

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

Taxpayer Name: []
Social Security No: []
File on or Before: 4/30/2017, due date of 2016 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 "2016 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: City of Flint - Income Tax Department
PO Box 529
Eaton Rapids, MI 48827-0529

- 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 2016 Form F-1040, page 1, line 23.
• Line 2: Enter the total payments that you expect to report on your 2016 Form F-1040, 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: 12/27/2016

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

V DETACH HERE V

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Revised: 12/27/2016

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. []
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 2016 .00
2. Total 2016 payments and credits .00
3. Balance due (Line 1 less line 2) .00