

Taxpayer's name

Taxpayer's SSN

EXEMPTIONS SCHEDULE

1a. You Date of birth (mm/dd/yyyy) Regular 65 or over Blind Deaf Disabled
1b. Spouse
1c. List Dependents 1c. Check box if you can be claimed as a dependent on another person's tax return

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

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 6 columns: W-2 #, Col. A T or S, COLUMN B SOCIAL SECURITY NUMBER, COLUMN C EMPLOYER'S ID NUMBER, COLUMN D EXCLUDED WAGES, COLUMN E LANSING TAX WITHHELD, COLUMN F LOCALITY NAME. Includes a warning: FAILURE TO ATTACH W-2 FORMS TO PAGE 1 WILL DELAY PROCESSING OF RETURN...

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

Table with 2 columns: DEDUCTIONS (lines 1-7) and amounts. Includes: 1. IRA deduction, 2. Self-employed SEP, SIMPLE and qualified plans, 3. Employee business expenses, 4. Moving expenses, 5. Alimony paid, 6. Renaissance Zone deduction, 7. Total deductions.

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

Table with columns: MARK T, S, B; List all residence (domicile) addresses; FROM MONTH DAY; TO 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 Preparer's phone no.
FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE NACTP software number LNS14