

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

Taxpayer Name:
 Social Security No:
 File on or Before: 4/30/2020, due date of 2019 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 "2019 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 2019 Form F-1040, page 1, line 23.
 - Line 2: Enter the total payments that you expect to report on your 2019 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

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NACTP #
 EFIN #

Revised: 12/27/2016

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.			Payment voucher 2D barcode					
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 2019					
			2. Total 2019 payments and credits		.00			
			3. Balance due (Line 1 less line 2)		.00			