

F-1040-N - 2007

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

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

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.

c. Dependents

Name (first, initial and last name)	Social Security Number	Relationship	Number of months lived in your home in 2007

d. Total number of exemptions claimed _____

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, Town or Post Office, 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
b. Spouse

Number of boxes checked on a and b
Number of children on c who lived with you
Number of children on c who didn't live with you due to divorce or separation
Number of other dependents listed on c

IF YOU LIVED INSIDE THE CITY OF FLINT AT ANY TIME DURING 2007 DO NOT USE THIS FORM. YOU MUST FILE ON A RESIDENT RETURN.

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 _____

2. Total W-2 income _____
3. Total wages earned outside Flint while a non-resident (subtract) complete schedule B, page 2 _____
4. Other income, losses, or deductions: Complete Schedule A, Page 2 _____
5. Total (Line 2 minus Line 3 plus or minus Line 4) _____
6. Exemptions (number of exemptions claimed on Line d above) _____ x \$600.00 _____
7. Taxable income (Line 5 minus Line 6) _____
8. City of Flint tax (multiply Line 7 by 1/2 %) (.005) _____

TOTALS

1. _____ 00
2. _____ 00
3. (_____) 00
4. _____ 00
5. _____ 00
6. _____ 00
7. _____
8. _____ 00

PAYMENTS AND CREDITS

9. a. City of Flint Tax withheld by employer - from Line 2 above W2 FORMS MUST BE ATTACHED to left side of return ...
b. Payments and credits on 2007 Estimated Flint Income Tax _____
c. Credit for Flint Income Tax paid by Partnership on your behalf (Flint Partnership Return must be filed) _____
10. Total of payments and credits - add Lines 9a, 9b and 9c _____

9a. _____ 00
9b. _____ 00
9c. _____ 00
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
12. If Line 10 is larger than Line 8, enter amount OVERPAID, mail to: P.O. Box 1800 Flint, MI 48501 - 1800 _____
13. Overpaid amount on Line 12 is to be: (check one box only) _____

11. _____ 00
12. _____ 00
13. Credited to 2008 estimated tax / Refunded to you

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 _____

I declare under penalty of perjury that this return is based on all information of which I have knowledge.

Preparer's Signature _____

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

IDENTIFICATION

FORMS W2 MUST BE ATTACHED HERE

SIGNATURE

MUST ROUND TO NEAREST DOLLAR AMOUNT

SCHEDULE A

SALES AND EXCHANGES OF PROPERTY (LOCATED IN FLINT)

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

RENTS AND ROYALTIES (LOCATED IN FLINT)

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

PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (EARNED IN FLINT)

3a. Net profit (or loss) from business or profession - **per Federal Schedule C attached** 3a) _____
 3b. Apportionment percentage from Schedule D below, Line 5 - if all business was conducted in Flint, enter 100% and DO NOT fill in Schedule D 3b) _____
 3c. Apportioned income (multiply Line 3a by Line 3b enter on line 3c) 3c. .00

OTHER FLINT INCOME

4. Other income (or loss) from partnerships, estates, trusts, etc. - attach copy of Flint Return

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, for which a deduction has been taken on a Flint return (see instructions)..... 5. .00

DEDUCTIONS ALLOWED

6. Employee business expense (allocate at same percentage as the income, to which Federal Form 2106 applies is taxable to Flint - see instructions for which expenses are allowed from Federal Form 2106) **attach Federal Form 2106** 6. (.00)

7. Moving expenses (**into area only**, allocate at same percentage as income earned, is taxable to Flint) **attach Federal Form 3903** 7. (.00)

8. IRA (attach Form 5498 or similar proof) 8. (.00)

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

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

11. TOTAL (lines 1 through 10) ENTER HERE AND ON PAGE 1, LINE 4 11. .00

SCHEDULE B

This Schedule must be filled in by non-residents who do not perform all their services inside Flint. A separate computation must be made for each W-2 where the income is earned outside, or both inside and outside, of the City of Flint. Actual work location must be given for credit!

	Job #1	Job #2	Job #3	
1. Actual number of days worked on job - everywhere (do not include week-ends you did not work, vacation days, sick days, etc)	_____	_____	_____	days
2. Actual number of days worked on job outside Flint	_____	_____	_____	days
3. Complete address where you performed your work outside Flint (YOU MUST COMPLETE ACTUAL WORK LOCATION OUTSIDE FLINT)	_____	_____	_____	address
4. Percentage of days worked outside of Flint to total (Line 2 divided by Line 1)	_____	_____	_____	%
5. Gross Federal wage shown in box #1 of W-2	\$ _____	\$ _____	\$ _____	
6. Wages earned outside Flint (Line 5 multiplied by percentage on Line 4). Enter here and on Line 3, Page 1	\$ _____	\$ _____	\$ _____	

BUSINESS ALLOCATION FORMULA - SCHEDULE D

	Located everywhere I	Located in Flint II	II ÷ I Percentage
1. Average net book value of real and tangible personal property	\$ _____	\$ _____	
a. Gross annual rentals of real and tangible personal property multiplied by 8.	_____	_____	%
b. TOTAL (add Lines 1 and 1a)	_____	_____	%
2. Total wages, salaries, commissions and other compensation of all employees	_____	_____	%
3. Gross revenue from sales made or services rendered	_____	_____	%
4. Total percentage - add the three percentages computed for Lines 1b, 2 and 3 which you entered in the last column (you must compute percentages for each of Lines 1a, 1b, and 3)	_____ →		%
5. Average percentages (one-third of Line 4*) - enter here and on P2, Line 3b	_____ →		%

*IF A FACTOR DOES NOT EXIST, DIVIDE THE SUM OF THE PERCENTAGES BY THE NUMBER OF FACTORS ACTUALLY USED.