

INDIVIDUAL RETURN DUE APRIL 30, 2026

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 _____ To _____	
Mark (X) box if deceased Taxpayer <input type="checkbox"/> Spouse Enter date of death on page 2, right side of the signature area	Present home address (Number and street)			Apt. no.	
Mark box (X) below if form attached Federal Form 1310	Address line 2 (P.O. Box address for mailing use only)			FILING STATUS	
Supporting Notes and Statements (Attachment 22)	City, town or post office			State	Zip code
	Foreign country name			Foreign province/county	Foreign postal code
				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	

ROUND ALL FIGURES TO NEAREST DOLLAR		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
ATTACH COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1	.00	.00	.00	.00
	2. Taxable interest	2	.00	.00	.00	.00
	3. Ordinary dividends	3	.00	.00	.00	.00
	4. Taxable refunds, credits or offsets of state and local income taxes	4	.00	.00	.00	NOT TAXABLE
	5. Alimony received	5	.00	.00	.00	.00
	6. Business income or (loss) (Attach copy of federal Schedule C)	6	.00	.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	.00
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8	.00	.00	.00	.00
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9	.00	.00	.00	.00
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10	.00	.00	.00	.00
	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11	.00	.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	.00
	14. Unemployment compensation	14	.00	.00	.00	NOT TAXABLE
	15. Social security benefits	15	.00	.00	.00	NOT TAXABLE
	16. Other income (Attach statement listing type and amount)	16	.00	.00	.00	.00
	17. Total additions (Add lines 2 through 16)	17	.00	.00	.00	.00
	18. Total income (Add lines 1 through 16)	18	.00	.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="checkbox"/>	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 Other tax payments (est, extension, cr fwd, partnership & tax option corp)	24a <input type="checkbox"/> .00	24b <input type="checkbox"/> .00	24c <input type="checkbox"/> .00	Credit for tax paid to another city	Total payments & credits 24d	
and credits					.00	
25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax	25a <input type="checkbox"/> .00	25b <input type="checkbox"/> .00	25c <input type="checkbox"/> .00	Interest Penalty Total interest & penalty 25c	.00	
ENCLOSE CHECK OR MONEY ORDER	Amount you owe (Add lines 23b and 25c, and subtract line 24d)			PAY WITH		
TAX DUE	26. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF FLINT.			<input type="checkbox"/>	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 Flint Indigent Water Fund	28a <input type="checkbox"/> .00	28b <input type="checkbox"/> .00	28c <input type="checkbox"/> .00	Total donations 28d	.00	
					.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"/>	Refund (direct deposit)	31c Routing number			
			31d Account number			
			31e Account Type:	Checking	Savings	

F-1040, PAGE 2		Taxpayer's name			Taxpayer's SSN			25M1-FLT2	
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"/>
1b. Spouse		<input type="text"/>	<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							
#	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)

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)

ADDRESS OF TAXPAYER (Where taxpayer (A), spouse (C) or both (D) resided during year and date of residence)		FROM		TO	
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.	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
		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