	Do not write in this space
F1120 City of Flint Income Tax - <b>2(</b>	J24 CHG LTR Rec.
or other taxable year beginning 20_3 ending 20	
THIS IS NOT A FEDERAL RETURN	Date
Name	Where incorporated
ψ	Principal business activity  Main address in Flint
Number and Street	Location of Flint records
print c	Person in charge of records
City or Town State	Zip Code Telephone number
Plea	Federal Employer Identification Number
TAXABLE INCOME AND TAX COMPUTATION	
Taxable income before net operating loss deduction and special deductions (per U.S.	Corporation Income Tax Return Form 1120,
or Form 1120S, Schedule K). Attach copy of Pages 1, 2, 3, and 4 of U.S. Corporation	Income Tax Return\$
2. Enter gain or loss from sale or exchange of property included in Line 1	
3. Result after excluding Line 2 from Line 1	
<ul> <li>4. Enter items not deductible under Flint Income Tax Ordinance (from P.2, Schedule E, Co</li> <li>5. Total - add Lines 3 and 4</li> </ul>	
<ol> <li>Total - add Lines 3 and 4</li> <li>Enter items not taxable under Flint Income Tax Ordinance (from P.2, Schedule E, Col.2.</li> </ol>	
7. Total - Line 5 less Line 6	
8. Amount on Line 2 above (after excluding any capital loss carry-over) applicable to taxa	
9. Total income - add Lines 7 and 8	
10. Allocation percentage from P.2 Schedule D, Line 5 - if all business was conducted in Fl	
fill in Schedule D on Page 2	
11. Total - multiply Line 9 by % on Line 10	
<ul><li>12. Less: Applicable portion of net operating loss carry-over and/or capital loss carry-over</li><li>13. Total income subject to tax-Line 11 less Line 12</li></ul>	
13. Total income subject to tax-Line 11 less Line 12	
PAYMENTS AND CREDITS	¢
a. Credit from prior year      b. Payments made on 2024 Declaration of Estimated Flint Income Tax	
c. Tax paid with tentative return or payments made with extension	
16. Total	
TAX DUE OR REFUND	_
17. If Line 14 is larger than Line 16 enter AMOUNT YOU OWE and PAY IN FULL WITH TH	IIS RETURN
Write Federal ID No. on remittance and make payable to: "Treasurer, City of Flint," mai	il to: P.O. Box 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 R  19. Amount of Line 18 is to be: (check one box only)  A	apids, Wil. 46027-0525
	·
A. Check applicable boxes:	t Return
B. Name and Address of resident agent in Michigan	
C. Is this a consolidated return?  Yes No If yes, list nat	mes and addresses of included corporations in an attached statement showing
percent of voting stock owned in each corporation.	
Alambara	of leastions even subers
D. Number of Flint locations included in this return. Number of	of locations everywhere
List Flint location addresses.	
E. Was your federal tax liability for any other year changed by either a review b	by the Federal Government Or the filing of an amended federal return?
☐ Yes ☐ No If yes, attach an explanation if an amended Flint re	eturn was not filed
I declare that I have examined this return (including accompanying schedules, and statements) and to taxpayer, his declaration is based on all information of which he has any knowledge.	o the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than
тахраует. Піз песнагаліют із разев отгал плотпалон от мінот не наз апу клюмевує.	
(Date) (Signature of Officer)	(Title) (Phone Number)
	(Address)
(Date) (Signature of Preparer)	(Address)

## 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, Li	ne 10		%					
	In determining the business allocation percentage (Line 5), a factor shall be exclud	ed from the computation only	when such factor does no	ot 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.								
			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4						
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 \$					