

INDIVIDUAL RETURN DUE APRIL 30, 2019

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		Present home address (Number and street) Apt. no.		FILING STATUS	
Enter date of death on page 2, right side of the signature area		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.	
Mark box (X) below if form attached <input type="checkbox"/> Federal Form 1310		City, town or post office State Zip code		<input type="checkbox"/> Spouse's full name if married filing separately	
<input type="checkbox"/> Supporting Notes and Statements (Attachment 22)		Foreign country name Foreign province/county Foreign postal code			

		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	
ATTACH COPY OF PAGE 1 & 2 OF FEDERAL RETURN AND SCHEDULE 1	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	
ATTACH W-2 FORMS HERE	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	
	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 \$600 and enter on line 21b)	21a		21b		.00	
	22. Total income subject to tax (Subtract line 21b from line 20)	22				.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 .00 24b. Other tax payments (est. extension, or fwd. partnership & tax option corp) .00 24c. Credit for tax paid to another city .00 24d. Total payments & credits .00	24a	.00	24b	.00	24c	.00
	25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a. Interest .00 25b. Penalty .00 25c. Total interest & penalty .00	25a	.00	25b	.00	25c	.00
	TAX DUE 26. Amount you owe (Add lines 23b and 25c, and subtract line 24) PAY WITH 26. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF LANSING IF PAID ON LINE CREDITCARD/ELECTRONIC CHECK ENTER CONF # RETURN					26	.00
	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 .00 28b. Hope Scholarship .00 28c. Homeless Assistance .00 28d. Total donations .00	28a	.00	28b	.00	28c	.00
	29. Amount of overpayment credited forward to 2019					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 or Direct withdrawal payment 31a. Refund (direct deposit) 31c. Routing number 31b. Pay Tax Due (direct withdrawal) 31d. Account number 31e. Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	31a		31c		31d		

EXEMPTIONS SCHEDULE	Date of birth (mm/dd/yyyy)		Regular	65 or over	Blind	Deaf	Disabled	1e. Enter the number of boxes checked on lines 1a and 1b
	1a. You	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1b. Spouse	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1d. List Dependents	1c. <input type="checkbox"/>	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	1f. Enter number of dependent children listed on line 1d		
1.								
2.								
3.						1g. Enter number of other dependents listed on line 1d		
4.								
5.								
6.						1h. Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a)		
7.								
8.								

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)

1.	IRA deduction (Attach copy of pages 1, 2 & Schedule 1 of federal return (evidence of payment))	1	.00
2.	Self-employed SEP, SIMPLE and qualified plans (Attach copy of Schedule 1 of federal return)	2	.00
3.	Employee business expenses (See instructions and attach copy of Detailed Log of Expenses)	3	.00
4.	Moving expenses for members of Armed Forces ONLY (Into Lansing area only) (Attach copy of federal Form 3903)	4	.00
5.	Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of Schedule 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	LNS18	