

CF-1040 ( City of Walker )

☐ Resident ☐ Non-Resident ☐ Part Year ☐ Amended

25MI-WAL-N-1040-1

TAXPAYER'S SSN		TAXPAYER'S FIRST NAME		INITIAL	LAST NAME		<div>FILING STATUS</div> <div><input type="checkbox"/> Single</div> <div><input type="checkbox"/> Married filing jointly</div> <div><input type="checkbox"/> Married filing separately. Enter spouse's SSN and Spouse's full name here.</div> <div>▶</div> <div>SPOUSE'S FULL NAME</div> <div>▶</div> <div>SPOUSE'S SSN</div>
SPOUSE'S SSN		IF JOINT RETURN SPOUSE'S FIRST NAME		INITIAL	LAST NAME		
PRESENT HOME ADDRESS (NUMBER AND STREET)					APT. NO.		
ADDRESS LINE 2 (P.O. BOX ADDRESS FOR MAILING USE ONLY)							
CITY, TOWN OR POST OFFICE				STATE	ZIP CODE		
FOREIGN COUNTRY NAME		FOREIGN PROVINCE/COUNTY			FOREIGN POSTAL CODE		
Mark box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse		Enter date of death on page 2, right side of the signature area		Mark box if; <input type="checkbox"/> Federal Form 1310 attached			
				<input type="checkbox"/> Itemized deductions on your Federal tax return for 2025			

EXEMPTIONS SCHEDULE	1a	You	Date of birth (mm/dd/yyyy)	<input type="checkbox"/> Regular	<input type="checkbox"/> 65 or over	<input type="checkbox"/> Blind		
	1b	Spouse	Date of birth (mm/dd/yyyy)	<input type="checkbox"/> Regular	<input type="checkbox"/> 65 or over	<input type="checkbox"/> Blind		
	1c.	Check box if you can be claimed as a dependent on another person's tax return						
	1d.	Enter the number of boxes checked on lines 1a and 1b						
	1e.	Enter number of dependent children and/or other dependents claimed on your federal return						
	1f.	Total exemptions (Add lines 1d and 1e; enter here and also on page 1, line 16a)						

INCOME	ROUND ALL FIGURES TO NEAREST DOLLAR (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)				COLUMN A Federal Return Data		COLUMN B Exclusions/Adjustments		COLUMN C Taxable Income	
	1	Wages, salaries, tips, etc. (W-2 forms must be attached)								
	2	Taxable interest								
	3	Ordinary dividends								
	4	Business income or (loss) attach federal Schedule C								
	5	Capital gain or (loss) attach federal Schedule D								
	6	Other gains or (losses) attach federal Form 4797								
	7	Taxable IRA distributions from Form(s) 1099-R (attach)								
	8	Taxable pensions and annuities from Form(s) 1099-R (attach)								
	9	Rental real estate, royalties attach federal Sched E pg 1								
	10	Partnership, estate, trust, etc attach federal Sched E pg 2								
	11	Additional income from page 2 Sched A line 6								
	12	Total additions (Add lines 2 through 11)								
	13	Total income (Add lines 1 through 11)								
	14	Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)								
	15	Total income after deductions (Subtract line 14 from line 13)								
	16	Exemptions – Enter number from line 1f in 16a, multiply by 600, enter in 16b					16a		16b	
	17	Total income subject to tax (Subtract line 16b from line 15)							17	
	18	Tax at (rate). Multiply line 17 by the resident rate (1.00%) or non-resident rate (0.50%) enter on 18b. If using Schedule TC, check box 18a and enter tax from Sch TC, line 23c.					18a		18b	
19	Payments and credits, enter total 19a, b, c in 19d	19a Walker tax withheld	19b Other tax payments (est,extension, cr fwd, partnership & tax option corp)		19c Credit for tax paid to another city		19d			
20	Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax		20a Interest		20b Penalty		20c			

TAX DUE	21	Amount owed. Add 18b, 20c. Subtract 19d. Check or Money Order payable to Walker If accepted, Direct Withdrawal mark 26b, then complete 26c, d & e				PAY WITH RETURN	21		
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OVERPAYMENT	22	Overpayment (subtract 18b, 20c from 19d); choose overpayment options on lines 23-25.					22		
	23	Amount of overpayment donated	23a Comstock Park Education Foundation	23b Grandville Education Foundation	23c Kenowa Hills Education Foundation		23d		
	24	Amount of overpayment credited forward to 2026				AMOUNT OF CREDIT TO 2026	24		
	25	Amount of overpayment refunded (Line 22 less lines 23d and 24) (For refund to be directly deposited to your bank account, mark refund box, line 26a, and complete line 26 c, d & e)				REFUND AMOUNT	25		
	26	Direct deposit refund or direct withdrawal payment (Mark (X) appropriate box 26a or 26b and complete lines 26c, 26d and 26e)							
	26a	Refund (direct deposit)	26c Routing number				26e1	Checking	
	26b	Tax due (direct withdrawal)	26d Account number				26e2	Savings	

**SCHEDULE A – OTHER INCOME**

ROUND ALL FIGURES TO NEAREST DOLLAR (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		COLUMN A Federal Return Data	COLUMN B Exclusions/Adjustments	COLUMN C Taxable Income
1	Alimony – Date of Original Divorce or Separation:			
2	Subchapter S corporation distributions (Att copy of fed Sch K-1)			
3	Farming Income or (loss) (Attach copy of federal Schedule F)			
4	Gambling Income			
5	Other Income. List type:			
6	Total additions (Add lines 1 through 5)			

**EXCLUDED WAGES AND TAX WITHHELD SCHEDULE (SEE INSTRUCTIONS – RESIDENT WAGES GENERALLY NOT EXCLUDED)****FAILURE TO ATTACH W-2 FORMS TO PAGE 1 WILL DELAY PROCESSING OF RETURN. WAGE INFORMATION STATEMENTS PRINTED FROM TAX PREPARATION SOFTWARE ARE NOT ACCEPTABLE**

W-2	COLUMN A T or S	COLUMN B SOCIAL SECURITY NUMBER (Form W-2, box a)	COLUMN C EMPLOYER'S ID NUMBER (Form W-2, box b)	COLUMN D EXCLUDED WAGES (Attach Excluded Wages Sch)	COLUMN E WAL TAX WITHHELD (Form W-2, box 19)	COLUMN F LOCALITY NAME (Form W-2, box 20)
1						
2						
3						
4						
5						
6						
7						
8						
9	Totals (Enter here and on page 1; part-yr residents on Sch TC)		Enter on pg 1, ln 1, col B >>			<< Enter on pg 1, ln 19a

**DEDUCTIONS SCHEDULE**

		DEDUCTIONS
1	IRA deduction (Attach copy of Schedule 1 of federal return & evidence of payment)	
2	Self-employed SEP, SIMPLE and qualified plans (Attach copy of Schedule 1 of federal return)	
3	Employee business expenses (Attach copy of CF-2106 and detailed list)	
4	Moving expenses (Into city area only, Military ONLY) (Attach copy of federal Form 3903)	
5	Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of Schedule 1 of federal return)	
6	Renaissance Zone deduction (Attach Schedule RZ OF 1040)	
7	Total deductions (Add line 1 through line 6, enter total here and on page 1, line 14)	

**ADDRESS SCHEDULE (WHERE TAXPAYER (T), SPOUSE (S) OR BOTH (B) RESIDED DURING YEAR AND DATES OF RESIDENCY)**

MARK T, S, B	List all residence (domicile) addresses (Include city, state & zip code). Start with address used on last year's return. If the address on page 1 of this return is the same as listed on last year's return, print "Same." If no return filed last year, list reason. Continue listing this tax year's residence addresses. If address listed on page 1 of this return is in care of another person, enter current residence (domicile) address.	FROM		TO	
		MONTH	DAY	MONTH	DAY

**THIRD PARTY DESIGNEE**Do you want to allow another person to discuss this return with the Income Tax Office? ☐ Yes, complete the following ☐ No

Designee's name	Phone No.	Personal ID number (PIN)
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Under the penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If I am a resident claiming a credit for taxes paid to another city, I acknowledge and consent to the City's verification of unrefunded payment to that city. If prepared by a person other than tax payer, the preparer's declaration is based on all information of which preparer has any knowledge

<b>TAXPAYER'S SIGNATURE</b> If joint return, both spouses must sign	Date (MM/DD/YY)	Taxpayer's occupation	Daytime phone no.	If deceased, date of death
<b>SPOUSE'S SIGNATURE</b>	Date (MM/DD/YY)	Spouse's occupation	Daytime phone no.	If deceased, date of death
Some cities are using new communication methods. If your City participates and you would like email notifications regarding important changes and Income Tax related information please provide your email address. No City will email you asking for your social security number.			Email	
<b>SIGNATURE OF PREPARER OTHER THAN TAXPAYER</b>	Date (MM/DD/YY)	PTIN, EIN OR SSN	Preparer's Phone	
FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE		NACTP software number		

MAIL TO: City of Walker Income Tax Dept  
PO box 153  
Grand Rapids MI 49501-0153

Taxpayer's name		Taxpayer's SSN		2025 WALKER			
<b>WAGES AND EXCLUDIBLE WAGES SCHEDULE - CF-1040, PAGE 1, LINE 1, COLUMN B</b>							<b>Attachment 2-1</b>
<b>All W-2 forms must be attached to page 1 of the return</b>							Revised 02/04/2025
Use this form to provide details for all Forms W-2 and all other wage income reported on federal Forms 1040 (line 7), 1040A (line 7), or 1040EZ (line 1) such as: wages received as a household employee for which you did not receive a W-2; tips reported on federal Form 4137; taxable dependent care benefits; employer-provided adoption benefits; scholarship and fellowship grants not reported on Form W-2; disability pensions shown on Form 1099-R if the taxpayer has not reached the minimum retirement age set by the employer; corrective distributions from a retirement plan shown on Form 1099-R from excess salary deferrals and/or excess contributions (plus earnings); wages from Form 8919, line 6; and other wage items not included in a Form W-2. Use this form to calculate excludible (nontaxable) wages included in total wages reported on your federal tax return (Forms 1040, line 7; 1040A, line 7; or 1040EZ, line 1). Excludible wages for each employer are also reported on Form CF-1040, page 2, Excluded Wages and Tax Withheld Schedule and the total amount of excludible wages is reported on Form CF-1040, page 1, line 1, col. B.							
<b>WAGES, ETC.</b>		Employer (or source) 1		Employer (or source) 2		Employer (or source) 3	
1. Employer's ID number (W-2, box b) or source's ID Number if available							
2. Employer's name (Form W-2, box c) or source's name							
3. SSN from Form W-2, box a							
4. Enter T for taxpayer or S for spouse		<div></div>		<div></div>		<div></div>	
5. Dates of employment during tax year		From <div></div> To <div></div>		From <div></div> To <div></div>		From <div></div> To <div></div>	
6. Mark (X) box if you work at multiple locations in and out of WALKER		<div></div>		<div></div>		<div></div>	
7. Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street number and street name, city, state and ZIP code; if line 6 is checked enter primary work location)							
8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero							
9. Wages not included in Form W-2, box 1 (See instructions)							
10. Code for wage type reported on line 9							
<b>NONRESIDENT WAGE ALLOCATION</b>		Employer (or source) 1		Employer (or source) 2		Employer (or source) 3	
For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use the wage allocation to determine wages earned in city while a nonresident (use only wages and days worked while a nonresident for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable.							
11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work)							
12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city							
13. Actual number of days or hours worked (Line 11 less line 12)							
14. Enter actual number of days or hours worked in city							
15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%)		%		%		%	
16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident)							
<b>EXCLUDIBLE WAGES</b>		Employer (or source) 1		Employer (or source) 2		Employer (or source) 3	
17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16)							
18. Enter resident excludible wages							
19. Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by WALKER							
20. Total excludible wages (Line 17 plus line 18; Enter here and on CF-1040, page 2, Excluded Wages schedule)							
21. Total taxable wages (Line 8 plus line 9 less line 20)							
22. Total wages (Add lines 8 and 9 for all employers and other sources; must equal amount reported on Form CF-1040, page 1, line 1, column A; Part-year residents must equal amount reported on Schedule TC, line 1, column A)							
23. Total excludible wages from all employers and other sources (Add line 20 for all columns; enter here and also on Form CF-1040, page 1, line 1, column B; part-year residents enter here and on Schedule TC, line 1, column B)							
24. Total taxable wages from all employers and other sources (Line 22 less line 23); enter here and also on Form CF-1040, page 1, line 1, column C; part-year residents enter here and allocate on Schedule TC, line 1, between columns C and D)							

**FAILURE TO ATTACH ALL FORMS W-2 OR PROPERLY COMPLETE AND ATTACH THIS SCHEDULE WILL DELAY PROCESSING OF RETURN.**