

F-1040-R - 2000

CITY OF FLINT 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.

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 _____
 If Filing Separately, Complete Below
 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of boxes checked on a and b <input type="checkbox"/>
b. Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of children on c who lived with you <input type="checkbox"/>

c. Dependents

Name (first, initial and last name)	Social Security Number	Relationship	Number of months lived in your home in 2000	Number of children on c who didn't live with you due to divorce or separation <input type="checkbox"/>	Number of other dependents listed on c <input type="checkbox"/>

d. Total number of exemptions claimed _____

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) _____
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2. Total W-2 income _____ **TOTALS** _____

3. Dividend and interest income per Federal Return (do not include interest from U.S. obligations) _____

4. Other income, losses, or deductions: **Complete Schedule A, Page 2** _____

5. Total (Line 2, plus 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%) (.01) - **part-year resident, complete Line 9C for credit** _____

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 _____ 9a. _____

b. Payments and credits on 2000 Estimated Flint Income Tax _____ 9b. _____

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)
 Part year resident, taxpayer(s) lived inside Flint from 2000 to 2000 _____ 9c. _____

10. Total of payments and credits - add Lines 9a, 9b and 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 48501-0099 _____ 11. _____

12. If Line 10 is larger than Line 8, enter amount OVERPAID, mail to: P.O. Box 1800 Flint, MI 48501 _____ 12. _____

13. Overpaid amount on Line 12 is to be: (check one box only) _____ 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.

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

IDENTIFICATION

ATTACH FORM(S) W-2

SIGNATURE