AL-1040X

(rev 6/06)

AMENDED ALBION INCOME TAX RETURN

Issued under authority of P.A. 284 of 1964

1. Enter calendar year or ending date of fiscal year (mo./day/yr.) of this return: **PART 1 - IDENTIFICATION** Filer's First Name, Middle Initial and Last Name Filer's Social Security Number If a Joint Return, Spouse's First Name, Middle Initial and Last Name 4. Spouse's Social Security Number Home Address (No., Street, P.O. Box or Rural Route) City or Town Enter name and address on original return. (If same as above, write "same"). If changing from separate to joint return, enter names and addresses used on original returns. (NOTE: you cannot change from joint to separate returns after the due date has passed for **RESIDENCY STATUS** Resident Non Resident Par-year Resident If Part-Year Enter Dates: 6. On Original Return _____ To: ____ 7. On This Return To: ____ **FILING STATUS** Single Married-filing joint Married-filing separately If separate enter spouse's name: 6. On Original Return 7. On This Return **EXEMPTIONS** Allowable Albion Additional Exemptions Allowable federal exemptions 6. On Original Return (Explain in Part 6 on the back) 7. On This Return **PART 2 - INCOME, ADDITIONS and DEDUCTIONS** A. Original Return B. Net Change C. Correct Amount 12. Total Income. Explain changes in Part 7 on page 2 12. Additions to total income. 13. Income total. Add lines 12 and 13 14. 14. Subtractions from total income 15. 15. Balance. Subtract line 15 from line 14 16. 16. Exemption allowance. Multiply number of exemptions by applicable amount (see instructions). 17. 18. Taxable Income. Subtract line 17 from line 16 18. Tax. Multiply line 18 by tax rate (see instructions) 19. PART 3 - NONREFUNDALE CREDIT (Albion Residents Only) 20. Credit for income tax paid to another municipality 21. Income tax. Subtract line 20 from line 19 21. **PART 4 - REFUNDABLE CREDITS AND PAYMENTS** Albion income tax withheld (if amending, attach city copy of W2) 22. 22. 23. 23. Albion estimated tax, credit forward and extension payments 24. Partnership credit 24. 25. Amount paid with original return, plus additional tax paid after filing 25. Total credits and payments. Add lines 22 through 25 of column C 26. 26. Part 5 - Refund or BALANCE DUE Refund, if any, shown on original return. Enter the difference between lines 26 and 27. (If a negative amount, see instructions). If line 21, column C, is greater than line 28, enter BALANCE DUE 29. include interest and penalty (if applicable, see instructions) 30. If line 21, column C, is less than line 28, enter REFUND to be received.

PART 6 - EXEMPTIONS. Check a box for all that apply (see instructions).									
31. Show exemptions claimed on your original return				puse	32. Show ex	32. Show exemptions claimed on this return . You Spouse			
Federal exemption for se	Federal exemption for self			Fe	deral exemption for	self			
Age 65 or older				Ag	e 65 or older				
33. List all your dependents	and answer all question	ns for each	depender	nt (D-G answer 'yes' or	r 'no'. Attach separate	sheet if necessary			
A Dependent's Name	B Social Security Number	C Relation	· 1	D Did the dependent file a federal return and claim exemption for self?	E Did you provide more than half the dependent's support?	F Did the dependent live with you more than 6 months during the year?	G Was this dependent claimed on your original return?		
O4 Fundain abanca in m			h a a h if a a						
34. Explain change in nu	mber of dependents	; attach s	heet if m	ore room is needed					
PART 7 - EXPLANATIO	N of CHANGES								
PART 8 - DECLARATIO	NS - Sign below. If	filing joi	ntly, botl	h husband and wif	e must sign.				
I declare, under penalty of perjury, that the information in this return and attachments is true and complete to the best of my knowledge.				nts is I declare, u based on a					
☐ attachments with my preparer. ☐ my p		Do not d my prepa Date	liscuss my return wi arer.	th Preparer's	Preparer's Signature, Address, Phone and ID				
Spouse's Signature Date		Date							
F	orms may be obta	ained o	n the in	ternet at <u>www.ci</u>	.albion.mi.us or	by calling (517)629	9-7865		
Mailing Instructions			Pay Make checks payable to "City of Albion" and record last four digits of your Social Security number, the tax year(s) and the words "amended Albion income tax" on the front of the check. Mail check and return to the City of Albion at the address shown to the left.						

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			AL-1040A		
Name:	SS #	Tax Year			

NONRESIDENTS SUBJECT TO INCOME ALLOCATION

Complete Schedule 1 or 2 below, whichever applies. If you completed Schedule 1, enter the amount from Schedule 1, line 5 on AL-1040X, line 12. If you completed Schedule 2, enter the amount from Schedule 2, line 3 on AL-1040X, line 13.

PART YEAR RESIDENTS

Complete Schedule 3 below and enter the amount from Schedule 3, line 9 on AL-1040X, line 19.

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SCH When	HEDULE 1 – COMPUTATION OF WAGES EARNED IN ALBIC n both spouses have income subject to allocation, figure them separately. Also,	N (NC , a sepa	ONRESIDENTS ONLY trate computation must be m) ade for each W-2.	
b.	Number of days paid (5 days /week x 52 weeks = 260 days) (If other than 260 days attach an explanation.) Vacation, holidays, sick, and other days not worked Actual number of days worked everywhere (1.a. minus 1.b.)		1 .a 1. b	1.c. <u>days</u>	
(Y	ctual number of days worked in Albion	edit.)			
4. To	otal wages shown on W-2			4	
5. W	ages earned in Albion (line 4 X percentage on line 3). (Enter here and	on AL	-1040X, line 12.)	5	
If you must	HEDULE 2 –BUSINESS ALLOCATION (NONRESIDENTS ONI u are self-employed and have income earned from your business both inside ar be accompanied by a copy of your U.S. 1040, Schedule C and your worksheet et income from business or profession	nd outsi t (see A	L-1040 booklet, page 6) use	ed to show allocation.	ıle
2. Pe 3. Bu	ercent earned in Albion. (Attach Schedule C and worksheet.)	ne 2.)		2%	
6CH	EDULE 3 - COMPUTATION OF WAGES FOR				
эсп	PART-YEAR RESIDENTS		Column A	Column B	
	chedule applies only if you had income during the year as a resident and sident. (See AL-1040 booklet page 5.)		All Income While a City of Albion Resident	Portion of Income Earned in City of Albion While a Nonresident	
1.	Gross wages. (Attach W-2)	>1.	.00	.00	
2.	Additions (See instructions)	>2.	.00	.00	
3.	Subtractions (See instructions)	>3.	(.00)	(.00)	
4.	Total income	>4.	.00	.00	
5.	Less exemptions. (\$600 for each exemption claimed.)	>5.	(00.	(.00)	
6.	(The sum of lines 5A and 5B may not exceed amount on AL-1040, line 12.) Taxable income. Subtract line 5 from line 4	>6.	.00	.00	
7.	Tax. Resident income: Multiply line 6, Column A by 1% (.01)		>7.	.00	
7. 8.	Tax. Resident income: Multiply line 6, Column A by 1% (.01) Tax Nonresident income: Multiply line 6, Column B by 1/2% (.005)		>7. >8.	.00	

INSTRUCTIONS FOR THE AMENDED ALBION INDIVIDUAL INCOME TAX RETURN (form AL-1040X)

Information on income, deductions, etc.

If you have questions about what income is taxable or what is deductible, etc., see the instructions for the return (and related schedules and forms) for the year you are amending. If you need forms, call (517) 629-7865.

Attachments to form AL-1040X.

If the change on your income tax return is the result of a change in a schedule or form, attach a corrected copy of the schedule or form to your AL-1040X. For example, if you are an Albion resident and are amending to claim a municipal credit, attach a copy of the return filed with the other city to your AL-1040X.

When to file.

File form AL-1040X only after you have filed your original return. If you are claiming a refund on your amended return, you must file it within four years of the due date of your original return. If a change on your federal return affects Albion taxable income, you must file an AL-1040X with Albion within 90 days of the change to avoid penalty and interest on any additional tax due.

Interest and Penalty

If your amended return results in tax due because of negligence, include interest and penalty with your payment. Interest is 1 percent above the prime rate which is adjusted on January and July 1st. Penalty, if applicable is 10% of the tax due or a minimum of \$10. Tax due as a result of intentional disregard is subject to penalty of 25%; Tax due as a result of fraud is subject to 100% penalty.

LINE-BY-LINE INSTRUCTIONS

Round all dollar amounts to whole dollars.

Lines not listed are explained on the form.

Lines 10 &11: Enter the number of allowable federal exemptions and Albion additional exemptions reported on the original return and that you are reporting on this return. If you are changing the number of exemptions you claimed on your original return, complete the detailed section for this item in Part 6 on the back of the form.

Lines 12-24: Give an explanation of changes to these lines in Part 7 on the back of the form; attach additional sheets if

Column A: Enter the amounts shown on your original return or as later adjusted due to an examination of your original return. For example, John Smith filed his 2000 income tax return reporting total income of \$16500 consisting of interest, dividends and rental income. Albion examined his return and increased his total income to \$17,200 after it was established that he had overlooked dividend income of \$700. Mr. Smith must now amend his 2000 return to report a \$900 casualty loss of rental equipment. He enters \$17,200 on line 12 in column A, \$900 in column B and \$16,300 in column C.

Column C: Report the corrected totals after taking into account the amounts of the increases or decreases shown in column B. If there are no changes, enter the amount reported in column A.

Line 12: If you are correcting the amount of wages or other employee compensation, attach the city copy of any additional or corrected W-2 forms received after you filed your original return

Line 17: Enter the exemption allowance based on the number of exemptions claimed on lines 10 and 11.

Line 19: Your taxable income must be multiplied by the appropriate rate. The tax rate for residents is 1% (0.01) and for nonresidents is 0.5% (0.005).

Line 20: Albion residents only. Enter change to your city income tax credit. Attach a copy of the income tax return filed with the other city.

Line 22: Enter the tax withheld by your employer. A corrected W-2 must be submitted if you are claiming a change in tax withheld

Line 23: Enter total Albion estimated tax payments, amount credited forward from the prior year, and any payment made with requests for extension.

Line 24: Enter the amount of tax paid on your behalf by a partnership.

Line 25: Enter the amount paid with your original return. If any additional tax was paid after you filed your original return also include that amount on this line. Do not include interest or penalty payments.

Line 27: Enter the amount of refund you received from your original return. If you received more than one refund from the original return, include the total amount of those refunds on this line. Do not include any interest received on any refund.

Line 29: Enter balance due if line 21 (column C) is greater than line 28. If line 28 is a negative amount add it to line 21 to compute total tax due. Make checks payable to "City of Albion" and record the last four digits of your social security number, the tax year(s) and the words "amended Albion income tax" on the front of the check. Payment is not required if the tax due is less than \$1.

Mail your return and payment to:

City of Albion Income Tax Department 112 West Cass St. Albion, MI 49224

Line 30: Enter refund amount if line 21 (column C) is less than line 28. If you are entitled to a refund larger than the amount claimed on your original return, enter only the additional refund due you. Mail your return to the address indicated above.

Part 6: Exemptions

Complete this part if you are changing the number of exemptions you originally claimed. In item 31, check the boxes to indicate the exemptions you originally claimed. In item 32, check the boxes to indicate the exemptions you with to claim on this amended return. Use the instructions below for information about each type of exemption.

Federal exemption for self: This is the exemption that you are allowed to claim on your U.S. 1040 return (if any). If you claimed a federal exemption for yourself, check the box under "you". If you are married filing jointly and claimed a federal exemption for your spouse, check the box under "spouse". **Age 65 or older:** This additional exemption is for individuals who reached age 65 before December 31 of the year being amended. Your are considered age 65 the day before your 65th birthday.

Line 35: Enter the line reference from page 1 for each line where a change is reported and give a detailed explanation of the reasons for the change. If you do not give an explanation, the processing of your return may be delayed.