

# F-1040-N - 2010

## CITY OF FLINT NON-RESIDENT Individual Income Tax Return

or other taxable year beginning \_\_\_\_\_ 2010 ending \_\_\_\_\_, 20 \_\_\_\_\_

CIT LTR# \_\_\_\_\_ Do not write in this space

CHG LTR# \_\_\_\_\_ Rec. \_\_\_\_\_

### IMPORTANT

Taxpayer to complete this information

DID YOU FILE A 2009 FLINT RETURN?  
Yes  No  If No, Explain \_\_\_\_\_

IF YES, IS THE NAME(S) AND ADDRESS IDENTICAL TO 2009 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 2010

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) \_\_\_\_\_ If Filing Separately, Complete Below  
 City, Town or Post Office, State and Zip Code \_\_\_\_\_ Your Occupation \_\_\_\_\_  
 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      Number of boxes checked on a and b   
 b. Spouse      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 2010 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
	00
	00
2.	00
3.	00
4.	00
5.	00
6.	00
7.	00
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 2010 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, 2011, 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 2011 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.

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

Preparer's Signature \_\_\_\_\_

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

Your birthdate \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse's birthdate \_\_\_\_\_

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 D and/or Form 4797 and/or Form 6252** ..... 1. .00

### RENTS AND ROYALTIES (LOCATED IN FLINT)

2. Net income (or loss) from rents and royalties - **attach Federal Schedule E and Form 8582** ..... 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 Federal Schedule K-1's, Form 8582, Form 1099**

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 (multiply income by 50% (.50) and attach copy of approval letter for 2010) ..... 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, Page1	\$ _____	\$ _____	\$ _____	

### BUSINESS ALLOCATION FORMULA - SCHEDULE D

	Located everywhere I	Located in Flint II	Percentage II Divided by I
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 P.2, Line 3b	_____ →		%