

|                          |                   |                     |                            |
|--------------------------|-------------------|---------------------|----------------------------|
| 1. IDENTIFICATION NUMBER | 2. DEPOSIT PERIOD | 3. DUE ON OR BEFORE | 4. WITHHOLDING TAX DEPOSIT |
|--------------------------|-------------------|---------------------|----------------------------|

TAXPAYER NAME AND ADDRESS

PAYABLE ONLINE AT WWW.CITYOFFLINT.COM

MONTHLY DEPOSIT OF INCOME TAX IS REQUIRED IF TAX WITHHELD IN FIRST OR SECOND MONTH OF A QUARTER EXCEEDS \$100.

| IMPORTANT   |       |      |
|---|-------|------|
| 5. IF DEPOSIT IS FOR A PERIOD OTHER THAN BOX 2, ENTER THE CORRECT PERIOD. | MONTH | YEAR |

**MAKE REMITTANCE PAYABLE TO: TREASURER, CITY OF FLINT**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**MAIL TO: CITY OF FLINT INCOME TAX DEPT  
ATTN: WITHHOLDING SECTION  
BOX 529  
EATON RAPIDS, MI 48827-0529**

\_\_\_\_\_  
PRINTED NAME OF SIGNER

CUT ON DOTTED LINE

|                          |                   |                     |                            |
|--------------------------|-------------------|---------------------|----------------------------|
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CUT ON DOTTED LINE

|                          |                  |                     |                              |
|--------------------------|------------------|---------------------|------------------------------|
| 1. IDENTIFICATION NUMBER | 2. RETURN PERIOD | 3. DUE ON OR BEFORE | 4. TAX WITHHELD THIS QUARTER |
|--------------------------|------------------|---------------------|------------------------------|

TAXPAYER NAME AND ADDRESS

PAYABLE ONLINE AT WWW.CITYOFFLINT.COM

|   |
|---|
| 5. ADJUSTMENTS  |
| 6. ADJUSTED TAX WITHHELD  |
| 7a. TAX PAID FIRST MONTH OF QUARTER                                 |
| 7b. TAX PAID SECOND MONTH OF QUARTER                                |
| 8. AMOUNT DUE<br>(Line 6 less lines 7a and 7b)<br>PAY THIS AMOUNT → |

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**PAY TO: TREASURER, CITY OF FLINT  
MAIL TO: CITY OF FLINT INCOME TAX DEPT.  
ATTN: WITHHOLDING SECTION  
PO BOX 529  
EATON RAPIDS, MI 48827-0529**

\_\_\_\_\_  
PRINTED NAME OF SIGNER

If final return, check here and complete Notice of Change or Discontinuance in return booklet.