

Header section containing personal information: Your Social Security Number, Your first name, Last name, Spouse's Soc Sec Number, If joint return spouse's first name, Last name, Residence address, RESIDENCY STATUS (RESIDENT, NONRESIDENT, PART YEAR RESIDENT), Total number of EXEMPTIONS from page 2.

INCOME table with columns: ATTACH COPY OF PAGE 1 OF FEDERAL RETURN, Description, From federal return, Exclusions Adjustments, Income subject to tax. Rows 1-17 include Wages, Taxable interest, Dividends, Refunds, Alimony, Business income, Capital gains, Other gains, IRA distributions, Pension distributions, Rental real estate, Subchapter S, Farm income, Unemployment, Social security benefits, and Other income.

DEDUCTIONS table with columns: Description, From federal return, Exclusions Adjustments, Income subject to tax. Rows 18-23 include IRA deduction, Self Employed SEP, Employee business expenses, Moving expenses, Alimony paid, and Intentionally Blank.

Summary rows 24-27: 24. Total deductions (Subtractions), 25. Total income after deductions, 26. Amount for exemptions, 27. Total income subject to tax.

28. Tax at (MULTIPLY LINE 27 BY) with radio buttons for .01 (Resident), .005 (Non-Resident), and % (Partial Resident-from table). PAYMENTS AND CREDITS section: 29. Tax withheld by your employer, 30. Payments on 2010 Declaration of Estimated Income Tax, 31. Credit for tax paid to another city, 32. Total payments and credits.

33. If tax (line 28) is larger than payments (line 32) you owe tax (Enter tax due.) MAKE CHECK OR MONEY ORDER PAYABLE TO: LANSING CITY TREASURER. *PAY WITH RETURN. >>> * 33. TAX DUE

34. If payments (line 32) are larger than tax (line 28) enter overpayment 34. OVERPAYMENT

35. Overpayment Donation. All or any portion of overpayment may be donated to any fund. 35a. Police Problem Solving, 35b. HOPE Scholarship, 35c. Homeless Assistance. 35. DONATION

36. Amount of Overpayment to be credited forward to 2011. Amount of credit to 2011 >> 36.

37. Amount of Overpayment to be refunded (For direct deposit mark refund box on line 38 and complete line 38 a, b & c.) Refund amount >> 37.

38. REFUND ONLY Direct deposit refunded. Refund - Direct deposit. a. Routing number, b. Account number, c. Type of account: Checking, Savings.

*If balance due is greater than \$100, additional penalty and interest may be assessed

EXEMPTIONS SCHEDULE

	Date of birth	Regular	65 & over	Blind	Deaf	Perm. disabled para-/hemi-/quadriplegic		
You	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Box A. Number of boxes checked	
Spouse	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
You	<input type="checkbox"/> Check box if you can be claimed as a dependent on another person's tax return							
Spouse	<input type="checkbox"/> Check box if spouse can be claimed as a dependent on another person's tax return							

Dependents					Box B. Number of dependents claimed on federal return (list to the left)	
First name	Last Name	Social security number	Relationship	Date of birth		

Dependents					Box C. Total number of exemptions (add the numbers in Box A and Box B)	

ADDRESSES WHERE TAXPAYER AND/OR SPOUSE RESIDED DURING TAX YEAR

INDICATE T,S,B	ADDRESS (INCLUDE CITY, STATE & ZIP CODE)	FROM		TO	
		MONTH	DAY	MONTH	DAY

T = Taxpayer S = Spouse B = Both

THIRD-PARTY DESIGNEE

Do you want to allow another person to discuss this return with the Income Tax Department? Yes. Complete the following. No

DESIGNEE'S NAME	Phone No. ()	Personal identification number (PIN)				
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I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are 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	Taxpayer's occupation	Daytime phone number ()
	SPOUSE'S SIGNATURE	Date	Spouse's occupation	

Please provide email address if you would like us to contact you via email: _____

PREPARER'S SIGNATURE	SIGNATURE OF PREPARER OTHER THAN TAXPAYER	Date	EIN
	Preparer's phone number ()		
	Firm's name (or yours if self employed), address and ZIP code		

MAKE CHECK/MONEY ORDER PAYABLE TO: LANSING CITY TREASURER.
 MAIL PAYMENTS TO: LANSING CITY TREASURER
 P.O. BOX 40752
 LANSING, MI 48901

MAIL REFUND & ZERO RETURNS TO:
 INCOME TAX OFFICE
 G-29 - CITY HALL
 124 W MICHIGAN AVE
 LANSING, MI 48933

2011	CITY OF LANSING-INCOME TAX OFFICE QUARTERLY STATEMENT-DECLARATION OF ESTIMATED TAX For Calendar Year 2011 or Fiscal Year Ending _____, 20____		VOUCHER NO. 4	Due Date January 31, 2012		
						SOCIAL SECURITY NUMBER
TAXPAYER'S NAME AND ADDRESS		MAKE CHECKS PAYABLE TO: TREASURER, CITY OF LANSING MAIL CHECK WITH VOUCHER 4 TO: INCOME TAX OFFICE P.O. BOX 40752 LANSING, MI 48901		Estimated Tax	\$	00
				Payment Amount	\$	00

2011	CITY OF LANSING-INCOME TAX OFFICE QUARTERLY STATEMENT-DECLARATION OF ESTIMATED TAX For Calendar Year 2011 or Fiscal Year Ending _____, 20____		VOUCHER NO. 3	Due Date September 30, 2011		
						SOCIAL SECURITY NUMBER
TAXPAYER'S NAME AND ADDRESS		MAKE CHECKS PAYABLE TO: TREASURER, CITY OF LANSING MAIL CHECK WITH VOUCHER 3 TO: INCOME TAX OFFICE P.O. BOX 40752 LANSING, MI 48901		Estimated Tax	\$	00
				Payment Amount	\$	00

2011	CITY OF LANSING-INCOME TAX OFFICE QUARTERLY STATEMENT-DECLARATION OF ESTIMATED TAX For Calendar Year 2011 or Fiscal Year Ending _____, 20____		VOUCHER NO. 2	Due Date June 30, 2011		
						SOCIAL SECURITY NUMBER
TAXPAYER'S NAME AND ADDRESS		MAKE CHECKS PAYABLE TO: TREASURER, CITY OF LANSING MAIL CHECK WITH VOUCHER 2 TO: INCOME TAX OFFICE P.O. BOX 40752 LANSING, MI 48901		Estimated Tax	\$	00
				Payment Amount	\$	00

2011	CITY OF LANSING-INCOME TAX OFFICE QUARTERLY STATEMENT-DECLARATION OF ESTIMATED TAX For Calendar Year 2011 or Fiscal Year Ending _____, 20____		VOUCHER NO. 1	Due Date April 30, 2011		
						SOCIAL SECURITY NUMBER
TAXPAYER'S NAME AND ADDRESS		MAKE CHECKS PAYABLE TO: TREASURER, CITY OF LANSING MAIL CHECK WITH VOUCHER 1 TO: INCOME TAX OFFICE P.O. BOX 40752 LANSING, MI 48901		Estimated Tax	\$	00
				Payment Amount	\$	00

**L-1040PV CITY OF LANSING
INCOME TAX PAYMENT VOUCHER**

**Due Date
April 30, 2011**

TAX YEAR	DUE DATE	SOCIAL SECURITY NUMBER or EMPLOYEE I.D. NUMBER	INCOME TAX PAYMENT	DOLLARS	CENTS
2010	APRIL 30, 2011				00

TAXPAYER'S NAME AND ADDRESS

MAKE REMITTANCE PAYABLE TO:
TREASURER, CITY OF LANSING

MAIL CHECK WITH RETURN AND PAYMENT VOUCHER TO:

Lansing City Treasurer
P.O. Box 40752
Lansing MI 48901