

F-1040-R - 2007

CITY OF FLINT RESIDENT Individual Income Tax Return or other taxable year beginning _____ 2007 ending _____,20____

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

IDENTIFICATION

IMPORTANT
 Taxpayer to complete this information

DID YOU FILE A 2006 FLINT RETURN?
 Yes No If No, Explain _____

IF YES, IS THE NAME(S) AND ADDRESS IDENTICAL TO 2006 TAX RETURN?
 Yes No If No, State Prior Information And Date of Change _____

Incomplete/Incorrect information will result in a late or incorrect refund.

First Name and Initial _____ Last Name _____ Your Social Security Number _____
 (if Joint Return, First Name and Initial of Spouse) _____ Spouse's Social Security Number if Joint Return _____
 Present Home Address (Number and Street) _____ (if you have P.O. Box, list Home Address on attached paper) _____ Your Occupation _____
 City, State and Zip Code _____ Spouse's Occupation _____

FILING STATUS

(Spouse's Name and SS# _____) →

Single
 Married filing joint return
 Married filing separately

EXEMPTIONS

	Regular	65 & Over	Blind	Deaf	Disabled	
a. Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of boxes checked on a and b ▶ <input type="checkbox"/>
b. Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of children on c who lived with you ▶ <input type="checkbox"/>

c. Dependents

Name (first, initial and last name)	Social Security Number	Relationship	Number of months lived in your home in 2007	
_____	_____	_____	_____	Number of children on c who didn't live with you due to divorce or separation ▶ <input type="checkbox"/>
_____	_____	_____	_____	Number of other dependents listed on c ▶ <input type="checkbox"/>
_____	_____	_____	_____	
_____	_____	_____	_____	

d. Total number of exemptions claimed.....

INCOME

1. W-2 income (Wages, salaries, tips, etc., do not include SUB pay) Enter Federal gross income from Form(s) W-2, Box 1 - ALL W2'S MUST BE ATTACHED	FLINT INCOME TAX WITHHELD	TOTAL FEDERAL WAGES (W-2, Box 1)
Employer's Name _____ Complete Address of Actual Work Station _____		1. _____ 00
		_____ 00
		_____ 00
2. Total W-2 income	TOTALS	2. _____ 00
3. Dividend and interest income per Federal Return (do not include interest from U.S. obligations)		3. _____ 00
4. Other income, losses, or deductions: Complete Schedule A, Page 2		4. _____ 00
5. Total (Line 2, plus Line 3, plus or minus Line 4)		5. _____ 00
6. Exemptions (number of exemptions claimed on Line d above) _____ x \$600.00		6. _____ 00
7. Taxable income (Line 5 minus Line 6).....		7. _____ 00
8. City of Flint tax (multiply Line 7 by 1%) (.01) - part-year resident, complete Line 9C for credit		8. _____ 00

PAYMENTS AND CREDITS

9. a. City of Flint Tax withheld by employer – from Line 2 above W2 FORMS MUST BE ATTACHED	9a. _____ 00
b. Payments and credits on 2007 Estimated Flint Income Tax	9b. _____ 00
c. Part year resident credit (see Schedule B, Page 2 for instructions) and credit for tax paid to another city - attach copy of other city return (see instructions #24) <input type="checkbox"/> Part year resident, taxpayer(s) lived inside Flint from <input type="text" value="2007"/> to <input type="text" value="2007"/>	9c. _____ 00
10. Total of payments and credits - add Lines 9a, 9b and 9c	10. _____ 00

REFUND OR AMOUNT YOU OWE

Return due April 30, 2008, amounts not paid by due date are subject to interest and penalty.

11. If Line 8 is larger than Line 10 enter AMOUNT YOU OWE. If \$1.00 or more PAY IN FULL WITH RETURN Write Social Security Number on remittance and make payable to: "TREASURER, CITY OF FLINT", mail to: P.O. Box 99, FLINT, MI 48501-0099	11. _____ 00
12. If Line 10 is larger than Line 8, enter amount OVERPAID, mail to: P.O. Box 1800 Flint, MI 48501-1800	12. _____ 00
13. Overpaid amount on Line 12 is to be: (check one box only)	13. Credited to 2008 estimated tax <input type="checkbox"/> / Refunded to you <input type="checkbox"/>

FORMS W2 MUST BE ATTACHED HERE

MUST ROUND TO NEAREST DOLLAR AMOUNT

SIGNATURE

I declare under penalty of perjury that the information in this return, and attachments, is true and complete.
 I authorize Treasury to discuss my return and attachments with my preparer.
 Do not discuss with my preparer.

Your Signature _____ Date _____ Your birthdate _____
 Spouse's Signature _____ Date _____ Spouse's birthdate _____

Preparer's Signature _____

Daytime Phone () _____ Evening Phone () _____ Phone () _____ Identification No. _____

SCHEDULE A

SALES AND EXCHANGES OF PROPERTY

1. Net income (or loss) from sale or exchange of property - **attach Federal Schedule** 1. .00

RENTS AND ROYALTIES

2. Net income (or loss) from rents and royalties - **attach Federal Schedule E** 2. .00

PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

3. Net profit (or loss) from business or profession - **attach Federal Schedule C** 3. .00

OTHER FLINT INCOME

4. Other income (or loss) from partnerships, estates, trusts, lottery, casino gambling, etc. - **attach copy of Federal return (or Flint return if located in Flint)**

Received from	Kind of income	Federal I.D No.	Amount
a. _____	_____	_____	_____
b. _____	_____	_____	_____

c. Total of Lines 4a and 4b - enter on 4c. 4c. .00
 5. IRA distribution..... 5. .00

DEDUCTIONS ALLOWED

6. Employee business expense (see instructions for which expenses are allowed from Federal Form 2106) **attach Federal Form 2106**..... 6. (.00)

7. Moving expenses (into Flint only) **attach Federal Form 3903** 7. (.00)

8. IRA deduction - enter on Line 8a your 'total income' from your 2007 Federal Tax Return **8a. \$**

Attach Form 5498 or similar proof issued by your financial institution (must have name, SS#, amount and contribution year)..... 8. (.00)

9. Other (please identify) - **attach documentation**..... 9. (.00)

10. Renaissance Zone (**attach a copy of approval letter for 2007**)..... 10.(.00)

11. TOTAL OF INCOME (OR LOSSES) AND DEDUCTIONS - total Lines 1 through 10 ENTER TOTAL HERE AND ON PAGE 1, LINE 4..... 11. .00

SCHEDULE B

COMPUTATION OF CREDIT FOR PART-YEAR RESIDENCY

TABLE "A" TO BE USED IF ALL WORK PERFORMED INSIDE FLINT			
NUMBER OF MONTHS LIVED OUTSIDE FLINT	PERCENTAGE	NUMBER OF MONTHS LIVED OUTSIDE FLINT	PERCENTAGE
1	.0417	6 1/2	.2708
1 1/2	.0625	7	.2917
2	.0833	7 1/2	.3125
2 1/2	.1042	8	.3333
3	.1250	8 1/2	.3542
3 1/2	.1458	9	.3750
4	.1667	9 1/2	.3958
4 1/2	.1875	10	.4167
5	.2083	10 1/2	.4375
5 1/2	.2292	11	.4583
6	.2500	11 1/2	.4792

TABLE "B" TO BE USED IF ALL WORK PERFORMED OUTSIDE OF FLINT			
NUMBER OF MONTHS LIVED OUTSIDE FLINT	PERCENTAGE	NUMBER OF MONTHS LIVED OUTSIDE FLINT	PERCENTAGE
1	.0833	6 1/2	.5417
1 1/2	.1250	7	.5833
2	.1667	7 1/2	.6250
2 1/2	.2083	8	.6667
3	.2500	8 1/2	.7083
3 1/2	.2917	9	.7500
4	.3333	9 1/2	.7917
4 1/2	.3750	10	.8333
5	.4167	10 1/2	.8750
5 1/2	.4583	11	.9167
6	.5000	11 1/2	.9583

1 - 15 days are to be considered 1/2 month and 16 - 31 days are to be considered a full month. Determine length of residency OUTSIDE Flint to the half month and locate the tax rate factor in (1) Table A if all income was earned inside the City of Flint, or (2) Table B if all income was earned outside the City of Flint. Multiply the Flint tax (Line 8 of Page 1) by the tax factor and enter the credit on Line 9C, page 1.

NOTE
 1) Do not use these schedules if income was earned both inside and outside the City of Flint during the year or if income reported was not for a 12 month period. Compute tax separately for each job and attach worksheet, also give exact dates during 2007 you worked at each job.
 2) No credit is allowed if all income reported was earned while a resident of Flint.