

INDIVIDUAL RETURN DUE APRIL 30, 2017

Taxpayer's SSN		Taxpayer's first name Initial Last name		<b>RESIDENCE STATUS</b>	
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.		<b>FILING STATUS</b>	
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		<input type="checkbox"/> Spouse's full name if married filing separately	
		Foreign country name Foreign province/country Foreign postal code			

		<b>ROUND ALL FIGURES TO NEAREST DOLLAR</b> (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		Column A Federal Return Data	Column B Exclusions/Adjustments	Column C Taxable Income	
<b>ATTACH COPY OF PAGE 1 OF FEDERAL RETURN</b>	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 of state and local income taxes	4	.00	.00	.00	NOT TAXABLE	
	5. Alimony received	5	.00	.00	.00	.00	
	6. Business income or (loss) (Attach copy of 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	
<b>ATTACH W-2 FORMS HERE</b>	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of 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 copy of 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	
<b>ENCLOSE CHECK OR MONEY ORDER</b>	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)	22			.00	.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	.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 24d <input type="text"/> .00 Total payments & credits 24d	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 <input type="text"/> .00 Interest 25b <input type="text"/> .00 Penalty 25c <input type="text"/> .00 Total interest & penalty 25c	25a	.00	25b	.00	25c	.00
	<b>TAX DUE</b> 26. Amount you owe (Add lines 23b and 25c, and subtract line 24) <b>MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF LANSING IF PAID ON LINE CREDITCARD/ELECTRONIC CHECK ENTER CONF #</b> <input type="text"/>	26				<b>PAY WITH RETURN</b>	.00
	<b>OVERPAYMENT</b> 27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30) 27	27					.00
	28. Amount of overpayment donated 28a <input type="text"/> .00 Police Problem Solving 28b <input type="text"/> Hope Scholarship 28c <input type="text"/> Homeless Assistance 28d <input type="text"/> Total donations 28d	28a	.00	28b		28c	
	29. Amount of overpayment credited forward to 2017 29	29				Amount of credit to 2017	.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	30				Refund amount	.00
31. Direct deposit refund (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	<input type="checkbox"/>	31c	<input type="text"/>	31d	<input type="text"/>	

<b>EXEMPTIONS SCHEDULE</b>	Date of birth (mm/dd/yyyy)					Regular	65 or ove	Blind	Deaf	Disabled	1e. Enter the number of boxes checked on lines 1a and 1b
	1a. You	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	1b. Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
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)	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)**

MARK T, S, B	DESCRIPTION	LINE	AMOUNT
	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 Lansing 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 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 \_\_\_\_\_

FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE \_\_\_\_\_ Preparer's phone no. \_\_\_\_\_

NACTP software number \_\_\_\_\_ **LNS16**