paid to another city and for tax paid by a partnership. (Worksheet on page 11.)	31.		0 0
	32. Total payments and credits. Add lines 29 through 31	32.		0 0
	TAX DUE 33. If tax (line 28) is larger than payments (line 32) you owe tax. PAY WITH RETURN. >>>	33.		0 0
	OVERPAYMENT 34. If payments (line 32) are larger than tax (line 28) ENTER OVERPAYMENT.	34.		0 0
	Amount of refund to be credited to 2005 >>	34a.		0 0

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Complete side two (page 2)

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PART-YEAR RESIDENT TAX CALCULATION

ATTACH THIS SCHEDULE TO YOUR SF-1040 FORM

Taxpayer's SSN	Spouse's social security #
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 page 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 page 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 FED RETURN & EVIDENCE OF PMT.)				
19. Self Employed SEP, SIMPLE and qualified plans. (ATTACH COPY OF PG. 1 OF FED. RETURN.)				
20. Employee business expenses. (SEE INSTRUCTIONS AND ATTACH FEDERAL 2106 OR LIST.)				
21. Moving expenses. -Into Springfield only- (ATTACH FEDERAL FORM 3903.)				
22. Alimony paid. DO NOT INCLUDE CHILD SUPPORT (ATTACH PG 1 OF FED. TAX RETURN ALONG WITH THE NAME, ADDRESS AND SSN OF PERSON YOU ARE PAYING.)				
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 page 8 of the Springfield SF-1040). Excess exemption amount. If the amount on line 26a exceeds the amount the taxable income as a 26b. 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 PAGE ONE OF THE SF-1040, LINE 28)				

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

Schedule PY (page 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 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 5 Employer's name Address of actual work station Dates of employment From To Reason not taxed to Springfield:					
EMPLOYER 6 Employer's name Address of actual work station Dates of employment From To Reason not taxed to Springfield:					
EMPLOYER 7 Employer's name Address of actual work station Dates of employment From To Reason not taxed to Springfield:					
EMPLOYER 8 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		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, NON RESIDENT 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 2004.	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.		