		CIT LTR#	Do not write in this space			
	City of Flint Income Tax - 2022 Corporation Return	CHG LTR	Rec.			
Ц	□ □ △□ Corporation Return					
or ot	ner taxable year beginning20 ending20					
	THIS IS NOT A FEDERAL RETURN		Date			
1	Name Same	1	Incorporated			
a)						
or type	Number and Street	1				
nt or	vumber and Sireer					
print						
Please	City or Town State Zip Code					
ď		Federal Employer Identification Number				
	XABLE INCOME AND TAX COMPUTATION					
1.	Taxable income before net operating loss deduction and special deductions (per U.S. Corporation	n Incomo Tay Poturn Form 1120				
١.	or Form 1120S, Schedule K). Attach copy of Pages 1, 2, 3, and 4 of U.S. Corporation Income Tax		\$			
2.	Enter gain or loss from sale or exchange of property included in Line 1					
3.	Result after excluding Line 2 from Line 1		\$			
4.	Enter items not deductible under Flint Income Tax Ordinance (from P.2, Schedule E, Col. 1, Line 4)					
5.	Total - add Lines 3 and 4		\$			
6.	Enter items not taxable under Flint Income Tax Ordinance (from P.2, Schedule E, Col.2, Line 10)					
7.	Total - Line 5 less Line 6		\$			
8.	Amount on Line 2 above (after excluding any capital loss carry-over) applicable to taxable period (see instructions)				
9.	Total income - add Lines 7 and 8	2	\$			
10.	Allocation percentage from P.2 Schedule D, Line 5 - if all business was conducted in Flint enter 10	0% on Line 10 and DO NOT				
	fill in Schedule D on Page 2	3				
11.	Total - multiply Line 9 by % on Line 10	5	\$			
12.	Less: Applicable portion of net operating loss carry-over and/or capital loss carry-over (see instru	uctions)6				
13.	Total income subject to tax-Line 11 less Line 12	(7)				
14.	CITY OF FLINT TAX - multiply Line 13 by 1%	8	\$			
PA	YMENTS AND CREDITS					
15.	a. Credit from prior year					
	b. Payments made on 2022 Declaration of Estimated Flint Income Tax	\$				
	c. Tax paid with tentative return or payments made with extension					
16.	Total	96)	\$			
TA	X DUE OR REFUND					
17.	If Line 14 is larger than Line 16 enter AMOUNT YOU OWE and PAY IN FULL WITH THIS RETURN	\ <u>(1)</u>	\$			
	Write Federal ID No. on remittance and make payable to: "Treasurer, City of Flint," mail to: P.O. Bo	x 529 Eaton Rapids, MI. 48827-0529				
18.	If Line 16 is larger than Line 14 enter amount Overpaid, mail to P.O. Box 529 Eaton Rapids, MI. 4		\$			
19.	Amount of Line 18 is to be: (check one box only) A Credited on 2023 estimated tax B	Refunded to you				
Α.	Check applicable boxes:					
	Name and Address of resident agent in Michigan					
В.	Name and Address of resident agent in Michigan					
C.	Is this a consolidated return?	ddresses of included corporations	in an attached statement showin			
٥.	percent of voting stock owned in each corporation.	,				
	'					
D.	Number of Flint locations included in this return. Number of locations	everywhere				
	List Flint location addresses.					
Ε.	Was your federal tax liability for any other year changed by either a review by the Federal	eral Government or the filing of an	amended federal return?			
	☐ Yes ☐ No If yes, attach an explanation if an amended Flint return was in	not filed				
	I declare that I have examined this return (including accompanying schedules, and statements) and to the best of r	ny knowledge and belief it is true, correct and	complete. If prepared by a person other tha			
	taxpayer, his declaration is based on all information of which he has any knowledge.					
	(Data) (Signature of Officer)	(Title)	(Phone Number)			
	(Date) (Signature of Officer)	(Tide)	(1.110.110.11001)			
	(Date) (Signature of Preparer)	(Ac	ddress)			
	(Signature of Frequency)	· · ·	,			

SCHEDULE D - BUSINESS ALLOCATION FORMULA

		Column 1 Located Everywhere	Column 2 Located in Flint	Column 3 Percentage (Column 2 Divided by Column 1)					
1.	a. Average net book value of real and tangible personal property	\$	\$						
	b. Gross annual rent paid for real property only, multiplied by 8	(
-	c. TOTALS (Add Lines1a. and1b.)			%					
2.	Total wages, salaries, commissions and other compensation of all employees			%					
3.	Gross receipts from sales made or services rendered			%					
4.	Total Percentages - add the three percentages computed from Column 3, Lines 1c	%							
	(A percentage must be computed for each line)								
5.	Business Allocation Percentage (One-third of Line 4) Enter here and on Page 1, Line 10								
	In determining the business allocation percentage (Line 5), a factor shall be excluded from the computation only when such factor does not exist anywhere insofar as the								
	taxpayer's business operation is concerned. In such cases, the sum of the remaining percentages shall be divided by the number of factors actually used.								
In t	the case of a taxpayer authorized by the income Tax Administrator to use a special fo	rmula, attach an explanation a	and use the lines provided	i below:					
		divided by b.) Enter here and	on Page 1, line 10						
	b. Denominator d. Date of Adminis	strator's approval letter							

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Period: From

Schedule E is used to adjust the income reported on Page 1, Line 1, to give effect to the requirements of the City of Flint Tax Ordinance. The period of time used to compute items for Schedule E must be the same as the period of time used to report income on Page 1, Line 1. Schedule E entries are allowed only to the extent directly related to net income as shown on Page 1.

Add Items Not Deductible	9
All expenses (including interest) incurred in connection with derivation of income not subject to a Flint income tax	\$
2. Flint income tax paid or incurred	
3. Other (submit schedule)	
4. Total Additions (Add lines 1 through 3) Enter	
here and on Page 1, Line 4	\$

To

Column 2 Deduct - Items Not Taxable and Allowable Deductions					
Interest from U.S. obligations and from United States government units	\$				
6. Dividends received deduction					
7. Dividend gross up of Foreign taxes					
8. Foreign tax deduction					
9. Other (submit Schedule)					
10. Total Deductions (Add Lines 5 through 9) Enter here and on Page 1, Line 6	\$				

SCHEDULE F - SUBCHAPTER S CORPORATION INCOME

Schedule F is used by Subchapter S corporations to reconcile the amount reported on line 1, page 1, F-1120, with Federal forms 1120S and Schedule K of Federal 1120S					
ATTACH FEDERAL FORM 1120S AND SCHEDULE K OF FEDERAL 1120S.					
	The state of the s				
1. Ordinary income (loss) from trade or business (per Federal 1120S) \$					
2. Income (loss) per Schedule K, Federal 1120S					
3. Total income (loss) (Add lines 1 and 2)					
4. Deductions per Schedule K, Federal 1120S					
5. Taxable income before net operating loss deduction and special deductions (Subtract line 4 from line 3)					
ENTER HERE AND ON PAGE 1, LINE 1, F-1120 \$					