PRINTED NAME OF SIGNER

## FLINT INCOME TAX DEPARTMENT EMPLOYER'S MONTHLY DEPOSIT OF INCOME TAX WITHHELD

	-	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 MONTH  PERIOD OTHER THAN  BOX 2, ENTER THE  CORRECT PERIOD.	
					MAKE REMITTANCE PAYABLE TO: TREASURER, CITY OF FLIN	
	SIGNATURE  PRINTED NAME OF S	SIGNER	TITLE	DATE	MAIL TO: CITY OF FLINT INCOME TAX I ATTN: WITHHOLDING SECTION BOX 529	
					EATON RAPIDS, MI 48827-052	
TTED LINE	F-501			TAX DEPARTMENT	F-50	
		<u>EM</u>	PLOYER'S MONTHLY DE	POSIT OF INCOME TAX WITH	HHELD	
		1 IDENTIFICATION NI IMPER	2. DEPOSIT PERIOD	3. DUE ON OR BEFORE	4. WITHHOLDING TAX DEPOSIT	
		IDENTIFICATION NUMBER	2. DEPOSIT PERIOD	3. DUE ON OR BEFORE	4. WITHHOLDING TAX DEPOSIT	
	TAXPAYER NAM	1E 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 MONTH N PERIOD OTHER THAN BOX 2, ENTER THE CORRECT PERIOD.	
					MAKE REMITTANCE PAYABLE TO: TREASURER, CITY OF FLIN	
	SIGNATURE		TITLE	DATE	MAIL TO: CITY OF FLINT INCOME TAX D ATTN: WITHHOLDING SECTION BOX 529	
	PRINTED NAME OF S	IGNER			EATON RAPIDS, MI 48827-052	
TTED LINE						
	F-941 FLINT INCOME TAX DEPARTMENT EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WI				F-94	
		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 (Line 6 less lines 7a and 7b) PAY THIS AMOUNT	
	SIGNATURE		TITLE	DATE	PAY TO: TREASURER, CITY OF FLINT FLIN	

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

MAIL TO:

CITY OF FLINT INCOME TAX DEPT.

ATTN: WITHHOLDING SECTION PO BOX 529 EATON RAPIDS, MI 48827-0529