

INDIVIDUAL RETURN DUE APRIL 30, 2016

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 _____ 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 form attached <input type="checkbox"/> Federal Form 1310 <input type="checkbox"/> Supporting Notes and Statements (Attachment 22)		Address line 2 (P.O. Box address for mailing use only)		<b>FILING STATUS</b>	
		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			
		Foreign country name		Spouse's full name if married filing separately	
		Foreign province/county			
		Foreign postal code			

ATTACH COPY OF PAGE 1 OF FEDERAL RETURN	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.	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)	20		.00	.00
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
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% (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
24.	Payments and credits 24a	Lansing tax withheld 24b	Other tax payments (est, extension, or fwd, partnership & tax option corp) 24c	Credit for tax paid to another city 24c	Total payments & credits 24d
25.	Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a	Interest 25a	Penalty 25b	Total interest & penalty 25c	.00
26.	TAX DUE 26. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF LANSING IF PAID ON LINE CREDITCARD/ELECTRONIC CHECK ENTER CONF #			<b>PAY WITH RETURN</b> 26	.00
27.	OVERPAYMENT 27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)				.00
28.	Amount of overpayment donated 28a	Police Problem Solving 28a	Hope Scholarship 28b	Homeless Assistance 28c	Total donations 28d
29.	Amount of overpayment credited forward to 2015			Amount of credit to 2015 >>	29
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
31.	Direct deposit refund (Mark (X) box 31a and complete lines 31c, 31d and 31e)	31a	Refund (direct deposit) 31c	Routing number	
		31b	Pay Tax Due (direct withdrawal) 31d	Account number	
			31e Account Type:	31e1. Checking	31e2. Savings

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

Revised: 07/30/2015

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: Line number, Description, 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

NACTP software number, LNSWEB