

F1120

City Of Flint Income Tax - 2000 Corporation Return

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

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

THIS IS NOT A FEDERAL RETURN

Name _____

Number and Street _____

City or Town _____ State _____ Zip Code _____

Date _____

Where incorporated Incorporated

Principal business activity

Main address in Flint

Location of Flint records

Person in charge of records

Telephone number

Federal Employer Identification Number \rightarrow _____

TAXABLE INCOME AND TAX COMPUTATION

1. Taxable income before net operating loss deduction and special deduction (per U.S. Corporation Income Tax Return Form 1120, Line 28 or Form 1120S, Schedule K, Line 23 -attach copy of Page 1, 2, 3, and 4)	\$ _____
2. Enter gain or loss from sale or exchange of property included in Line 1	_____
3. Result after excluding Line 2 from Line 1	\$ _____
4. Enter items not deductible under Flint Income Tax Ordinance (from P.2, Schedule E, Col. 1, Line 4)	_____
5. Total - add Lines 3 and 4	\$ _____
6. Enter items not taxable under Flint Income Tax Ordinance (from P.2, schedule E, Col.2, Line 10)	_____
7. Total - Line 5 less Line 6	\$ _____
8. Amount on Line 2 above (after excluding any capital loss carry-over) applicable to taxable period (see instructions)	_____
9. Total income - add Lines 7 and 8	\$ _____
10. Allocation percentage from P.2 Schedule D, Line 5 - if all business was conducted in Flint enter 100% on Line 10 and DO NOT fill in Schedule D on Page 2	_____ %
11. Total - multiply Line 9 by % on Line 10	\$ _____
12. Less: Applicable portion of net operating loss carry-over and/or capital loss carry-over (see in instructions)	_____
13. Total income subject to tax-Line 11 less Line 12	_____
14. CITY OF FLINT TAX - multiply Line 13 by 1%	\$ _____

PAYMENTS AND CREDITS

15. a. Credit from prior year	\$ _____
b. Payments made on 2000 Declaration of Estimated Flint Income Tax	\$ _____
c. Tax paid with tentative return or payments made with extension	\$ _____
16. Total	\$ _____

TAX DUE OR REFUND

17. If Line 14 is larger than Line 16 enter AMOUNT YOU OWE and PAY IN FULL WITH THIS RETURN	\$ _____
Write Federal ID No. on remittance and make payable to: "Treasurer, City of Flint," mail to: 1101 S. Saginaw St., Flint MI 48502	
18. If Line 16 is larger than Line 14 enter amount Overpaid, mail to : P.O. Box 1800, Flint, MI 48501-1800	\$ _____
19. Amount of Line 18 is to be: (check one box only) A <input type="checkbox"/> Credited on 2001 estimated tax B <input type="checkbox"/> Refunded to you	

A. Check applicable boxes: Initial Flint Return Final Flint Return

B. Name and Address of resident agent in Michigan _____

C. Is this a consolidated return? Yes No If yes, list names and addresses of included corporations in an attached statement showing percent of voting stock owned in each corporation.

D. Number of Flint locations included in this return. Number of locations everywhere
List Flint location addresses.

E. Was your federal tax liability for any other year changed by either a review by the Federal Government of the filing of an amended federal return?
 Yes No If yes, attach an explanation if an amended Flint return was not filed

I declare that I have examined this return (including 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, his declaration is based on all information of which he has any knowledge.

_____ (Date)	_____ (Signature of officer)	_____ (Title)	_____ (Phone Number)
_____ (Date)	_____ (Signature of Preparer)	_____ (Address)	