

Taxpayer's SSN		Taxpayer's first name Initial Last name			<b>RESIDENCE STATUS</b> <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			Part-year resident - dates of residency From <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>		
Make sure the SSN(s) above and on page 2, line 1d are correct.		Present home address (Number and street) Apt. no.			<b>FILING STATUS</b> <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly		
		Address line 2 (P.O. Box address for mailing use only)			<input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.		
For city use only		City, town or post office		State	Zip code		
		Foreign country name		Foreign province/country	Foreign postal code		

INCOME		ROUND ALL FIGURES TO NEAREST DOLLAR (\$0.50 next dollar)		Column A	Column B	Column C			
				Federal Return Data	Exclusions/Adjustments	Taxable Income			
ATTACH COPY OF PAGE 1 OF FEDERAL RETURN	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	4		.00	.00	NOT TAXABLE			
	5. Alimony received	5		.00	.00	.00			
	6. Business income or (loss) (Attach 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			
ATTACH W-2 FORMS HERE	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach 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 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			
	20. Total income after deductions (Subtract line 19 from line 18.)	20				.00			
ENCLOSE CHECK OR MONEY ORDER	21. Exemptions (Enter the total exemptions, from Form L-1040, page 2, box 1h, in line 21a and multiply this number by \$800 and enter on line 21b)	21a			21b	.00			
	22. Total income subject to tax (Subtract line 21b from line 20.) Cannot be less than zero	22				.00			
	23. Tax (Residents multiply line 22 by 1% (0.01) and nonresidents multiply line 22 by 0.5% (0.005). Enter result on line 23b. If using Schedule TC to compute tax, mark (X) box 23a and enter tax from Schedule TC, line 23d.)	23a			23b	.00			
	24. Total payments and credits (Total from page 2, Payments and Credits Schedule, line 4)	24				.00			
	25. Intentionally left blank		.00		25c	.00			
	Amount you owe (Add lines 23b and 25c, and subtract line 24)				<b>PAY WITH RETURN</b>				
	<b>TAX DUE</b> 26. MAKE CHECK OR MONEY ORDER PAYABLE TO: LANSING CITY TREASURER IF PAID ONLINE CREDIT CARD/ELECTRONIC CHECK ENTER CONFIRMATION # >>>>>				26	.00			
	<b>OVERPAYMENT</b> 27. Tax overpayment (Subtract lines 23b and 25c from line 24)				27	.00			
	28. Donations	28a	Police Problem Solving .00	28b	Hope Scholarship .00	28c	Homeless Assistance .00	28d	Total donations .00
	29. Amount of Overpayment to be credited forward to 2012				Amount of credit to 2012 >>		29	.00	
30. Amount of Overpayment to be refunded (Line 27 less lines 28d and 29) (For direct deposit mark refund box, line 31a, and complete line 31 c, d & e.)				Refund amount >>		30	.00		
31. Direct deposit refund (Mark appropriate box 31a and complete lines 31c, 31d and 31e)	31a	<input type="checkbox"/> Refund (direct deposit)	31c	Routing number					
			31d	Account number					
			31e	Account Type:	Checking	Savings			



Taxpayer's name	Taxpayer's SSN	2011 Lansing
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**EXCLUDIBLE WAGES, SALARIES, TIPS, ETC. - L-1040, PAGE 1, LINE 1, COLUMN B**

A copy of each W-2 form must be attached to front of Form L-1040 to substantiate total wages and city tax withheld. Use this form to provide details for all wages, etc., excluded from income reported on Form L-1040, page 1, line 1, column A. If more than 4 employers with excluded wages, etc., add additional pages of this schedule.

Revised: 11/10/2011

	Employer 1		Employer 2		Employer 3		Employer 4	
1. Employer's ID Number. (Form W-2, box b)								
2. Employer's name. (Form W-2, box c)								
3. Enter T for taxpayer's or S for Spouse's employer and enter Social Security Number from Form W-2, box a.								
4. Dates of employment during tax year.	From	To	From	To	From	To	From	To
5. Resident excludible wages (Normally not excludible; enter here and also on L-1040, page 2, Excluded Wages Schedule)								
6. Nonresident excludible wages (Enter here and also on Form L-1040, page 2, Excluded Wages Schedule)								
7. Reason excludible wages (line 6) are not taxable.								
8. Street address of work station. (Where you actually work)								
9. City deductible employee business expenses.								
10. Total excludible wages from all employers. (Add lines 5 and 6 for all columns) (Enter here and also on page 1, line 1, Column B) (Part-year residents enter here and on Schedule TC, column B)								

**NONRESIDENT AND PART-YEAR RESIDENT WAGE ALLOCATION**

For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use wage allocation to determine wages earned in city while a nonresident; use only wages and days worked while a nonresident for computations.

NONRESIDENT WAGE ALLOCATION	Employer 1	Employer 2	Employer 3	Employer 4
11. Enter actual number of days or hours on job for employer during period. (Do not include weekends you did not work.)				
12. Vacation, holiday and sick days or hours included in line 11.				
13. Actual number of days or hours worked. (Line 11 less line 12)				
14. Enter actual number of days or hours worked in city.				
15. Percentage of days or hours worked in city. (Line 14 divided by line 13; default is 100%)	%	%	%	%
16. Form W-2, Box 1, Wages, tips, other compensation.				
17. Wages earned in city. (Line 16 times line 15)				
18. Excludible wages from employer. (Line 16 less Line 17)				

**EXCLUDIBLE INTEREST INCOME - L-1040, PAGE 1, LINE 2, COLUMN B**

Revised 10/21/2011

Nonbusiness interest income of a nonresident individual is totally excluded.

1. Interest from federal obligations	.00
2. Interest from Subchapter S corporations (Attach Schedule K-1)	.00
3. Other excludible interest income (Attach detailed explanation)	.00
4. Excludible interest income (Enter total here and on page 1, line 2, column B)	.00

**EXCLUDIBLE DIVIDEND INCOME - L-1040, PAGE 1, LINE 3, COLUMN B**

Revised 10/21/2011

Dividend income of a nonresident individual is totally excluded.

1. Dividends from federal obligations	.00
2. Dividends from Subchapter S corporations (Attach Schedule K-1)	.00
3. Other excludible dividend income (Attach detailed explanation)	.00
4. Excludible dividend income (Enter total here and on page 1, line 3, column B)	.00

L-1040PV

LANSING  
INCOME TAX RETURN PAYMENT VOUCHER

2011

Date to file by: 4/30/2012, for tax year 2011.

Payment: \$

Payment Method: Make payment by check or money order payable to "Treasurer, City of Lansing." Include your SSN, daytime phone number, and 2011 Form L-1040PV on your check or money order. DO NOT SEND CASH. To pay by credit card or direct debit, see income tax website of the City of Lansing. Not all cities accept credit card or direct debit payments.

Address for Payment:	With Returns:	Payment only:
	Lansing City Treasurer	Lansing City Treasurer
	PO Box 40752	PO Box 40756
	Lansing MI 48901	Lansing MI 48901

If paid by credit card/electronic check, enter confirmation number in field on Line 26 and here \_\_\_\_\_

Taxpayer Records:	Amount Paid:	_____
	Check Number:	_____
	Date Mailed:	_____

Revised: 1/11/2012

V DETACH HERE V

L-1040PV

LANSING  
INCOME TAX RETURN PAYMENT VOUCHER

2011

Taxpayer's first name, initial, last name			Taxpayer's SSN	
If joint return spouse's first name, initial, last name			Spouse's SSN	
Present home address (Number and street)		Apt. no.		
Address line 2 (P.O. Box address form mailing use only)				
City, town or post office		State	Zip code	
Foreign country name, province/county, postal code			Amount you are paying by check or money order	.00