

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 Mark box (X) below if form attached <input type="checkbox"/> Federal Form 1310 <input type="checkbox"/> Supporting Notes and Statements (Attachment 22)		Present home address (Number and street) Apt. no.		FILING STATUS	
		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. _____ Spouse's full name if married filing separately	
		City, town or post office State Zip code			
		Foreign country name Foreign province/county Foreign postal code			

ATTACH COPY OF	INCOME	Column A	Col B Exclusion/Adjustment	Column C
	(Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)	Federal Return Data	Must complete page 2	Taxable Income
PAGE 1 & 2 OF FEDERAL RETURN AND SCHEDULE 1	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1	.00	.00
	2. Taxable interest	2	.00	.00
	3. Ordinary dividends	3	.00	.00
	4. Taxable refunds, credits or offsets of state and local income taxes	4	.00	NOT TAXABLE
	5. Alimony received	5	.00	.00
	6. Business income or (loss) (Attach copy of federal Schedule C)	6	.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
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8	.00	.00
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9	.00	.00
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10	.00	.00
ATTACH W-2 FORMS HERE	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11	.00	.00
	12. Subchapter S corporation distributions (Attach federal Sch. K-1)	12	NOT APPLICABLE	.00
	13. Farm income or (loss) (Attach copy of federal Schedule F)	13	.00	.00
	14. Unemployment compensation	14	.00	NOT TAXABLE
	15. Social security benefits	15	.00	NOT TAXABLE
	16. Other income (Attach statement listing type and amount)	16	.00	.00
	17. Total additions (Add lines 2 through 16)	17	.00	.00
	18. Total income (Add lines 1 through 16)	18	.00	.00
	19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19		.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
ENCLOSE CHECK OR MONEY ORDER	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		.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
	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 23d)	23a <input type="checkbox"/> 23b		.00
	24. Payments and credits 24a Lansing tax withheld 24b .00 Other tax payments (est, extension, or fwd, partnership & tax option corp) 24c .00 Credit for tax paid to another city 24c .00 Total payments & credits 24d	24a .00 24b .00 24c .00 24d		.00
	25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a .00 Interest 25b .00 Penalty Total interest & penalty 25c	25a .00 25b .00 25c		.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		.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 Police Problem Solving .00 28b Hope Scholarship 28c Homeless Assistance Total donations 28d	28a .00 28b 28c 28d		.00
	29. Amount of overpayment credited forward to 2019 Amount of credit to 2019 >>	29		.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) Refund amount >>	30		.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			
	31b <input type="checkbox"/> Pay Tax Due (direct withdrawal) 31d Account number			
		31e Account Type:	31e1. Checking 31e2. Savings	

Taxpayer's name

Taxpayer's SSN

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 - 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 Preparer's phone no.

FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE NACTP software number LNSWEB