

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 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"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>		
Spouse's SSN	If joint return spouse's first name Initial Last name					
Make sure the SSN(s) above and on page 2, line 1d are correct.	Present home address (Number and street)			Apt. no.		
	Address line 2 (P.O. Box address for mailing use only)					
For city use only	City, town or post office		State	Zip code		
	Foreign country name		Foreign province/country	Foreign postal code		

FILING STATUS

Single Married filing jointly

Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.

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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	.00	
	2. Taxable interest	2	.00	.00	.00	.00	
	3. Ordinary dividends	3	.00	.00	.00	.00	
	4. Taxable refunds, credits or offsets	4	.00	.00	.00	NOT TAXABLE	
	5. Alimony received	5	.00	.00	.00	.00	
	6. Business income or (loss) (Attach federal Schedule C.)	6	.00	.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	.00	
	8. Other gains or (losses) (Attach copy of federal Form 4797.)	8	.00	.00	.00	.00	
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9	.00	.00	.00	.00	
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10	.00	.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	.00	
	12. Subchapter S corporation distributions (Attach federal SCH. K-1)	12	NOT APPLICABLE	.00	.00	.00	
	13. Farm income or (loss) (Attach federal Schedule F.)	13	.00	.00	.00	.00	
	14. Unemployment compensation	14	.00	.00	.00	NOT TAXABLE	
	15. Social security benefits	15	.00	.00	.00	NOT TAXABLE	
	16. Other income (Attach statement listing type and amount.)	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	
	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	
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	.00	
	22. Total income subject to tax (Subtract line 21b from line 20.) Cannot be less than zero	22			.00	.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	.00	
	24. Total payments and credits (Total from page 2, Payments and Credits Schedule, line 4)	24			.00	.00	
	25. Intentionally left blank	.00	.00	25c	.00	.00	
	Amount you owe (Add lines 23b and 25c, and subtract line 24)			PAY WITH RETURN			
	TAX DUE 26. MAKE CHECK OR MONEY ORDER PAYABLE TO: LANSING CITY TREASURER IF PAID ONLINE CREDIT CARD/ELECTRONIC CHECK ENTER CONFIRMATION # >>>>>			26	.00	.00	
	OVERPAYMENT 27. Tax overpayment (Subtract lines 23b and 25c from line 24)			27	.00	.00	
	28. Donations	28a	.00	28b	.00	28c	.00
	29. Amount of Overpayment to be credited forward to 2012			29	.00	.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.)			30	.00	.00		
31. Direct deposit refund (Mark appropriate box 31a and complete lines 31c, 31d and 31e)	31a	<input type="checkbox"/>	31c	Routing number			
		Refund (direct deposit)	31d	Account number			
			31e	Account Type:	Checking Savings		

EXEMPTIONS SCHEDULE	1a. You	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	
	1b. Spouse								
1d. List Dependents	1c.	Check box if you can be claimed as a dependent on another person's tax return							1f. Enter number of dependent children listed on line 1d
#	First Name	Last Name	Social Security Number	Relationship	Date of Birth	1g. Enter number of other dependents listed on line 1d 1h. Total exemptions (Add lines 1e, 1f and 1g; enter here and also on page 1, line 21a)			
1									
2									
3									
4									
5									
6									
7									
8									

EXCLUDED WAGES SCHEDULE (See instructions. Resident wages generally not excludible.)

W-2 #	COLUMN A		COLUMN B		COLUMN C	
	EMPLOYER'S ID	RESIDENT EXCLUDED WAGES	NONRESIDENT EXCLUDED WAGES	EMPLOYER'S ID	RESIDENT EXCLUDED WAGES	NONRESIDENT EXCLUDED WAGES
1		.00	.00	6	.00	.00
2		.00	.00	7	.00	.00
3		.00	.00	8	.00	.00
4		.00	.00	9	.00	.00
5		.00	.00	10	.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
2. Self Employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of federal return.)	2	.00
3. Employee business expenses (See instructions and attach copy of federal Form 2106.)	3	.00
4. Moving expenses (Into city area only) (Attach copy of federal Form 3903.)	4	.00
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of page 1 of federal return.)	5	.00
6. Renaissance Zone deduction (Attach Schedule RZ OF L1040.)	6	.00
7. Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)	7	.00

PAYMENTS AND CREDITS SCHEDULE

1. Tax withheld by your employer for Lansing (Attach W-2 Forms showing tax withheld for Lansing)	1	.00
2. Estimated income tax payments, extension payment and credit forward	2	.00
3. Credit for tax paid to another city and for tax paid by a partnership (Attach copy of other city's return.)	3	.00
4. Total payments and credits (Add lines 1 through 3, enter total here and on page 1, line 24)	4	.00

ADDRESS SCHEDULE

ADDRESSES WHERE TAXPAYER (T), SPOUSE (S) OR BOTH (B) RESIDED DURING YEAR AND DATES OF RESIDENCY

MARK T, S, B	ADDRESS (INCLUDE CITY, STATE & ZIP CODE) Start with address used on last year's return. If the address is the same as listed on page 1 of this return, print "Same." If no return filed, list reason. Continue listing residence addresses from this year.	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	Daytime phone number	If deceased, date of death
PREPARER'S SIGNATURE	SIGNATURE OF PREPARER OTHER THAN TAXPAYER		Date (MM/DD/YY)	PTIN, EIN or SSN	
	FIRM'S NAME (or yours if self employed), ADDRESS AND ZIP CODE			Preparer's phone no.	
				NACTP number of software used to prepare tax	

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:
Lansing City Treasurer
PO Box 40752
Lansing MI 48901

Payment only:
Lansing City Treasurer
PO Box 40756
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