

F-1040-R - 2005

CITY OF FLINT RESIDENT Individual Income Tax Return
or other taxable year beginning _____ 2005 ending _____, 20____

CIT LTR# _____ Do not write in this space
 CHG LTR# _____ Rec. _____

IDENTIFICATION

IMPORTANT

Taxpayer to complete this information

DID YOU FILE A 2004 FLINT RETURN?
Yes No If No, Explain _____

IF YES, IS THE NAME(S) AND ADDRESS IDENTICAL TO 2004 TAX RETURN ?

Yes No If No, State Prior Information And Date of Change _____

Incomplete/incorrect information will result in a late or incorrect refund.

c. Dependents

Name (first, initial and last name)	Social Security Number	Relationship	Number of months lived in your home in 2005

d. Total number of exemptions claimed _____

First Name and Initial _____ Last Name _____
 Your Social Security Number _____
 if Joint Return, First Name and Initial of Spouse: _____
 Spouse's Social Security Number if Joint Return _____
 Present Home Address (Number and Street) _____ (if you have P.O. Box, list Home Address on attached paper)
 Your Occupation _____
 City, State and Zip Code _____ Spouse's Occupation _____

FILING STATUS

(Spouse's Name and SS# _____) → Single
Married filing joint return
Married filing separately

EXEMPTIONS

Regular 65 & Over Blind Deaf Disabled
 a. Yourself
 b. Spouse

Number of boxes checked on a and b
 Number of children on c who lived with you
 Number of children on c who didn't live with you due to divorce or separation
 Number of other dependents listed on c

INCOME

1. W-2 income (Wages, salaries, tips, etc.; do not include SUB pay)
Enter Federal gross income from Form(s) W-2, Box 1 - ALL W2'S MUST BE ATTACHED

Employer's Name _____ Complete Address of Actual Work Station _____

FLINT INCOME TAX WITHHELD

TOTAL FEDERAL WAGES (W-2, Box 1)

	TOTALS		
2. Total W-2 income	_____	1.	00
3. Dividend and interest income per Federal Return (do not include interest from U.S. obligations)	_____	2.	00
4. Other income, losses, or deductions: Complete Schedule A, Page 2	_____	3.	00
5. Total (Line 2, plus Line 3, plus or minus Line 4)	_____	4.	00
6. Exemptions (number of exemptions claimed on Line d above) _____ x \$600.00	_____	5.	00
7. Taxable income (Line 5 minus Line 6)	_____	6.	00
8. City of Flint tax (multiply Line 7 by 1%) (.01) - part-year resident, complete Line 9C for credit	_____	7.	00
		8.	00

PAYMENTS AND CREDITS

9. a. City of Flint Tax withheld by employer - from Line 2 above W2 FORMS MUST BE ATTACHED	9a.	00
b. Payments and credits on 2005 Estimated Flint Income Tax	9b.	00
c. Part year resident credit (see Schedule B, Page 2 for instructions) and credit for tax paid to another city - attach copy of other city return (see instructions #24) <input type="checkbox"/> Part year resident, taxpayer(s) lived inside Flint from <input type="checkbox"/> 2005 to <input type="checkbox"/> 2005	9c.	00
10. Total of payments and credits - add Lines 9a, 9b and 9c	10.	00

REFUND OR AMOUNT YOU OWE

Return due April 30, 2006, amounts not paid by due date are subject to interest and penalty.

11. If Line 8 is larger than Line 10 enter AMOUNT YOU OWE. If \$1.00 or more PAY IN FULL WITH RETURN Write Social Security Number on remittance and make payable to: "TREASURER, CITY OF FLINT", mail to: P.O. Box 99, FLINT, MI 48501-0099	11.	00
12. If Line 10 is larger than Line 8, enter amount OVERPAID, mail to: P.O. Box 1800 Flint, MI 48501	12.	00
13. Overpaid amount on Line 12 is to be: (check one box only) <input type="checkbox"/> Credited to 2006 estimated tax / <input type="checkbox"/> Refunded to you		

FORMS W2 MUST BE ATTACHED HERE

SIGNATURE

I declare under penalty of perjury that the information in this return, and attachments, is true and complete.
 I authorize Treasury to discuss my return and attachments with my preparer.
 Do not discuss with my preparer.

Your Signature _____ Date _____ Your birthdate _____
 Spouse's Signature _____ Date _____ Spouse's birthdate _____

I declare under penalty of perjury that this return is based on all information of which I have knowledge.

Preparer's Signature _____

Daytime Phone () _____ Evening Phone () _____ Phone () _____ Identification No. _____

MUST ROUND TO NEAREST DOLLAR AMOUNT

SCHEDULE A

SALES AND EXCHANGES OF PROPERTY

1. Net income (or loss) from sale or exchange of property - **attach Federal Schedule** 1. .00

RENTS AND ROYALTIES

2. Net income (or loss) from rents and royalties - **attach Federal Schedule E** 2. .00

PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

3. Net profit (or loss) from business or profession - **attach Federal Schedule C** 3. .00

OTHER FLINT INCOME

4. Other income (or loss) from partnerships, estates, trusts, lottery, casino gambling, etc. - **attach copy of Federal return (or Flint return if located in Flint)**

Received from	Kind of income	Federal I.D No.	Amount
a. _____			
b. _____			
c. Total of Lines 4a and 4b - enter on 4c.			4c. .00

5. IRA distribution..... 5. .00

DEDUCTIONS ALLOWED

6. Employee business expense (see instructions for which expenses are allowed from Federal Form 2106) **attach Federal Form 2106**..... 6. (.00)

7. Moving expenses (into Flint only) **attach Federal Form 3903** 7. (.00)

8. IRA deduction - **enter on Line 8a your 'total income' from your 2005 Federal Tax Return** 8a. \$
 (Use amount on Line #22 if you file a Federal 1040 Tax Return, or use amount from Line #14 if you file a Federal 1040-A)
Attach Form 5498 or similar proof issued by your financial institution
 (must have name, SS#, amount and contribution year)..... 8. (.00)

9. Other (please identify) - **attach documentation**..... 9. (.00)

10. Renaissance Zone (**attach a copy of approval letter for 2005**) 10.(.00)

11. TOTAL OF INCOME (OR LOSSES) AND DEDUCTIONS - total Lines 1 through 10
 ENTER TOTAL HERE AND ON PAGE 1, LINE 4..... 11. .00

SCHEDULE B

COMPUTATION OF CREDIT FOR PART-YEAR RESIDENCY

TABLE "A" TO BE USED IF ALL WORK PERFORMED INSIDE FLINT			
NUMBER OF MONTHS LIVED OUTSIDE FLINT	PERCENTAGE	NUMBER OF MONTHS LIVED OUTSIDE FLINT	PERCENTAGE
1	.0417	6 1/2	.2708
1 1/2	.0625	7	.2917
2	.0833	7 1/2	.3125
2 1/2	.1042	8	.3333
3	.1250	8 1/2	.3542
3 1/2	.1458	9	.3750
4	.1667	9 1/2	.3958
4 1/2	.1875	10	.4167
5	.2083	10 1/2	.4375
5 1/2	.2292	11	.4583
6	.2500	11 1/2	.4792

TABLE "B" TO BE USED IF ALL WORK PERFORMED OUTSIDE OF FLINT			
NUMBER OF MONTHS LIVED OUTSIDE FLINT	PERCENTAGE	NUMBER OF MONTHS LIVED OUTSIDE FLINT	PERCENTAGE
1	.0833	6 1/2	.5417
1 1/2	.1250	7	.5833
2	.1667	7 1/2	.6250
2 1/2	.2083	8	.6667
3	.2500	8 1/2	.7083
3 1/2	.2917	9	.7500
4	.3333	9 1/2	.7917
4 1/2	.3750	10	.8333
5	.4167	10 1/2	.8750
5 1/2	.4583	11	.9167
6	.5000	11 1/2	.9583

1 - 15 days are to be considered 1/2 month and 16 - 31 days are to be considered a full month. Determine length of residency OUTSIDE Flint to the half month and locate the tax rate factor in (1) Table A if all income was earned inside the City of Flint, or (2) Table B if all income was earned outside the City of Flint. Multiply the Flint tax (Line 8 of Page 1) by the tax factor and enter the credit on Line 9C, page 1.

NOTE

1) Do not use these schedules if income was earned both inside and outside the City of Flint during the year or if income reported was not for a 12 month period. Compute tax separately for each job and attach worksheet, also give exact dates during 2005 you worked at each job.

2) No credit is allowed if all income reported was earned while a resident of Flint.