

City of Big Rapids

AMENDED
Income Tax Form

\*\*\*\* A COPY OF THE ORIGINAL MUST ACCOMPANY THIS AMENDED RETURN\*\*\*\*

Year Being Amended \_\_\_\_\_

Social Security or Federal I.D.# \_\_\_\_\_

Type of Return \_\_\_\_\_

Name \_\_\_\_\_

Current Address \_\_\_\_\_
\_\_\_\_\_

Reason for Amendment (including calculations) \_\_\_\_\_

- 1. INCOME ..... 1. \_\_\_\_\_
2. ADDITIONS TO INCOME ..... 2. \_\_\_\_\_
3. SUBTRACTIONS FROM INCOME ..... 3. \_\_\_\_\_
4. IRA DEDUCTIONS ..... 4. \_\_\_\_\_
5. ADJUSTED INCOME (add line 1 & 2, Subtract 3 & 4) ..... 5. \_\_\_\_\_
6. EXEMPTIONS ..... 6. \_\_\_\_\_
7. TAXABLE INCOME (Line 5 less line 6) ..... 7. \_\_\_\_\_
8. TAX ..... 8. \_\_\_\_\_

Original Tax Paid \_\_\_\_\_

Original Tax Withheld \_\_\_\_\_

Original Tax Refunded \_\_\_\_\_

Additional Amount to be Refunded \_\_\_\_\_

Additional Amount Owed \_\_\_\_\_

Interest - .0001164 per day. \_\_\_\_\_

Penalty - 1% per month not to exceed
25% of tax owed or a combined
minimum of \$2.00 \_\_\_\_\_

TOTAL TAX DUE \_\_\_\_\_

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I declare, under perjury, that the information on this return and attachments is true and complete

[ ] I authorize the CITY to discuss my
claim and attachments with my
preparer

[ ] DO NOT discuss
claim with my preparer

Filer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Birthdate \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Birthdate \_\_\_\_\_

I declare, under penalty of perjury that this return is
based on all information of which I have knowledge.
PREPARER'S SIGNATURE & ADDRESS

Phone ( ) \_\_\_\_\_