

# F1065

## City Of Flint Income Tax - 2000 Partnership Return

CIT LTR# \_\_\_\_\_ Do not write in this space  
 CHG LTR \_\_\_\_\_ Rec. \_\_\_\_\_

or other taxable year beginning \_\_\_\_\_ 2000 ending \_\_\_\_\_, 20 \_\_\_\_\_

Please print or type

Name of Partnership \_\_\_\_\_  
 Number and Street \_\_\_\_\_  
 City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date Business Commenced .....  
 Principal business activity .....  
 Main address in Flint .....  
 Location of Flint records .....  
 Number of Partners.....  
 Type of Return - Check One: (see note 2 below)  
 Information only  Payment on behalf of all Partners  
 Federal Employer Identification Number → \_\_\_\_\_

NAME AND HOME ADDRESS OF EACH PARTNER	SOCIAL SECURITY NUMBER	FLINT RESIDENT	
		YES	NO
(a) -----			
(b) -----			
(c) -----			
(d) -----			
(e) -----			

INCOME	DEDUCTIONS TOTAL			TOTAL TAX		CREDITS	
	COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7
TOTAL INCOME (FROM P. 3, SCH. 1, COL. 10) (SEE NOTES 1 AND 2 BELOW)	DIVIDEND EXCLUSION AND RENAISSANCE ZONE DEDUCTION	EXEMPTIONS (SEE NOTE 1 BELOW AND INSTRUCTIONS)	TAXABLE INCOME (COL. 1 LESS COLS. 2 & 3)	RESIDENT TOTAL TAX (MULTIPLY COL. 4 BY 1%)	NON-RESIDENT TOTAL TAX (MULTIPLY COL. 4 BY 1/2%)	CREDITS (SEE INSTRUCTIONS)	
1. (a) \$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....	
2. (b) .....							
3. (c) .....							
4. (d) .....							
5. (e) .....							
6. Totals				(2)	(3)	(7)	
6. (1) TOTAL RESIDENT AND NON-RESIDENT TAX - COL. 5 PLUS COL. 6.					(8)		

**PAYMENTS AND CREDITS**

7. a. Tax paid with tentative return.....7a \$ \_\_\_\_\_  
 b. Payments and credits on 1999 Declaration of Estimated Flint income Tax .....7b \$ \_\_\_\_\_  
 c. Other credits - explain in attached statement.....7c \$ \_\_\_\_\_

8. Total - add Lines 7a, 7b, and 7c (This total must agree with the total of Col. 7 above) .....8 \$ \_\_\_\_\_

Check applicable boxes:  
 (1)  Initial return  
 (2)  Final return  
 (3)  Change of address

**TAX DUE OR REFUND**

9. If your tax (total in Col. 6 (1) is larger than your payments (Line 8) enter AMOUNT YOU OWE and PAY IN ..... \$ \_\_\_\_\_  
 FULL WITH THIS RETURN. Write Federal ID No. on remittance and make payable to:  
 "TREASURER, CITY OF FLINT", mail to P.O. Box 99, FLINT, MI 48501

10. If your payments (Line 8) are larger than your tax (total in Col. 6 (1) enter amount OVERPAID, ..... \$ \_\_\_\_\_  
 mail to: P.O. Box 1800, FLINT, MI 48501

11. Amount of Line 10 is to be: (check one box only) **A**  Credited on 2001 estimated tax **B**  Refunded to you

NOTE 1 - A Partner who has other income in addition to the Partnership income must file an individual return and show on such return the amounts entered above in Columns 1, 2, 3 and 7.  
 A Partner who is claiming his exemption as a member of another Partnership is NOT to claim his exemption in this Partnership return in Column 3.  
 NOTE 2 - The Partnership may pay tax for Partners only if it pays for ALL Partners subject to the tax. Check type of return above if the Partnership elects to pay the tax on behalf of all Partners or if this return is an information return only.

I declare that I have examined this return (including accompanying schedules, and statements) and to the best of my knowledge and belief it is true, correct, and complete.  
 If prepared by a person other than the taxpayer, this declaration is based on all information of which he has any knowledge.

SIGN HERE \_\_\_\_\_ (Signature of partner or member) \_\_\_\_\_ (Date)

SIGN HERE \_\_\_\_\_ (Signature of preparer other than partner or member) \_\_\_\_\_ (Address) \_\_\_\_\_ (Date)