

L-1040TC to compute your tax mark (X) line 23a and attach Form L-1040TC to the return.

Line 24a – Total Tax Withheld by Employers

The Lansing tax withheld by each of your employers is to be reported on page 2 on the Excludible Wages and City Tax Withheld Schedule. Total Lansing tax withheld, line 11 of this schedule, is reported on line 24a. The Form W-2 (Wage and Tax Statement) you received from each employer shows the tax withheld in box 19 and locality name in box 20.

You must attach a copy of each Form W-2 showing the amount of LANSING tax withheld and the locality name as Lansing (or an equivalent indicating the tax was withheld for Lansing). Credit for Lansing tax withheld will not be allowed without a supporting Form W-2.

Line 24b – Other Tax Payments

Enter the total of the following: estimated tax paid, credit forward from past tax year, tax paid with an extension, tax paid on your behalf by a partnership.

Line 24c – Tax Credit for Tax Paid to Another City (Residents only)

Enter on line 24c the credit for income taxes paid to another city. If you had income subject to tax in another city while you were a **resident of Lansing**, you may claim this credit. The credit IS NOT NECESSARILY the tax paid to the other city. This credit must be based on income taxable by both cities, and the credit may not exceed the tax that a nonresident of Lansing would pay on the same income. Base the credit on the amount actually paid to another city, not the amount withheld. **You must attach a copy of the income tax return filed with the other city to receive this credit.**

Line 24d – Total Payments and Credits

Add lines 24a through 24c. Enter the total on line 24d.

Line 25 – Interest and Penalty for Failure to Make Estimated Tax Payments; Underpayment of Estimated Tax; or Late Payment of Tax

Nonpayment or underpayment of estimated income tax and late payment of tax is subject to interest and penalty. You may calculate the amounts and enter interest on line 24a, penalty on 25b, and the total interest and penalty on line 25c or the city may calculate and assess it. Calculate estimated tax interest and penalty using Form L-2210.

TAX DUE OR REFUND

Line 26 – Tax Due and Payment of Tax

If the tax on line 23b plus the interest and penalty on line 25c exceeds the total Payments and Credits on line 24, enter the difference, the tax due, on line 26. The tax due must be paid with the return when filed. The due date for the return is April 30, 201.

Pay by Check or Money Order Make the check or money order payable to LANSING CITY TREASURER, and mail with the return to Lansing Income Tax, P.O. Box 40752, Lansing, Michigan 48901. Do not send cash for your tax payment.

Pay by Credit Card or electronic check if you filed previously <https://client.pointandpay.net/web/LansingMI>

Pay by Direct Withdrawal from Bank Account To have your payment directly withdrawn from your bank account, complete line 31. On line 31b, mark (X) the box "Pay Tax Due (direct withdrawal)" and enter the bank routing number on line 31c; the bank account number on line 31d; and the account type on line 31e. The tax is due at the time of filing the return. Direct withdrawal payments will be processed as soon as possible after receipt.

Line 27 – Overpayment

If the total payments and credits on line 24 exceed the tax on line 23 plus the interest and penalty on line 25c, enter the difference, the overpayment, on line 27. Use lines 28 through 31 to indicate what you want done with the refund. You must file the return even if there is no tax due, no overpayment or only a slight overpayment.

Line 28 – Donations

You may donate your overpayment, or a part of it, to the following: Police Problem Solving (line 28a), the HOPE Scholarship (line 28b) or Homeless Assistance (line 28c). Enter the amount of your donation on the line for the donation(s) of your choice and enter the total on line 28d.

Line 29 – Credit Forward

Enter on line 29 the amount of overpayment to credit to the next year.

Line 30 – Refund

Please allow 45 DAYS before calling about a refund. You may choose to receive the refund as a paper check or a direct bank deposit.

Refund Check. If you want your refund issued as a paper check, enter on Line 30 the amount of the overpayment to be refunded.

Direct Deposit Refund. To have your refund deposited directly into your bank account, on line 31a, mark (X) the box "Refund (direct deposit)" and enter the bank routing number on line 31c; the bank account number on line 31d; and the account type on line 31e.

FORM L-1040, PAGE 2 INSTRUCTIONS

EXEMPTIONS SCHEDULE

Complete the Exemptions schedule to report and claim the total exemption amount allowed. Everyone who files a city return gets a personal exemption of \$600 for 2018. **You may claim an exemption even if someone else claims you as a dependent on their return.**

Lines 1a - 1c – You and Spouse. Enter your date of birth and mark (X) in the exemption boxes that apply to you. If filing jointly, complete line 1b for spouse. If you are age sixty-five or older, or are blind, deaf or permanently disabled you get an additional exemption. Mark (X) in the boxes that apply, and enter on line 1e the total number of exemption boxes marked.

Lines 1d – Dependents. Determine dependents using the same rules as on the federal return. If you cannot claim a dependent on the federal return, you cannot claim them on a city return. Enter the names of your dependent children that live with you, then the names of other dependents and their relationship to you. Provide dependents' Social Security numbers and dates of birth. Enter totals on 1f and 1g.

Lines 1e - 1h – Total Exemptions. Add the amounts on 1e, 1f and 1g, and enter the total exemptions on line 1h and on page 1, line 21a.

EXCLUDED WAGES SCHEDULE

If any wages reported on page 1, line 1, column A, are not taxable, the Excluded Wages schedule must be completed. The data to complete this schedule comes from the Excludible Wages, Salaries, Tips, Etc. schedule.

DEDUCTIONS SCHEDULE

You may deduct amounts that directly relate to income that is taxable by Lansing, prorating where necessary. Allowable deductions include the following line number items:

Line 1 – Individual Retirement Account (IRA) Contributions

Contributions to an IRA are deductible to the same extent deductible under the Internal Revenue Code. **Attach schedule 1 of federal return and evidence of contribution**, which includes, but is not limited to, one of the following: a copy of receipt for IRA contribution, a copy of federal Form 5498, a copy of a cancelled check that clearly indicates it is for an IRA contribution. ROTH IRA contributions are **not** deductible.

Line 2 – Self-Employed SEP, SIMPLE and Qualified Plans

Self-employed SEP, SIMPLE and qualified retirement plan deductions may be entered on page 2, Deductions schedule, line 2.

Line 3 – Employee Business Expenses

Employee business expenses are deductible only when incurred in the performance of service for an employer and only to the extent not reimbursed by the employer. Meal expenses are not subject to the reductions and limitations of the Internal Revenue Code. Under the /DQVLQJ,QFRPH7D2UGLQDQFHPHDOVPXVWEHLQFXUUHGZKLOHDZDIURKRPFRYHUQLJKWRQEXVLQHVV

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- A. Expenses of transportation, but not to and from work.
- B. Expenses of travel, meals and lodging while away from home overnight on business for an employer.
- C. Expenses incurred as an "outside salesperson" away from the employer's place of business. This does not include driver-salesperson whose primary duty is service and delivery.
- D. Expenses reimbursed by employer from an expense account or other arrangement if included in gross earnings.

Attach a detailed list of your employee business expenses.

Line 4 – Moving Expenses - Armed Forces Only

Moving expenses for moving **into** the Lansing area are deductible to the same extent deductible under the Internal Revenue Code. Moving must be related to starting work in a new location. **Attach a copy of federal Form 3903 or a list of moving expenses, with the distance in miles from where you moved.**

Line 5 – Alimony Paid

Separate maintenance payments, alimony, and principal sums payable in installments (to the extent includable in the spouse's or former VSRXVHV DGMXVWHG JURVV LQFRPH XQGHU WKH IHGHUDO ,QWHUQDO 5Hvenue

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 <input type="text"/> To <input type="text"/>	
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 <input type="checkbox"/> Supporting Notes and Statements (Attachment 22)		City, town or post office State Zip code			
		Foreign country name Foreign province/county Foreign postal code		Spouse's full name if married filing separately	

		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 <input type="text"/> .00 Lansing tax withheld 24b <input type="text"/> .00 Other tax payments (est. extension, or fwd. partnership & tax option corp) 24c <input type="text"/> .00 Credit for tax paid to another city Total payments & credits 24d <input type="text"/> .00	24a	24b	24c	24d		.00
	25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a <input type="text"/> .00 Interest 25b <input type="text"/> .00 Penalty Total interest & penalty 25c <input type="text"/> .00	25a	25b	25c			.00
	TAX DUE 26. Amount you owe (Add lines 23b and 25c, and subtract line 24) PAY WITH RETURN 26. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF LANSING IF PAID ON LINE CREDITCARD/ELECTRONIC CHECK ENTER CONF # <input type="text"/>						.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 <input type="text"/> .00 Police Problem Solving 28b <input type="text"/> .00 Hope Scholarship 28c <input type="text"/> .00 Homeless Assistance Total donations 28d <input type="text"/> .00	28a	28b	28c	28d		.00
	29. Amount of overpayment credited forward to 2018				Amount of credit 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 (Mark (X) box 31a and complete lines 31c, 31d and 31e) 31a <input type="checkbox"/> Refund (direct deposit) 31c Routing number <input type="text"/> 31b <input type="checkbox"/> Pay Tax Due (direct withdrawal) 31d Account number <input type="text"/> 31e Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	31a	31b	31c	31d	31e		

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.	2.	3.	4.	5.	6.	7.	DEDUCTIONS
IRA deduction (Attach copy of pages 1, 2 & Schedule 1 of federal return (evidence of payment))	1						.00
Self-employed SEP, SIMPLE and qualified plans (Attach copy of Schedule 1 of federal return)	2						.00
Employee business expenses (See instructions and attach copy of Detailed Log of Expenses)	3						.00
Moving expenses for members of Armed Forces ONLY (Into Lansing area only) (Attach copy of federal Form 3903)	4						.00
Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of Schedule 1 of federal return)	5						.00
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	

Taxpayer's name	Taxpayer's SSN	2017 LANSING	
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SCHEDULE TC, PART-YEAR RESIDENT TAX CALCULATION - L-1040, PAGE 1, LINES 23a AND 23b **Attachment 1**

A part-year resident is required to complete and attach this schedule to the Lansing return: Revised 09/29/2017

1. Box A to report dates of residency of the taxpayer and spouse during the tax year
2. Box B to report the former address of the taxpayer and spouse
3. Column A to report all income from their federal income tax return
4. Column B to report all income taxable on their federal return that is not taxable to Lansing
5. Column C to report income taxable as a resident and compute tax due on this income at the resident tax rate
6. Column D to report income taxable as a nonresident and compute tax due on this income at the nonresident tax rate

A. PART-YEAR RESIDENCY PERIOD	From	To	B. PART-YEAR RESIDENT'S FORMER ADDRESS
Taxpayer			Taxpayer
Spouse			Spouse

INCOME		Column A Federal Return Data	Column B Exclusions and Adjustments	Column C Taxable Resident Income	Column D Taxable Nonresident Income
1. Wages, salaries, tips, etc. (Attach Form(s) W-2)	1	.00	.00	.00	.00
2. Taxable interest	2	.00	.00	.00	NOT TAXABLE
3. Ordinary dividends	3	.00	.00	.00	NOT TAXABLE
4. Taxable refunds, credits or offsets	4	.00	.00	NOT APPLICABLE	NOT TAXABLE
5. Alimony received	5		.00	.00	.00
6. Business income or (loss) (Att. copy of fed. Sch. C)	6	.00	.00	.00	.00
7. Capital gain or (loss) (Att. copy of Sch. D)	7a		Mark if Sch. D not required	7b	.00
8. Other gains or (losses) (Att. copy of Form 4797)	8	.00	.00	.00	.00
9. Taxable IRA distributions	9	.00	.00	.00	.00
10. Taxable pensions and annuities (Att. Form 1099-R)	10	.00	.00	.00	.00
11. Rental real estate, royalties, partnerships, S corps., trusts, etc. (Attach copy of fed. Sch. E)	11	.00	.00	.00	.00
12. Subchapter S corporation distributions (Attach federal Sch. K-1)	12	.00	.00	.00	.00
13. Farm income or (loss) (Att. copy of fed. Sch. F)	13	.00	.00	.00	.00
14. Unemployment compensation	14	.00	.00	NOT APPLICABLE	NOT TAXABLE
15. Social security benefits	15	.00	.00	NOT APPLICABLE	NOT TAXABLE
16. Other income (Att. statement listing type and amt)	16	.00	.00	.00	.00
17. Total additions (Add lines 2 through 16)	17	.00	.00	.00	.00
18. Total income (Add lines 1 through 16)	18	.00	.00	.00	.00

DEDUCTIONS SCHEDULE See instructions. Deductions must be allocated on the same basis as related income.

1. IRA deduction (Attach copy of page 1 of federal return & evidence of payment)	1	.00	.00	.00	.00
2. Self-employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of fed. return)	2	.00	.00	.00	.00
3. Employee business expenses (See instructions & att. copy of fed. Form 2106)	3			.00	.00
4. Moving expenses (Into Lansing area only) (Attach copy of federal Form 3903)	4	.00	.00	.00	.00
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. (Att. copy of page 1 of fed. return)	5	.00	.00	.00	.00
6. Renaissance Zone deduction (Att. Sch. RZ)	6			.00	.00
19. Total deductions (Add lines 1 through 6)	19			.00	.00
20a. Total income after deductions (Subtract line 19 from line 18)	20a			.00	.00
20b. Losses transferred between columns C and D (If line 20a is a loss in either column C or D, see instructions)	20b			.00	.00
20c. Total income after adjustment (Line 20a less line 20b)	20c			.00	.00
21. Exemptions (Enter the number of exemptions from Form L-1040, page 2, box 1h, on line 21a; multiply line 21a by \$600; and enter the result on line 21b) (If the amount on line 21b exceeds the amount of resident income on line 20c, enter unused portion (line 21b less line 20c) on line 21c)	21a		21b	.00	.00
22a. Total income subject to tax as a resident (Subtract line 21b from line 20c; if zero or less, enter zero)	22a			.00	
22b. Total income subject to tax as a nonresident (Subtract line 21c from line 20c; if zero or less, enter zero)	22b				.00
23a. Tax at resident rate (MULTIPLY LINE 22a BY 1.0% (0.01), THE RESIDENT TAX RATE)	23a			.00	
23b. Tax at nonresident rate (MULTIPLY LINE 22b BY 0.5% (0.005), THE NONRESIDENT TAX RATE)	23b				.00
23c. Total tax (Add lines 23a and 23b) (ENTER HERE AND ON FORM L-1040, PAGE 1, LINE 23b, AND PLACE A MARK (X) IN BOX 23a OF FORM L-1040)	23c			.00	

Taxpayer's name	Taxpayer's SSN	2017 LANSING	
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WAGES AND EXCLUDIBLE WAGES SCHEDULE - L-1040, PAGE 1, LINE 1, COLUMN B **Attachment 2-1**
All W-2 forms must be attached to page 1 of the return Revised 09/29/2017

Use this form to provide details for all Forms W-2 and all other wage income reported on federal Forms 1040 (line 7), 1040A (line 7), or 1040EZ (line 1) such as: wages received as a household employee for which you did not receive a W-2; tips reported on federal Form 4137; taxable dependent care benefits; employer-provided adoption benefits; scholarship and fellowship grants not reported on Form W-2; disability pensions shown on Form 1099-R if the taxpayer has not reached the minimum retirement age set by the employer; corrective distributions from a retirement plan shown on Form 1099-R from excess salary deferrals and/or excess contributions (plus earnings); wages from Form 8919, line 6; and other wage items not included in a Form W-2.

Use this form to calculate excludible (nontaxable) wages included in total wages reported on your federal tax return (Forms 1040, line 7; 1040A, line 7; or 1040EZ, line 1). Excludible wages for each employer are also reported on Form L-1040, page 2, Excluded Wages and Tax Withheld Schedule and the total amount of excludible wages is reported on Form L-1040, page 1, line 1, column B.

WAGES, ETC.	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
1. Employer's ID number (W-2, box b) or source's ID Number if available			
2. Employer's name (Form W-2, box c) or source's name			
3. SSN from Form W-2, box a			
4. Enter T for taxpayer or S for spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Dates of employment during tax year	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
6. Mark (X) box if you work at multiple locations in and out of the Lansing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Address of work station (Where you actually work, not address on Form W-2 unless you work there; include street number and street name, city, state and ZIP code; if line 6 is checked enter primary work location)			
8. Wages, tips, other compensation (Form W-2, Box 1)			
9. Wages not included in Form W-2, box 1 (See instructions)			
10. Code for wage type reported on line 9			

NONRESIDENT WAGE ALLOCATION	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
For use by nonresidents or part-year residents who worked both in and outside of the Lansing for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use the wage allocation to determine wages earned in Lansing while a nonresident (use only wages and days worked while a nonresident for computations). Nonresidents working all of their work time for an employer in the Lansing should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable.			
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, only if work performed in and outside of Lansing			
13. Actual number of days or hours worked (Line 11 less line 12)			
14. Enter actual number of days or hours worked in Lansing			
15. Percentage of days or hours worked in Lansing (Line 14 divided by line 13; default is 100%)	%	%	%
16. Wages earned in Lansing (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident)			

EXCLUDIBLE WAGES	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16)			
18. Enter resident excludible wages			
19. Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by Lansing			
20. Total excludible wages (Line 17 plus line 18; Enter here and on L-1040, page 2, Excluded Wages schedule)			
21. Total taxable wages (Line 8 plus line 9 less line 20)			
22. Total wages (Add lines 8 and 9 for all employers and other sources; must equal amount reported on Form L-1040, page 1, line 1, column A; Part-year residents must equal amount reported on Schedule TC, line 1, column A)			
23. Total excludible wages from all employers and other sources (Add line 20 for all columns; enter here and also on Form L-1040, page 1, line 1, column B; part-year residents enter here and on Schedule TC, line 1, column B))			
24. Total taxable wages from all employers and other sources (Line 22 less line 23); enter here and also on Form L-1040, page 1, line 1, column C; part-year residents enter here and allocate on Schedule TC, line 1, between columns C and D)			

FAILURE TO ATTACH ALL FORMS W-2 OR PROPERLY COMPLETE AND ATTACH THIS SCHEDULE WILL DELAY PROCESSING OF RETURN.

Taxpayer's name	Taxpayer's SSN	2017 LANSING	
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WAGES AND EXCLUDIBLE WAGES SCHEDULE - L-1040, PAGE 1, LINE 1, COLUMN B **Attachment 2-2**

All W-2 forms must be attached to page 1 of the return

Revised 09/29/2017

Use this form to provide details for all Forms W-2 and all other wage income reported on federal Forms 1040 (line 7), 1040A (line 7), or 1040EZ (line 1) such as: wages received as a household employee for which you did not receive a W-2; tips reported on federal Form 4137; taxable dependent care benefits; employer-provided adoption benefits; scholarship and fellowship grants not reported on Form W-2; disability pensions shown on Form 1099-R if the taxpayer has not reached the minimum retirement age set by the employer; corrective distributions from a retirement plan shown on Form 1099-R from excess salary deferrals and/or excess contributions (plus earnings); wages from Form 8919, line 6; and other wage items not included in a Form W-2.

Use this form to calculate excludible (nontaxable) wages included in total wages reported on your federal tax return (Forms 1040, line 7; 1040A, line 7; or 1040EZ, line 1). Excludible wages for each employer are also reported on Form L-1040, page 2, Excluded Wages and Tax Withheld Schedule and the total amount of excludible wages is reported on Form L-1040, page 1, line 1, column B.

WAGES, ETC.	Employer (or source) 4	Employer (or source) 5	Employer (or source) 6
1. Employer's ID number (W-2, box b) or source's ID Number if available			
2. Employer's name (Form W-2, box c) or source's name			
3. SSN from Form W-2, box a			
4. Enter T for taxpayer or S for spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Dates of employment during tax year	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
6. Mark (X) box if you work at multiple locations in and out of the Lansing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Address of work station (Where you actually work, not address on Form W-2 unless you work there; include street number and street name, city, state and ZIP code; if line 6 is checked enter primary work location)			
8. Wages, tips, other compensation (Form W-2, Box 1)			
9. Wages not included in Form W-2, box 1 (See instructions)			
10. Code for wage type reported on line 9			

NONRESIDENT WAGE ALLOCATION	Employer (or source) 4	Employer (or source) 5	Employer (or source) 6
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For use by nonresidents or part-year residents who worked both in and outside of the Lansing for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use the wage allocation to determine wages earned in Lansing while a nonresident (use only wages and days worked while a nonresident for computations). Nonresidents working all of their work time for an employer in the Lansing should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable.

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, only if work performed in and outside of Lansing			
13. Actual number of days or hours worked (Line 11 less line 12)			
14. Enter actual number of days or hours worked in Lansing			
15. Percentage of days or hours worked in Lansing (Line 14 divided by line 13; default is 100%)	%	%	%
16. Wages earned in Lansing (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident)			

EXCLUDIBLE WAGES	Employer (or source) 4	Employer (or source) 5	Employer (or source) 6
17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16)			
18. Enter resident excludible wages			
19. Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by Lansing			
20. Total excludible wages (Line 17 plus line 18; Enter here and on L-1040, page 2, Excluded Wages schedule)			
21. Total taxable wages (Line 8 plus line 9 less line 20)			

FAILURE TO ATTACH ALL FORMS W-2 OR PROPERLY COMPLETE AND ATTACH THIS SCHEDULE WILL DELAY PROCESSING OF RETURN.

Taxpayer's name	Taxpayer's SSN	2017 LANSING	
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WAGES AND EXCLUDIBLE WAGES SCHEDULE - L-1040, PAGE 1, LINE 1, COLUMN B **Attachment 2-3**
All W-2 forms must be attached to page 1 of the return Revised 09/29/2017

Use this form to provide details for all Forms W-2 and all other wage income reported on federal Forms 1040 (line 7), 1040A (line 7), or 1040EZ (line 1) such as: wages received as a household employee for which you did not receive a W-2; tips reported on federal Form 4137; taxable dependent care benefits; employer-provided adoption benefits; scholarship and fellowship grants not reported on Form W-2; disability pensions shown on Form 1099-R if the taxpayer has not reached the minimum retirement age set by the employer; corrective distributions from a retirement plan shown on Form 1099-R from excess salary deferrals and/or excess contributions (plus earnings); wages from Form 8919, line 6; and other wage items not included in a Form W-2.

Use this form to calculate excludible (nontaxable) wages included in total wages reported on your federal tax return (Forms 1040, line 7; 1040A, line 7; or 1040EZ, line 1). Excludible wages for each employer are also reported on Form L-1040, page 2, Excluded Wages and Tax Withheld Schedule and the total amount of excludible wages is reported on Form L-1040, page 1, line 1, column B.

WAGES, ETC.	Employer (or source) 7	Employer (or source) 8	Employer (or source) 9
1. Employer's ID number (W-2, box b) or source's ID Number if available			
2. Employer's name (Form W-2, box c) or source's name			
3. SSN from Form W-2, box a			
4. Enter T for taxpayer or S for spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Dates of employment during tax year	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
6. Mark (X) box if you work at multiple locations in and out of the Lansing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Address of work station (Where you actually work, not address on Form W-2 unless you work there; include street number and street name, city, state and ZIP code; if line 6 is checked enter primary work location)			
8. Wages, tips, other compensation (Form W-2, Box 1)			
9. Wages not included in Form W-2, box 1 (See instructions)			
10. Code for wage type reported on line 9			

NONRESIDENT WAGE ALLOCATION	Employer (or source) 7	Employer (or source) 8	Employer (or source) 9
------------------------------------	-------------------------------	-------------------------------	-------------------------------

For use by nonresidents or part-year residents who worked both in and outside of the Lansing for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use the wage allocation to determine wages earned in Lansing while a nonresident (use only wages and days worked while a nonresident for computations). Nonresidents working all of their work time for an employer in the Lansing should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable.

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, only if work performed in and outside of Lansing			
13. Actual number of days or hours worked (Line 11 less line 12)			
14. Enter actual number of days or hours worked in Lansing			
15. Percentage of days or hours worked in Lansing (Line 14 divided by line 13; default is 100%)	%	%	%
16. Wages earned in Lansing (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident)			

EXCLUDIBLE WAGES	Employer (or source) 7	Employer (or source) 8	Employer (or source) 9
17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16)			
18. Enter resident excludible wages			
19. Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by Lansing			
20. Total excludible wages (Line 17 plus line 18; Enter here and on L-1040, page 2, Excluded Wages schedule)			
21. Total taxable wages (Line 8 plus line 9 less line 20)			

FAILURE TO ATTACH ALL FORMS W-2 OR PROPERLY COMPLETE AND ATTACH THIS SCHEDULE WILL DELAY PROCESSING OF RETURN.

L-1040PV

LANSING
INCOME TAX RETURN PAYMENT VOUCHER

2017 RET RPV

Taxpayer Name:

Social Security No:

Due on or Before: 4/30/2018, due date of 2017 return*

Payment: \$

Payment Method: Make payment by check or money order payable to "City of Lansing." Include your social security number, daytime phone number, and "2017 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.

Paying with Return: This payment voucher is not used when including payment with your tax return. When paying with your return, place the payment on top of the return in the envelope. Do not attach the check to the return.

Address for Payment: City of Lansing Income Tax Division
PO Box 40752
Lansing, MI 48901

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

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

Revised: 09/29/2017

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

L-1040PV

LANSING
INCOME TAX RETURN PAYMENT VOUCHER

Revised: 09/29/2017

2017 RET RPV

Mail To: Lansing Income Tax Division
PO Box 40752
Lansing, MI 48901

NACTP #
EFIN #

Taxpayer's first name, initial, last name		Taxpayer's SSN	
If joint return spouse's first name, initial, last name		If joint payment, spouse's SSN	
Present home address (Number and street) Apt. no.		{2D Barcode of scan line data}	
Address line 2 (P.O. Box address for mailing use only)			
City, town or post office	State Zip code		
Foreign country name, province/county, postal code		Amount of tax, interest and penalty you are paying by check or money order	Round to nearest dollar .00

2018 CITY OF LANSING ESTIMATED INCOME TAX
FORM L-1040ES
FOR INDIVIDUALS, CORPORATIONS AND PARTNERSHIPS
INSTRUCTIONS FOR LANSING ESTIMATED INCOME TAX

WHO MUST MAKE ESTIMATED PAYMENTS

- A. **INDIVIDUALS AND UNINCORPORATED BUSINESSES:** Every resident or non-resident who expects taxable income, from which the Income Tax will not be withheld, must file an Estimated Tax. An estimate is not required if the estimated tax, Line 7 of the Worksheet for Estimated Income Tax, is one hundred dollars (\$100.00) or less. A husband and wife may file a joint Estimate.
- B. **CORPORATION:** Every corporation subject to the tax on all or part of its net profits must file Estimated Income Tax. An Estimate is not required from a corporation if the estimated tax, Line 7 of the Worksheet for Estimated Income Tax, is two hundred fifty dollars (\$250.00) or less.
- C. **PARTNERSHIPS:** A partnership whose partners are subject to tax on all or part of their distributive share of net profit may file a Estimated Income Tax, and the partners will not be required to file individual estimated tax unless they have other income on which the Lansing Income Tax is expected to exceed one hundred dollars (\$100.00). The names, addresses and social security numbers of the partners on whose behalf the estimate is filed shall be shown on an attached schedule.

WHEN TO FILE THE ESTIMATE AND PAY THE TAX

- A. **CALENDAR YEAR TAXPAYERS**
 - 1) **FILING:** If you need an extension and your four (4) quarterly estimated payments do not cover, at 100% of your tax, an additional payment must be made with the extension
 - 2) **PAYMENT:** The estimated tax must be paid in four (4) equal installments on or before April 30, 2018 June 30, 2018, September 30, 2018 and January 31, 2019.
- B. **FISCAL YEAR TAXPAYERS**
 - 1) **FILING:** If you need an extension and your four (4) quarterly estimated payments do not cover 100% of your tax, an additional payment must be made with the extension.
 - 2) **Payment must be made with the extension. PAYMENTS:** The estimated tax must be paid in full in four (4) equal installments on or before April 30, June 30, September 30, and January 31, or on or before the 4th, 6th, 9th and 13th month after the beginning of the taxable fiscal year.

*If the due date falls on a Saturday, Sunday or legal holiday, the due date is extended to the next day which is not a Saturday, Sunday or legal holiday.

INCOME SUBJECT TO LANSING INCOME TAX

- A. **RESIDENTS:** All salaries, wages, bonuses, commissions and other compensation, net profit from a business or profession, net rental income, capital gains less capital losses, dividend income, interest income, income from estates and trusts, and other income.
- B. **NON-RESIDENTS:** Salaries, wages, bonuses, commissions and other compensation for services rendered or work performed in Lansing; Net rental income from property in Lansing; Net profits from a business, profession or other activity to the extent that it is from work done, services rendered or activity conducted in Lansing; Capital gains less capital losses from the sale of real or tangible personal property located in Lansing. The ordinance and regulations should be reviewed if you have a question concerning the allocation of income earned in Lansing.

HOW TO FILE

- A. Your annual return for the preceding year may be used as the basis for computing your estimated tax for the current year.
- B. You may use the same figure used for estimating your federal income tax adjusted to exclude any income or deductions not taxable or permissible under the Lansing Income Tax Ordinance,

WITHHOLDING TAX CREDITS AND OTHER CREDITS (Line 5)

- A. **WITHHOLDING TAX CREDITS:** You may subtract from your estimated Lansing Income Tax (Line 4), the amount of Lansing income tax expected to be withheld.
- B. **INCOME TAX PAID TO ANOTHER CITY:** If you are a resident of Lansing and pay income tax to another city on income earned outside of Lansing you may subtract from your estimate of Lansing income tax the amount of income tax expected to be paid to the other city. This credit may not exceed the amount of tax assessable under the Lansing Income Tax Ordinance on the same amount of income of a non-resident. (Worksheet Line 6)
- C. **INCOME TAX PAID BY PARTNERSHIPS:** If you are a member of a partnership which elects to file a return and pay the tax on behalf of the partners, you may subtract, from your estimate of Lansing Income Tax, the amount of tax expected to be paid by the partnership for your distributive share of net profits. (Worksheet Line 6)

AMENDED ESTIMATED TAX: if you have filed an estimated tax voucher and find that your estimated tax is substantially increased or decreased as a result of a change in your income or exemptions, you may amend your estimate at the time of making a quarterly payment:.

PENALTIES AND INTEREST: If the total amount of tax withheld and estimated tax paid is less than seventy percent (70%) of the final tax due, interest and penalties may be charged.

FORMS OR INFORMATION: Forms or information may be obtained in 3 ways.

1. Visit our website at www.lansingmi.gov
2. Visit us at the Income Tax Office located on 1st floor City Hall.
3. Phone us at (517) 483-4114.

NOTE: FILING ESTIMATED TAX DOES NOT EXCUSE THE TAXPAYER FROM FILING AN ANNUAL RETURN EVEN THOUGH THERE IS NO CHANGE IN THE ESTIMATED TAX LIABILITY.

*If the due date falls on a Saturday, Sunday or legal holiday, the due date is extended to the next day which is not a Saturday, Sunday or legal holiday.

WORKSHEET FOR 2018 ESTIMATED INCOME TAX

(KEEP FOR YOUR RECORDS)

2018 PAYMENT RECORD

1. TOTAL LANSING INCOME EXPECTED IN 2018 (See Instructions)	\$	VOUCHER	DATE	CHECK NUMBER	TAX PAID
2. EXEMPTIONS (\$600 for each exemption; Does not apply to corporations)	\$	1			\$
3. ESTIMATED LANSING TAXABLE INCOME (Line 1 less Line 2)	\$	2			\$
4 . ESTIMATED LANSING INCOME TAX BEFORE CREDITS (Non-resident individuals enter . 5% of Line 3, All other taxpayers enter 1.0% of Line 3)	\$	3			\$
5. AMOUNT OF LANSING TAX TO BE WITHHELD	\$	4			\$
6. AMOUNT OF OTHER CREDITS	\$	TOTAL PAID			\$
7. ESTIMATED LANSING INCOME TAX DUE (Line 4 less Lines 5 and 6)	\$				

L-1040ES

LANSING
ESTIMATED INCOME TAX PAYMENT VOUCHER
FIRST QUARTER - PAYMENT DUE APRIL 30, 2018

2018 EST 01Q

Taxpayer Name:

Social Security No:

Due on or Before: 4/30/2018, for tax year 2018*

Payment: \$

Payment Method: Make payment by check or money order payable to "City of Lansing." Write your social security number, daytime phone number, and "2018 L-1040ES" 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.

Additional Information: The spouse of the joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as

Address for Payment: City of Lansing Income Tax Division
PO Box 40756
Lansing, MI 48901

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

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

Revised: 09/29/2017

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

L-1040ES

LANSING
FIRST QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2018 EST 01Q

Mail To: Lansing Income Tax Division
PO Box 40756
Lansing, MI 48901

Revised: 09/29/2017

ESTIMATED PAYMENT VOUCHER 1

Due Date: 04/30/2018

NACTP # <input type="text"/>			
EFIN # <input type="text"/>			
Taxpayer's first name, initial, last name		Taxpayer's SSN	
If joint return spouse's first name, initial, last name		If joint payment, spouse's SSN	
Present home address (Number and street) Apt. no.		{2D Barcode of scan line data}	
Address line 2 (P.O. Box address for mailing use only)			
City, town or post office	State		
Foreign country name, province/county, postal code		Amount of estimated tax you are paying by check or money order	Round to nearest dollar .00

L-1040ES

LANSING
ESTIMATED INCOME TAX PAYMENT VOUCHER
SECOND QUARTER - PAYMENT DUE JUNE 30, 2018

2018 EST 02Q

Taxpayer Name: []

Social Security No: []

Due on or Before: 6/30/2018, for tax year 2018*

Payment: \$ []

Payment Method: Make payment by check or money order payable to "City of Lansing." Write your social security number, daytime phone number, and "2018 L-1040ES" 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.

Additional Information: The spouse of the joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as

Address for Payment: City of Lansing Income Tax Division
PO Box 40756
Lansing, MI 48901

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

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

Revised: 09/29/2017

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

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L-1040ES

LANSING
SECOND QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2018 EST 02Q

Mail To: Lansing Income Tax Division
PO Box 40756
Lansing, MI 48901

Revised: 09/29/2017

ESTIMATED PAYMENT VOUCHER 2

Due Date: 06/30/2018

Form with fields for NACTP #, EFIN #, Taxpayer's first name, Taxpayer's SSN, Joint return spouse's first name, Joint payment, spouse's SSN, Present home address, Address line 2, City, town or post office, State, Zip code, Foreign country name, Amount of estimated tax, Round to nearest dollar.

L-1040ES

LANSING
ESTIMATED INCOME TAX PAYMENT VOUCHER
THIRD QUARTER - PAYMENT DUE SEPTEMBER 30, 2018

2018 EST 03Q

Taxpayer Name: []

Social Security No: []

Due on or Before: 9/30/2018, for tax year 2018*

Payment: \$ []

Payment Method: Make payment by check or money order payable to "City of Lansing." Write your social security number, daytime phone number, and "2018 L-1040ES" 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.

Additional Information: The spouse of the joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as

Address for Payment: City of Lansing Income Tax Division
PO Box 40756
Lansing, MI 48901

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

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

Revised: 09/29/2017

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

L-1040ES

LANSING
THIRD QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2018 EST 03Q

Mail To: Lansing Income Tax Division
PO Box 40756
Lansing, MI 48901

Revised: 09/29/2017

ESTIMATED PAYMENT VOUCHER 3

Due Date: 09/30/2018

Form with fields for NACTP #, EFIN #, Taxpayer's first name, Taxpayer's SSN, Joint return spouse's first name, Joint payment, spouse's SSN, Present home address, Address line 2, City, town or post office, State, Zip code, Foreign country name, Amount of estimated tax, Round to nearest dollar.

L-1040ES

LANSING
ESTIMATED INCOME TAX PAYMENT VOUCHER
FOURTH QUARTER - PAYMENT DUE JANUARY 31, 2019

2018 EST 04Q

Taxpayer Name:

Social Security No:

Due on or Before: 1/31/2019, for tax year 2018*

Payment: \$

Payment Method: Make payment by check or money order payable to "City of Lansing." Write your social security number, daytime phone number, and "2018 L-1040ES" 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.

Additional Information: The spouse of the joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as

Address for Payment: City of Lansing Income Tax Division
PO Box 40756
Lansing, MI 48901

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

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

Revised: 09/29/2017

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

L-1040ES

LANSING
FOURTH QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2018 EST 04Q

Mail To: Lansing Income Tax Division
PO Box 40756
Lansing, MI 48901

Revised: 9/29/2017

NACTP #
EFIN #

Due Date: 01/31/2019

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