

# F-1040-N - 2006

## CITY OF FLINT NON-RESIDENT Individual Income Tax Return

or other taxable year beginning \_\_\_\_\_ 2006 ending \_\_\_\_\_, 20 \_\_\_\_\_

CIT LTR# \_\_\_\_\_ Do not write in this space

CHG LTR# \_\_\_\_\_ Rec. \_\_\_\_\_

### IMPORTANT

Taxpayer to complete this information

**DID YOU FILE A 2005 FLINT RETURN?**  
Yes  No  If No, Explain \_\_\_\_\_

**IF YES, IS THE NAME(S) AND ADDRESS IDENTICAL TO 2005 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 2006

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) \_\_\_\_\_ If Filing Separately, Complete Below

City, Town or Post Office, State and Zip Code \_\_\_\_\_ Your Occupation \_\_\_\_\_ 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

IF YOU LIVED INSIDE THE CITY OF FLINT AT ANY TIME DURING 2006 DO NOT USE THIS FORM. YOU MUST FILE ON A RESIDENT RETURN.

### 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. Total wages earned outside Flint while a non-resident (subtract) complete schedule B, page 2	_____	_____ 00
4. Other income, losses, or deductions: <b>Complete Schedule A, Page 2</b>	_____	_____ 00
5. Total (Line 2 minus Line 3 plus or minus Line 4)	_____	_____ 00
6. Exemptions (number of exemptions claimed on Line d above) _____ x \$600.00	_____	_____ 00
7. Taxable income (Line 5 minus Line 6)	_____	_____ 00
8. City of Flint tax (multiply Line 7 by 1/2 %) (.005)	_____	_____ 00

### PAYMENTS AND CREDITS

9. a. City of Flint Tax withheld by employer - from Line 2 above W2 FORMS MUST BE ATTACHED to left side of return ...	9a. _____ 00
b. Payments and credits on 2006 Estimated Flint Income Tax	9b. _____ 00
c. Credit for Flint Income Tax paid by Partnership on your behalf (Flint Partnership Return must be filed)	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, 2007, 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	11. _____ 00
12. If Line 10 is larger than Line 8, enter amount OVERPAID, mail to: P.O. Box 1800 Flint, MI 48501 - 1800	12. _____ 00
13. Overpaid amount on Line 12 is to be: (check one box only)	13. Credited to 2007 estimated tax <input type="checkbox"/> / Refunded to you <input type="checkbox"/>

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.

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

Your Signature \_\_\_\_\_ Date \_\_\_\_\_ Your birthdate \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's birthdate \_\_\_\_\_

Preparer's Signature \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Identification No. \_\_\_\_\_

IDENTIFICATION

FORMS W2 MUST BE ATTACHED HERE

SIGNATURE

MUST BE BOUND TO NEAREST COLLABORATION

## SCHEDULE A

### SALES AND EXCHANGES OF PROPERTY (LOCATED IN FLINT)

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

### RENTS AND ROYALTIES (LOCATED IN FLINT)

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

### PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (EARNED IN FLINT)

3a. Net profit (or loss) from business or profession - **per Federal Schedule C attached** 3a) \_\_\_\_\_  
 3b. Apportionment percentage from Schedule D below, Line 5 - if all business was conducted in Flint, enter 100% and DO NOT fill in Schedule D 3b) \_\_\_\_\_  
 3c. Apportioned income (multiply Line 3a by Line 3b enter on line 3c) 3c. .00

### OTHER FLINT INCOME

4. Other income (or loss) from partnerships, estates, trusts, etc. - **attach copy of Flint Return**

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, for which a deduction has been taken on a Flint return (see instructions)..... 5. .00

### DEDUCTIONS ALLOWED

6. Employee business expense (allocate at same percentage as the income, to which Federal Form 2106 applies is taxable to Flint - see instructions for which expenses are allowed from Federal Form 2106) **attach Federal Form 2106** ..... 6. ( .00)

7. Moving expenses (Into area only, allocate at same percentage as income earned, is taxable to Flint) **attach Federal Form 3903** ..... 7. ( .00)

8. IRA (attach Form 5498 or similar proof) ..... 8. ( .00)

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

10. Renaissance Zone (**attach copy of approval letter for 2006**) ..... 10.( .00)

11. TOTAL (lines 1 through-10) ENTER HERE AND ON PAGE 1, LINE 4 ..... 11. .00

## SCHEDULE B

This Schedule must be filled in by non-residents who do not perform all their services inside Flint. A separate computation must be made for each W-2 where the income is earned outside, or both inside and outside, of the City of Flint. Actual work location must be given for credit!

	Job #1	Job #2	Job #3	
1. Actual number of days worked on job - everywhere (do not include week-ends you did not work, vacation days, sick days, etc)	_____	_____	_____	days
2. Actual number of days worked on job outside Flint	_____	_____	_____	days
3. Complete address where you performed your work outside Flint (YOU MUST COMPLETE ACTUAL WORK LOCATION OUTSIDE FLINT)	_____	_____	_____	address
4. Percentage of days worked outside of Flint to total (Line 2 divided by Line 1)	_____	_____	_____	%
5. Gross Federal wage shown in box #1 of W-2	\$ _____	\$ _____	\$ _____	
6. Wages earned outside Flint (Line 5 multiplied by percentage on Line 4). Enter here and on Line 3, Page1	\$ _____	\$ _____	\$ _____	

### BUSINESS ALLOCATION FORMULA - SCHEDULE D

	Located everywhere I	Located in Flint II	II ÷ I Percentage
1. Average net book value of real and tangible personal property	\$ _____	\$ _____	
a. Gross annual rentals of real and tangible personal property multiplied by 8.	_____	_____	%
b. TOTAL (add Lines 1 and 1a)	_____	_____	%
2. Total wages, salaries, commissions and other compensation of all employees	_____	_____	%
3. Gross revenue from sales made or services rendered	_____	_____	%
4. Total percentage - add the three percentages computed for Lines 1b, 2 and 3 which you entered in the last column (you must compute percentages for each of Lines 1a, 1b, and 3)	_____ →		%
5. Average percentages (one-third of Line 4*) - enter here and on P.2, Line 3b	_____ →		%

\*IF A FACTOR DOES NOT EXIST, DIVIDE THE SUM OF THE PERCENTAGES BY THE NUMBER OF FACTORS ACTUALLY USED.