

LANSING
AMENDED INCOME TAX RETURN

Tax Year

A1 Taxpayer's SSN	B1 Taxpayer's first name	B2 Initial	B3 Last name	C. AMENDED RETURN RESIDENCE STATUS
A2 Spouse's SSN	B4 If joint return spouse's first name	B5 Initial	B6 Last name	
Mark (X) box if deceased <input type="checkbox"/> A3 Taxpayer <input type="checkbox"/> A4 Spouse Enter date of death on page 2, right side of the signature area	B7 Present home address (Number and street)		B8 Apt no.	Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident <input type="checkbox"/>
	B9 Address line 2 (PO Box address for mailing use only)			Part-year resident - dates of residency (mm/dd/yyyy) From <input type="text"/> To <input type="text"/>
Mark box (X) below if form attached <input type="checkbox"/> A5 Federal Form 1310 <input type="checkbox"/> A6 Supporting Notes and Statements (Attachment 22)	B10 City, town or post office	B11 State	B12 Zip code	AMENDED RETURN FILING STATUS
	B13 Foreign country name	B14 Foreign province/county	B15 Foreign postal code	
E. Did you e-file your original return for tax year noted above? <input type="checkbox"/> E1 Yes <input type="checkbox"/> E2 No				D1 Single <input type="checkbox"/> D2 Married filing jointly <input type="checkbox"/>
If yes, provide a complete copy of original return including all W-2 forms and return attachments.				D3 Married filing separately Enter spouse's SSN in Spouse's SSN box and Spouse's full name here <input type="text"/>
				D4 Spouse's full name if married filing separately <input type="text"/>

INCOME AND DEDUCTIONS	ROUND ALL FIGURES TO NEAREST DOLLAR (\$0.50 and up next dollar)	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
1. Wages, salaries, tips, etc. (Attach W-2's not filed with original return.)	1	.00	.00	.00
2. Taxable interest	2	.00	.00	.00
3. Ordinary dividends	3	.00	.00	.00
4. Taxable refunds, credits or offsets	4	.00	.00	NOT TAXABLE
5. Alimony received	5	.00	.00	.00
6. Business income or (loss)	6	.00	.00	.00
7. Capital gain or (loss)	7	.00	.00	.00
8. Other gains or (losses)	8	.00	.00	.00
9. Taxable IRA distributions	9	.00	.00	.00
10. Taxable pensions and annuities	10	.00	.00	.00
11. Rental real estate, royalties, partnerships, S corps., trusts, etc.	11	.00	.00	.00
12. Subchapter S corporation distributions (Att. copy of fed. Sch. K-1)	12	.00	.00	.00
13. Farm income or (loss)	13	.00	.00	.00
14. Unemployment compensation	14	.00	.00	NOT TAXABLE
15. Social security benefits	15	.00	.00	NOT TAXABLE
16. Other income	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) (If changing, complete Part I on back.)	19	.00	.00	.00
20. Total income after deductions (Subtract line 19 from line 18.)	20	.00	.00	.00
21. Exemptions (If changing, complete Part II on the back.)	21	.00	.00	.00
22. Total income subject to tax (Subtract line 21 from line 20.)	22	.00	.00	.00

TAX				
23. Tax	23	.00	.00	.00

PAYMENTS AND CREDITS				
24a. Tax withheld by your employer for Lansing	24a	.00	.00	.00
24b. Estimated payments, extension payment and credit forward	24b	.00	.00	.00
24c. Credit for tax paid to another city and by a partnership	24c	.00	.00	.00
24d. Tax paid with original return and additional tax paid after original return was filed	24d			.00
24e. Total payments and credits (Add lines 24a through 24d)	24e			.00

AMOUNT YOU OWE OR YOUR OVERPAYMENT				
25. Overpayment as shown on original return or as previously adjusted	25			.00
26. Adjusted payments and credits (Line 24e less line 25; if less than zero, see line 27 instructions)	26			.00
27. Amount you owe (If line 26 larger than zero and less than line 23, column C, subtract line 26 from line 23, column C, and enter the difference; if line 26 is zero or less than zero, a negative amount, treat the amount as a positive and add it to the amount on line 23, column C, and enter the result; otherwise leave blank)	27			.00
28. Overpayment (If line 26 is larger than zero and more than line 23, column C, subtract line 23, column C, from line 26 and enter the difference)	28			.00
29. Amount of overpayment to be applied to your (enter tax year):	29a		estimated tax	29b
30. Amount of overpayment to be refunded	30			.00

Form L-1040X

Taxpayer's name	Taxpayer's SSN	Tax year
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MI-LNS1-1040X-2

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

Part II Exemptions Schedule		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)		
See Form L-1040 and Form L-1040X instructions				
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 and 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

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

SIGNATURE, TAXPAYER AND PREPARER INFORMATION Remember to keep a copy for your records				
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			LNS	
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						
DEDUCTIONS SCHEDULE		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						
EXEMPTIONS							
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						
TAX							
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

Blank area for supporting notes and statements.