

CITY OF IONIA INCOME TAX

Partnership Return

FOR CALENDAR YEAR 20

OR FISCAL YEAR ENDING:

Initial Return

Final Return

Informational Only

Payment on Behalf of Partners

PLEASE TYPE OR PRINT
Name of Partnership
Date Business Commenced
Number and Street
Number of Employees on December 31, 20
City or Town, State and Zip Code
Number of Partners
FEDERAL ID NUMBER

Table with 5 columns: NAME AND HOME ADDRESS OF EACH PARTNER, SOCIAL SECURITY NUMBER, City Resident Full Year, Non Resident Full Year, If City Resident Part of Year Indicate Time Period. Rows a through e.

TAX PAYMENT BY PARTNERSHIP (If an informational return only, disregard this section)

Table with 7 columns: COL. 1 Adjusted Partnership Income, COL. 2 Allowable Individual Deductions, COL. 3 Exemptions, COL. 4 Taxable Income, COL. 5 Total Tax, COL. 6 Credits, COL. 7 Balance of Tax Payable. Rows a through e and Totals.

Note 1: A partner who has other income in addition to the partnership income must file an individual return and show such amounts from the Federal Form 1065 and take credit for his exclusions on page two of this return.

PAYMENTS AND CREDITS

8a. Tax paid with tentative return
8b. Payments on Declaration of Estimated Ionia Income Tax
8c. Other credits - you must attach explanation and support
9. TOTAL - add lines 8a, 8b, and 8c

TAX DUE OR REFUND

10. If your tax (total of Col. 5) is larger than your payments (line 9) enter BALANCE DUE.
- ANY BALANCE DUE MUST BE PAID IN FULL WITH THIS RETURN.
11. If your payments (line 9) are larger than your tax (total of Col. 5) enter OVERPAYMENT
12. Line 11 to be (a) Credited to next year estimated tax \$ or (b) refunded \$.

ELECTRONIC REFUND OR PAYMENT INFORMATION

Mark one: REFUND - Direct Deposit PAY TAX DUE -Electronic funds withdrawal Effective Date for Withdrawal

a. Routing Number

b. Account Number

Type of Account: Checking Savings

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.

SIGN HERE Signature of Officer Title Date

SIGN HERE Signature of Preparer Address Date

MAIL TO: CITY OF IONIA, INCOME TAX DIVISION, PO BOX 512, IONIA, MI 48846

ALLOCABLE PARTNERSHIP INCOME - SCHEDULE A

1. ORDINARY INCOME (LOSS) from Page 1, Line 22, US Partnership Return of Income, Form 1065 Please attach copy of return.....	\$
2. Add partners' salaries and interest deducted on Page 1, Federal Form 1065.....	
3. Add City of Ionia tax, if deducted in determining income on Federal Form 1065.....	
4. TOTAL (add Lines 1, 2, and 3).....	
5. Less non-business income included in Line 1 above (from Schedule B, Column 1, Line 9 below).....	
6. TOTAL INCOME SUBJECT TO ALLOCATION - To Schedule C below.....	\$

NON BUSINESS INCOME AND EXCLUSIONS - SCHEDULE B

Attach a copy of Page 1 of your Federal 1065 and all K-1 s	Federal Form 1065 Reference	Column I	Column II	Column III	Column IV	Column V
		Total Non-Business Income	Resident Partners' Share of Column I	Resident Partners' Exclusion	Non-Resident Partners' Share of Column I	Non-Resident Partners' Exclusions
7. Income from other partnerships, trusts, etc.....	page 1, line 4	\$	\$	\$	\$	\$
8. Other - attach statement detailing.....	page 1, line 7					
9. Non-allocable income (line 7 plus line 8).....	To Sch A. In. 5	\$				
10. Rental activities.....	Sch K-1, line 2					
11. Interest income.....	Sch K-1, line 5					
12. Dividend income.....	Sch K-1, line 6a					
13. Royalty income.....	Sch K-1, line 7					
14. Net short-term capital gain (loss).....	Sch K-1, line 8					
15. Net long-term capital gain (loss).....	Sch K-1, line 9a					
16. Net section 1231 gain (loss).....	Sch K-1, line 10					
17. Other gain (loss) - attach statement.....						
18. Totals (line 7, 8 and 10 thru 17).....		\$	\$	\$	\$	\$

Note: All partners exclude interest from governmental obligations and income, gains and losses prior to January 1, 1994. In addition, non-resident partners exclude all dividends, interest and non-taxable income from activities outside of the City of Ionia.

DISTRIBUTION TO PARTNERS - SCHEDULE C

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	Allocable Income (SCH A. LINE 6)	Allocation % Apply only to Non-residents (enter 100% For Residents)	Allocated Income (COL 1 X COL 2) (SCH A. LINE 6)	Memo Allocation Exclusion (Col 1 less Col 3) to Sch D I-1040	Non-Business Taxable Income Residents (Sch B, Col II less Col III)	Non-Business Taxable Income Non-Residents (Sch B, Col IV less Col V)	Adjusted Partnership Income Add Col 3, 5 & 6
(a)		%					
(b)		%					
(c)		%					
(d)		%					
(e)		%					
Totals							

BUSINESS ALLOCATION FORMULA - SCHEDULE D

(To be used by non-resident partners only)

	I	II	III
	Located Everywhere	Located In Ionia	Percentage II / I
19a. Average net book value of real and tangible personal property			
19b Gross rentals of real property, multiplied by 8			
19c. Total - add lines 19a and 19b			
20. Total wages, salaries, commissions and other compensation paid to all employees			
21. Gross receipts from sales made or services rendered			
22. Total Percentages - add the percentages computed in Column III on lines 19c, 20 and 21			
23. Average percentage (Column III line 22 divided by three - see note below and instructions) Enter here and on page 2, Sch. C, Col. 2			

Note: In determining the average percentage (line 23), if a factor does not exist, the sum of the percentages shall be divided by the number of factors actually used.

In case of a taxpayer authorized by the Administrator to use a special formula, attach the Administrator's approval letter and detail of formula used.