

# F-1040-R - 2004

## CITY OF FLINT RESIDENT Individual Income Tax Return

or other taxable year beginning \_\_\_\_\_ 2004 ending \_\_\_\_\_, 20 \_\_\_\_\_

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

IDENTIFICATION

**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 \_\_\_\_\_  
 # 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** Single   
 Married filing joint return   
 Married filing separately   
 (Spouse's Name and SS# \_\_\_\_\_) →

**EXEMPTIONS** Regular 65 & Over Blind Deaf Disabled

a. Yourself       
 b. Spouse

c. Dependents

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

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

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

FORMS W2 MUST BE ATTACHED HERE

### 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. Dividend and interest income per Federal Return (do not include interest from U.S. obligations)	_____	_____ 00
4. Other income, losses, or deductions: <b>Complete Schedule A, Page 2</b>	_____	_____ 00
5. Total (Line 2, plus 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%) (.01) - <b>part-year resident, complete Line 9C for credit</b>	_____	_____ 00

### PAYMENTS AND CREDITS

9. a. City of Flint Tax withheld by employer - from Line 2 above **W2 FORMS MUST BE ATTACHED** \_\_\_\_\_ 9a. \_\_\_\_\_ 00  
 b. Payments and credits on 2004 Estimated Flint Income Tax \_\_\_\_\_ 9b. \_\_\_\_\_ 00  
 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) \_\_\_\_\_ 9c. \_\_\_\_\_ 00  
 Part year resident, taxpayer(s) lived inside Flint from  2004 to  2004  
 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 48501-0099 \_\_\_\_\_ 11. \_\_\_\_\_ 00

12. If Line 10 is larger than Line 8, enter amount **OVERPAID**, mail to: P.O. Box 1800 Flint, MI 48501 \_\_\_\_\_ 12. \_\_\_\_\_ 00

13. Overpaid amount on Line 12 is to be: (check one box only) \_\_\_\_\_ 13. Credited to 2005 estimated tax  / Refunded to you

SIGNATURE

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

I declare under penalty of perjury that this return is based on all information of which I have knowledge.  
 Preparer's Signature \_\_\_\_\_

MUST BE FOUND TO NEAREST DOLLAR AMOUNT

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

## SCHEDULE A

### SALES AND EXCHANGES OF PROPERTY

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

### RENTS AND ROYALTIES

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

### PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

3. Net profit (or loss) from business or profession - **attach Federal Schedule C** ..... 3. .00

### OTHER FLINT INCOME

4. Other income (or loss) from partnerships, estates, trusts, lottery, casino gambling, etc. - **attach copy of Federal return (or Flint return if located in Flint)**

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..... 5. .00

### DEDUCTIONS ALLOWED

6. Employee business expense (see instructions for which expenses are allowed from Federal Form 2106) **attach Federal Form 2106**..... 6. ( .00)

7. Moving expenses (into Flint only) **attach Federal Form 3903** ..... 7. ( .00)

8. IRA deduction - **enter on Line 8a your 'total income' from your 2004 Federal Tax Return** 8a. \$  
 (Use amount on Line #22 if you file a Federal 1040 Tax Return, or use amount from Line #14 if you file a Federal 1040-A)  
**Attach Form 5498** or similar proof issued by your financial institution  
 (must have name, SS#, amount and contribution year)..... 8. ( .00)

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

10. Renaissance Zone (**attach a copy of approval letter for 2004**)..... 10.( .00)

11. TOTAL OF INCOME (OR LOSSES) AND DEDUCTIONS - total Lines 1 through 10  
 ENTER TOTAL HERE AND ON PAGE 1, LINE 4..... 11. .00

## SCHEDULE B

### COMPUTATION OF CREDIT FOR PART-YEAR RESIDENCY

TABLE "A" TO BE USED IF ALL WORK PERFORMED <span style="border: 1px solid black; padding: 2px;">INSIDE</span> FLINT			
NUMBER OF MONTHS LIVED OUTSIDE FLINT	PERCENTAGE	NUMBER OF MONTHS LIVED OUTSIDE FLINT	PERCENTAGE
1	.0417	6 1/2	.2708
1 1/2	.0625	7	.2917
2	.0833	7 1/2	.3125
2 1/2	.1042	8	.3333
3	.1250	8 1/2	.3542
3 1/2	.1458	9	.3750
4	.1667	9 1/2	.3958
4 1/2	.1875	10	.4167
5	.2083	10 1/2	.4375
5 1/2	.2292	11	.4583
6	.2500	11 1/2	.4792

TABLE "B" TO BE USED IF ALL WORK PERFORMED <span style="border: 1px solid black; padding: 2px;">OUTSIDE</span> OF FLINT			
NUMBER OF MONTHS LIVED OUTSIDE FLINT	PERCENTAGE	NUMBER OF MONTHS LIVED OUTSIDE FLINT	PERCENTAGE
1	.0833	6 1/2	.5417
1 1/2	.1250	7	.5833
2	.1667	7 1/2	.6250
2 1/2	.2083	8	.6667
3	.2500	8 1/2	.7083
3 1/2	.2917	9	.7500
4	.3333	9 1/2	.7917
4 1/2	.3750	10	.8333
5	.4167	10 1/2	.8750
5 1/2	.4583	11	.9167
6	.5000	11 1/2	.9583

1 - 15 days are to be considered 1/2 month and 16 - 31 days are to be considered a full month. Determine length of residency OUTSIDE Flint to the half month and locate the tax rate factor in (1) Table A if all income was earned inside the City of Flint, or (2) Table B if all income was earned outside the City of Flint. Multiply the Flint tax (Line 6 of Page 1) by the tax factor and enter the credit on Line 9C, page 1.

**NOTE**  
 1) Do not use these schedules if income was earned both inside and outside the City of Flint during the year or if income reported was not for a 12 month period. Compute tax separately for each job and attach worksheet, also give exact dates during 2004 you worked at each job.  
 2) No credit is allowed if all income reported was earned while a resident of Flint.