2017			_		SAGINAW			,	S -	1065
		PAI	RTNERSHI	P INC	OME TAX RI	ETURN				
For	the Ca	lendar year 2017 or other				, ending		_, 20		
			IDENTIFICA	ATION A	ND INFORMATION					
Name of Partnership					Federal Employer	Identification	Number:			
					Information Only		Payment on	Behalf of all Partners		
Address					Number of Partner					
Addiess					Number of Employ					
					Main Address in S		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O17		
City		State	Zip Code							
,			,		Contact Person re	garding this i	return:			
					Contact Telephone	-				
Initial Saginaw Return		Final Saginaw F	Return		ATTACH A COPY	OF PAGE 1	OF FEDER	AL 1065 & SCHEDUL	EΚ	
Name and Home Address	s of Ea	ach Partner		SSN or	FEIN	Saginaw	Resident	Part-Year Resident		Audit Use
A.						Yes	No	From		
								То		
В.								From		
								То		
C.								From		
				1				То		
D.								From		
 E.				+				To From		
L.								To		
Note 2. A partner who has ot	her inc	ome in addition to the par	tnership income mu	ıst file an i	ndividual return and sh	now on such re	turns the am		orm 1	065
and take credit for his exc			•	who is c	laiming his exemption	on as a mem	ber of anotl	ner partnership is NOT	-	
to claim his exemption on	this p			NEDGLII	D /lf information re	-4l	l: 4h	via acation)		
ALL PARTNERSHIPS				NEKSHI	P (If information re	1		1		Column 6
Column 1 Total Income (from pa			Column 3	,	Column 4 axable Income	Column 5(a)		Column 5 (b)		Column 6
Schedule C, column 7)	, , ,		Exemptions (see note 2 above		axable income	Resident Total Tax (Multiply Col. 4 by .015)		NonResident Total Tax (Multiply Col.4 by .0075)		Credits/payments
1. (a) \$		\$	\$	/e) (CC	ii. 1 less Coi. 2 &3)	¢	. 4 by .015)	\$,	<u> </u>
2. (b)		l	l v	Ψ		ΙΨ		ļ	Ť	,
3. (c)									Ť	
4. (d)		İ							T	
5. (e)		ĺ						İ	T	
6. Totals \$		\$	\$	\$		\$		\$	9	3
7. Total tax (Add line 6 of	colum	nn 5a and column 5b							\$	
			PAYMENTS AN	ID CRED	ITS					
8. a. 2017 estimated pa	,								\$	
b. Credits forward from	•					\$				
Total Payments and C	realts	(8a+8b) (This total mu							\$	
Overnovment	10	If your payments (Lin	TAX DUE OR			hvornavmont.			\$	
Overpayment Credit Forward				-					\$	
Donation		11. Amount to be credited to 2017 Estimated Tax (if amended - see instructions) 12. Amount to be donated to Saginaw Fireworks. \$								
Refund	_	Amount to be refunde			ark Refund on line 1	4 and comple	ete a h & c)	\$	
Electronic	10.	14. Mark One:	od. (For Bridge Be	spoon me	increased on mile 1	r and compr	010 4, 5 4 0)	ĮΨ	
Refund Or			d-Direct Deposit		Pay	Tax Due - E	lectronic Fu	ınds Withdrawal		
Payment		a. Routing Number:								
.,		b. Account number:								
		c. Type of account:	Checking			Savings				
									1	
Tax Due	15.	If your tax (Line 7) is I								
		(For Ach payments m	•		•				\$	
16. May the Income Tax I						Ye		No	1 .	
I declare that I have ex	amine	a this return(including	attached schedul	ies) and t	to the best of my kn	lowledge and	i beliet, it is	true, correct and comp	piete	
Sign Horo										
Sign Here (Date	2)	/C:====	o of Partner at Marin	hor\		/T:41 - V		/Dhana Name	hor\	
(Date	=)	(Signatur	e of Partner or Mem	ibei)		(Title)	1	(Phone Num	ner)	
(Date	e)	(Individual or	Firm signature of p	reparer)		(Addres	(Phone Num	(Phone Number)		

Name as shown on S-1065							Federal Employer Identification Number									
SCHEDULE A - ALLOCABLE PARTNERSHIP							RSHIP OR									
1. Ord	linary income	or lo	oss) from page 1, lir										FED 1065	& SCI	H K)	
2. Add	d City of Sag	naw ii	ncome tax, if deduc	ted in determini	ng ir	ncome on federa	al For	rm 1065								
			r costs incurred in o								me tax					
			eciation (fed. Sch.					_	planation	n)						
5. Total adjusted ordinary business income (Add lines 1, 2 and 3 and subtract line 4)																
SCHEDULE B - NON-BUSINESS INCOME AND EXCLUSIONS																
							OLUMN 1	1 COLUMN EXCLUDA		COLUMN TAXABL		COLUMN 4 EXCLUDABLE		COLUMN 5 TAXABLE		
ATTACH COPY OF FEDERAL SCHEDULE K (1065)						FEDERAL	i Non	I-BUSINES								
			TO EXPLAIN ALL	, ,		FORM 1065	NCOME	PARTNERS				PARTN		PARTNERS		
					F	REFERENCE			PORTION OF		PORTION OF PORTIO		PORTION	N OF	PORTION OF	
									COLL	JMN 1	COLUMN	11 COLUMN 1		IN 1	COLUMN 1	
INTEREST AND DIVIDENDS 1. Interest income						Sch. K, line 5					Ī					
	vidend income					Sch. K, line 5										
			F PROPERTY (SE	E INSTRUCTIO												
3. Ne	t short-term	capita	l gain (loss)			Sch. K, line 8										
	t long-term o		<u> </u>			Sch. K, line 9a										
	t Section 12					Sch. K, line 10]	
RENTS AND ROYALTIES (IF NON-BUSINESS INCOME INCLUDES RENTAL REAL ESTATE, ATTACH COPY OF FEDERAL FORM 8825)																
	et income (los	Sch. K, line 2							I			T				
	•		m other rental activ			Sch. K, line 3c										
	yalty income					Sch. K, line 7										
	RINCOME				2					1				T		
	her income otals (Add lin	00 1 th	arough (1)			Sch. K, line 11					*				*	
10. 10	itais (Auu IIII	25 I II	ilougii 9)		-											
	COLLIMN	1	COLUMN 2	COLUMN 3		COLUMN 4		COLUN			UMN 6a		OLUMN 6	h	COLUMN 7	
	COLUMN 1 COLUMN 2 COLUMN 3 ADJUSTED GUARANTEED INCOME SUB.							ALLOCATED							TOTAL INCOME	
	BUSINES		PAYMENTS TO	TO ALLOCATI									PARTNER'S NON-		(Add columns 5,	
	INCOME	∃	PARTNERS	and PER SCH D			(Column 3	times BUSINESS INCOM		SS INCOME	BUSINESS INCOME		OME	6a and 6b)		
	(Sch. A, lin	. A, line 5) (Fed. 1065, line 10) column 2)			(Resident partners			% in column		-	quals Sch. B	,	al equals So		(Enter here and on	
(2)					enter 100%) %			 		column 3, line 10)		CO	lumn 5, line	10)	page 1, column 1)	
(a) (b)							%									
(c)							%									
(d)							%									
(e)							%									
Totals																
				SCHED	ULE	D - BUSINE	SS	ALLOCATI	ON PER	RCENTA	\GE					
COLUMN 1 COLUMN 2 COLUMN 3																
								LOCATED EVERYWHERE			LOCATED IN Saginaw			PERCENTAGE		
	Average net book value of real and tangible personal property By Gross annual rent paid for real property only, multiplied by 8									+					(Column 2 divided by column 1)	
c. TOTALS (Add lines 1a and 1b)										% % % % % % % % % % % % % % % % % % %						
	•		commissions and	other compensa	tion	of all employees	s								%	
_	.		ales made or servic												%	
											%					
5. Business allocation percentage (Divide line 4 by the number of factors) Enter here and on Schedule C, column 4 (See note below) % Note 3. In determining the business allocation percentage (Line 5), a factor shall be excluded from the computation only when such factor does not exist anywhere insofar																
Note 3.		•	usiness allocation per usiness operation is co	• , ,									•			
	unpe	, 5 5	operation to ot		- 200	, 5 01 110 1		-9 PO. 3011td	J 5.1011		,	511		., 400	-	
In the case of a taxpayer authorized by the Income Tax Administrator to use one of the special formula, attach an explanation and use the lines provided below:																
a. Numerator c. Percentage (a divided by b) Enter here and on Schedule C, column 4 b. Denominator d. Date of Administrator's approval letter																
	b. Denon	ninato	r			•					r					
		., -				HEDULE E -										
If the b		ity of 1	the partnership incl		_	state, indicate be		the comple	ete addre		the gain or lo			perty.	GAIN OR LOSS	
A			JINLEI ADDRE	00	G.	MIN OK LUSS	רת	D		31	NELI ADDI	(EO	,	\dashv	GAIN ON LUSS	
В								E						\neg		
С							T	OTALS /	ΔΤΤΔΟΗ	COPY	OF FEDERA	Al F	ORM 8825	,		