

INDIVIDUAL RETURN DUE APRIL 30, 2026

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

<b>ATTACH COPY OF PAGE 1 OF FEDERAL RETURN</b>	<b>ROUND ALL FIGURES TO NEAREST DOLLAR</b>		<b>Column A</b>		<b>Column B</b>		<b>Column C</b>		
	<b>INCOME</b> (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		<b>Federal Return Data</b>		<b>Exclusions/Adjustments</b>		<b>Taxable Income</b>		
	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		
	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		
	<b>ATTACH W-2 FORMS HERE</b>	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		
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 <input type="text"/> 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="text"/> 23b					.00		
24. Payments and credits 24a <input type="text"/> Flint tax withheld 24b <input type="text"/> Other tax payments (est. extension, cr fwd, partnership & tax option corp) 24c <input type="text"/> Credit for tax paid to another city		24d					.00		
25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a <input type="text"/> Interest 25b <input type="text"/> Penalty		25c					.00		
26. Amount you owe (Add lines 23b and 25c, and subtract line 24d)		26					.00		
<b>ENCLOSE CHECK OR MONEY ORDER</b>	<b>TAX DUE</b> 26. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF FLINT.		<b>PAY WITH RETURN</b>		26		.00		
	<b>OVERPAYMENT</b> 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 <input type="text"/> Flint Indigent Water Fund 28b <input type="text"/> 28c <input type="text"/> Total donations 28d							.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 <input type="checkbox"/>	31c Routing number <input type="text"/>	31d Account number <input type="text"/>	31e Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				

**EXEMPTIONS  
SCHEDULE**

Date of birth (mm/dd/yyyy)

Regular

65 or over

Blind

Deaf

Disabled

1a. You

1b. Spouse

1e. Enter the number of  
boxes checked on  
lines 1a and 1b

1d. List Dependents

1c.

Check box if you can be claimed as a dependent on another person's tax return

1f. Enter number of  
dependent children  
listed on line 1d1g. Enter number of other  
dependents listed on  
line 1d1h. 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)**

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)****DEDUCTIONS**

1. IRA deduction (Attach copy of Schedule 1 of federal return or 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 (Attach copy of CF-2106 and detailed list)	3	.00
4. Moving expenses (Into city area only for members of the Armed Forces (Attach 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 (Attached Schedule RZ Approval Letter)	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	List all residence (domicile) addresses (Include city, state & zip code). Start with address used on last year's return. If the address on page 1 of this return is the same as listed on last year's return, print "Same." If no return filed last year, list reason. Continue listing this tax year's residence addresses. If address listed on page 1 of this return is in care of another person, enter current residence (domicile) address.	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)

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