# **2025 CITY OF FLINT** EMPLOYER'S WITHHOLDING TAX FORMS AND INSTRUCTIONS

## Dear Employer,

All necessary forms for reporting and remitting City of Flint Income Tax withholding for calendar year 2025 are enclosed. Monthly deposit forms and quarterly return forms will no longer be mailed separately. **PAYMENTS CAN BE MAILED OR PAID ONLINE AT WWW.CITYOFFLINT.COM** 

Please review the pre-printed forms to see that the correct name, address and Federal Employer Identification Number are listed. If an error is noted, file a Notice of Change or Discontinuance.

## WHEN PREPARING W-2 FORMS, CLEARLY IDENTIFY THE LOCALITY IN THE APPROPRIATE BOX OF THE FORM AS <u>*FLINT*</u> OR <u>*FL*</u>. THIS WILL HELP AVOID CONFUSION WITH OTHER MICHIGAN CITIES WITH AN INCOME TAX.

## WHO IS REQUIRED TO WITHHOLD?

Every employer who:

- 1. Has a location in the City of Flint; or
- 2. Is doing business in the City of Flint.

## WITHHOLDING RATES:

Use 1% for:

- 1. Residents of the City of Flint working in Flint.
- 2. Residents of the City of Flint working outside of Flint who are not subject to withholding for the city where they work.

Use 0.5% for:

- 1. Nonresidents of the City of Flint working in Flint.
- 2. Residents of the City of Flint working in the following cities that also have a city income tax:

ALBION BENTON HARBOR BATTLE CREEK BIG RAPIDS DETROIT EAST LANSING GRAND RAPIDS GRAYLING HAMTRAMCK HIGHLAND PARK HUDSON IONIA JACKSON LANSING LAPEER MUSKEGON MUSKEGON HEIGHTS PONTIAC PORT HURON PORTLAND SAGINAW SPRINGFIELD WALKER



RETURN TO: PO BOX 529 PO BOX 529 EATON RAPIDS, MI 48827-0529 EATON RAPIDS, MI 48827-0529

## CITY OF FLINT INCOME TAX DEPARTMENT

## YEAR 2025 INCOME TAX WITHHOLDING FORMS AND INSTRUCTIONS

## THIS BOOKLET CONTAINS THE FOLLOWING FORMS AND INSTRUCTIONS:

NOTICE OF CHANGE OR DISCONTINUANCE.

EMPLOYER'S MONTHLY DEPOSIT OF INCOME TAX WITHHELD, FORM F-501 (USED FOR MAKING DEPOSIT OF TAX WITHHELD DURING FIRST OR SECOND MONTH OF A QUARTER).

EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD, FORM F-941 (USED FOR REPORTING QUARTERLY INCOME TAX WITHHELD).

EMPLOYER'S ANNUAL RECONCILIATION OF INCOME TAX WITHHELD, FORM FW-3. THIS FORM MUST BE FILED ON OR BEFORE FEBRUARY 28, 2025

INSTRUCTIONS FOR EMPLOYER'S MONTHLY DEPOSIT OF INCOME TAX WITHHELD, FORM F-501, AND EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD, FORM F-941.

A monthly deposit is required for the first and/or second month of a quarter when the amount withheld during the month exceeds \$100.00. Form F-501 is used to make monthly deposits. Use Form F-941, quarterly return, to report withholding for a quarter and to remit withholding not deposited during the first or second month of the quarter.

## IF TAX WITHHELD DURING A MONTH EXCEEDS \$100 MONTHLY DEPOSITS, FORM F-501, ARE DUE AS FOLLOWS:

MONTH	DUE DATE	MONTH	DUE DATE
JANUARY	02/28/2025	JULY	08/31/2025
FEBRUARY	03/31/2025	AUGUST	09/30/2025
**MARCH	04/30/2025	**SEPTEMBER	10/31/2025
APRIL	05/31/2025	OCTOBER	11/30/2025
MAY	06/30/2025	NOVEMBER	12/31/2025
**JUNE	07/31/2025	**DECEMBER	01/31/2026

\*\*USE QUARTERLY FORM F-941

### QUARTERLY RETURNS, FORM F-941, ARE DUE AS FOLLOWS:

QUARTER	DUE DATE	QUARTER	DUE DATE
FIRST	04/30/2025	THIRD	10/31/2025
SECOND	07/31/2025	FOURTH	01/31/2026

If the necessary forms are not included in this booklet, contact the Income Tax Department via phone at (810) 766-7015, or send a letter to: PO Box 529, Eaton Rapids, MI 48827-0529.

## PREPARING W-2 FORMS – IF THE LOCALITY BOX OF THE W2 FORM IS LEFT BLANK OR DOES NOT CLEARLY IDENTIFY THE LOCALITY AS FLINT OR FL, YOUR EMPLOYEES WILL EXPERI-ENCE A DELAY IN THE PROCESSING OF THEIR RETURNS.

CITY OF FLINT INCOME TAX DEPT ATTN: WITHHOLDING SECTION PO BOX 529 EATON RAPIDS MI 48827-0529

CITY OF FLINT INCOME TAX DEPT ATTN: WITHHOLDING SECTION PO BOX 529 EATON RAPIDS MI 48827-0529

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CITY OF FLINT INCOME TAX DEPT ATTN: WITHHOLDING SECTION PO BOX 529 EATON RAPIDS MI 48827-0529 CITY OF FLINT INCOME TAX DEPT ATTN: WITHHOLDING SECTION PO BOX 529 EATON RAPIDS MI 48827-0529

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CITY OF FLINT INCOME TAX DEPT ATTN: WITHHOLDING SECTION PO BOX 529 EATON RAPIDS MI 48827-0529

F-941

#### FLINT INCOME TAX DEPARTMENT EMPLOYER'S MONTHLY DEPOSIT OF INCOME TAX WITHHELD

F-501	
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F-501

	1. IDENTIFICATION NUMBER	2. DEPOSIT PERIOD	3. DUE ON OR BEFORE	4. WITHHOLDING TAX DEPOSIT
TAXPAYER NAME A	ND ADDRESS	PAYABLE ONLINE AT WWW	CITYOFFLINT.COM	MONTHLY DEPOSIT OF INCOME TAX IS REQUIRED IF TAX WITHHELD IN FIRST OR SECOND MONTH OF A QUARTER EXCEEDS \$100.
				IMPORTANT 5. IF DEPOSIT IS FOR A MONTH YEAR
				5. IF DEPOSIT IS FOR A MONTH YEAR PERIOD OTHER THAN BOX 2, ENTER THE CORRECT PERIOD.
				MAKE REMITTANCE PAYABLE TO: TREASURER, CITY OF FLINT
SIGNATURE		TITLE	DATE MA	IL TO: CITY OF FLINT INCOME TAX DEPT ATTN: WITHHOLDING SECTION BOX 529
PRINTED NAME OF SI				EATON RAPIDS, MI 48827-0529

CUT ON DOTTED LINE

#### FLINT INCOME TAX DEPARTMENT EMPLOYER'S MONTHLY DEPOSIT OF INCOME TAX WITHHELD

	1. IDENTIFICATION NUMBER	2. DEPOSIT PERIOD	3. DUE ON OR BEFORE	4. WITHHOLDING TAX DEPOSIT
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				MAKE REMITTANCE PAYABLE TO: TREASURER, CITY OF FLINT
SIGNATURE PRINTED NAME OF SIGN	NER	TITLE	DATE	MAIL TO: CITY OF FLINT INCOME TAX DEPT ATTN: WITHHOLDING SECTION BOX 529 EATON RAPIDS, MI 48827-0529

CUT ON DOTTED LINE

FLINT INCOME TAX DEPARTMENT EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

	1. IDENTIFICATION NUMBER	2. RETURN PERIOD	3. DUE ON OR BEFORE	4. TAX WITHHELD THIS QUARTER
TAXPAYER NAM	IE AND ADDRESS	PAYABLE ONLINE		5. ADJUSTMENTS
				6. ADJUSTED TAX WITHHELD
				7a. TAX PAID FIRST MONTH OF QUARTER
				7b. TAX PAID SECOND MONTH OF QUARTER
				8. AMOUNT DUE (Line 6 less lines 7a and 7b) PAY THIS AMOUNT
SIGNATURE		TITLE	DATE	PAY TO: TREASURER, CITY OF FLINT MAIL TO: CITY OF FLINT INCOME TAX DEPT.
PRINTED NAME OF S	IGNER	If final return, che complete Notice Discontinuance i	of Change or	ATTN: WITHHOLDING SECTION PO BOX 529 EATON RAPIDS. MI 48827-0529

F-941

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PRINTED NAME OF SI				EATON RAPIDS, MI 48827-0529

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SIGNATURE PRINTED NAME OF SIGN	NER	TITLE	DATE	MAIL TO: CITY OF FLINT INCOME TAX DEPT ATTN: WITHHOLDING SECTION BOX 529 EATON RAPIDS, MI 48827-0529

CUT ON DOTTED LINE

FLINT INCOME TAX DEPARTMENT EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

	1. IDENTIFICATION NUMBER	2. RETURN PERIOD	3. DUE ON OR BEFORE	4. TAX WITHHELD THIS QUARTER
TAXPAYER NAM	IE AND ADDRESS	PAYABLE ONLINE		5. ADJUSTMENTS
				6. ADJUSTED TAX WITHHELD
				7a. TAX PAID FIRST MONTH OF QUARTER
				7b. TAX PAID SECOND MONTH OF QUARTER
				8. AMOUNT DUE (Line 6 less lines 7a and 7b) PAY THIS AMOUNT
SIGNATURE		TITLE	DATE	PAY TO: TREASURER, CITY OF FLINT MAIL TO: CITY OF FLINT INCOME TAX DEPT.
PRINTED NAME OF S	IGNER	If final return, che complete Notice Discontinuance i	of Change or	ATTN: WITHHOLDING SECTION PO BOX 529 EATON RAPIDS. MI 48827-0529

F-941

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CUT ON DOTTED LINE

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	1. IDENTIFICATION NUMBER	2. RETURN PERIOD	3. DUE ON OR BEFORE	4. TAX WITHHELD THIS QUARTER
TAXPAYER NAM	IE AND ADDRESS	PAYABLE ONLINE	AT WWW.CITYOFFLINT.COI	5. ADJUSTMENTS
				6. ADJUSTED TAX WITHHELD
				7a. TAX PAID FIRST MONTH OF QUARTER
				7b. TAX PAID SECOND MONTH OF QUARTER
				8. AMOUNT DUE (Line 6 less lines 7a and 7b) PAY THIS AMOUNT
SIGNATURE		TITLE	DATE	PAY TO: TREASURER, CITY OF FLINT MAIL TO: CITY OF FLINT INCOME TAX DEPT.
PRINTED NAME OF S	IGNER	If final return, che complete Notice Discontinuance in	of Change or	ATTN: WITHHOLDING SECTION PO BOX 529 EATON RAPIDS. MI 48827-0529

F-941

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SIGNATURE		TITLE	DATE MA	IL TO: CITY OF FLINT INCOME TAX DEPT ATTN: WITHHOLDING SECTION BOX 529
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SIGNATURE PRINTED NAME OF SIGN	NER	TITLE	DATE	MAIL TO: CITY OF FLINT INCOME TAX DEPT ATTN: WITHHOLDING SECTION BOX 529 EATON RAPIDS, MI 48827-0529

CUT ON DOTTED LINE

FLINT INCOME TAX DEPARTMENT EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

	1. IDENTIFICATION NUMBER	2. RETURN PERIOD	3. DUE ON OR BEFORE	4. TAX WITHHELD THIS QUARTER
TAXPAYER NAM	IE AND ADDRESS	PAYABLE ONLINE	AT WWW.CITYOFFLINT.COI	5. ADJUSTMENTS
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SIGNATURE		TITLE	DATE	PAY TO: TREASURER, CITY OF FLINT MAIL TO: CITY OF FLINT INCOME TAX DEPT.
PRINTED NAME OF S	IGNER	If final return, che complete Notice Discontinuance in	of Change or	ATTN: WITHHOLDING SECTION PO BOX 529 EATON RAPIDS. MI 48827-0529

#### 2024 FW-3 **FW-3 CITY OF FLINT** EMPLOYER'S ANNUAL RECONCILIATION OF INCOME TAX WITHHELD 2024

1. EMPLOYER NAME AND ADDRESS

2. FEDERAL EMPLOYER IDENTIFICATION NUMBER

DUE ON OR BEFORE

## 2/28/2025

SUMMARY OF WITHHOLDING TAX PAID					
MONTH/QUARTER	TAX WITHHELD	WITHHOLDING TAX PAID			
January					
February					
March					
FIRST QUARTER TOTAL					
April					
Мау					
June					
SECOND QUARTER TOTAL					
July					
August					
September					
THIRD QUARTER TOTAL					
October					
November					
December					
FOURTH QUARTER TOTAL					
	TOTAL WITHHOLDING TAX PAID	3.			
· · · · · · · · · · · · · · · · · · ·	NUMBER OF W-2 FORMS ATTACHED	4.			
	5.				
	BALANCE DUE	6.			
OVEF	RPAYMENT - ATTACH EXPLANATION*	7.			
	TOTAL PAYROLL	8.			

#### \*SUBMIT A LETTER EXPLAINING THE OVERPAYMENT AND REQUESTING A REFUND.

9. SIGNATURE	10. NAME AND TITLE (Please Print)	11. DATE
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#### INSTRUCTIONS FOR EMPLOYER'S ANNUAL RECONCILIATION OF INCOME TAX WITHHELD

- Check identification information in Box 1 and Box 2. If incorrect, make corrections and file Notice of Change or Discontinuance, Form F-6-IT.
- Enter tax withheld and tax payment information in the Summary of Withholding Tax Paid section. •
- Enter the total withholding tax paid in Box 3.
- Enter the number of W-2 forms attached in Box 4. •
- Enter the amount of tax withheld per the W-2 forms attached in Box 5. Attach an adding machine tape totaling the W-2 forms or include copies of the computer generated summary W-2 forms.
- If the withholding tax paid (Box 3) is less than the tax withheld per the W-2 forms (Box 5), enter the balance due in Box 6. The balance due must be paid in full with this FW-3 form. Make remittance payable to: FLINT CITY TREASURER
- If the withholding tax paid (Box 3) is greater than the tax withheld per the W-2 forms (Box 5), enter the overpayment in Box 7. To receive a refund of any overpayment, submit a letter explaining the overpayment and requesting a refund.
- If the withholding tax paid (Box 3) equals the tax withheld per the W-2 forms (Box 5), enter a zero (0) in Boxes 6 and 7.
- Sign the return in box 9; Print your name and title in Box 10; and Enter the date signed in Box 11.
- Attach the required copies of the W-2 forms (or electronic media) and payment for any balance due to the completed FW-3 form and mail to:

# CITY OF FLINT INCOME TAX DEPARTMENT, WITHHOLDING TAX SECTION, PO BOX 529, EATON RAPIDS, MI 48827-0529 OR PAY ONLINE AT: WWW.CITYOFFLINT.COM

\*PLEASE VISIT www.cityofflint.com/IncomeTax/forms.asp FOR ELECTRONIC W2 FILING SPECIFICATIONS

## CITY OF FLINT INCOME TAX DEPARTMENT

## NOTICE OF CHANGE OR DISCONTINUANCE

ACCOUNT NUMBER (FEIN)	CHANGES EFFECTIVE ON (Date)							
CURRENT LEGAL NAME	CURRENT LEGAL NAME CH			CHANGE LEGAL NAME TO:				
DBA		CHANGE DBA TO:						
CURRENT LEGAL BUSINESS ADDRESS		CHANGE LEGAL BU	SINESS ADDRESS TO	):				
MAILING ADDRESS		CHANGE MAILING ADDRESS TO:						
Instructional Place	an "X" in all boxes that ap	nhy Complete	all information f	or that	abanga			
	/rite any comments or exp			or that o	mange.			
1. The Internal Revenue Service assign	ned us Federal Employer Ide	entification Numb	oer:					
2. Our Federal Employer Identification	Number is wrong. The corre	ect number is: _						
3. We have incorporated. Our corporate	e name is:							
4. Our new corporate Federal Employe	r Identification Number is: _							
5. Discontinue our withholding tax regis	stration:							
Ue no longer have any busir	ness activity in the City	of Flint.						
Uve closed our business on:								
Ue sold our entire business	on:	We sold (	our business t	0:				
We sold part of our business	Use sold part of our business on:							
		Their FEI	IN is:					
☐ 6. Address and phone number w	here we may be reache	ed following d	iscontinuance	of bus	iness:			
CONTACT PERSON	STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE			
7. Change in ownership. (Pleas	e explain on back)							
8. Effective, we changed our fiscal year ending from to								
9. Other changes. (Please explain on back)								
SIGNATURE OF PREPARER	PRINTED NAME OF PREPARER		DATE PREPARED	PREPAF	RER'S PHONE NUMBER			
				(	)			

AND ANY CORRESPONDENCE TO: CITY OF FLINT INCOME TAX DEPT., Attn: Withholding Section, PO Box 529, Eaton Rapids, MI 48827-0529

## CITY OF FLINT INCOME TAX DEPARTMENT

### INSTRUCTIONS FOR FORM F-501, EMPLOYER'S MONTHLY DEPOSIT OF INCOME TAX WITHHELD, AND FORM F-941, EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

### A. MONTHLY DEPOSITS AND QUARTERLY RETURNS

- 1. Monthly deposits of Flint income tax withheld are <u>required</u> for each month in which the amount withheld exceeds \$100.00. Monthly deposits are made using Form F-501. Remittance in full payable to the Flint City Treasurer is required. Monthly deposits are due on the last day of the month following the month withheld. Example: The monthly deposit, Form F-501, for May is due June 30.
- 2. Quarterly returns of Flint income tax withheld are filed using Form F-941. Remittance payable to Flint City Treasurer is required. Quarterly returns and payments are due on the last day of the month following the end of the quarter. The quarterly return, Form F-941, for the first quarter is due April 30.
- 3. Mail monthly deposits, Form F-501, and quarterly returns, Form F-941, to the City of Flint Income Tax Department, Attn: Withholding Section, PO Box 529, Eaton Rapids, MI 48827-0529. Or pay online at: www.cityofflint.com
- 4. Withholdings of less than \$100.00 per month can be deposited on a quarterly basis using Form F-941.
- 5. If there are no withholdings for the month, Form F-501 is not required to be filed.

#### **B. INITIAL RETURNS**

- 1. Registration via phone accepted at (810) 766-7015. Withholding forms and an employer's registration packet will be mailed immediately. Blank forms are available on our website, www.CityofFlint.com
- 2. If you cannot wait for forms to timely file your first return, include a letter with your withholding tax payment providing the following information: Name of Business Owner(s), Type of Ownership, Federal Employer Identification Number (FEIN), d.b.a., address, mailing address and period covered.
- 3. If you have applied for, but not yet received, an FEIN, write "FEIN Pending" in place of the FEIN. A temporary number will be assigned. Notify the Income Tax Department as soon as you receive your FEIN.
- 4. If a business is sold or transferred at any point during a reporting period, both the old and new employer must file returns for the period. Neither employer should report tax withheld by the other, both employers should use their own FEIN numbers. Also see instructions for Final Returns.

#### C. FINAL RETURNS - NOTICE OF CHANGE OR DISCONTINUANCE

- 1. If no wages are to be paid in the future, complete and file a Notice of Change or Discontinuance.
- 2. If the business has been sold or transferred, provide the name of the new owner(s), the date transferred and their FEIN. Also, provide the name, address and telephone number of the person who will have custody of the books and records of the discontinued business.
- 3. When discontinuing a business, the Employer's Annual Reconciliation of Income Tax Withheld, Form FW-3, and a W-2 form for each employee must be filed. These forms are due by the end of the month following the end of the quarter of discontinuance.

#### D. ALL EMPLOYERS

- 1. Verify the name, address and FEIN on the monthly deposit and quarterly return forms (F-501 and F-941).
- 2. Form F-941 provides a space for adjustments to correct mistakes made on prior returns from the <u>current calendar year</u>. When an adjustment is reported it must be accompanied by a statement explaining the adjustment. **DO NOT TAKE CREDIT FOR A PRIOR YEAR'S OVERPAYMENT!** You must file a claim for refund of any prior year's overpayment.