

INDIVIDUAL RETURN DUE APRIL 30, 2026

Taxpayer's SSN		Taxpayer's first name Initial Last name			RESIDENCE STATUS <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident Part-year resident - dates of residency (mm/dd/yyyy)		
Spouse's SSN		If joint return spouse's first name	Initial Last name				
Mark (X) box if deceased		Present home address (Number and street)			Apt. no.	FILING STATUS <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. Spouse's full name if married filing separately	
<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse Enter date of death on page 2, right side of signature area. Mark (X) below if form attached <input type="checkbox"/> Federal Form 1310 <input type="checkbox"/> Supporting Notes and Statements (attachment 22)		Address line 2 (P.O. Box address for mailing use only)					
		City, town or post office		State	Zip code		
		Foreign country name	Foreign province/county	Foreign postal code			
ATTACH COPY OF PAGE 1 OF FEDERAL RETURN	INCOME (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		Column A Federal Return Data	Column B Exclusions/Adjustments		Column C Taxable Income	
	1. Wages, salaries, tips, etc. (W-2 forms must be attached)		1	.00		.00	
	2. Taxable interest		2	.00		.00	
	3. Ordinary dividends		3	.00		.00	
	4. Taxable refunds, credits or offsets of state and local income taxes		4	.00		.00	
	5. Alimony received		5	.00		.00	
	6. Business income or (loss) (Attach copy of federal Schedule C)		6	.00		.00	
	7. Capital gain or (loss) (Attach copy of fed. Sch. D)		7a. <input type="checkbox"/> Mark if federal <input type="checkbox"/> Sch. D not required	.00		.00	
	8. Other gains or (losses) (Attach copy of federal Form 4797)		8	.00		.00	
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)		9	.00		.00	
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)		10	.00		.00	
	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)		11	.00		.00	
	12. Subchapter S corporation distributions (Att copy of fed. Sch. K-1)		12	NOT APPLICABLE		.00	
	13. Farm income or (loss) (Attach copy of federal Schedule F)		13	.00		.00	
	14. Unemployment compensation		14	.00		.00	
	15. Social security benefits		15	.00		.00	
	16. Other income (Attach statement listing type and amount)		16	.00		.00	
	17. Total additions (Add lines 2 through 16)		17	.00		.00	
18. Total income (Add lines 1 through 16)		18	.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		
21. Exemptions (Enter the total exemptions, from Form F-1040, page 2, box 1h, in line 21a and multiply this number by \$600 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 <input type="checkbox"/>	23b		.00		
24. Payments Flint tax withheld and Credits 24a .00		24b .00	Other tax payments (est, extension, cr fwd, partnership & tax option corp)	Credit for tax paid to another city	Total payments & credits 24d		
25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax		25a .00	Interest 25b .00	Penalty	Total interest & penalty 25c		
26. Amount you owe (Add lines 23b and 25c, and subtract line 24)		PAY WITH					
TAX DUE 26. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF FLINT IF PAID ON LINE CREDITCARD/ELECTRONIC CHECK ENTER CONFIRMATION #		RETURN 26 .00					
OVERPAYMENT 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 .00		Flint Indigent Water Fund	28b .00	28c .00	Total donations 28d .00		
29. Direct deposit refund 31. (Mark (X) box 31a and complete lines 31c, 31d and 31e)		31a <input type="checkbox"/> Refund (direct deposit)	31c Routing number				
		31b <input type="checkbox"/> Not available	31d Account number				
		31e Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings					

Revised: 11/11/2025

EXEMPTIONS SCHEDULE		Date of birth (mm/dd/yyyy)		Regular	65 or over	Blind	Deaf	Disabled		
		1a. You	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1d. List Dependents		1c. <input type="checkbox"/> Check box if you can be claimed as a dependent on another person's tax return		1e. Enter the number of boxes checked on lines 1a and 1b						
#	First Name	Last Name	Social Security Number	Relationship	Date of Birth		1f. Enter number of dependent children listed on line 1d			
1										
2										
3							1g. Enter number of other dependents listed on line 1d			
4										
5										
6							1h. Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a)			
7										
8										

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

W-2 #	Col. A T or S	COLUMN B SOCIAL SECURITY NUMBER (Form W-2, box a)	COLUMN C EMPLOYER'S ID NUMBER (Form W-2, box b)	COLUMN D EXCLUDED WAGES (Attach Excluded Wages Sch)	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 (Form W-2, box 19)	COLUMN F LOCALITY NAME (Form W-2, box 20)
1.				.00		.00	
2.				.00		.00	
3.				.00		.00	
4.				.00		.00	
5.				.00		.00	
6.				.00		.00	
7.				.00		.00	
8.				.00		.00	
9.				.00		.00	
10.				.00		.00	
11.	Totals (Enter here and on page 1; part-yr residents on Sch TC)			.00	<< Enter on pg 1, ln 1, col B	.00	<< Enter on pg 1, ln 24a

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

1. IRA deduction (Attach copy of Schedule 1 of federal return & evidence of payment)	1	.00
2. Self-employed SEP, SIMPLE and qualified plans (Attach copy of Schedule 1 of federal return)	2	.00
3. Employee business expenses (See instructions and attach copy of federal Form 2106)	3	.00
4. Moving expenses (Into Flint area only) (Attach copy of federal Form 3903)	4	.00
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of Schedule 1 of federal return)	5	.00
6. Renaissance Zone deduction (Attach Schedule RZ OF 1040)	6	.00
7. Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)	7	.00

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

MARK T, S, B	ADDRESS (INCLUDE CITY, STATE & ZIP CODE) Start with address used on last year's return. If the address is the same as listed on page 1 of this return, print "Same." If no return filed, list reason. Continue listing residence addresses from this year.	FROM		TO	
		MONTH	DAY	MONTH	DAY

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)
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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	FLT25