DREYFUS MUNICIPAL INCOME INC Form 3 August 18, 2005 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

## (Print or Type Responses)

Person *	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol DREYFUS MUNICIPAL INCOME INC [DMF]					
(Last) (First) (Middle)	08/12/2005	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
200 PARK AVENUE <sup>(Street)</sup> NEW YORK, NY 10166		Director X Officer (give title below	all applicable) 10% ( Other v) (specify belo ant Treasurer		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Zip)	Table I - N	Non-Derivat	ive Securiti	es Bei	neficially Owned		
1.Title of Security (Instr. 4)	2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	•		
Common Stock, Par Value \$.001 Pe	er Share 0		D	Â			
Reminder: Report on a separate line for each owned directly or indirectly.	h class of securities benefic	ially SI	EC 1473 (7-02	)			
information contain	ond to the collection of ned in this form are not d unless the form displ B control number.	t					
Table II - Derivative Securit	ties Beneficially Owned (e	.g., puts, calls,	warrants, opt	ions, c	onvertible securities)		

1. Title of Derivative Security (Instr. 4)	•		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

OMB APPROVAL

Estimated average burden hours per

3235-0104

January 31,

2005

0.5

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Number:

Expires:

response...

Shares

(I) (Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Svagna Robert 200 PARK AVENUE NEW YORK, NY 10166	Â	Â	Assistant Treasurer	Â		
Signatures						
Robert Svagna 08/1	8/2005					
**Signature of Reporting Person	Date					

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.