

## CITY OF WALKER RESIDENT INDIVIDUAL INCOME TAX RETURN

W-1040R

Due April 30, 2012

2011

Use the WALKER Mailing label Otherwise Please print	Your first name & initial		Last name		Your Social Security Number--REQUIRED			
	If joint, spouse's first name & initial		Last name		<div style="display: flex; justify-content: space-between;"> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> </div>			
	Home address (Number and street or rural route)				<div style="display: flex; justify-content: space-between;"> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> </div>			
SEE INSTRUCTIONS	City, town or post office		State	Zip code	Day phone		Evening phone	
	<input type="checkbox"/> Part Year Resident from ____/____/____ to ____/____/____ Former Address:		<input type="checkbox"/> Taxpayer only <input type="checkbox"/> Spouse only <input type="checkbox"/> Both		If married, is spouse filing a separate return? <input type="checkbox"/> Yes <input type="checkbox"/> No			

  

<b>Schedule 1 Exemption Amount</b>				
Check boxes that apply:	Regular	65 or over	Blind	1. Number of boxes checked
Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Number of dependent children and/or other dependents for which you claimed an exemption on your federal return
Spouse	<input type="checkbox"/> **	<input type="checkbox"/>	<input type="checkbox"/>	3. Total number of exemptions--add lines 1 and 2
**If this box is checked, you must enter spouse's social security number above and spouse must sign return				<b>Multiply number of exemptions in line 3 by \$600 and enter on line 5 of return summary below.</b>

  

<b>Schedule 2 Wage Detail</b>		ATTACH WALKER COPY OF FORM(S) W-2		Column A	Column B
Employer's name	Street address of actual work location(s)			Walker tax withheld	Total wages from Box 1 of W-2
				.00	.00
				.00	.00
				.00	.00
				.00	.00
<b>Totals</b>		1a.		.00	.00

  

<b>Schedule 3 Payments</b>		
1. Tax withheld by your employer from line 1a. of Schedule 2	1.	.00
2. 2011 estimated payments, credit from 2010 W-1040R, payment with extension	2.	.00
3. Credit for tax paid to another city--from Page 2, Worksheet 1	3.	.00
4. Total payments--enter here and on line 8 of return summary below	4.	.00

  

<b>Return Summary</b>	1. Total wages, salaries and tips from Schedule 2, line 1b.		<b>Attach your W-2 form(s)</b>	1.	.00	
	2. Other income/loss from Page 2, Schedule 4, line 11			2.	.00	
	3. Deductions from Page 2, Schedule 5, Line 5 (Enter as negative amount)			3.	.00	
	4. Combine lines 1, 2 and 3. This is your total Walker income			4.	.00	
<b>Exemptions</b>	5. Multiply number of exemptions from Schedule 1, line 3 by \$600 and enter here			5.	.00	
<b>Taxable Income</b>	6. Subtract line 5 from line 4. This is your taxable income			6.	.00	
<b>Tax</b>	7. Multiply line 6 by one percent (.01) This is your Walker tax		<b>Tax &gt;&gt;&gt;</b>	7.	.00	
<b>Payments</b>	8. Total of Walker payments from Schedule 3, line 4		<b>Payments &gt;&gt;&gt;</b>	8.	.00	
<b>Tax Due</b>	9. If tax (line 7) is larger than payments (line 8) enter amount you owe. MAKE CHECK PAYABLE TO WALKER CITY TREASURER OR PAY WITH A DIRECT ELECTRONIC WITHDRAWAL (Mark pay tax due, line 14b, and complete lines 14 c,d,e & f)		<b>Pay With Return &gt;&gt;&gt;</b>	9.	.00	
<b>Overpayment</b>	10. If payments (line 8) are larger than tax (line 7) ENTER OVERPAYMENT		<b>Overpayment &gt;&gt;&gt;</b>	10.	.00	
<b>Credit to 2012</b>	11. Amount of overpayment to be held and applied to your 2012 estimated tax		<b>Credit to 2012 &gt;&gt;&gt;</b>	11.	.00	
<b>Donation</b>	12. Overpayment donated to Education Foundation--See page 2		<b>Donation &gt;&gt;&gt;</b>	12.	.00	
<b>Refund</b>	13. Amount of overpayment to be refunded (For direct deposit, mark refund box, line 14a, and complete lines 14 c,d,e & f)		<b>Refund &gt;&gt;&gt;</b>	13.	.00	
<b>Direct Deposit or</b>	14. Direct deposit refund or direct withdrawal payment Mark one: 14a <input type="checkbox"/> Refund-direct deposit 14b <input type="checkbox"/> Pay tax due-direct withdrawal					
	c. Routing number	<div style="display: flex; justify-content: space-between;"> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> </div>	e. Type of account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	(Default is date processed)	
<b>Direct Payment</b>	d. Account number	<div style="display: flex; justify-content: space-between;"> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> <div><div style="width:20px; height:20px; border:1px solid black;"></div></div> </div>	f. Withdrawal date:			

  

I have read this return. Under the penalties of perjury, I declare that to the best of my knowledge and belief the return is true, correct and accurately lists all amounts and sources of Walker income I received during the tax year. If prepared by a person other than the taxpayer, his/her declaration is based on all information of which he/she has any knowledge.

PLEASE SIGN HERE	Your signature		Spouse's signature if joint return		Paid preparer's signature	
	Date	Your occupation	Date	Spouse's occupation	Address	

## CITY OF WALKER RESIDENT INDIVIDUAL INCOME TAX RETURN

Page 2

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**Schedule 4 Other Income/Loss**

PART YEAR RESIDENTS INCLUDE ONLY INCOME/LOSS ATTRIBUTABLE TO PERIOD OF RESIDENCY

1. Interest income from Federal return	1a.	.00	U.S. interest	1b.	.00	1c.	.00
2. Dividend income from Federal return	2a.	.00	U.S. dividends	2b.	.00	2c.	.00
3. Income/loss from business--Federal Schedule C	3a.	.00	Keogh deduction	3b.	.00	3c.	.00
4. Income/loss from rents/royalties--Federal Schedule E, page 1						4.	.00
5. Income/loss from partnerships--Federal Schedule E, page 2						5.	.00
6. Income/loss from sale or exchange of property (Capital gains)--Federal Schedule D						6.	.00
7. Distributions from Subchapter S corporations--Federal Schedule K-1						7.	.00
8. Income from estates/trusts--Federal Schedule E, page 2						8.	.00
9. Premature distributions from profit sharing plans, pension plans and/or IRAs						9.	.00
10. Other income (alimony received, gambling winnings, taxable scholarships, etc.)						10.	.00
11. Total--combine lines 1c. through 10--enter here and on page 1, line 2 of return summary						11.	.00

**Schedule 5 Deductions**

PART YEAR RESIDENTS ALLOCATE DEDUCTIONS FOR PERIOD OF RESIDENCY

1. IRA deduction--attach page 1 of Federal 1040 (No deduction is allowed for contributions to a ROTH IRA)	1.	.00
2. Employee business expenses--attach Federal 2106 or list	2.	.00
3. Moving expenses--attach Federal 3903 or list	3.	.00
4. Alimony paid--attach page 1 of Federal 1040	4.	.00
5. Total--add lines 1 through 4--enter here and on page 1, line 3 of return summary	5.	.00

**Worksheet 1 Credit for Tax Paid to Another City**

1. Total income after deductions (before exemptions) from 2011 non-resident city return	1.	.00
2. Less: exemption amount from <u>Walker</u> return--page 1, line 5	2.	.00
3. Subtract line 2 from line 1	3.	.00
4. Rate	4.	.005
5. Multiply line 4 by line 3--enter here and on page 1, schedule 3, line 3	5.	.00

**(Credit is limited to actual tax liability from other city's return)**

**Part year residents:** Include income on line 1 of this worksheet only to the extent that it is taxable by Walker as a resident and taxable by another city that imposes an income tax as a non-resident

**Note:** You must complete a separate Worksheet 1 for each city in which you filed a non-resident return

YOU MUST ATTACH A COPY OF PAGE ONE OF THE OTHER CITY'S RETURN

**Summary of Required Attachments**All Filers:

- ◆ All form W-2's
- ◆ Page 1 of Federal Form 1040

If Applicable:

- ◆ Federal Form 2106
- ◆ Federal Form 3903
- ◆ Federal Schedule C
- ◆ Federal Schedule D, Form 4797, and Form 6252
- ◆ Federal Schedule E including Federal Schedule K-1 for all S corporations shown on Schedule E, if any
- ◆ Copies of all forms 1099-R for taxpayers under age 65

Filers Taking a Credit for Tax Paid to Another City:

- ◆ Copy of page one of the other city(ies) return

**Contribution to Education Foundation**

You may contribute your overpayment from Page 1, line 10 to one of the Education Foundations listed by checking the appropriate box. If you check a box, the full amount of your overpayment will be sent to the Education Foundation you have chosen. Skip lines 11 and 13.

- ☐ Comstock Park Education Foundation
- ☐ The Grandville Education Foundation
- ☐ Kenowa Hills Education Foundation

**Third Party Designee**

Do you want to allow another person to discuss this return with the Income Tax Department?

☐ Yes--Complete the following:☐ No

Designee's Name:

Phone No. ( )