

INDIVIDUAL RETURN DUE APRIL 30, 2023

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 <input type="checkbox"/> Part-year resident Part-year resident - dates of residency (mm/dd/yyyy) From <input type="text"/> To <input type="text"/>	
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse		Present home address (Number and street) Apt. no.		FILING STATUS	
Enter date of death on page 2, right side of the signature area		Address line 2 (P.O. Box address for mailing use only)		<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.	
Mark box (X) below if form attached <input type="checkbox"/> Federal Form 1310		City, town or post office State Zip code		Spouse's full name if married filing separately _____	
<input type="checkbox"/> Supporting Notes and Statements (Attachment 22)		Foreign country name Foreign province/county Foreign postal code			

		ROUND ALL FIGURES TO NEAREST DOLLAR		Column A	Column B	Column C
		INCOME (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		Federal Return Data	Exclusions/Adjustments	Taxable Income
ATTACH COPY OF PAGE 1 OF FEDERAL RETURN	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	7		.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
ATTACH W-2 FORMS HERE	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11		.00	.00	.00
	12. Subchapter S corporation distributions (All copy of fed. Sch. K-1)	12				
	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
ENCLOSE CHECK OR MONEY ORDER	21. Exemptions (Enter the total exemptions, from Form F-1040, page 2, box 1h, on line 21a and multiply this number by the value of an exemption 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% (0.01) 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 .00 24b. Other tax payments (est. extension, or fwd, partnership & tax option corp) .00 24c. Credit for tax paid to another city .00 24d. Total payments & credits .00	24a	24b	24c	24d	.00
	25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a. Interest .00 25b. Penalty .00 25c. Total interest & penalty .00	25a	25b	25c		.00
	26. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF FLINT. PAY WITH RETURN	26				.00
	27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)	27				.00
	28. Amount of overpayment donated 28a. Flint Indigent Water Fund .00 28b. 28c. Total donations 28d. .00	28a	28b	28c	28d	.00
	29. Amount of overpayment credited forward to 2022 >> Amount of credit to 2024> 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) appropriate box 31a and complete lines 31c, 31d and 31e)	31a	31c	31d	31e		
		Refund (direct deposit)	Routing number	Account number	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Taxpayer's name

Taxpayer's SSN

EXEMPTIONS SCHEDULE

1a. You, 1b. Spouse, 1c. List Dependents, 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

Table with 6 columns: #, First Name, Last Name, Social Security Number, Relationship, Date of Birth. Rows 1-8.

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)

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

Table with 6 columns: W-2 #, Col. A T or S, COLUMN B SOCIAL SECURITY NUMBER, COLUMN C EMPLOYER'S ID NUMBER, COLUMN D EXCLUDED WAGES, 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, COLUMN F LOCALITY NAME. Rows 1-11.

DEDUCTIONS SCHEDULE (See instructions; deductions allocated on the same basis as related income)

Table with 2 columns: Description, DEDUCTIONS. Rows 1-7.

ADDRESS SCHEDULE (Where taxpayer (T), spouse (S) or both (B) resided during year and dates of residency)

Table with 4 columns: MARK T, S, B, List all residence (domicile) addresses, FROM MONTH DAY, TO MONTH DAY. Rows 1-4.

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)

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 Preparer's phone no. FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE NACTP software number FLT23