

LANSING AMENDED INCOME TAX RETURN

Tax Year

Form header section containing taxpayer information (A1-A6), residence status (C), and filing status (D1-D4).

E. Did you e-file your original return for tax year noted above? E1 Yes E2 No
If yes, provide a complete copy of original return including all W-2 forms and return attachments.

Table with 5 columns: INCOME AND DEDUCTIONS, ROUND ALL FIGURES TO NEAREST DOLLAR, Column A. Original Amount, Column B. Net change, Column C. Correct Amount. Rows 1-22.

TAX section with row 23: Tax

PAYMENTS AND CREDITS section with rows 24a-24e.

AMOUNT YOU OWE OR YOUR OVERPAYMENT section with rows 25-30.

**Form L-1040X**

Taxpayer's name	Taxpayer's SSN	Tax year
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MI-LNS-1040X-2

<b>Part I Deductions Schedule (See instructions)</b>		COLUMN A. ORIGINAL AMOUNT	COLUMN B. NET CHANGE	COLUMN C. CORRECT AMOUNT
1.	IRA deduction	.00	.00	.00
2.	Self Employed SEP, SIMPLE and qualified plans	.00	.00	.00
3.	Employee business expenses	.00	.00	.00
4.	Moving expenses (Moving into city area only)	.00	.00	.00
5.	Alimony paid	.00	.00	.00
6.	Renaissance Zone deduction	.00	.00	.00
7.	Total deductions (Add lines 1 - 6 and enter here and on page 1, line 19)	.00	.00	.00

<b>Part II Exemptions Schedule</b>		COLUMN A. EXEMPTIONS	COLUMN B. NET CHANGE	COLUMN C. CORRECT NUMBER OR AMOUNT
Complete this part only if you are increasing or decreasing the number of exemptions (personal or dependents) claimed on line 21a or equivalent line of the return you are amending		(Number or amount reported or as previously adjusted)		
<i>See Form L-1040 and Form L-1040X instructions</i>				
1.	Yourself and, if joint return, spouse	1		
2.	Your dependent children	2		
3.	Other dependents	3		
4.	Total number of exemptions	4		
5.	The exemption value for the tax year you are amending	5		
6.	Total exemption amount (Multiply line 4 by line 5 enter here an on page 1, line 21)	6		

7. List ALL dependents (children and others) claimed on this amended return and complete other information requested for each. If more than 7, attach additional schedule				
COL. 1 - FIRST NAME	COL. 2 - LAST NAME	COL. 3 - SSN	COL. 4 - DEPENDENT'S RELATIONSHIP	COL. 5 - DATE OF BIRTH
7a.				
7b.				
7c.				
7d.				
7e.				
7f.				
7g.				

**Part II Explanation of Changes (In the space provided below, tell us why you are filing Form L-1040X)**

▶ Attach any supporting documents and new or changed forms and schedules

▶ If more space is needed, attach one or more additional pages of explanation

<b>Part III THIRD PARTY DESIGNEE</b>				
Do you want to allow another person to discuss this return with the Income Tax Office?		1. Yes, complete the following		2. No
3. Designee's name		4. Phone number		5. Personal identification number (PIN)

<b>SIGNATURE, TAXPAYER AND PREPARER INFORMATION Remember to keep a copy for your records</b>				
Under the penalty of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return 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.				
1. TAXPAYER'S SIGNATURE - If joint return, both spouses must sign	2. Date (MM/DD/YYYY)	3. Taxpayer's occupation	4. Daytime phone number	5. If deceased, date of death
6. SPOUSE'S SIGNATURE	7. Date (MM/DD/YYYY)	8. Spouse's occupation	9. Daytime phone number	10. If deceased, date of death
11. SIGNATURE OF PREPARER OTHER THAN TAXPAYER		12. Date (MM/DD/YYYY)	13. PTIN, EIN or SSN	
			14. Preparer's phone no.	
15a. FIRM'S NAME (or yours if self employed)			16. NACTP number of software used to prepare tax return	
15b. ADDRESS			<b>LNS</b>	
15c. CITY, ST AND ZIP CODE				

**Schedule TCX**

Taxpayer's name	Taxpayer's SSN	Tax year
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MI-LNS-1040X-3

AMENDED PART-YEAR RESIDENT TAX CALCULATION			RESIDENT PORTION OF TAX YEAR			NONRESIDENT PORTION OF TAX YEAR		
INCOME	Round all numbers to nearest dollar (\$0.01 to \$0.49 drop cents; \$0.50 to \$0.99 next dollar; do not enter cents or \$.00)	Column A. Original amount – or as previously adjusted (see instructions)	Column B. Net change – amount of increase or decrease – explain in Part III	Column C. Correct Amount	Column D. Original amount – or as previously adjusted (see instructions)	Column E. Net change – amount of increase or decrease – explain in Part III	Column F. Correct Amount	
1. Wages, salaries, tips, etc.	1							
2. Taxable interest	2						NOT TAXABLE	
3. Ordinary dividends	3						NOT TAXABLE	
4. Taxable refunds, credits or offsets	4			NOT TAXABLE			NOT TAXABLE	
5. Alimony received	5							
6. Business income or (loss)	6							
7. Capital gain or (loss)	7a	Sch. D not required.	7b					
8. Other gains or (losses)	8							
9. Taxable IRA distributions	9						NOT TAXABLE	
10. Taxable pensions and annuities	10							
11. Rental real estate, royalties, partnerships, S corps., etc.	11							
12. Reserved	12							
13. Farm income or (loss)	13							
14. Unemployment compensation	14			NOT TAXABLE			NOT TAXABLE	
15. Social security benefits	15			NOT TAXABLE			NOT TAXABLE	
16. Other income	16							
17. Total additions (Add lines 2 through 16.)	17							
18. Total income (Add lines 1 through 16.)	18							
<b>DEDUCTIONS SCHEDULE</b>			See instructions. Deductions must be allocated on the same basis as related income.					
1. IRA deduction	1							
2. Self Employed SEP, SIMPLE and qualified plans	2							
3. Employee business expenses	3							
4. Moving expenses	4							
5. Alimony paid	5							
6. Renaissance Zone deduction	6							
19. Total deductions (Add lines 1 through 6.)	19							
20. Total income after deductions (Line 18 less line 19.)	20							
<b>EXEMPTIONS</b>								
21a. Number of exemptions claimed	21a							
21b. Total value of exemptions (See instrs. for exemption value.)	21b							
21c. Value of exemptions against nonresident income	21c							
22a. Income subject to tax as a resident (L 20 less L21b)	22a							
22b. Income subject to tax as a nonresident (L20 less L21c)	22b							
<b>TAX</b>								
23a. Tax rate (Col. B resident rate & col. E nonresident rate)	23a							
23b. Tax at resident rate	23b							
23c. Tax at nonresident rate	23c							
23d. Total tax (Enter here and on Form L-1040X, line 23.)	23d							

(Column A, line 23b plus column D line 23c)	(Column B, line 23b plus column E line 23c)	(Column C line 23b plus column F line 23c)
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Taxpayer's name

Taxpayer's SSN

Tax year

LANSING FORM L-1040X

**SCHEDULE N - SUPPORTING NOTES AND STATEMENTS**

Revised 12/22/2015

Empty area for supporting notes and statements.