

**Schedule K-1 (Form EL-1065)**

2021

City of East Lansing,  
Income Tax Department

Final K-1  
 Amended K-1

For calendar year 2021, or tax year beginning \_\_\_\_\_, 2021  
ending \_\_\_\_\_, 20 \_\_\_\_\_

**Partner's Share of Income, Exclusions, Deductions,  
Credits and Tax Paid**

<b>Part I Information about the Partnership</b>	
<b>A</b> Partnership's employer identification number	
<b>B</b> Partnership's name, address, city, state and ZIP code	
<b>C</b> Partnership's Business Allocation Percentage (enter percentage from Form EL-1065, Schedule D, line 5)	%
<b>Part II Information about the Partner</b>	
<b>D</b> <input type="checkbox"/> Mark box if this is a partnership partner and enter partnership identifying number	
<b>E</b> Partner's identifying number	
<b>F</b> Partner's name, address, city, state and ZIP code	
<b>G</b> <input type="checkbox"/> General partner or LLC member manager <input type="checkbox"/> Limited partner or other LLC member	
<b>H</b> <input type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner	
<b>I1</b> What type of entity is this partner? (see instructions) _____	
<b>I2</b> Is the partner an individual resident, nonresident or part-year resident of East Lansing? (see instructions) _____	
<b>I3</b> If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>	
<b>J</b> Partner's share of profit, loss, and capital (see instructions):	
Beginning	Ending
Profit %	%
Loss %	%
Capital %	%
<b>K</b> Partner's share of liabilities at year end	
Nonrecourse	\$
Qualified nonrecourse financing	\$
Recourse	\$
<b>L</b> Partner's capital account analysis:	
Beginning capital account	\$
Capital contributed during year	\$
Current year increase(decrease)	\$
Withdrawals and distributions	\$( )
Ending capital account	\$
<input type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book	
<input type="checkbox"/> Other basis (explain)	
<b>M</b> Did the partner contribute any property with a built-in gain or loss?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," attach statement (see instructions)	
<b>N</b> Partner number (as reported on Form EL-1065, Schedule 1, Partner Information Schedule)	

<b>Part III Partner's Share of Current Year Income Exclusions/Adjustments and City Income</b>			
L i n o e	Column A Federal Partnership Return Data	Column B Exclusions and Adjustments	Column C Taxable Income
1	Ordinary business income (loss)		
1a	Ordinary inc. from other partnerships (Included col A, ln 1, not in col C, ln 1)		
2	Net rental real estate income (loss)		
3	Other rental income (loss)		
4	Guaranteed payments		
5	Interest income		
6	Dividend income		
7	Royalties		
8	Net short-term capital gain (loss)		
9	Net long-term capital gain (loss)		
10	Net 1231 gain (loss)		
11	Other income		
12	Section 179 deduction (Included in column C, line 1, not in column A, ln 1)		
13	Other Deductions		
20	Other information		
<b>Part IV Partner's Share of Current Year City Deductions, Credits and Tax Paid</b>			
D	Partner's deductions for items paid by the partnership		
C	Credit for tax paid by partnership to another city (Report only the tax paid on behalf of a resident partner)		
T	City income tax paid by the partnership (If partnership elects to pay tax for partners)		