

INDIVIDUAL RETURN DUE APRIL 30, 2019

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
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse Enter date of death on page 2, right side of signature area. Mark (X) below if form attached <input type="checkbox"/> Federal Form 1310 <input type="checkbox"/> Supporting Notes and Statements (attachment 22)	Present home address (Number and street)		<input type="checkbox"/> Part-year resident	
	Address line 2 (P.O. Box address for mailing use only)		Part-year resident - dates of residency (mm/dd/yyyy) From _____ To _____	
City, town or post office		State	FILING STATUS	
Foreign country name		Foreign province/county	<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly	
Foreign postal code		<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 _____		

ATTACH COPY OF PAGE 1 OF FEDERAL RETURN	INCOME	ROUND ALL FIGURES TO NEAREST DOLLAR (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		Column A	Column B	Column C
				Federal Return Data	Exclusions/Adjustments	Taxable Income
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 of state and local income taxes	4		.00	.00	NOT TAXABLE
5.	Alimony received	5		.00	.00	.00
6.	Business income or (loss) (Attach copy of 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			.00	.00	.00
8.	Other gains or (losses) (Attach copy of federal Form 4797)	8		.00	.00	.00
9.	Taxable IRA distributions (Attach copy of Form(s) 1099-R)	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 copy of federal Schedule E)	11		.00	.00	.00
12.	Reserved	12		NOT APPLICABLE		
13.	Farm income or (loss) (Attach copy of 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 at {tax rate} (Multiply line 22 by Flint resident tax rate of 1.0% (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.	Payments and Credits 24a	Flint tax withheld	Other tax payments (est. extension, or fwd, partnership & tax option corp)	Credit for tax paid to another city	Total payments & credits 24d	.00
25.	Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a	Interest	Penalty	Total interest & penalty 25c	.00	.00
26.	TAX DUE 26. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF FLINT IF PAID ON LINE CREDITCARD/ELECTRONIC CHECK ENTER CONFIRMATION #			PAY WITH RETURN 26		.00
27.	OVERPAYMENT 27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)					.00
28.	Amount of overpayment donated 28a	Flint Indigent Water Fund	28b	28c	Total donations 28d	.00
29.	Amount of overpayment credited forward to 2019			Amount of credit to 2019 >> 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 <input type="checkbox"/> Refund (direct deposit)	31c Routing number	31d Account number		
		31b <input type="checkbox"/> Not available				
		31e Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				

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

EXCLUDED WAGES AND TAX WITHHELD SCHEDULE (See instructions. Resident wages generally not excluded)

W-2 #	Col. A T or S	COLUMN B SOCIAL SECURITY NUMBER (Form W-2, box a)	COLUMN C EMPLOYER'S ID NUMBER (Form W-2, box b)	COLUMN D EXCLUDED WAGES (Attach Excluded Wages Sch)	FAILURE TO ATTACH W-2 FORMS TO PAGE 1 WILL DELAY PROCESSING OF RETURN. WAGE INFORMATION STATEMENTS PRINTED FROM TAX PREPARATION SOFTWARE ARE NOT ACCEPTABLE.	COLUMN E FLINT TAX WITHHELD (Form W-2, box 19)	COLUMN F LOCALITY NAME (Form W-2, box 20)	
1.				.00			.00	
2.				.00			.00	
3.				.00			.00	
4.				.00			.00	
5.				.00			.00	
6.				.00			.00	
7.				.00			.00	
8.				.00			.00	
9.				.00			.00	
10.				.00		.00		
11.	Totals (Enter here and on page 1; part-yr residents on Sch TC)			.00	<< Enter on pg 1, ln 1, col B	.00	<< Enter on pg 1, ln 24a	

DEDUCTIONS SCHEDULE (See instructions; deductions allocated on the 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

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)
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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	FLT18