

Taxpayer's SSN		Taxpayer's first name Initial Last name		RESIDENCE STATUS	
Spouse's SSN		If joint return spouse's first name Initial Last name		<input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident Part-year resident - dates of residency From <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Make sure the SSN(s) above and on page 2, line 1d are correct.		Present home address (Number and street)		Apt. no.	
Check box if you need a return form mailed to you next year. <input type="checkbox"/>		Address line 2 (P.O. Box address for mailing use only)			
For city use only		City, town or post office		State	Zip code
		Foreign country name		Foreign province/county	Foreign postal code
		FILING STATUS			
		<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.			
		>>			

INCOME		ROUND ALL FIGURES TO NEAREST DOLLAR (\$0.50 next dollar)		Column A Federal Return Data	Column B Exclusions/Adjustments	Column C Taxable Income
ATTACH COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1		.00	.00	.00 *
	2. Taxable interest	2		.00	.00	.00
	3. Ordinary dividends	3		.00	.00	.00
	4. Taxable refunds, credits or offsets	4		.00	.00	NOT TAXABLE
	5. Alimony received	5		.00	.00	.00
	6. Business income or (loss) (Attach federal Schedule C.)	6		.00	.00	.00
	7. Capital gain or (loss) (Attach copy of fed. Sch. D.) 7a. <input type="checkbox"/> Mark if federal Sch. D not required.	7		.00	.00	.00
	8. Other gains or (losses) (Attach copy of federal Form 4797.)	8		.00	.00	.00
	9. Taxable IRA distributions	9		.00	.00	.00
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10		.00	.00	.00
ATTACH W-2 FORMS HERE	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach federal Schedule E.)	11		.00	.00	.00
	12. Reserved	12	NOT APPLICABLE		.00	.00
	13. Farm income or (loss) (Attach federal Schedule F.)	13		.00	.00	.00
	14. Unemployment compensation	14		.00	.00	NOT TAXABLE
	15. Social security benefits	15		.00	.00	NOT TAXABLE
	16. Other income (Attach statement listing type and amount.)	16		.00	.00	.00
	17. Total additions (Add lines 2 through 16.)	17		.00	.00	.00 *
	18. Total income (Add lines 1 through 16.)	18		.00	.00	.00
	19. Total deductions (Subtractions) (Total from page 2, Deductions Schedule, line 7.)	19				.00 *
	20. Total income after deductions (Subtract line 19 from line 18.)	20				.00
ENCLOSE CHECK OR MONEY ORDER	21. Exemptions (Enter the total exemptions, from Form F-1040, page 2, box 1h, in line 21a and multiply this number by \$600 and enter on line 21b)	21a			21b	.00
	22. Total income subject to tax (Subtract line 21b from line 20.)	22				.00
	23. Tax (Residents multiply line 22 by 1% (0.01) and nonresidents multiply line 22 by 0.5% (0.005). Enter result on line 23b. If using Schedule TC to compute tax, mark (X) box 23a and enter tax from Schedule TC, line 23d.)	23a			23b	.00
	24. Total payments and credits (Total from page 2, Payments and Credits Schedule, line 4)	24				.00
	25. Estimated tax or late payment interest and penalty Interest 25a <input type="text"/> .00 Penalty 25b <input type="text"/> .00 Total interest and penalty 25c	25c				.00
	Amount you owe (Add lines 23b and 25c, and subtract line 24)					
	TAX DUE 26. MAKE CHECK OR MONEY ORDER PAYABLE TO: FLINT CITY TREASURER OR PAY WITH A DIRECT ELECTRONIC WITHDRAWAL (Mark pay tax due, line 31b, and complete line 31c, d & e.)					.00
	OVERPAYMENT 27. Tax overpayment (Subtract lines 23b and 25c from line 24)					.00
	28. Reserved 28a <input type="text"/> 28b <input type="text"/> 28c <input type="text"/> Total donations 28d					.00
	29. Amount of Overpayment to be credited forward to 2012			Amount of credit to 2012 >>		.00
30. Amount of Overpayment to be refunded (Line 27 less lines 28d and 29) (For direct deposit mark refund box, line 31a, and complete line 31 c, d & e.)			Refund amount >>		.00	
31. Direct deposit refund or direct withdrawal payment (Mark appropriate box 31a or 31b and complete lines 31c, 31d and 31e)	31a	31b	31c	31d	31e	
			Routing number	Account number	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

EXEMPTIONS SCHEDULE	Date of birth (mm/dd/yyyy)					Regular	65 or over	Blind	Deaf	Disabled	1e. Enter the number of boxes checked on lines 1a and 1b	
	1a. You	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	1b. Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1f. Enter number of dependent children listed on line 1d	
1d. List Dependents	1c. <input type="checkbox"/>	Check box if you can be claimed as a dependent on another person's tax return										
#	First Name	Last Name			Social Security Number	Relationship	Date of Birth					1g. Enter number of other dependents listed on line 1d
1												
2												1h. Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a)
3												
4												
5												
6												
7												
8												

EXCLUDED WAGES SCHEDULE (See instructions. Resident wages generally not excludible.)

W-2 #	COLUMN A EMPLOYER'S ID	COLUMN B RESIDENT EXCLUDED WAGES	COLUMN C NONRESIDENT EXCLUDED WAGES	W-2 #	COLUMN A EMPLOYER'S ID	COLUMN B RESIDENT EXCLUDED WAGES	COLUMN C NONRESIDENT EXCLUDED WAGES
1		.00	.00	6		.00	.00
2		.00	.00	7		.00	.00
3		.00	.00	8		.00	.00
4		.00	.00	9		.00	.00
5		.00	.00	10		.00	.00

DEDUCTIONS SCHEDULE (See instructions. Deductions must be allocated on the same basis as related income.)

1. IRA deduction (Attach copy of page 1 of federal return & evidence of payment.)	1	.00
2. Self Employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of federal return.)	2	.00
3. Employee business expenses (See instructions and attach copy of federal Form 2106.)	3	.00
4. Moving expenses (Into city area only) (Attach copy of federal Form 3903.)	4	.00
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of page 1 of federal return.)	5	.00
6. Renaissance Zone deduction (Attach Schedule RZ OF 1040.)	6	.00
7. Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)	7	.00

PAYMENTS AND CREDITS SCHEDULE

1. Tax withheld by your employer for Flint (Attach W-2 Forms showing tax withheld for Flint)	1	.00
2. Estimated income tax payments, extension payment and credit forward	2	.00
3. Credit for tax paid to another city and for tax paid by a partnership (Attach copy of other city's return.)	3	.00
4. Total payments and credits (Add lines 1 through 3, enter total here and on page 1, line 24)	4	.00

ADDRESS SCHEDULE

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

MARK T, S, B	ADDRESS (INCLUDE CITY, STATE & ZIP CODE) Start with address used on last year's return. If the address is the same as listed on page 1 of this return, print "Same." If no return filed, list reason. Continue listing residence addresses from this year.	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 identification number (PIN) _____

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 prepared by a person other than taxpayer, the preparer's declaration is based on all information of which preparer has any knowledge.

SIGN HERE ====>	TAXPAYER'S SIGNATURE - If joint return, both spouses must sign	Date (MM/DD/YY)	Taxpayer's occupation	Daytime phone number	If deceased, date of death
	SPOUSE'S SIGNATURE	Date (MM/DD/YY)	Spouse's occupation	Daytime phone number	If deceased, date of death
PREPARER'S SIGNATURE	SIGNATURE OF PREPARER OTHER THAN TAXPAYER			Date (MM/DD/YY)	PTIN, EIN or SSN
	FIRM'S NAME (or yours if self employed), ADDRESS AND ZIP CODE			Preparer's phone no.	
					NACTP number of software used to prepare tax

F-1040PV

FLINT
INCOME TAX RETURN PAYMENT VOUCHER

2011

Date to file by: 4/30/2012, for tax year 2011.

Payment: \$

Payment Method: Make payment by check or money order payable to "Treasurer, City of Flint." Include your SSN, daytime phone number, and 2011 Form F-1040PV on your check or money order. DO NOT SEND CASH. To pay by credit card or direct debit, see income tax website of the City of Flint. Not all cities accept credit card or direct debit payments.

Address for Payment: Treasurer, City of Flint
PO Box 99
Flint MI 48501-0099

Taxpayer Records: Amount Paid: _____
Check Number: _____
Date Mailed: _____

Revised: 12/11/2011

V DETACH HERE V

F-1040PV

FLINT
INCOME TAX RETURN PAYMENT VOUCHER

2011

Taxpayer's first name, Initial, last name			Taxpayer's SSN	
If joint return spouse's first name, Initial, last name			Spouse's SSN	
Present home address (Number and street)		Apt. no.		
Address line 2 (P.O. Box address form mailing use only)				
City, town or post office	State	Zip code		
Foreign country name, province/county, postal code			Amount you are paying by check or money order	
			.00	

Taxpayer's name	Taxpayer's SSN	2011 Flint
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EXCLUDIBLE WAGES, SALARIES, TIPS, ETC. - F-1040, PAGE 1, LINE 1, COLUMN B

A copy of each W-2 form must be attached to front of Form F-1040 to substantiate total wages and city tax withheld. Use this form to provide details for all wages, etc., excluded from income reported on Form F-1040, page 1, line 1, column A. If more than 4 employers with excluded wages, etc., add additional pages of this schedule.

Revised: 11/10/2011

	Employer 1		Employer 2		Employer 3		Employer 4	
1. Employer's ID Number. (Form W-2, box b)								
2. Employer's name. (Form W-2, box c)								
3. Enter T for taxpayer's or S for Spouse's employer and enter Social Security Number from Form W-2, box a.								
4. Dates of employment during tax year.	From	To	From	To	From	To	From	To
5. Resident excludible wages (Normally not excludible; enter here and also on F-1040, page 2, Excluded Wages Schedule)								
6. Nonresident excludible wages (Enter here and also on Form F-1040, page 2, Excluded Wages Schedule)								
7. Reason excludible wages (line 6) are not taxable.								
8. Street address of work station. (Where you actually work)								
9. City deductible employee business expenses.								
10. Total excludible wages from all employers. (Add lines 5 and 6 for all columns) (Enter here and also on page 1, line 1, Column B) (Part-year residents enter here and on Schedule TC, column B)								

NONRESIDENT AND PART-YEAR RESIDENT WAGE ALLOCATION

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 wage allocation to determine wages earned in city while a nonresident; use only wages and days worked while a nonresident for computations.

NONRESIDENT WAGE ALLOCATION	Employer 1	Employer 2	Employer 3	Employer 4
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.				
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. Form W-2, Box 1, Wages, tips, other compensation.				
17. Wages earned in city. (Line 16 times line 15)				
18. Excludible wages from employer. (Line 16 less Line 17)				

EXCLUDIBLE INTEREST INCOME - F-1040, PAGE 1, LINE 2, COLUMN B

Revised 10/21/2011

Nonbusiness interest income of a nonresident individual is totally excluded.

1. Interest from federal obligations	.00
2. Interest from Subchapter S corporations (Attach Schedule K-1)	.00
3. Other excludible interest income (Attach detailed explanation)	.00
4. Excludible interest income (Enter total here and on page 1, line 2, column B)	.00

EXCLUDIBLE DIVIDEND INCOME - F-1040, PAGE 1, LINE 3, COLUMN B

Revised 10/21/2011

Dividend income of a nonresident individual is totally excluded.

1. Dividends from federal obligations	.00
2. Dividends from Subchapter S corporations (Attach Schedule K-1)	.00
3. Other excludible dividend income (Attach detailed explanation)	.00
4. Excludible dividend income (Enter total here and on page 1, line 3, column B)	.00