

INDIVIDUAL RETURN DUE APRIL 30, 2018

Taxpayer's SSN		Taxpayer's first name Initial Last name		RESIDENCE STATUS	
Spouse's SSN		If joint return spouse's first name Initial Last name		<input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident Part-year resident - dates of residency (mm/dd/yyyy) From _____ To _____	
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse Enter date of death on page 2, right side of the signature area Mark box (X) below if form attached <input type="checkbox"/> Federal Form 1310 <input type="checkbox"/> Supporting Notes and Statements (Attachment 22)		Present home address (Number and street) Apt. no.		FILING STATUS	
		Address line 2 (P.O. Box address for mailing use only)		<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here. _____ Spouse's full name if married filing separately	
		City, town or post office State Zip code			
		Foreign country name Foreign province/county Foreign postal code			

ATTACH COPY OF PAGE 1 OF FEDERAL RETURN	ROUND ALL FIGURES TO NEAREST DOLLAR		Column A	Col B Exclusion/Adjustment	Column C
	INCOME	(Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)	Federal Return Data	Must complete page 2	Taxable Income
1.	Wages, salaries, tips, etc. (W-2 forms must be attached)	1	.00	.00	.00
2.	Taxable interest	2	.00	.00	.00
3.	Ordinary dividends	3	.00	.00	.00
4.	Taxable refunds, credits or offsets of state and local income taxes	4	.00	.00	NOT TAXABLE
5.	Alimony received	5	.00	.00	.00
6.	Business income or (loss) (Attach copy of federal Schedule C)	6	.00	.00	.00
7.	Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. <input type="checkbox"/> Mark if federal Sch. D not required	7	.00	.00	.00
8.	Other gains or (losses) (Attach copy of federal Form 4797)	8	.00	.00	.00
9.	Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9	.00	.00	.00
10.	Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10	.00	.00	.00
11.	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11	.00	.00	.00
12.	Subchapter S corporation distributions (Attach federal Sch. K-1)	12	NOT APPLICABLE	.00	.00
13.	Farm income or (loss) (Attach copy of federal Schedule F)	13	.00	.00	.00
14.	Unemployment compensation	14	.00	.00	NOT TAXABLE
15.	Social security benefits	15	.00	.00	NOT TAXABLE
16.	Other income (Attach statement listing type and amount)	16	.00	.00	.00
17.	Total additions (Add lines 2 through 16)	17	.00	.00	.00
18.	Total income (Add lines 1 through 16)	18	.00	.00	.00
19.	Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19		.00	.00
20.	Total income after deductions (Subtract line 19 from line 18); if a negative amount -STOP- and enter zero (0) on line 26	20		.00	.00
21.	Exemptions Number of Exemptions are auto-filled in line 21a from Form L-1040, page 2, box 1h and calculated at \$600 per number of exemptions and auto-filled in line 21b	21a <input type="checkbox"/> 21b		.00	.00
22.	Total income subject to tax (Subtract line 21b from line 20); if a negative amount -STOP- and enter zero (0) on line 26	22		.00	.00
23.	Tax at (tax rate) (Multiply line 22 by Lansing resident tax rate of 1.0% (0.01) or nonresident tax rate of 0.5% (0.005) and enter tax on line 23b, or if using Schedule TC to compute tax, check box 23a and enter tax from Schedule TC, line 23d)	23a <input type="checkbox"/> 23b		.00	.00
24.	Payments and credits 24a Lansing tax withheld 24b .00 Other tax payments (est, extension, or fwd, partnership & tax option corp) 24c .00 Credit for tax paid to another city 24c .00 Total payments & credits 24d	24a .00 24b .00 24c .00 24d		.00	.00
25.	Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a .00 Interest 25b .00 Penalty Total interest & penalty 25c	25a .00 25b .00 25c		.00	.00
26.	TAX DUE Amount you owe (Add lines 23b and 25c, and subtract line 24) 26. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF LANSING IF PAID ON LINE CREDITCARD/ELECTRONIC CHECK ENTER CONF #	26		PAY WITH RETURN	.00
27.	OVERPAYMENT 27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)	27			.00
28.	Amount of overpayment donated 28a Police Problem Solving 28a .00 28b Hope Scholarship 28b Homeless Assistance 28c Total donations 28d	28a .00 28b 28c 28d			.00
29.	Amount of overpayment credited forward to 2016 Amount of credit to 2018 >>	29			.00
30.	Amount of overpayment refunded (Line 27 less lines 28d and 29) (For refund to be directly deposited to your bank account, mark refund box, line 31a, and complete line 31 c, d & e) Refund amount >>	30			.00
31.	Direct deposit refund (Mark (X) box 31a and complete lines 31c, 31d and 31e) 31a Refund (direct deposit) 31c Routing number 31b Pay Tax Due (direct withdrawal) 31d Account number 31e Account Type: 31e1. Checking 31e2. Savings	31a 31b 31c 31d 31e			

MAIL REFUND AND CREDIT FORWARD RETURNS TO: LANSING INCOME TAX DIVISION, PO BOX 40750, LANSING, MI 48901

Revised: 12/01/2017

MAIL TAX DUE AND NO REFUND NO TAX DUE RETURNS TO: LANSING INCOME TAX DIVISION, PO BOX 40752, LANSING, MI 48901

Taxpayer's name

Taxpayer's SSN

EXEMPTIONS SCHEDULE

Date of birth (mm/dd/yyyy)

Regular

65 or over

Blind

Deaf

Disabled

1a. You

1b. Spouse

1e. Enter the number of boxes checked on lines 1a and 1b

1d. List Dependents

1c.

Check box if you can be claimed as a dependent on another person's tax return

#	First Name	Last Name	Social Security Number	Relationship	Date of Birth
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

1f. Enter number of dependent children listed on line 1d

1g. Enter number of other dependents listed on line 1d

1h. Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a)

EXCLUDED WAGES AND TAX WITHHELD SCHEDULE (See instructions. Resident wages generally not excluded)

W-2 #	Col. A T or S	COLUMN B SOCIAL SECURITY NUMBER (Form W-2, box a)	COLUMN C EMPLOYER'S ID NUMBER (Form W-2, box b)	COLUMN D EXCLUDED WAGES (Attach Excluded Wages Sch)	FAILURE TO ATTACH W-2 FORMS TO PAGE 1 WILL DELAY PROCESSING OF RETURN. WAGE INFORMATION STATEMENTS PRINTED FROM TAX PREPARATION SOFTWARE ARE NOT ACCEPTABLE.	COLUMN E LANSING TAX WITHHELD (Form W-2, box 19)	COLUMN F LOCALITY NAME (Form W-2, box 20)
1.				.00		.00	
2.				.00		.00	
3.				.00		.00	
4.				.00		.00	
5.				.00		.00	
6.				.00		.00	
7.				.00		.00	
8.				.00		.00	
9.				.00		.00	
10.				.00		.00	
11. Totals (Enter here and on page 1; part-yr residents on Sch TC)				.00	<< Enter on pg 1, ln 1, col B	.00	<< Enter on pg 1, ln 24a

DEDUCTIONS SCHEDULE (See instructions; deductions allocated on the same basis as related income)

DEDUCTIONS

1. IRA deduction (Attach copy of page 1 of federal return & evidence of payment)	1	.00
2. Self-employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of federal return)	2	.00
3. Employee business expenses (See instructions and attach copy of federal Form 2106)	3	.00
4. Moving expenses (Into Lansing area only) (Attach copy of federal Form 3903)	4	.00
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of page 1 of federal return)	5	.00
6. Renaissance Zone deduction (Attach Schedule RZ OF 1040)	6	.00
7. Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)	7	.00

ADDRESS SCHEDULE (Where taxpayer (T), spouse (S) or both (B) resided during year and dates of residency)

MARK T, S, B	List all residence (domicile) addresses (include city, state & zip code). Start with address used on last year's return. If the address on page 1 of this return is the same as listed on last year's return, print "Same." If no return filed last year, list reason. Continue listing this tax year's residence addresses. If address listed on page 1 of this return is in care of another person, enter current residence (domicile) address.	FROM		TO	
		MONTH	DAY	MONTH	DAY

THIRD PARTY DESIGNEE

Do you want to allow another person to discuss this return with the Income Tax Office? Yes, complete the following No

Designee's name _____ Phone No. _____ Personal identification number (PIN) _____

Under the penalty of perjury, I declare that I have examined this return and 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, the preparer's declaration is based on all information of which preparer has any knowledge.

SIGN HERE

TAXPAYER'S SIGNATURE - If joint return, both spouses must sign _____ Date (MM/DD/YY) _____ Taxpayer's occupation _____ Daytime phone number _____ If deceased, date of death _____

SPOUSE'S SIGNATURE _____ Date (MM/DD/YY) _____ Spouse's occupation _____ If deceased, date of death _____

PREPARER'S SIGNATURE

SIGNATURE OF PREPARER OTHER THAN TAXPAYER _____ Date (MM/DD/YY) _____ PTIN, EIN or SSN _____ Preparer's phone no. _____

FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE _____ NACTP software number _____ **INSWEB**