

F-1040-N - 2000

CITY OF FLINT NON-RESIDENT Individual Income Tax Return

or other taxable year beginning _____ 2000 ending _____, 20 _____

CIT LTR# _____ Do not write in this space

CHG LTR# _____ Rec.

IMPORTANT

Taxpayer to complete this information

DID YOU FILE A 1999 FLINT RETURN?
YES NO If No, Explain

IF YES, IS THE NAME(S) AND ADDRESS IDENTICAL TO 1999 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)

Name (first, initial and last name)	Social Security Number	Relationship	Number of months lived in your home in 2000

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, Town or Post Office, 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

IF YOU LIVED INSIDE THE CITY OF FLINT AT ANY TIME DURING 2000 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 - Attach all W-2's

Employer's Name Complete Address of Actual Work Station

FLINT INCOME TAX WITHHELD

TOTAL FEDERAL WAGES (W-2, Box 1)

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

TOTALS

1.		
2.		
3.	()	
4.		
5.		
6.		
7.		
8.		

PAYMENTS AND CREDITS

9. a. City of Flint Tax withheld by employer - from Line 2 above **ATTACH FORM(S) W-2** to left side of return
- b. Payments and credits on 2000 Estimated Flint Income Tax
- c. Credit for Flint Income Tax paid by Partnership on your behalf (Flint Partnership Return must be filed)
10. Total of payments and credits - add Lines 9a, 9b and 9c

9a.		
9b.		
9c.		
10.		

REFUND OR AMOUNT YOU OWE

Return due April 30, 2001, 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
12. If Line 10 is larger than Line 8, enter amount OVERPAID, mail to: P.O. Box 1800 Flint, MI 48501 - 1800
13. Overpaid amount on Line 12 is to be: (check one box only)

11.		
12.		

13. Credited to 2001 estimated tax / OR Refunded to you

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.

Preparer's Signature

Your Signature

Date

Your birthdate

Spouse's Signature

Date

Spouse's birthdate

Daytime Phone ()

Evening Phone ()

Phone ()

Identification No.

IDENTIFICATION

ATTACH FORM(S) W-2

SIGNATURE