

INDIVIDUAL RETURN DUE APRIL 30, 2021

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 Enter date of death on page 2, right side of the signature area		Present home address (Number and street)		Apt. no.	
Mark box (X) below if: <input type="checkbox"/> Federal Form 1310 attached <input type="checkbox"/> Itemized deductions on your Federal tax return for 2020		Address line 2 (P.O. Box address for mailing use only)		FILING STATUS	
		City, town or post office		<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.	
		State		<input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.	
		Foreign country name		Spouse's full name if married filing separately _____	
		Foreign province/county			
		Foreign postal code			

ATTACH COPY OF PAGE	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
1 - 2 AND SCHEDULE 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 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
	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	.00
	20. Total income after deductions (Subtract line 19 from line 18); if a negative amount -STOP- and enter zero (0) on line 26	20		.00	.00
	21. Exemptions Number of Exemptions are auto-filled in line 21a from Form L-1040, page 2, box 1h and calculated at \$600 per number of exemptions and auto-filled in line 21b	21a <input type="checkbox"/> 21b <input type="checkbox"/>		.00	.00
	22. Total income subject to tax (Subtract line 21b from line 20); if a negative amount -STOP- and enter zero (0) on line 26	22		.00	.00
	23. Tax at (tax rate) (Multiply line 22 by Lansing resident tax rate of 1.0% (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 23c)	23a <input type="checkbox"/> 23b <input type="checkbox"/>		.00	.00
	24. Payments and credits 24a <input type="checkbox"/> Lansing tax withheld 24b <input type="checkbox"/> Other tax payments (est, extension, or fwd, partnership & tax option corp) 24c <input type="checkbox"/> Credit for tax paid to another city 24d <input type="checkbox"/> Total payments & credits	24a <input type="checkbox"/> .00 24b <input type="checkbox"/> .00 24c <input type="checkbox"/> .00 24d <input type="checkbox"/>		.00	.00
	25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a <input type="checkbox"/> Interest 25b <input type="checkbox"/> Penalty 25c <input type="checkbox"/> Total interest & penalty	25a <input type="checkbox"/> .00 25b <input type="checkbox"/> .00 25c <input type="checkbox"/>		.00	.00
	26. TAX DUE Amount you owe (Add lines 23b and 25c, and subtract line 24) MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF LANSING IF PAID ON LINE CREDITCARD/ELECTRONIC CHECK ENTER CONF #	26		PAY WITH RETURN	.00
	27. OVERPAYMENT 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="checkbox"/> Police Problem Solving 28b <input type="checkbox"/> Hope Scholarship 28c <input type="checkbox"/> Homeless Assistance 28d <input type="checkbox"/> Total donations	28a <input type="checkbox"/> .00 28b <input type="checkbox"/> 28c <input type="checkbox"/> 28d <input type="checkbox"/>			.00
	29. Amount of overpayment credited forward to 2021	29		Amount of credit to 2021 >>	.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)	30		Refund amount >>	.00
	31. Direct deposit refund or Direct withdrawal payment (Mark (X) box 31a or 31b and complete lines 31c, 31d and 31e)	31a <input type="checkbox"/> Refund (direct deposit) 31c <input type="checkbox"/> Routing number 31b <input type="checkbox"/> Pay Tax Due (direct withdrawal) 31d <input type="checkbox"/> Account number 31e <input type="checkbox"/> Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			

MAIL REFUND AND CREDIT FORWARD RETURNS TO: LANSING INCOME TAX DEPARTMENT, PO BOX 40750, LANSING, MI 48901
 MAIL TAX DUE AND NO REFUND NO TAX DUE RETURNS TO: LANSING INCOME TAX DEPARTMENT, PO BOX 40752, LANSING, MI 48901

Revised: 01/11/2021

EXEMPTIONS SCHEDULE

Date of birth (mm/dd/yyyy)

Regular

65 or over

Blind

Deaf

Disabled

1a. You

1b. Spouse

1e. Enter the number of boxes checked on lines 1a and 1b

1d. List Dependents

1c.

Check box if you can be claimed as a dependent on another person's tax return

Table with 6 columns: #, First Name, Last Name, Social Security Number, Relationship, Date of Birth. Rows 1-8.

1f. Enter number of dependent children listed on line 1d

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)

EXCLUDED WAGES AND TAX WITHHELD SCHEDULE (See instructions. Resident wages generally not excluded)

Table with 8 columns: W-2 #, Col. A T or S, COLUMN B SOCIAL SECURITY NUMBER, COLUMN C EMPLOYER'S ID NUMBER, COLUMN D EXCLUDED WAGES, 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, COLUMN F LOCALITY NAME. Rows 1-11.

DEDUCTIONS SCHEDULE (See instructions; deductions allocated on the same basis as related income)

DEDUCTIONS

Table with 3 columns: Description, Line Number, Amount. Rows 1-7.

ADDRESS SCHEDULE (Where taxpayer (T), spouse (S) or both (B) resided during year and dates of residency)

Table with 5 columns: MARK T, S, B, Address description, FROM MONTH, DAY, TO MONTH, DAY. Rows 1-4.

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.

SIGN HERE: TAXPAYER'S SIGNATURE, SPOUSE'S SIGNATURE, SIGNATURE OF PREPARER OTHER THAN TAXPAYER, FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE. Includes fields for Date, Occupation, Daytime phone number, and PTIN, EIN or SSN.