

INDIVIDUAL RETURN DUE APRIL 30, 2013

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 (mm/dd/yyyy) From _____ To _____	
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 tax 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. Spouse's full name if married filing separately _____			

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
	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach federal Schedule E)	11		.00	.00	.00
	12. Reserved	12				
	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	
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 (Multiply line 22 by Flint resident tax rate of 1% (0.01) or nonresident tax rate of 0.5% (0.005) and enter tax on line 23b, or if using Schedule TC to compute tax, check 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. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax	25a	.00	25b	.00	25c	.00
TAX DUE 26. Amount you owe (Add lines 23b and 25c, and subtract line 24) MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF FLINT						PAY WITH RETURN
						>>>> 26
OVERPAYMENT 27. Tax overpayment (Subtract lines 23b and 25c from line 24; choose overpayment options on lines 28 - 30)						27
						.00
28. Reserved	28a		28b		28c	Total donations 28d
29. Amount of overpayment credited forward to 2013						Amount of credit to 2013 >> 29
						.00
30. Amount of overpayment refunded (Line 27 less lines 28d and 29) (For refund to be directly deposited to your bank account, mark refund box, line 31a, and complete line 31 c, d & e)						Refund amount >> 30
						.00
31. Direct deposit refund (Mark (X) box 31a and complete lines 31c, 31d and 31e)	31a	Refund (direct deposit)	31c	Routing number		
	31b	Not available	31d	Account number		
	31e Account Type:		Checking	Savings		

MAIL TO: See mailing instructions

EXEMPTIONS SCHEDULE	Date of birth (mm/dd/yyyy)					Regular	65 or over	Blind	Deaf	Disabled		
	1a. You											1e. Enter the number of boxes checked on lines 1a and 1b
	1b. Spouse											
1d. List Dependents	1c. <input type="checkbox"/>	Check box if you can be claimed as a dependent on another person's tax return										1g. Enter number of other dependents listed on line 1d
#	First Name	Last Name	Social Security Number	Relationship	Date of Birth							1h. Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a)
1												
2												
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 allocated on same basis as related income)			DEDUCTIONS
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 Flint 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, Form W-2, box 19)	1	.00
2.	Tax payments other than tax withheld (Estimated income tax payments, extension payment, partnership payments and credit forward)	2	.00
3.	Credit for tax paid to another city and tax paid by a tax option corporation (Residents attach a copy of other city's return; not allowed for nonresidents)	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 (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		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 software number	

Taxpayer's name	Taxpayer's SSN	2012 FLINT	
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SCHEDULE TC, PART-YEAR RESIDENT TAX CALCULATION - F-1040, PAGE 1, LINES 23a AND 23b **Attachment 1**

A part-year resident is required to complete and attach this schedule to the Flint return: Revised 10/25/2012

1. Box A to report dates of residency of the taxpayer and spouse during the tax year
2. Box B to report the former address of the taxpayer and spouse
3. Column A to report all income from their federal income tax return
4. Column B to report all income taxable on their federal return that is not taxable by Flint
5. Column C to report income taxable as a resident and compute tax due on this income at the resident tax rate
6. Column D to report income taxable as a nonresident and compute tax due on this income at the nonresident tax rate

A. PART-YEAR RESIDENCY PERIOD		From	To	B. PART-YEAR RESIDENT'S FORMER ADDRESS	
Taxpayer				Taxpayer	
Spouse				Spouse	

INCOME		Column A Federal Return Data	Column B Exclusions and Adjustments	Column C Resident Income	Column D Nonresident Income
1. Wages, salaries, tips, etc. (Attach Form(s) W-2)	1	.00	.00	.00	.00
2. Taxable interest	2	.00	.00	.00	NOT TAXABLE
3. Ordinary dividends	3	.00	.00	.00	NOT TAXABLE
4. Taxable refunds, credits or offsets	4	.00	.00	NOT APPLICABLE	NOT TAXABLE
5. Alimony received	5		.00	.00	.00
6. Business income or (loss) (Att. copy of fed. Sch. C)	6	.00	.00	.00	.00
7. Capital gain or (loss) (Att. copy of Sch. D)	7a	.00	.00	.00	.00
			Mark if Sch. D not required		
7b	7b				
8. Other gains or (losses) (Att. copy of Form 4797)	8	.00	.00	.00	.00
9. Taxable IRA distributions	9	.00	.00	.00	.00
10. Taxable pensions and annuities (Attach copy of Form 1099-R)	10	.00	.00	.00	.00
11. Rental real estate, royalties, partnerships, S corps., trusts, etc. (Attach copy of fed. Sch. E)	11	.00	.00	.00	.00
12. Reserved	12				
13. Farm income or (loss) (Att. copy of fed. Sch. F)	13	.00	.00	.00	.00
14. Unemployment compensation	14	.00	.00	NOT APPLICABLE	NOT TAXABLE
15. Social security benefits	15	.00	.00	NOT APPLICABLE	NOT TAXABLE
16. Other income (Att. statement listing type and amt)	16	.00	.00	.00	.00
17. Total additions (Add lines 2 through 16)	17	.00	.00	.00	.00
18. Total income (Add lines 1 through 16)	18	.00	.00	.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	.00	.00	.00
2. Self-employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of fed. return)	2	.00	.00	.00	.00
3. Employee business expenses (See instructions & att. copy of fed. Form 2106)	3			.00	.00
4. Moving expenses (Into Flint area only) (Attach copy of federal Form 3903)	4	.00	.00	.00	.00
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT). (Att. copy of page 1 of fed. return)	5	.00	.00	.00	.00
6. Renaissance Zone deduction (Att. Sch. RZ)	6			.00	.00
19. Total deductions (Add lines 1 through 6)	19			.00	.00
20. Total income after deductions (Subtract line 19 from line 18)	20			.00	.00
21. Exemptions (Enter the number of exemptions from Form F-1040, page 2, box 1h, on line 21a; multiply Line 21a by \$600; and enter the result on line 21b) (If the amount on line 21b exceeds the amount of resident income in column C, line 20, subtract the amount in column C, line 20, from line 21b and enter result on line 21c)	21a			.00	.00
	21b				
	21c				.00
22a. Total income subject to tax as a resident (Subtract line 21b from line 20)	22a			.00	
22b. Total income subject to tax as a nonresident (Subtract line 21c from line 20)	22b				.00
23a. Line not used on this form	23a				
23b. Tax at resident rate (MULTIPLY LINE 22a BY 1% (0.01) THE RESIDENT TAX RATE)	23b			.00	
23c. Tax at nonresident rate (MULTIPLY LINE 22b BY 0.5% (0.005), THE NONRESIDENT TAX RATE)	23c				.00
23d. Total tax (Add lines 23b and 23c) (ENTER HERE AND ON FORM F-1040, PAGE 1, LINE 23b, AND PLACE A MARK (X) IN BOX 23a OF FORM F-1040)	23d			.00	

Taxpayer's name	Taxpayer's SSN	2012 FLINT	
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WAGES, EXCLUDIBLE WAGES AND CITY TAX WITHHELD - F-1040, PAGE 1, LINE 1, COLUMNS A & B **Attachment 2**
All W-2 forms must be attached to page 1 of the return Revised 10/31/2012

Use this form to provide details for all Forms W-2 and all income reported on federal Form 1040, line 7, such as: wages received as a household employee for which you did not receive a W-2 form; tip income not reported to employer; allocated tips shown on Form(s) W-2, box 8; dependent care benefits; employer-provided adoption benefits; scholarship and fellowship grants not reported on Form W-2; excess salary deferrals; disability pensions shown on Form 1099-R if the taxpayer has not reached the minimum retirement age set by the employer; corrective distributions from a retirement plan shown on Form 1099-R from excess salary deferrals and excess contributions (plus earnings); and wages from Form 8919, line 6.
Use this form to report excludible (nontaxable) wages included in total wages reported on your federal tax return (Forms 1040, 1040A or 1040EZ). Excluded resident and nonresident wages are also reported on Form F-1040, page 2, Excluded Wages schedule.

	Employer 1		Employer 2		Employer 3		Employer 4	
1. Employer's ID number (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 SSN from Form W-2, box a								
4. Dates of employment during tax year	From	To	From	To	From	To	From	To
5. Wages, tips, other compensation (Form W-2, Box 1)								
6. Allocated tips (Form W-2, Box 8)								
7. Local income tax withheld (Form W-2, Box 19a)								
8. Locality name (Form W-2, Box 20a)								
9. Local income tax withheld (Form W-2, Box 19b, second line of local tax withheld)								
10. Locality name (Form W-2, Box 20b)								
11. Excludable resident wages (Enter here and on Form F-1040, page 2, Excluded Wages schedule)								
12. Excludable nonresident wages (Enter here and on Form F-1040, page 2, Excluded Wages schedule)								
13. Reason excludible wages (lines 11 and/or 12) are not taxable by Flint								
14. Address of work station (Where you actually work, not the address on Form W-2 unless you work there: include street number, street name, city and state)								
15. Total wages (Add lines 5 and 6 for all employers; must equal amount reported on Form F-1040, page 1, line 1, column A)								
16. Total excludible wages from all employers (Add lines 11 and 12 for all columns; enter here and also on Form F-1040, page 1, line 1, column B; part-year residents enter here and on Schedule TC, line 1, column B)								
17. Total tax withheld for Flint (Add amounts for all employers on lines 7 and 9 where locality name on the related locality name lines (lines 8 or 10) represents Flint tax withheld)								

NONRESIDENT AND PART-YEAR RESIDENT WAGE ALLOCATION
For use by nonresidents or part-year residents who worked both in & outside of Flint for the employer while a nonresident. Part-year residents working in & outside while a nonresident must use wage allocation to determine wages earned in Flint 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
18. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work)				
19. Vacation, holiday and sick days or hours included in line 18				
20. Actual number of days or hours worked (Line 18 less line 19)				
21. Enter actual number of days or hours worked in Flint				
22. Percentage of days or hours worked in Flint (Line 21 divided by line 20; default is 100%)	%	%	%	%
23. Wages earned in Flint (Line 22 times the total of lines 5 and 6)				
24. Excludible nonresident wages from employer (Total of lines 5 and 6 less line 23) (Enter here and on line 12)				

Taxpayer's name	Taxpayer's SSN	2012 FLINT	
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EXCLUDIBLE INTEREST INCOME - F-1040, PAGE 1, LINE 2, COLUMN B **Attachment 3**

Nonbusiness interest income of a nonresident individual is totally excluded Revised 10/31/2012

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 (Add lines 1, 2 and 3; enter total here and on page 1, line 2, column B; part-year residents see line 5)	.00
5. Part-year residents enter total from line 4 plus total interest received while a nonresident on Schedule TC, line 2, column B (Lines 1, 2 and 3 should report only interest received while a resident)	

EXCLUDIBLE DIVIDEND INCOME - F-1040, PAGE 1, LINE 3, COLUMN B **Attachment 4**

Dividend income of a nonresident individual is excluded except for business interest income Revised: 10/23/2012

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 (Add lines 1, 2 and 3; enter total here and on page 1, line 3, column B; part-year residents see line 5)	.00
5. Part-year residents enter total from line 4 plus total dividends received while a nonresident on Schedule TC, line 2, col. B (Lines 1, 2 and 3 should report only dividends received while a resident)	

EXCLUSIONS AND ADJUSTMENTS TO BUSINESS INCOME OR (LOSS) - F-1040, PAGE 1, LINE 6, COLUMN B **Attachment 5**

Nonresidents and part-year residents use this schedule to compute excludible business income reported on federal Schedule C that is from business activity outside of Flint while a nonresident Revised 10/23/2012

Attach a copy of each Federal Schedule C.

Attach a separate Business Allocation Formula calculation for each separate federal Schedule C if allocating income of a business.

Note: In determining the average percentage, if a factor does not exist, you must divide the total of the percentages by the number of factors used.

Note: If you are authorized to use a special formula, attach a copy of the administrator's approval letter and attach a schedule detailing calculation.

Note: Net operating loss from prior year is reported on Line 16, Other income.

BUSINESS INCOME	BUSINESS # 1	BUSINESS # 2
1. Net profit (or loss) from business or profession	.00	.00
2. Business allocation percentage (For each separate business compute the business allocation percentage using the Business Allocation Formula below and enter it here)	%	%
3. Allocated net profit (loss) (For each column, multiply line 1 by line 2)	.00	.00
4. Excludible net profit (loss) (For each column, subtract line 3 from line 1)	.00	.00
5. Total excludible net profit (loss) (Add amounts on line 4 of each column; enter here and on Form F-1040, page 1, line 6, column B, or for part-year residents, on Schedule TC, line 6, column B)		00

BUSINESS # 1 DBA

BUSINESS ALLOCATION FORMULA WORKSHEET	COLUMN 1 EVERYWHERE	COLUMN 2 IN FLINT	COLUMN 3 PERCENTAGE
1. Average net book value of real and tangible personal property	.00	.00	(Column 2 divided by column 1)
2. Gross rents paid on real property multiplied by 8	.00	.00	
3. Total property	.00	.00	
4. Total wages, salaries and other compensation of all employees	.00	.00	%
5. Gross receipts from sales made or services rendered	.00	.00	%
6. Total percentages (Add the percentages computed in column 3)			%
7. Business allocation percentage (Divide line 6 by the number of apportionment factors used)			%

BUSINESS # 2 DBA

BUSINESS ALLOCATION FORMULA WORKSHEET	COLUMN 1 EVERYWHERE	COLUMN 2 IN FLINT	COLUMN 3 PERCENTAGE
1. Average net book value of real and tangible personal property	.00	.00	(Column 2 divided by column 1)
2. Gross rents paid on real property multiplied by 8	.00	.00	
3. Total property	.00	.00	
4. Total wages, salaries and other compensation of all employees	.00	.00	%
5. Gross receipts from sales made or services rendered	.00	.00	%
6. Total percentages (Add the percentages computed in column 3)			%
7. Business allocation percentage (Divide line 6 by the number of apportionment factors used)			%

Taxpayer's name	Taxpayer's SSN	2012 FLINT	
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EXCLUSIONS AND ADJUSTMENTS TO CAPITAL GAIN OR (LOSS) - F-1040, PAGE 1, LINE 7, COLUMN B **Attachment 6**

Residents, nonresidents and part-year residents use this schedule to report exclusions and adjustments to capital gains or (losses)	RESIDENT COLUMN	NONRESIDENT COLUMN
1. Capital gain or (loss) on property located outside of Flint	NOT EXCLUDIBLE	.00
2. Capital gain or (loss) on securities issued by U.S. Government	.00	EXCLUDIBLE ON LINE 1
3. Portion of capital gain or (loss) from property owned prior to Ordinance inception (For residents on all such property; for nonresidents only on property located in Flint.) (Attach a schedule that identifies and shows the calculation for each.)	.00	.00
4. Capital gain or (loss) from Sub. S corporations (Attach schedule.)	NO ADJUSTMENT ALLOWED	.00
5. Adjustment for capital loss carryover from period prior to residency (A resident is not allowed to claim a capital loss carryover from property sold prior to their date of residency.)	.00	NO ADJUSTMENT ALLOWED
6. Adjustment for difference between federal and Flint capital loss carryover from prior year (The Flint capital loss carryover is usually different from the amount reported on federal return; an adjustment must be made for this difference.)	.00	.00
7. Adjustment to limit capital loss to \$3,000 for tax year	.00	.00
8. Total exclusions and adjustments to capital gains or (losses) (Enter total here and on Form F-1040, page 1, line 7, column B, or for part-year residents, enter on Schedule TC, line 7, column B)	00	00

Attach copy of federal Schedule D and all supporting schedules to return.
 Deferred gains from sales of property located in Flint or property sold while a resident of Flint are taxable when reported on federal return. Revised 10/31/2012

EXCLUSIONS AND ADJUSTMENTS TO OTHER GAINS OR (LOSSES) - F-1040, PAGE 1, LINE 8, COLUMN B **Attachment 7**

Residents, nonresidents and part-year residents use this schedule to report exclusions and adjustments to other gains or (losses)	RESIDENT COLUMN	NONRESIDENT COLUMN
1. Other gains or (losses) on property located outside of Flint	NOT EXCLUDIBLE	.00
2. Portion of other gains or (losses) from property owned prior to effective date of the Flint tax (For residents on all such property; for nonresidents only on property located in Flint.) (Attach a schedule that identifies and shows the calculation for each.)	.00	.00
3. Other gains or (losses) from Sub. S corporations	NOT EXCLUDIBLE	.00
4. Total excludible other gains and losses (Enter total here and on Form F-1040, page 1, line 8, column B, or for part-year residents, enter on Schedule TC, line 8, column B)	00	00

Deferred gains from sales of property located in Flint or property sold while a resident of Flint are taxable when reported on federal return.
 Attach a copy of federal Form 4797 and all supporting schedules to return to explain. Revised 10/31/2012

EXCLUSIONS AND ADJUSTMENTS TO IRA DISTRIBUTIONS - F-1040, PAGE 1, LINE 9, COLUMN B **Attachment 8**

List all IRA distributions reported as taxable on federal return Revised: 10/31/2012

Enter T for taxpayer or S for spouse	Payer's federal ID Number	Payer's name	Federally taxable IRA distributions	Distribution Code (Form 1099-R, box 7)	Excludible IRA distributions
1.			.00		.00
2.			.00		.00
3.			.00		.00
4.			.00		.00
5. Total federally taxable IRA distributions (Add lines 1 through 4 above for this column; amount should equal the amount reported on Form F-1040, page 1, line 9, column A)			.00		
6. Total excludible IRA distributions (Add lines above for this column; enter here and also on Form F-1040 (for part-year residents, Sch. TC), page 1, line 9, col. B)					.00

EXCLUSIONS AND ADJUSTMENTS TO PENSIONS AND ANNUITIES - F-1040, PAGE 1, LINE 10, COLUMN B **Attachment 9**

List pension distributions reported as taxable on federal return Revised: 10/31/2012

Enter T for taxpayer or S for spouse	Payer's federal ID Number	Payer's name	Kind of pension distribution (employer's pension plan, 401k plan, 457 plan, etc.)	Federally taxable pension distributions	Distribution Code (Form 1099-R, box 7)	Excludible pension distributions
1.				.00		.00
2.				.00		.00
3.				.00		.00
4.				.00		.00
5. Total federally taxable pension distributions (Add lines 1 through 4 above for this column; amount should equal the amount reported on Form F-1040, page 1, line 10, column A)				.00		
6. Total excludible pension distributions (Add lines above for this column; enter here and also on Form F-1040 (for part-year residents, Sch. TC), p. 1, l. 10, col. B)						.00

Taxpayer's name	Taxpayer's SSN	2012 FLINT	
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EXCLUSIONS AND ADJUSTMENTS TO INCOME FROM RENTAL REAL ESTATE, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS, ETC. - F-1040, PAGE 1, LINE 11, COLUMN B **Attachment 10**
Revised 10/29/2012

Residents, nonresidents and part-year residents use this schedule to report exclusions and adjustments to income from rental real estate, royalties, partnerships, S corporations, trusts, etc.	RESIDENT COLUMN	NONRESIDENT COLUMN
1. Rental income (loss) from real estate located outside Flint	TAXABLE ON RESIDENT RETURN	.00
2. Royalties	TAXABLE ON RESIDENT RETURN	.00
3. Partnership income (loss) from partnership business activity outside Flint	TAXABLE ON RESIDENT RETURN	.00
4. Subchapter S corporation income (loss)	TAXABLE ON RESIDENT RETURN	.00
5. Trust income (loss)	TAXABLE ON RESIDENT RETURN	.00
6. Total adjustments to income from rental real estate, royalties, partnerships, trusts, etc. (Enter here and on Form F-1040, page 1, line 11, column B, or for part-year residents enter total of resident and nonresident columns on Schedule TC, line 11, column B)	.00	.00

Attach a schedule detailing the complete address of each piece of rental real estate.
 Attach a schedule detailing name and ID number of each partnership and amount of adjustment.
 Attach a schedule detailing name and ID number of each Subchapter S Corporation and amount of adjustment.
 Attach copy of federal Schedule E.

Not used (purposefully left blank) **Attachment 11**
Revised 10/29/2012

EXCLUSIONS AND ADJUSTMENTS TO FARM INCOME OR (LOSS) - F-1040, PAGE 1, LINE 13, COLUMN B **Attachment 12**
Revised 10/23/2012

Nonresidents use this schedule to exclude farm income from outside Flint
 Farm address

FARM INCOME	FARM
1. Net profit (or loss) from farm	.00
2. Farm allocation percentage	%
3. Allocated net profit (or loss), multiply line 1 by line 2	.00
4. Excludible net profit (or loss) (subtract line 3 from line 1; enter here and on Form F-1040, page 1, line 13, column B)	.00

FARM ALLOCATION FORMULA	COLUMN 1 EVERYWHERE	COLUMN 2 IN FLINT	COLUMN 3 PERCENTAGE (Column 2 divided by column 1)
1. Average net book value of real and tangible personal property	.00	.00	
2. Gross rents paid on real property multiplied by 8	.00	.00	
3. Total property	.00	.00	%
4. Total wages, salaries and other compensation of all employees	.00	.00	%
5. Gross receipts from sales made or services rendered	.00	.00	%
6. Total percentages (Add the percentages computed in column 3)			%
7. Business allocation percentage (Divide line 6 by the number of apportionment factors used)			%

Note: In determining the average percentage, if a factor does not exist, you must divide the total of the percentages by the number of factors used.
 Note: If you are authorized to use a special formula, attach a copy of the administrator's approval letter and attach a schedule detailing calculation.
 Note: Net operating loss from prior year is reported on Form F-1040, line 16, Other income.

Taxpayer's name	Taxpayer's SSN	2012 FLINT	
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EXCLUSIONS AND ADJUSTMENTS TO OTHER INCOME - F-1040, PAGE 1, LINE 16, COLUMN B **Attachment 13**

Residents and nonresidents use this schedule to report exclusions and adjustments to other income Revised 10/23/2012

SOURCE OF INCOME	FEDERAL I.D. #	NATURE OF INCOME	RESIDENT COLUMN	NONRESIDENT COLUMN
1.			.00	.00
2.			.00	.00
3.			.00	.00
4. Total adjustments and exclusions to other income (Add lines 1 through 3 and enter totals here and on Form F-1040, page 1, line 16, column B. Part-year residents enter totals on Form F-1040TC, line 16, column B)			.00	.00

Attach an explanation of and calculation for any reported federal and Flint Net Operating Loss deduction.
 Attach an explanation for each item reported and excluded on the Other Income line.
 Add lines as needed.

IRA DEDUCTION WORKSHEET - F-1040, PAGE 2, DEDUCTIONS SCHEDULE - LINE 1 **Attachment 14**

RESIDENT: Claim 100% of the federal IRA deduction unless taxpayer or spouse has nontaxable earned income (military pay, etc.). If the taxpayer or spouse has nontaxable earned income, compute IRA deduction in the same manner as a nonresident using worksheet below.

NONRESIDENT: Use worksheet below to compute the Flint IRA deduction.

PART-YEAR RESIDENT: Compute the resident portion of the IRA deduction following the resident instructions and using the amount of earned income received while a resident and the portion of the federal IRA deductible contributions made while a resident; compute nonresident portion of the IRA deduction using the amount of earned income received while a nonresident and the portion of the federal IRA deductible contributions made while a nonresident; list amounts separately on worksheet and enter the resident and nonresident IRA deduction on Schedule TC, Deductions schedule, line 1.

Nonresidents and part-year residents claiming a Flint IRA deduction must attach this completed worksheet to their Flint return. Revised 10/29/2012

	TAXPAYER		SPOUSE		COLUMN E TOTALS
	COLUMN A EARNED INCOME TAXABLE BY FLINT	COLUMN B EARNED INCOME NOT TAXABLE BY FLINT	COLUMN C EARNED INCOME TAXABLE BY FLINT	COLUMN D EARNED INCOME NOT TAXABLE BY FLINT	
1. Earned income	.00	.00	.00	.00	.00
2a. Federal IRA deduction	.00		.00		.00
2b. If part-year resident, enter portion of federal IRA deduction contributed while a resident	.00		.00		.00
	TAXPAYER		SPOUSE	INSTRUCTIONS	
3. Percentage that the individual's earned income taxable in Flint is to the individual's total earned income	%		%	Divide individual's earned income taxable by Flint (line 1, column A) by individual's total earned income (the sum of line 1, column A plus column B).	
4. Flint IRA deduction based upon individual's earned income	.00		.00	Taxpayer's or spouse's federal IRA deduction (line 2a) multiplied by Flint earned income percentage (line 3).	
5. Amount individual's federal IRA deduction exceeds individual's earned income taxable by Flint	.00		.00	Taxpayer's or spouse's federal IRA deduction (line 2a) less the individual's earned income taxable by Flint (line 1).	
6. Amount spouse's earned income exceeds spouse's federal IRA deduction (excess earned income)	.00		.00	Column A equals spouse's earned income taxable by Flint (line 1 of spouse's column C) less spouse's federal IRA deduction (line 2a of spouse's column C). Column C equals taxpayer's earned income taxable by Flint (line 1 of taxpayer's column A) less taxpayer's federal IRA deduction (line 2a of taxpayer's column A).	
7. Flint IRA deduction based upon spouse's earned income	.00		.00	If individual's (taxpayer or spouse) federal IRA deduction exceeds individual's earned income and spouse's earned income exceeds spouse's federal IRA deduction (line 5), enter the lesser of the individual's excess IRA (line 5) or spouse's excess earned income multiplied by spouse's Flint earned income percentage (line 6), else enter zero.	
8. Flint IRA deduction	.00		.00	Add individual's (taxpayer or spouse) Flint IRA deduction based upon their own Flint earned income (line 4) and their Flint IRA deduction based upon their spouse's earned income (line 7).	
9. RESIDENT OR PART-YEAR RESIDENT: Enter total resident IRA deduction here. Normally this is the total of the taxpayer's and spouse's Flint IRA deduction, line 2a of columns A and C. If a part-year resident, normally this is the total of the taxpayer's and spouse's Flint IRA deduction, line 2b of columns A and C. If either the taxpayer or spouse has nontaxable earned income while a resident, separately compute the resident IRA deduction in the same manner as a nonresident.			.00	PART-YEAR RESIDENT: Enter total federal IRA deduction on Schedule TC, Deductions schedule, line 1, column A; enter the resident Flint IRA deduction in column C; enter the nonresident Flint IRA deduction in column D; and enter in column B the difference of the amount in column A less the amounts in column C and column D.	
10. NONRESIDENT: Total Flint nonresident IRA deduction (Enter total of the taxpayer's (line 8, column A) and spouse's (line 8, column C) deduction here and on Form F-1040, page 2, Deductions schedule, line 1) PART-YEAR RESIDENT: See instructions on the right side.			.00		

Taxpayer's name	2012 FLINT	Taxpayer's SSN
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SELF-EMPLOYED SEP, SIMPLE AND QUALIFIED PLANS DEDUCTION WORKSHEET - F-1040, PAGE 2, DEDUCTIONS SCHEDULE, LINE 2 **Attachment 15**
Revised 10/31/2012

RESIDENT: No schedule required; a full year resident deducts amount reported on federal Form 1040, line 28.

NONRESIDENT: Nonresidents use the nonresident deduction column of this worksheet to calculate their deduction. A nonresident is required to attach a copy of this deduction schedule to their Flint return.

PART-YEAR RESIDENT: Part-year residents use a separate line to report the amount of deduction by related source of income as a resident or while a nonresident and indicate resident (R) or nonresident (N) relationship in front of the deduction by related source of income. The resident portion of the deduction is 100% of the related deduction. The nonresident deduction is related to the income earned in the Flint while a nonresident and is computed by entering the percentage the related income is taxable in the Percentage Related Income Is Taxable column and entering the product of multiplying the related deduction times the percentage and entering it in the Nonresident Deduction column.

SOURCE OF RELATED OF INCOME	FEIN (OR SSN) OF RELATED SOURCE OF INCOME	R OR N	FEDERAL DEDUCTION BY RELATED SOURCE OF INCOME	PERCENTAGE RELATED INCOME IS TAXABLE	RESIDENT DEDUCTION FOR A PART-YEAR RESIDENT	NONRESIDENT DEDUCTION
1.			.00	%	.00	.00
2.			.00	%	.00	.00
3.			.00	%	.00	.00
4.			.00	%	.00	.00
5. Add lines 1 through 4 of each dollar column (Federal Deduction column should total amount reported on federal Form 1040, line 28)			.00		.00	.00

6. Nonresidents enter total from nonresident deduction column on Form F-1040, page 2, Deductions schedule, line 2. Part-year residents enter total from the part-year resident column on Schedule TC, Deductions schedule, line 2, column C and enter total from the nonresident deduction column on Schedule TC, Deductions schedule, line 2, column D

EMPLOYEE BUSINESS EXPENSE DEDUCTION WORKSHEET - F-1040, PAGE 2, DEDUCTIONS SCHEDULE, LINE 3, Form F-2106 **Attachment 16**
Revised 10/31/2012

	Column 1 As reported on federal Form 2106	Column 2 Employer 1	Column 3 Employer 2	Column 4 Employer 3	Column 5 Employer 4
1. Employer's identification number (FEIN)					
2. Occupation (List for each employer)					
3. Vehicle expenses	.00	.00	.00	.00	.00
4. Parking, fees, tolls and local transportation, including train, bus, etc.	.00	.00	.00	.00	.00
5. Travel expenses while away from home overnight, including, lodging, airfare, car rental, etc.	.00	.00	.00	.00	.00
6. Were you an outside salesperson? (Answer yes or no in the column for each employer; see definition of outside salesperson below)					
7. Business expenses not included on lines 3, 4 or 5. Do not include meals and entertainment (Enter employer amount only if line 6 of column is yes; see instruction below)	.00	.00	.00	.00	.00
8. Meals (See meal expenses instruction below)	.00	.00	.00	.00	.00
9. Total business expenses (Add lines 3, 4, 5, 7 and 8)	.00	.00	.00	.00	.00
10. Enter reimbursements received from your employer for expenses included in line 9 that were not reported to you in box 1 of Form W-2	.00	.00	.00	.00	.00
11. Business expense deduction (Line 9 less line 10)		.00	.00	.00	.00
12. Percentage deductible (Same percentage related wages are taxable)			%	%	%
13. Allowable business expense deduction (Line 11 times line 12)		.00	.00	.00	.00
14. Total business expense deduction (Enter the total of line 13, columns 2 through 5 here and also on Form F-1040, page 2, Deductions schedule, line 3)					.00

Form F-2106, Column 1, lines to related lines on federal Form 2106: Line 3 = Fed.Form 2106, line 1, Col. A; line 4 = Fed.Form 2106, line 2, Col. A; line 5 = Fed.Form 2106, line 3, Col. A; line 7 = Fed.Form 2106, line 4, Col. A; line 8 = Fed.Form 2106, line 5, Col. B; line 9 = Fed.Form 2106, line 6, Col. A & B; line 10 = Fed.Form 2106, line 7, Col. A & B; line 11 = Fed.Form 2106, line 8, Col. A & B.

Outside salesperson: An "outside salesperson" is one who solicits business while working away from the employer's place of business as a full-time salesperson. If the individual is required to spend a stated period of time selling at the employer's place of business as part of their job, the individual is not an outside salesperson. If the individual only performs incidental activities there, such as writing up and handing in orders, the individual qualifies for the expense deduction. A salesperson whose principal activity is service and delivery is not an "outside salesperson." An inside salesperson who makes incidental outside calls and sales is not an "outside salesperson."

Line 7 instructions: Business expenses reported on line 4 of federal Form 2016 are allowed as an expense on the Flint return only when the individual employee qualifies as a outside salesperson when the expenses were incurred.

Meal expenses: Under the Flint Income Tax Ordinance meal expenses are allowed only when incurred while away from home. No deduction is allowed for entertainment unless incurred by an outside salesperson.

Taxpayer's name	Taxpayer's SSN	2012 FLINT	
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MOVING EXPENSE DEDUCTION WORKSHEET - F-1040, PAGE 2, DEDUCTIONS SCHEDULE, LINE 4 **Attachment 17**
Form F-3903 No deduction is allowed when moving away from Flint Revised 10/31/2012

RESIDENT: A resident individual who moved into Flint may claim the deduction as claimed on federal Form 3903.
NONRESIDENT: A nonresident individual who moved into the area of Flint may claim a portion or all of the deduction as claimed on federal Form 3903 based upon the percentage the income after moving to the area is taxable by Flint.
PART-YEAR RESIDENT: An individual who moved to the area of Flint and was temporarily a nonresident working in the Flint and then became a resident during the tax year may be entitled to a portion of the deduction as a nonresident and as a resident of Flint.

DISTANCE TEST WORKSHEET				
1. Number of miles from your old home to your new workplace	1		miles	
2. Number of miles from your old home to your old workplace	2		miles	
3. Subtract line 2 from line 1. If zero or less, enter -0-	3		miles	
If line 3 is greater than 50 miles continue, otherwise you are not qualified to claim this deduction.				
4. Cost of transportation and storage of household goods and personal effects (See instructions for federal Form 3903)	4			.00
5. Cost of travel (including lodging) from your old home to your new home. (See instructions for federal Form 3903) (Do not include the cost of meals.)	5			.00
6. Add lines 4 and 5	6			.00
7. Enter the amount your employer paid you for the expenses listed on lines 4 and 5 that is not included in box 1 of your Form W-2 (wages) (This amount should be shown in box 12 of your Form W-2 with a code P)	7			.00
8. Is line 6 more than line 7?	No	You cannot deduct your moving expenses. (If line 6 is less than line 7, subtract line 6 from line 7 and include the result on Form F-1040, page 1 line 1, column A and report exclusion of this income on the excluded wages schedule)	8a	.00
	Yes	Subtract line 7 from line 6	8b	.00
9. Enter percentage of income earned as a resident of Flint after moving into area	9		%	
10. Enter percentage of income earned as a nonresident in Flint after moving into area	10		%	
11. Multiply line 8b by the percentage on line 9 (Moving expense deduction allowed while a resident; enter here and on Form F-1040, page 2, Deductions schedule, line 4)	11		.00	
12. Multiply line 8b by the percentage on line 10 (Moving expense deduction allowed while a nonresident; enter here and on Form F-1040, page 2, Deductions schedule, line 4) (If a part-year resident add amounts on line 11 and 12 and enter on Schedule TC, Deductions schedule, line 4)	12			.00

ALIMONY PAID DEDUCTION WORKSHEET - F-1040, PAGE 2, DEDUCTIONS SCHEDULE, LINE 5 **Attachment 18**
Revised 10/31/2012

RESIDENT: Full-year residents claim the entire amount of alimony reported on federal Form 1040, line 31a. A full-year resident is not required to attach this deduction schedule to their Flint income tax return.
NONRESIDENT: Nonresidents use the nonresident column of this worksheet to calculate their Flint alimony deduction.
PART-YEAR RESIDENT: A part-year resident may need to use both the resident and nonresident columns of this worksheet to calculate their alimony deduction. For each line of the worksheet, compute the amount to enter into the resident and/or nonresident columns and follow the line by line instructions. A part-year resident with no Flint income while a nonresident ignores the nonresident column of this form.

Nonresidents and part-year residents use this worksheet to compute the alimony paid deduction	RESIDENT COLUMN	NONRESIDENT COLUMN
1. Enter resident portion of federal adjusted gross income (Form 1040, page 1, line 37) in resident column and/or nonresident portion in nonresident column	.00	.00
2. Enter resident portion of federal alimony paid (federal Form 1040, page 1, line 31a) while a resident of Flint in the resident column and/or nonresident portion of the alimony paid while a nonresident in the nonresident column (Actual amount paid while a resident of Flint and while nonresident)	.00	.00
3. Federal income for alimony deduction computation (Line 1 plus line 2 of column)	.00	.00
4. Enter resident portion of total Flint income (Form F-1040, page 1, line 18) in resident column and/or nonresident portion in nonresident column. Part-year residents enter total Flint income as a resident and/or nonresident as reported on Schedule TC, line 18, columns C (resident) and D (nonresident)	.00	.00
5. Enter resident portion of total deductions for Flint other than alimony deduction (Add lines 1, 2, 3, 4 & 6 on Form F-1040, page 2, Deductions schedule) in resident column and/or nonresident portion in nonresident column	.00	.00
6. Taxable income for city prior to alimony deduction (Line 4 less line 5)	.00	.00
7. Resident column: Enter 100% Nonresident column: Enter alimony deduction percentage (Line 6 divided by line 3)	100 %	%
8. Alimony deduction (Line 2 multiplied by line 7) (Residents and nonresidents enter amount from respective column on Form F-1040, page 2, Deductions schedule, Line 5. Part-year residents enter amount from each column on Schedule TC, Deductions schedule, line 5, column C and D)	.00	.00

Taxpayer's name	Taxpayer's SSN	2012 FLINT	
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RENAISSANCE ZONE DEDUCTION, SCH RZ - FORM F-1040, PAGE 2, DEDUCTIONS SCHEDULE, LINE 6 Attachment 19

FOR USE BY A RESIDENT DOMICILED IN A RENAISSANCE ZONE, AN INDIVIDUAL WITH INCOME FROM RENTAL REAL ESTATE LOCATED IN A RENAISSANCE ZONE OR AN INDIVIDUAL PROPRIETORSHIP, PROFESSION OR PARTNERSHIP LOCATED AND CONDUCTING BUSINESS IN A RENAISSANCE ZONE TO COMPUTE THE RENAISSANCE ZONE DEDUCTION

DISQUALIFICATION CRITERIA

AN INDIVIDUAL IS NOT QUALIFIED TO CLAIM THE RENAISSANCE ZONE DEDUCTION IF ANY OF THE FOLLOWING TAXES ARE DELINQUENT:

City Income Tax	Personal Property Tax	Commercial Facilities Tax (CFT)	City (Detroit) Utilities Users Tax
Michigan Income Tax	Michigan Single Business Tax	Enterprise Zone Tax	Technology Park Development Tax
General Property Tax	Industrial Facilities Tax (IFT)	Neighborhood Enterprise Zone Tax	Commercial Forest Tax

DEDUCTION ALLOWANCE FACTOR

Revised 10/23/2012

The Renaissance Zone deduction is phased out during the final three years of a Renaissance Zone's designation. The Deduction Allowance Factor is: 75% for the tax year that is 2 years before the final year of designation; 50% for the tax year immediately preceding the final year of designation; 25% for the final year of designation; and 100% for all other years of designation.

RESIDENT DOMICILED IN A RENAISSANCE ZONE

Complete this section if you were a resident of Flint domiciled in a Renaissance Zone

A 183 day residence requirement must be completed before qualifying to claim the Renaissance Zone Deduction

1. Address of domicile in Renaissance Zone

2. Date domicile established at this residence / / If domicile is continuous for at least 183 days, taxpayer is qualified on this date.

3. Dates of domicile this year: Starting date / / Ending date / / Total number of days Days

4. Percentage of year as a qualified resident of a Renaissance Zone (Line 3 divided by 365) 4 %

5. Gross income from Form F-1040, page 1, line 18, column C 5 .00

6. Capital gains reported on Form F-1040, page 1, line 7, column C 6 .00

7. Lottery winnings included in income reported on Form F-1040, page 1, lines 1 or 16, column C 7 .00

8. Total deductions related to income included in line 5 (Add amounts reported on F-1040, pg. 2, Deductions Sch., Lines 1 - 5) 8 .00

9. Base income for Renaissance Zone deduction (Line 5 less lines 6, 7 and 8) 9 .00

10. Total qualified ordinary income (Line 9 multiplied by line 4) 10 .00

11. Portion of capital gains from sale or exchange of property occurring after qualification date 11 .00

12. Lottery winnings from an instant lottery game or an online game won after becoming a qualified taxpayer 12 .00

13. Renaissance Zone deduction base (Add lines 10, 11 and 12) 13 .00

14. Enter Deduction Allowance Factor on line 14a, 100%, 75%, 50% or 25%; multiply line 13 by 14a; enter deduction on line 14b and on Form F-1040, page 2, Deduction schedule, line 6.) 14a % 14b .00

OTHER INDIVIDUALS WITH INCOME FROM RENTAL REAL ESTATE, BUSINESS, PROFESSION OR PARTNERSHIP LOCATED AND DOING BUSINESS IN A RENAISSANCE ZONE

Complete this section if you are a resident or nonresident individual with income from rental real estate, a business, profession or partnership with business activity in a Renaissance Zone

15. Business name (D.B.A.) and address of each location in a Renaissance Zone

	RESIDENT COLUMN	NONRESIDENT COLUMN
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16. Business and farming income reported on Form F-1040, page 1, line 6 or 13, column C 16 .00 .00

17. Net operating loss deduction claimed on Form F-1040, page 1, line 16, column C 17 .00 .00

18. Retirement plan deduction claimed on Form F-1040, page 2, Deductions schedule, line 2, related to income reported on line 17, column C 18 .00 .00

19. Base for Renaissance Zone deduction (Line 16 less lines 17 and 18) 19 .00 .00

20. Renaissance Zone Apportionment Percentage	COLUMN 1 IN FLINT	COLUMN 2 IN REN. ZONE	COLUMN 3 PERCENTAGE
20a. Average net book value of real & personal property			(Column 2 divided by column 1)
20b. Gross rents paid on real property multiplied by 8			
20c. Total property (Add line 20a and 20b)			%
20d. Total wages, salaries and other compensation			%
20e. Total percentages (Add column 3, line 20c and 20d)			%
20f. Renaissance Zone deduction percentage (Line 20e divided by 2)			%

21. Renaissance Zone deduction for business (Line 19 multiplied by line 20f) 21 .00 .00

22. Renaissance Zone deduction from partnership return; enter Partnership FEIN on line 22a and deduction amount on line 22b 22a 22b .00 .00

23. Address of each parcel of rental real estate located in a Renaissance Zone

24. Income from rental real estate located within a Renaissance Zone 24 .00 .00

25. Renaissance Zone deduction base (Add lines 21, 22b and 24) 25 .00 .00

26. Enter Deduction Allowance Factor on line 26a, 100%, 75%, 50% or 25%; multiply line 25 by 26a; enter result on line 26b and on F-1040, pg. 2, Deduction schedule, line 6.) 26a % 26b .00 .00

Taxpayer's name		Taxpayer's SSN		2012 FLINT			
TAX PAYMENTS OTHER THAN TAX WITHHELD (ESTIMATED TAX, EXTENSION, PAID BY A PARTNERSHIP AND CREDIT FORWARD) - F-1040, PAGE 2, PAYMENTS AND CREDITS SCHEDULE, LINE 2							Attachment 20
							Revised 10/29/2012
TAX PAYMENTS OTHER THAN TAX WITHHELD BY EMPLOYER							OTHER TAX PAYMENTS
1. Estimated tax payments							.00
2. Tax paid with an extension							.00
3. Credit forward from last tax year							.00
4. Tax paid by a partnership		Partnership FEIN		Partnership name			.00
5. Tax paid by a partnership		Partnership FEIN		Partnership name			.00
6. Total credit for estimated tax, extension and partnership tax payments and credit forward (Add lines 1 through 5; enter here and on F-1040, Page 2, Payments and Credits schedule, line 2)							.00

CREDIT FOR TAX PAID TO ANOTHER CITY AND TAX PAID BY A TAX OPTION CORPORATION - F-1040, PAGE 1, LINE 24c							Attachment 21
							Revised 10/29/2012
Credit for tax paid to another city may be claimed by a resident who pay tax on the same income to another city. Part-year residents may claim the credit for tax paid to another city based on income as a Flint resident that is also taxable by another city. Credit for tax paid by a tax option corporation may be claimed by residents of Flint based on income taxable to the resident and also taxed by a city to the tax option corporation.							
OTHER CITY'S NAME OR CORPORATION FEDERAL EMPLOYER IDENTIFICATION NUMBER AND NAME							TAX CREDIT
1. Tax paid to another city		City name					.00
2. Tax paid to another city		City name					.00
3. Tax paid by a tax option corporation		Corporation FEIN		Corporation name			.00
4. Tax paid by a tax option corporation		Corporation FEIN		Corporation name			.00
5. Tax paid by a tax option corporation		Corporation FEIN		Corporation name			.00
6. Total credit for tax paid to another city (Add lines 1 through 5; enter here and on F-1040, Page 2, Payments and Credits schedule, line 3)							.00

CALCULATION OF CREDIT FOR TAX PAID TO ANOTHER CITY (Residents only)		RESIDENT CITY	OTHER CITY
		FLINT	
1. Income taxable in the nonresident city that is also taxable in the Flint (Same amount for both cities)		.00	.00
2. Exemptions amount per city's return		.00	.00
3. Taxable income for credit		.00	.00
4. Tax for credit purposes at each city's nonresident tax rate		.00	.00
5. Credit allowed for tax paid to another city (Enter the smaller of Flint's or other city's tax from line 4)		.00	

CALCULATION OF CREDIT FOR TAX PAID BY TAX OPTION CORPORATION (S CORPORATION, CORPORATE REAL ESTATE INVESTMENT TRUST (REIT), ETC.) (Residents only)				
Flint taxes the flow through income of a resident from tax option corporations (S corporations, REIT, etc.) and allows a credit for the taxpayer's proportionate share of the city income tax paid by the tax option corporation.				
CALCULATION OF CREDIT FOR TAX PAID BY A TAX OPTION CORPORATION (S-CORPORATION)	RESIDENT CITY	OTHER CITY	OTHER CITY	OTHER CITY
	FLINT			
1. Corporation income tax paid to Flint and other cities by tax option corporation	.00	.00	.00	.00
2. Corporation income tax rate for Flint and other cities where tax option corporation paid corporation income tax	1 %	%	%	%
3. If the corporate tax rate of the other city is less than the Flint corporation tax rate, enter the tax paid by the tax option corporation to the other city, otherwise enter the total tax that would have been paid to the other city if their corporation tax rate was the same as the Flint corporation tax rate (Computation if other city's corporate tax rate is higher than the city's corporation tax rate: [Flint corporation tax rate] / [other city's corporation tax rate] * [corporation tax paid to other city])		.00	.00	.00
4. Taxpayer's percentage of ownership of tax option corporation (from federal Schedule K-1 (Form 1120s), line H, or other federal schedule)	%			
5. Enter the taxpayer's proportionate share of the corporation tax paid to Flint and the taxpayer's proportionate share of the lesser of the corporation tax paid to the other city or the tax that would have been paid if the other city's corporation income tax rate was the same as the Flint corporation tax rate	.00	.00	.00	.00
6. Credit allowed for tax paid by tax option corporation (Add amounts on line 5 of each column; enter total here; and list corporation FEIN, name and credit claimed in section above for Credit for Tax Paid to Another City and Tax Paid by a Tax Option Corporation)	.00			

APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE AN INDIVIDUAL INCOME TAX RETURN

Taxpayer Name:
 Social Security No:
 File on or Before: 4/30/2013, due date of 2012 return
 Payment: \$

- Payment Method:
- Make payment by check or money order payable to "City of FLINT." DO NOT SEND CASH.
 - Write your Soc. Sec. No., daytime phone number and "2012 F-4868" on check or money order.
 - To pay by credit card or direct debit, see income tax website of the City of FLINT.

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

- Instructions:
- An extension to file does not extend the due date to pay tax. Tax paid late will be assessed late fees.
 - Line 1: Enter the total tax liability you expect to report on your 2012 Form F-1040, page 1, line 23.
 - Line 2: Enter the total payments that you expect to report on your 2012 Form CF1040, page 2, line 4, not including the extension payment reported on line 3 of this form.
 - Filing date: The income tax ordinance limits an extension to SIX months from the original due date.

- Related Information:
- Federal extension: Filing a federal extension (Form 4868) with the Internal Revenue Service does not grant an extension of time to file a Flint income tax return.
 - Persons living outside the United States: Where the Internal Revenue Code grants an automatic two-month extension to persons living outside the U.S., an automatic two-month extension will be granted.

- Payment:
- An extension is automatically granted upon payment of the balance due (line 3); failure to pay the balance due invalidates the extension request; an extension filed without a payment will not be accepted.
 - Interest and penalty will be assessed on taxes paid late even if an extension of time to file is granted.
 - Penalty may be waived by the Income Tax Administrator if the tax paid by the original due date is not understated by more than 5% of tax or the taxpayer can show that the failure to pay on time was due to reasonable cause.

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

Revised: 10/22/2012

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE AN INDIVIDUAL INCOME TAX RETURN

NACTP # EFIN #

Revised: 10/22/2012

Taxpayer's first name, initial, last name			Taxpayer's SSN						
If joint return spouse's first name, initial, last name			If joint payment, spouse's SSN						
Present home address (Number and street)			Apt. no.		(2D Barcode of scan line data)				
Address line 2 (P.O. Box address for mailing use only)									
City, town or post office		State	Zip code						
Foreign country name, province/county, postal code			1. Estimate of total tax liability for 2012				.00		
			2. Total 2012 payments and credits				.00		
			3. Balance due (Line 1 less line 2)				.00		

**APPLICATION FOR AUTOMATIC EXTENSION OF TIME
TO FILE AN INDIVIDUAL INCOME TAX RETURN WITH EFT PAYMENT**

Taxpayer Name:	<input type="text"/>	Bank Routing Number:	<input type="text"/>
Social Security No:	<input type="text"/>	Bank Account Number:	<input type="text"/>
Due on or Before:	4/30/2013, due date of 2012 return	Type of Bank Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Payment:	\$ <input type="text"/>		

Payment Method:

- DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
- The payment voucher is authorization for city to directly withdrawal your payment from your bank account.

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

Instructions:

- An extension to file does not extend the due date to pay tax. Tax paid late will be assessed late fees.
- Line 1: Enter the total tax liability you expect to report on your 2012 Form F-1040, page 1, line 23.
- Line 2: Enter the total payments that you expect to report on your 2012 Form CF1040, page 2, line 4, not including the extension payment reported on line 3 of this form.
- Filing date: The income tax ordinance limits an extension to SIX months from the original due date.

Related Information:

- Federal extension: Filing a federal extension (Form 4868) with the Internal Revenue Service does not grant an extension of time to file a Flint income tax return.
- Persons living outside the United States: Where the Internal Revenue Code grants an automatic two-month extension to persons living outside the U.S., an automatic two-month extension will be granted.

Payment:

- An extension is automatically granted upon payment of the balance due (line 3); failure to pay the balance due invalidates the extension request; an extension filed without a payment will not be accepted.
- Interest and penalty will be assessed on taxes paid late even if an extension of time to file is granted.
- Penalty may be waived by the Income Tax Administrator if the tax paid by the original due date is not understated by more than 5% of tax or the taxpayer can show that the failure to pay on time was due to reasonable cause.

Taxpayer Records: Amount Paid: _____ Date Mailed: _____

Revised: 10/22/2012

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT
V DETACH HERE V

**F-4868-EFT FLINT 2012 RET EXT
APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE AN INDIVIDUAL INCOME TAX RETURN WITH EFT PAYMENT**

Revised: 10/22/2012

NACTP # <input type="text"/>		EFIN # <input type="text"/>	
Taxpayer's first name, initial, last name		Taxpayer's SSN	Bank routing number
If joint return spouse's first name, initial, last name		If joint payment, spouse's SSN	Bank account number
Present home address (Number and street) Apt. no.		(2D Barcode of scan line data)	
Address line 2 (P.O. Box address for mailing use only)			
City, town or post office	State		
Foreign country name, province/county, postal code		1. Estimate of total tax liability for 2012	.00
		2. Total 2012 payments and credits	.00
		3. Balance due (Line 1 less line 2)	.00

F-1040PV

FLINT
INCOME TAX RETURN PAYMENT VOUCHER

2012 RET RPV

Taxpayer Name:

Social Security No:

Due on or Before: 4/30/2013, due date of 2012 return

Payment: \$

Payment Method: Make payment by check or money order payable to "City of FLINT." Include your social security number, daytime phone number, and "2012 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.

Paying with Return: This payment voucher is not used when including payment with your tax return. When paying with your return, place the payment on top of the return in the envelope. Do not attach the check to the return.

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

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

Revised: 10/22/2012

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

Revised: 10/22/2012

F-1040PV

FLINT
INCOME TAX RETURN PAYMENT VOUCHER

2012 RET RPV

NACTP #

EFIN #

Taxpayer's first name, initial, last name			Taxpayer's SSN						
If joint return spouse's first name, initial, last name			If joint payment, spouse's SSN						
Present home address (Number and street)			Apt. no.		(2D Barcode of scan line data)				
Address line 2 (P.O. Box address for mailing use only)									
City, town or post office		State	Zip code						
Foreign country name, province/county, postal code			Amount of tax, interest and penalty you are paying by check or money order			Round to nearest dollar			
						.00			

F-1040PV-EFT

FLINT
INCOME TAX RETURN EFT PAYMENT VOUCHER

2012 RET RPV

Taxpayer Name: Bank Routing Number:

Social Security No: Bank Account Number:

Due on or Before: 4/30/2013, due date of 2012 return Type of Bank Account: Checking Savings

Payment: \$

- Payment Method:
- DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
 - The payment voucher is authorization for city to directly withdrawal your payment from your bank account.

Paying with Return: This payment voucher is not used when including payment with your tax return. When paying with the return, place the payment on top of the return in the envelope. Do not attach the check to the return.

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

Taxpayer Records: Amount Paid: _____
Date Mailed: _____

Revised: 10/22/2012

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

Revised: 10/22/2012

F-1040PV-EFT

FLINT
INCOME TAX RETURN PAYMENT VOUCHER

2012 RET RPV

NACTP #

EFIN #

Taxpayer's first name, initial, last name		Taxpayer's SSN		Bank routing number		Type of account		Checking	
If joint return spouse's first name, initial, last name		If joint payment, spouse's SSN		Bank account number				Savings	
Present home address (Number and street)			Apt. no.		(2D Barcode of scan line data)				
Address line 2 (P.O. Box address for mailing use only)									
City, town or post office		State	Zip code						
Foreign country name, province/county, postal code				Amount of tax, interest and penalty you are paying by check or money order			Round to nearest dollar		
							.00		

F-1040ES

FLINT
ESTIMATED INCOME TAX PAYMENT VOUCHER
FIRST QUARTER - PAYMENT DUE APRIL 30, 2013

2013 EST 01Q

Taxpayer Name: []

Social Security No: []

Due on or Before: 4/30/2013, for tax year 2013

Payment: \$ []

- Payment Method:
• Make payment by check or money order payable to "City of FLINT."
• To pay by direct debit to your bank account, use form F-1040ES-EFT.
• To pay by credit card see income tax website of the City of FLINT.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

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

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

Revised: 10/22/2012

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

Revised: 10/22/2012

F-1040ES

FLINT
FIRST QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2013 EST 01Q

NACTP # [] EFIN # []

PAYMENT VOUCHER 1 Due Date: 04/30/2013

Table with 3 columns: Taxpayer's first name, initial, last name; Taxpayer's SSN; Taxpayer's SSN. Rows include: If joint return spouse's first name, initial, last name; If joint payment, spouse's SSN; Present home address (Number and street) Apt. no.; (2D Barcode of scan line data); Address line 2 (P.O. Box address for mailing use only); City, town or post office; State; Zip code; Foreign country name, province/county, postal code; Amount of estimated tax you are paying by check or money order; Round to nearest dollar.

F-1040ES

**FLINT
ESTIMATED INCOME TAX PAYMENT VOUCHER
SECOND QUARTER - PAYMENT DUE JULY 01, 2013**

2013 EST 02Q

Taxpayer Name:

Social Security No:

Due on or Before: 7/1/2013, for tax year 2013

Payment: \$

- Payment Method:
- Make payment by check or money order payable to "City of FLINT." Write your social security number, daytime phone number, and "2013 F-1040ES" on your payment. DO NOT SEND CASH.
 - To pay by direct debit to your bank account, use form F-1040ES-EFT.
 - To pay by credit card see income tax website of the City of FLINT.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

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

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

Revised: 10/22/2012

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

Revised: 10/22/2012

F-1040ES

**FLINT
SECOND QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER**

2013 EST 02Q

NACTP # EFIN #

PAYMENT VOUCHER 2 Due Date: 07/01/2013

Taxpayer's first name, initial, last name			Taxpayer's SSN			
If joint return spouse's first name, initial, last name			If joint payment, spouse's SSN			
Present home address (Number and street)		Apt. no.	(2D Barcode of scan line data)			
Address line 2 (P.O. Box address for mailing use only)						
City, town or post office	State	Zip code				
Foreign country name, province/county, postal code			Amount of estimated tax you are paying by check or money order		Round to nearest dollar .00	

F-1040ES

FLINT
ESTIMATED INCOME TAX PAYMENT VOUCHER
THIRD QUARTER - PAYMENT DUE SEPTEMBER 30, 2013

2013 EST 03Q

Taxpayer Name: []

Social Security No: []

Due on or Before: 9/30/2013, for tax year 2013

Payment: \$ []

- Payment Method:
• Make payment by check or money order payable to "City of FLINT." Write your social security number, daytime phone number, and "2013 F-1040ES" on your payment. DO NOT SEND CASH.
• To pay by direct debit to your bank account, use form F-1040ES-EFT.
• To pay by credit card see income tax website of the City of FLINT.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

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

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

Revised: 10/22/2012

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

Revised: 10/22/2012

F-1040ES

FLINT
THIRD QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2013 EST 03Q

NACTP # [] EFIN # []

PAYMENT VOUCHER 3 Due Date: 09/30/2013

Table with 3 columns: Taxpayer's first name, initial, last name; Taxpayer's SSN; Taxpayer's SSN. Rows include: If joint return spouse's first name, initial, last name; If joint payment, spouse's SSN; Present home address (Number and street) Apt. no.; (2D Barcode of scan line data); Address line 2 (P.O. Box address for mailing use only); City, town or post office; State; Zip code; Foreign country name, province/county, postal code; Amount of estimated tax you are paying by check or money order; Round to nearest dollar.

F-1040ES

**FLINT
ESTIMATED INCOME TAX PAYMENT VOUCHER
FOURTH QUARTER - PAYMENT DUE JANUARY 31, 2014**

2013 EST 04Q

Taxpayer Name:

Social Security No:

Due on or Before: 1/31/2014, for tax year 2013

Payment: \$

- Payment Method:
- Make payment by check or money order payable to "City of FLINT." Write your social security number, daytime phone number, and "2013 F-1040ES" on your payment. DO NOT SEND CASH.
 - To pay by direct debit to your bank account, use form F-1040ES-EFT.
 - To pay by credit card see income tax website of the City of FLINT.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

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

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

Revised: 10/22/2012

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

Revised: 10/22/2012

F-1040ES

**FLINT
FOURTH QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER**

2013 EST 04Q

NACTP # EFIN #

PAYMENT VOUCHER 4 Due Date: 01/31/2014

Taxpayer's first name, initial, last name			Taxpayer's SSN					
If joint return spouse's first name, initial, last name			If joint payment, spouse's SSN					
Present home address (Number and street)			Apt. no.			(2D Barcode of scan line data)		
Address line 2 (P.O. Box address for mailing use only)								
City, town or post office		State	Zip code					
Foreign country name, province/county, postal code			Amount of estimated tax you are paying by check or money order			Round to nearest dollar		
						.00		

F-1040ES-EFT

FLINT
ESTIMATED INCOME TAX EFT PAYMENT VOUCHER
FIRST QUARTER - PAYMENT DUE APRIL 30, 2013

2013 EST 01Q

Taxpayer Name: [] Bank Routing Number: []
Social Security No: [] Bank Account Number: []
Due on or Before: 04/30/2013, for tax year 2013 Type of Bank Account: [] Checking [] Savings
Payment: \$ [] Elective Withdrawal Date: []

Payment Method: DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
The payment voucher is authorization for city to directly withdrawal your payment from your bank account.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax
payments under his or her own social security number by listing their name and social security number as
the taxpayer on this payment voucher.

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

Taxpayer Records: Amount Paid: _____
Date Mailed: _____

Revised: 10/22/2012

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT
V DETACH HERE V

Revised: 10/22/2012

F-1040ES-EFT

FLINT
FIRST QUARTER ESTIMATED INCOME TAX EFT PAYMENT VOUCHER

2013 EST 01Q

NACTP # [] EFIN # [] PAYMENT VOUCHER 1 Due Date: 04/30/2013
Table with 6 columns: Taxpayer's first name, initial, last name; Taxpayer's SSN; Bank routing number; Type of account; Checking; Savings; If joint return spouse's first name, initial, last name; If joint payment, spouse's SSN; Bank account number; Elective withdrawal date; Present home address (Number and street); Apt. no.; (2D Barcode of scan line data); Address line 2 (P.O. Box address for mailing use only); City, town or post office; State; Zip code; Foreign country name, province/county, postal code; Amount of estimated tax you are authorizing the Flint to deduct from your bank account; Round to nearest dollar. .00

F-1040ES-EFT

FLINT
ESTIMATED INCOME TAX EFT PAYMENT VOUCHER
SECOND QUARTER - PAYMENT DUE JULY 01, 2013

2013 EST 02Q

Taxpayer Name: [] Bank Routing Number: []
Social Security No: [] Bank Account Number: []
Due on or Before: 07/01/2013, for tax year 2013 Type of Bank Account: [] Checking [] Savings
Payment: \$ [] Elective Withdrawal Date: []

Payment Method: DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
The payment voucher is authorization for city to directly withdrawal your payment from your bank account.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax
payments under his or her own social security number by listing their name and social security number as
the taxpayer on this payment voucher.

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

Taxpayer Records: Amount Paid: _____
Date Mailed: _____

Revised: 10/22/2012

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

Revised: 10/22/2012

F-1040ES-EFT

FLINT
SECOND QUARTER ESTIMATED INCOME TAX EFT PAYMENT VOUCHER

2013 EST 02Q

NACTP # [] EFIN # [] PAYMENT VOUCHER 2 Due Date: 07/01/2013
Table with fields: Taxpayer's first name, initial, last name; Taxpayer's SSN; Bank routing number; Type of account; Checking; Savings; If joint return spouse's first name, initial, last name; If joint payment, spouse's SSN; Bank account number; Elective withdrawal date; Present home address (Number and street); Apt. no.; (2D Barcode of scan line data); Address line 2 (P.O. Box address for mailing use only); City, town or post office; State; Zip code; Foreign country name, province/county, postal code; Amount of estimated tax you are authorizing the Flint to deduct from your bank account; Round to nearest dollar .00

F-1040ES-EFT

FLINT
ESTIMATED INCOME TAX EFT PAYMENT VOUCHER
THIRD QUARTER - PAYMENT DUE SEPTEMBER 30, 2013

2013 EST 03Q

Taxpayer Name: [] Bank Routing Number: []
Social Security No: [] Bank Account Number: []
Due on or Before: 09/30/2013, for tax year 2013 Type of Bank Account: [] Checking [] Savings
Payment: \$ [] Elective Withdrawal Date: []

Payment Method: DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
The payment voucher is authorization for city to directly withdrawal your payment from your bank account.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax
payments under his or her own social security number by listing their name and social security number as
the taxpayer on this payment voucher.

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

Taxpayer Records: Amount Paid: _____
Date Mailed: _____

Revised: 10/22/2012

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT
V DETACH HERE V

Revised: 10/22/2012

F-1040ES-EFT

FLINT
THIRD QUARTER ESTIMATED INCOME TAX EFT PAYMENT VOUCHER

2013 EST 03Q

NACTP # [] EFIN # [] PAYMENT VOUCHER 3 Due Date: 09/30/2013
Table with fields: Taxpayer's first name, initial, last name; Taxpayer's SSN; Bank routing number; Type of account; Checking; Savings; If joint estimated paymnet, spouse's first name, initial, last name; If joint payment, spouse's SSN; Bank account number; Elective withdrawal date; Present home address (Number and street); Apt. no.; (2D Barcode of scan line data); Address line 2 (P.O. Box address for mailing use only); City, town or post office; State; Zip code; Foreign country name, province/county, postal code; Amount of estimated tax you are authorizing the Flint to deduct from your bank account; Round to nearest dollar .00

F-1040ES-EFT

FLINT
ESTIMATED INCOME TAX EFT PAYMENT VOUCHER
FOURTH QUARTER - PAYMENT DUE JANUARY 31, 2014

2013 EST 04Q

Taxpayer Name: [] Bank Routing Number: []
Social Security No: [] Bank Account Number: []
Due on or Before: 01/31/2014, for tax year 2013 Type of Bank Account: [] Checking [] Savings
Payment: \$ [] Elective Withdrawal Date: []

Payment Method: DO NOT SEND CASH OR ANY OTHER FORM OF PAYMENT WITH PAYMENT VOUCHER BELOW.
The payment voucher is authorization for city to directly withdrawal your payment from your bank account.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax
payments under his or her own social security number by listing their name and social security number as
the taxpayer on this payment voucher.

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

Taxpayer Records: Amount Paid: _____
Date Mailed: _____

Revised: 10/22/2012

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT
V DETACH HERE V

Revised: 10/22/2012

F-1040ES-EFT

FLINT
FOURTH QUARTER ESTIMATED INCOME TAX EFT PAYMENT VOUCHER

2013 EST 04Q

NACTP # [] EFIN # [] PAYMENT VOUCHER 4 Due Date: 01/31/2014
Table with 4 main columns: Taxpayer info, Bank info, Address, and Tax amount. Includes fields for SSN, routing numbers, and estimated tax amount.

**CITY OF FLINT INCOME TAX DEPARTMENT
Power of Attorney Authorization**

Issued under Authority of the Uniform City Income Tax Ordinance (MCL 141.601 et seq.) Filing is voluntary. Complete this form if you wish to appoint someone to represent you to the Income Tax Department on income tax matters, or if you wish to revoke or change your current power of attorney authorization. Read the instructions on page 2 before completing this form.

Revised: 10/22/2012

PART 1: TAXPAYER INFORMATION			
Taxpayer's (first name, initial, last name or business name)		Taxpayer SSN/FEIN	
If joint return spouse's first name, initial, last name		Spouse SSN	
Current address (number and street)		Apt./Ste. no.	
Address line 2		If a business, enter DBA, trade or assumed name	
City, town or post office		State	Zip code
Foreign country name, province/county, postal code		Telephone number	Fax number
		E-mail address	

PART 2: REPRESENTATIVE INFORMATION AND AUTHORIZATION DATES			
Representative's name		Contact's name (if applicable)	Contact's name (if applicable)
Firm name		E-mail address	E-mail address
Address (number and street)		Telephone number	Telephone number
Address line 2		Fax number	Fax number
City, town or post office		State	Zip code
Foreign country name, province/county, postal code		Beginning authorization date (MM/DD/YY)	Ending authorization date (MM/DD/YY)*

PART 3: TYPE OF AUTHORIZATION		
<input type="checkbox"/> GENERAL AUTHORIZATION Authorizes my representative to: (1) inspect or receive confidential information; (2) represent me and make oral or written presentations of fact and argument; (3) sign returns; (4) enter into agreements; (5) receive mail including forms, billings and payment notices. This authorization applies to all tax matters for all tax years or periods.		
<input type="checkbox"/> LIMITED AUTHORIZATION Select the type of authorization by checking the appropriate boxes.		
1. Inspect or receive confidential information _____	All Tax Matters	Only as Specified Below
2. Represent me and make oral or written presentations of fact and argument _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Sign returns _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Enter into agreements _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Receive mail (includes forms, billings and payment notices) _____	<input type="checkbox"/>	<input type="checkbox"/>
Type of Income Tax	Tax Form or Assessment Number	Tax Year(s) or Period(s)

PART 4: CHANGE IN POWER OF ATTORNEY REPRESENTATION OR REVOCATION
<input type="checkbox"/> CHANGE IN POWER OF ATTORNEY REPRESENTATION: This form replaces all earlier powers of attorney, except those attached, on file for the same tax matters and years or periods covered by this Power of Attorney.
<input type="checkbox"/> REVOKE PREVIOUS AUTHORIZATION: I revoke all Powers of Attorney submitted and will represent myself in all tax matters. Attach copies of all Powers of Attorney that remain in effect concurrent with this new authorization.

PART 5: TAXPAYER SIGNATURE(S)		
If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this Power of Attorney.		
Signature	Name or title typed or printed	Date
Spouse's signature	Name or title typed or printed	Date

* If no Ending Authorization date is provided, the above-named representative will be authorized to represent you until you notify the Income Tax Department in writing that this Power of Attorney is revoked.

Taxpayer's name	Taxpayer's SSN	2012 FLINT	
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FORM F-2210 UNDERPAYMENT OF ESTIMATED TAX BY INDIVIDUALS

NOTE: Form F-2210 is used to compute the interest and penalty for unpaid or underpaid estimated income tax payments. To pay the interest and penalty computed on this form, enter the total from line 38 on Form F-1040, line 25, and remit the interest and penalty with your payment of tax due. Do not attach Form F-2210 unless one or more of the boxes in Part I apply. Interest and penalty will be assessed where required estimated payments are underpaid or not made.

Part I Reasons for Filing If 1a, 1b, 1c or 1d below applies, you may be able to lower or eliminate the interest and penalty. You must check the boxes that apply and file Form F-2210 with your tax return.

Check all boxes that apply (If none apply, see the note above):

- 1a You request a waiver of penalty. In certain circumstances, the Income Tax Department will waive all or part of the penalty. See Waiver of Penalty in the instructions for Form F-2210. Interest due cannot be waived.
- 1b You use the annualized income installment method. If your income varied during the year, this method may reduce the amount of one or more of your required estimated tax installments. See instructions under Annualized Income Installment Method.
- 1c You had income tax withheld from wages and, for estimated tax purposes, you treat the tax withheld as paid on the dates it was actually withheld, instead of in equal amounts each quarter.
- 1d Your required annual payment (line 12 below) is based upon your 2011 tax and you filed or are filing a joint return for either 2011 or 2012 but not for both years.

Part II Required Annual Payment

2 Enter the tax due from Form F-1040, line 23b, for 2012		2
3 Flint income tax withheld from 2012 wages	3	
4 Flint residents enter 2012 tax credit for tax paid to another city	4	
5 Enter 2012 tax paid on your behalf by a partnership	5	
6 Enter total of lines 3, 4 & 5		6
7 Subtract line 6 from line 2. If \$100 or less, stop here, do not complete or file this form: You do not owe interest and penalty for failing to make estimated tax payments		7
8 Enter 70% of line 2		8
9 Enter the tax due from your 2011 Flint return form		9
10 Subtract line 6 from line 9. If \$100 or less, stop here, do not complete or file this form.		10
11 Enter 70% of line 9		11
12 Required 2012 estimated tax payment. Enter the smaller of line 8 or line 11		12

Part III Computation of Interest and Penalty

Section A - Figure the Underpayment	Payment Due Dates			
	(a) 04/30/2012	(b) 06/30/2012	(c) 09/30/2012	(d) 01/31/2013
13 Required installments: If Part I, box 1b, applies, enter amounts from Schedule A1, line 17; otherwise, enter 1/4 of line 12, in each column	13			
14 Tax payments and credits. Enter 1/4 of the amount on line 6 for each period	14			
15 Estimated tax paid each period	15			
16 2011 credit forward to 2012	16			
17 Amount from line 23 of previous column	17			
18 Add lines 14, 15, 16 and 17	18			
19 Enter the total of line 21 and line 22 of the previous column	19			
20 Subtract line 19 from line 18. If zero or less enter -0- For column (a) only enter the amount from line 18	20			
21 If amount on line 20 is zero, subtract line 18 from line 19	21			
22 Underpayment: If line 13 is equal to or more than line 20, subtract line 20 from line 13; then go to line 17 of the next column; otherwise, go to line 23	22			
23 Overpayment: If line 18 is more than line 13, subtract line 13 from line 18; then go to line 17 of next column	23			

Taxpayer's name	2012 FLINT	Page 2
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FORM F-2210 UNDERPAYMENT OF ESTIMATED TAX BY INDIVIDUALS

Section B - Figure the Interest		(a)	(b)	(c)	(d)
INTEREST RATE PERIOD 1	May 1 - June 30, 2012	4/30/2012			
	24 Number of days from the date shown above line 24 to the date the amount on line 22 was paid or to June 30, 2012, whichever is earlier				
	25 Interest rate per day for period	0.0001161			
	26 Interest due for period, line 22 times line 24 times line 25				
INTEREST RATE PERIOD 2	July 1 - December 31, 2012	6/30/2012	6/30/2012	9/30/2012	
	27 Number of days from the date shown above line 27 to the date the amount on line 22 was paid or to December 31, 2012, whichever is earlier				
	28 Interest rate per day for period	0.0001161	0.0001161	0.0001161	
	29 Interest due for period, line 22 times line 27 times line 28				
INTEREST RATE PERIOD 3	January 1 - April 30, 2013	12/31/2012	12/31/2012	12/31/2012	1/31/2013
	30 Number of days from the date shown above line 30 to the date the amount on line 22 was paid or April 30, 2013, whichever is earlier				
	31 Interest rate per day for period	0.0001164	0.0001164	0.0001164	0.0001164
	32 Interest due for period, line 22 times line 30 times line 31				
33	Interest for underpaid estimated tax (Add all amounts on lines 26, 29 and 32 in all columns)				33

Section C - Figure the Penalty		(a)	(b)	(c)	(d)
PENALTY PERIOD	34 Number of months from month after the month shown above line 34 to the month the tax was paid or April 30, 2013, whichever is earlier	04/30/2012	06/30/2012	09/30/2012	01/31/2013
	35 Penalty rate per month	0.01	0.01	0.01	0.01
	36 Penalty due for period, line 22 times line 34 times line 35				
37	Penalty for underpaid estimated tax (Add all amounts on line 36 in all columns)				37

Section D - Total Interest and Penalty	
38	Total interest and penalty for underpaid estimated tax (Add line 33 and line 37. Enter the total here and enter the interest, penalty and total interest and penalty on Form F-1040, line 25a, b and c, respectively)
	38

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Schedule A1 Annualized Income Installment Method		(a)	(b)	(c)	(d)
		01/01/2012 03/31/2012	01/01/2012 06/30/2012	01/01/2012 09/30/2012	01/01/2012 12/31/2012
1	Enter income for each period	1			
2	Annualization amounts	2	4.00	2.00	1.33
3	Annualized income (Line 1 times line 2)	3			
4	Enter amount from Form F-1040, line 26	4			
5	Subtract line 4 from line 3	5			
6	Tax due (Line 5 times the tax rate)	6			
7	70% of tax due	7			
8	70% of prior year tax	8			
9	Enter lesser of line 7 or line 8 (If zero or less enter -0-)	9			
10	Applicable percentage	10	25%	50%	75%
11	Multiply line 9 by line 10	11			
CAUTION: Complete lines 12 through 17 of column (a) before going to the next column					
12	Add all the amounts in all previous columns of line 17	12			
13	Subtract line 12 from line 11 (If zero or less enter -0-)	13			
14	Enter 1/4 of amount on line 12, page 1, of Form F-2210 in each column	14			
15	Subtract line 17 of the previous column from line 16 of that column	15			
16	Add lines 14 and 15	16			
17	Enter the smaller of line 13 or line 16 here and on Form F-2210, line 13	17			