

INDIVIDUAL RETURN DUE APRIL 30, 2015

Taxpayer's SSN	Taxpayer's first name Initial Last name	RESIDENCE STATUS <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident
Spouse's SSN	If joint return spouse's first name Initial Last name	
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	Present home address (Number and street) Apt. no.	Part-year resident - dates of residency (mm/dd/yyyy) From _____ To _____
Enter date of death on page 2, right side of the signature area	Address line 2 (P.O. Box address for mailing use only)	FILING STATUS <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 _____
Mark box (X) below if form attached <input type="checkbox"/> Federal Form 1310	City, town or post office State Zip code	
<input type="checkbox"/> Supporting Notes and Statements (Attachment 22)	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	Column B	Column C
	INCOME	(Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)	Federal Return Data	Exclusions/Adjustments	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)	20		.00	.00
21.	Exemptions (Enter the total exemptions, from Form L-1040, page 2, box 1h, in line 21a and multiply this number by \$600 and enter on line 21b)	21a		21b	.00
22.	Total income subject to tax (Subtract line 21b from line 20)	22		.00	.00
23.	Tax at (tax rate) (Multiply line 22 by Lansing resident tax rate of 1% (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		23b	.00
24.	Payments and credits 24a	Lansing tax withheld 24b	Other tax payments (est. extension, or fwd. partnership & tax option corp) 24c	Credit for tax paid to another city 24d	Total payments & credits 24d
25.	Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a	Interest 25b	Penalty 25c	Total interest & penalty 25c	.00
ENCLOSE CHECK OR MONEY ORDER	TAX DUE 26. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF LANSING IF PAID ON LINE CREDITCARD/ELECTRONIC CHECK ENTER CONF #			PAY WITH RETURN 26	.00
	OVERPAYMENT 27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)	27			.00
	Amount of overpayment donated 28a	Police Problem Solving 28b	Hope Scholarship 28c	Homeless Assistance 28d	Total donations 28d
	29. Amount of overpayment credited forward to 2015			Amount of credit to 2015 >>	29
	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
	31. Direct deposit refund (Mark (X) box 31a and complete lines 31c, 31d and 31e)	31a	Refund (direct deposit) 31c	Routing number	
		31b	Not available 31d	Account number	
			31e Account Type:	Checking	Savings