

# F-1040-N - 2004

**CITY OF FLINT NON-RESIDENT Individual Income Tax Return**  
 or other taxable year beginning \_\_\_\_\_ 2004 ending \_\_\_\_\_, 20 \_\_\_\_\_

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

## IMPORTANT

Taxpayer to complete this information

**DID YOU FILE A 2003 FLINT RETURN?**  
 YES  NO  If No, Explain \_\_\_\_\_

**IF YES, IS THE NAME(S) AND ADDRESS IDENTICAL TO 2003 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
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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Spouse   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 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

## c. Dependents

Name (first, initial and last name)	Social Security Number	Relationship	Number of months lived in your home in 2004

d. Total number of exemptions claimed \_\_\_\_\_

**IF YOU LIVED INSIDE THE CITY OF FLINT AT ANY TIME DURING 2004 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)

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

## PAYMENTS AND CREDITS

9. a. City of Flint Tax withheld by employer - from Line 2 above <b>FORMS W-2 MUST BE ATTACHED</b> to left side of return	9a. _____	00
b. Payments and credits on 2004 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, 2005, 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 2005 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 ROUND TO NEAREST DOLLAR AMOUNT

## 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 _____				

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 2004**) ..... 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, Page 1	\$ _____	\$ _____	\$ _____	

### BUSINESS ALLOCATION FORMULA - SCHEDULE D

	Located everywhere I	Located in Flint II	Percentage II ÷ I
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	_____ →		_____ %