PH-1040X

Revised 11/25

CITY OF PORT HURON
AMENDED INDIVIDUAL INCOME TAX RETURN

TAX YEAR being amended:

Your first name and initial	Last name	**Your social security number**
If a joint return, spouse's first name and initial	Last name	**Spouse's social security number**
Home address (number and street or PO Box)	Apartment number	Is this the same name and address as your original return? ☐ Yes ☐ No
City, town or post office, state and ZIP code		

RESIDENCY STATUS

	Resident	Nonresident	Partial Resident
On original return	☐	☐	☐
On this return	☐	☐	☐

If a PARTIAL RESIDENT, enter the dates you lived in the city:

FROM:_____ TO:_____

FROM:_____ TO:_____

FILING STATUS

	Single	Married filing joint return	Married filing separate return
On original return	☐	☐	☐
On this return	☐	☐	☐

Note: you cannot change from joint to separate returns after the due date for filing has passed

AMOUNT OF TAX		**A. On Original Return**	**B. Net Change** Increase or (Decrease)	**C. Correct Amount**
1. Total income	1			
2. Exemption credit. If changing, fill out part I on the back	2			
3. Taxable income. Subtract line 2 from line 1. If less than zero, enter -0-	3			
4. Tax. Residents 1% (.01), nonresidents ½ of 1% (.005), or Schedule L	4			
PAYMENTS				
5. Total Port Huron tax withheld	5			
6. Estimated tax payments and amounts carried forward from last year	6			
7. Other credits	7			
8. Amount paid with your original return plus any additional tax paid after it was filed	8			
9. Total payments and credits. Add lines 5 through 8 in column C	9			
REFUND OR BALANCE DUE				
10. Refund, if any, shown on your original return	10			
11. Subtract line 10 from line 9, this is the net tax you paid to the city	11			
12. If line 4 is more than line 11, subtract line 11 from line 4. This is your tax due..... **PAY BALANCE DUE**	12			
13. If line 11 is more than line 4, subtract line 4 from line 11. This is the amount you overpaid..... **OVERPAYMENT**	13			

Be sure to complete the back of the return

I declare, under penalty of perjury, that the information in this return and attachments is true and complete to the best of my knowledge.

Your signature	Date
X	
Spouse's signature - if a joint return BOTH MUST SIGN	Date
X	

Make checks payable to: City of Port Huron

If paying in person, pay at the City Treasurer's Office.
To pay online, go to www.porthuron.org.

Mail to: Income Tax Division
100 McMorran Blvd.
Port Huron, MI 48060

I declare under penalty of perjury, that this return is based on all information of which I have knowledge.

Preparer's name, address and ID number

Preparer's signature Date

X

PART I - Exemptions Complete this section if you are changing the number of exemptions claimed. Show the CORRECT information below.

Check all boxes that apply:

		extra exemptions if:					extra exemptions if:		
	65 or older	blind	deaf	disabled		65 or older	blind	deaf	disabled
You: ☐	☐	☐	☐	☐	**Spouse:** ☐	☐	☐	☐	☐

Dependents

First name	Last name	Social security number	Relationship to you

Number of exemptions claimed on your original return: _____

Number of exemptions claimed on this return: _____

Difference: _____

PART II - Explanation of Changes Explain why this return is being amended below.