

F-1040-N - 2005

CITY OF FLINT NON-RESIDENT Individual Income Tax Return

or other taxable year beginning _____ 2005 ending _____, 20 _____

CIT LTR# _____ Do not write in this space

CHG LTR# _____ Rec.

IMPORTANT

Taxpayer to complete this information

DID YOU FILE A 2004 FLINT RETURN?

Yes No If No, Explain

IF YES, IS THE NAME(S) AND ADDRESS IDENTICAL TO 2004 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)

Social Security Number

Relationship

Number of months lived in your home in 2005

| Name (first, initial and last name) | Social Security Number | Relationship | Number of months lived in your home in 2005 |
|-------------------------------------|------------------------|--------------|---|
| | - | - | |
| | - | - | |
| | - | - | |
| | - | - | |
| | - | - | |

d. Total number of exemptions claimed _____

| | | |
|--|---------------------|--|
| First Name and Initial <small>(if Joint Return, First Name and Initial of Spouse)</small> | Last Name | Your Social Security Number |
| Present Home Address (Number and Street) <small>(if you have P.O. Box, list Home Address on attached paper)</small> | Your Occupation | Spouse's Social Security Number if Joint Return <small>If Filing Separately, Complete Below</small> |
| 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

a. Yourself

Regular

65 & Over

Blind

Deaf

Disabled

Number of boxes checked on a and b

b. Spouse

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 2005 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)

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

PAYMENTS AND CREDITS

| | |
|---|--------------|
| 9. a. City of Flint Tax withheld by employer - from Line 2 above FORMS W-2 MUST BE ATTACHED to left side of return ... | 9a. _____ 00 |
| b. Payments and credits on 2005 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, 2006, 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 2006 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.

Preparer's Signature

Your Signature

Date

Your birthdate

Spouse's Signature

Date

Spouse's birthdate

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 _____ | | | |

4c. .00

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 2005) 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 | II ÷ I Percentage |
|--|-------------------------|---------------------------|----------------------|
| 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 | _____ → | | _____ % |

*IF A FACTOR DOES NOT EXIST, DIVIDE THE SUM OF THE PERCENTAGES BY THE NUMBER OF FACTORS ACTUALLY USED.