

EL-1040 East Lansing
INDIVIDUAL RETURN DUE APRIL 30, 2020

2019

19MI-EL-1040-1

Taxpayer's SSN		Taxpayer's first name			Last name				RESIDENCE STATUS						
										Resident	Nonresident Part-year resident				
Spouse's SSN			If joint return spouse's first name			Last name				Part-	⊔ ∟ vear resident	- dates of residency (mm/dd/yyyy)			
										From	year resident	dates of residency (minutaryyyy)			
Mark (X) box	if d	eceased	Present home addre	street)				Apt. no.	То						
Taxpayer Spouse										FII	ATUS				
Enter date of death on page 2, right			Address line 2 (P.O.	Box address for	mailing use	e only)			<u> </u>		Single	Married filing jointly			
side of the signature area] on igic	iwarried ming jointly				
Mark how (V) halow if			City, town or post off		State Zip code						g separately. Enter spouse's use's SSN box and Spouse's full				
Mark box (X) below if;			ONY, town or poor omes								name here.	ise's 55N box and 5pouse's full			
Federal Form 1310 attached			Foreign country name Foreign			vince/county	,	Foreign p	reign postal code						
		deductions on your									nouse's full n	ame if married filing separately			
Fede	ral t	ax return for 2019	 D ALL FIGURES TO	OLLAR				-			T				
	IN		Drop amounts under \$0.50 and increase mounts from \$.50 to \$0.99 to next dollar)				Column A ral Return Data		C Exclusion	olumn l		Column C Taxable Income			
	_					1 Cuch			LACIUSIO	13// Auju	Sunchis	Taxable meeme			
SEND	_		e, etc. (W-2 forms must be attached)												
COPY OF	_	Taxable interest			2										
PAGE 1 OF FEDERAL	3.	Ordinary dividends			3										
RETURN		Taxable refunds, cred	lits or offsets of state								NOT TAXABLE				
	5.	Alimony received		5											
	6.	Business income or (I	oss) (Attach copy of f	C) 6											
	7.	Capital gain or (loss)	Mark if federal												
		(Attach copy of fed. S	cn. D) 7a.	Sch. D not requ	ired ⁷										
	8.	Other gains or (losses	s) (Attach copy of fede	eral Form 4797)	8										
	9.	Taxable IRA distributi	ons (Attach copy of F	orm(s) 1099-R)	9										
	10.	Taxable pensions and	d annuities (Attach co	py of Form(s) 10	99-R) 10										
	11.		yalties, partnerships, S corporations, py of federal Schedule E)												
		trusts, etc. (Attach cor													
	12.	Subchapter S corpora	n. K-1) 12	NOT APPLICABLE											
	13.	Farm income or (loss)	13												
SEND W-2	14.	Unemployment compe	ensation	14							NOT TAXABLE				
FORMS	15.	Social security benefit	ts	15							NOT TAXABLE				
	16.	Other income (Attach	statement listing type	and amount)	16										
	17.	Total addition	s (Add lines 2 through	า 16)	17										
	18.	Total income	(Add lines 1 through	16)	18										
	19.	Total deduction	ons (Subtractions) (To	otal from page 2,	Deductions	schedule, lin	ne 7)				19				
	20.	Total income	after deductions (Sub	tract line 19 fron	n line 18)						20				
	21		Enter the total exempti				on line 2	1a and							
	2	m m	ultiply this number by	on line 21b)	1b) 2°					21b					
	22.	Total income	subject to tax (Subtra	ct line 21b from I	line 20)						22				
	23	23. Tax at Res -1% (Multiply line 22 by resident or nonresident tax rate for city 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													
	23.	Tax at Res -1% So NR5%	chedule TC to comput							23a	23b				
	24	Payments Ea	ast Lansing tax withhe	eld Other cr fwd,	tax paymer , partnership	nts (est, exten & tax option	ision, corp)	Credi to	t for tax paid another city		otal ayments				
		credits 24a		24b		24c					credits 24d				
	25.	Interest and penalty for estimated tax payment					Interest Penalty				otal iterest &				
		estimated tax; or late	payment of tax	25a			25b				enalty 25c				
ENCLOSE	Amount you owe (Add lines 23b and 25c, and subtract line 24d) MAKE CHECK OR MONEY TAX DUE 26. ORDER PAYABLE TO: CITY OF EAST LANSING, OR TO PAY WITH A DIRECT WITHDRAWAL (for														
CHECK OR MONEY	26. ORDER PAYABLE TO: CITY OF EAST LANSING, OR TO PAY WITH A DIRECT WITHDRAWAL (tor cities accepting this type of payment) mark (X) pay tax due, line 31b, and complete lines 31c, d & e) RETU										JRN 26				
ORDER	0١	/ERPAYMENT													
	28	Amount of Parks, Stewardship & Conservation Parks and Playgrounds Recreational Youth Scholarships Total donations 28.													
	28. overpayment 28a donated 28b 28c donations									28d					
	29.	9. Amount of overpayment credited forward to 2020 Amount of credit to 2020 >> 29													
	30.														
		your bank account, m	ark refund box, line 31a, and complete line 3			1 & e)			Ref	fund am	ount >> 30	1			
		Direct deposit refund		Refund (direct deposit)		Routing number									
	31.	direct withdrawal payr (Mark (X) appropriate		Pay tax due	31d ¹	Account									
		31a or 31b and comp	plete (direct withdrawal)			number			1						
		lines 31c, 31d and 31	e)		31e	Account Type	::	31e1. C	Checking	3	1e2. Savings	3			

EL-1040, PAGE 2					Taxpayer's name							Taxpayer's SSN					19MI-EL-1040-2						
FYF	МРТ	IONS				Date of birth (mm/d	dd/yyyy)		Regular	65 or o	ver	Blind	Deaf	Di	sabled								
SCHEDULE 1a.		1a. Y	'ou														r the number of s checked on						
1b. Spouse															lines 1a and 1b								
_		endents	1c.	С		x if you can be clain	ned as a de										45 Enton		as of				
#					Last Name Socia				ocial Security Number Relat			ationship Date of			f Birth				er or :hildren				
\vdash	1.																listed on line 1d						
2.																	1a Enter		ar of other				
3.															1g. Enter number of other dependents listed of								
4.																	line 1	d					
5.																	1h Total	ovomr	tions (Add	1			
6.																		1e, 1f					
_	7.																	enter here a page 1, line					
8.							20115	5 5 (6			_								21a)				
	Col. A	ED W		<u>-S ANI</u> .UMN B	JIAX	COLUMN		DULE (S	COLUMN		s. Re	esident wa	ages ge	enera		ot ex)	COLUMN	F			
VV-2	SOCIAL SECURITY N		JRITY NU	JMBER EMPLOYER'S ID NUME				CLUDED V	LUDED WAGES				E TO		X WI	THHELD	LOCALITY NAM		AME				
	. 0. 0	(Form W-2, box a)	(Form W-2, b	oox b)	(Attach	(Attach Excluded Wag		h)	ATTAC		(1 01111		W-2, box 19)		(Form W-2, box		ox 20)			
1. 2.											_	FORMS 1	: -										
3.											-	1 WILL											
4.											PROCESSIN RETURN. W												
5.											INFORMATION												
6.											-	STATEI PRINTEI											
7.												TA		WI									
8.												PREPAI											
9.												SOFTWA NOT ACC											
10.												NOT AGO		_ -									
	otals (F	Enter here	and o	on page 1:	part-vr r	esidents on Sch TC)					<< Enter on p	a 1.ln 1. c	ol B				<< E	nter on pg	1. ln 24a			
						e instructions		ctions all	located i	on the					come)	1	DEDUCTIONS						
					•	of federal return &			locatou	011 (110 (ou	10 Daoio a	0 101410	<i>y</i>		1							
2. S	elf-em	ployed SE	P, SIN	MPLE and	qualified	plans (Attach copy	of Schedu	ule 1 of feder	al return)							2							
3. E	mploye	ee busines	s exp	enses (At	tach cop	y of EL-2106 and de	tailed list)									3							
4. N	loving	expenses	(Acti	e Duty An	med forc	es permanent move	due to mi	litary order) ((Attach copy	of federal	Form	3903)				4							
5. A	limony	paid (DO	NOT	INCLUDE	CHILD	SUPPORT. Attach	copy of So	chedule 1 of f	federal retur	n)						5							
6. R	Renaiss	ance Zone	ded	uction (Att	ach Sch	edule RZ OF 1040)										6							
7.	To	tal deducti	ons (Add line 1	through I	line 6, enter total he	e and on p	page 1, line 1	9)							7							
ADD	RES	SS SCH	IED	ULE (\	Where	taxpayer (T)	, spous	se (S) or	both (B)	reside	d du	ıring year	and da	ates	of resi	ider	ncy)						
MAR						sses (Include city, st										nis	FRC	0					
T, S, B return is the same as listed on last year's return, print "Same." If no return filed last year, list reason. Continue listing this t addresses. If address listed on page 1 of this return is in care of another person, enter current residence (domicile) addresses.										3 TCSIGC	31100		MONTH	DAY	MONTH	DAY							
		ARTY																					
Do you	ı want t	to allow an	other	person to	discuss	this return with the I	ncome Ta	x Office?		Yes, comp	plete th	he following		No									
Design	iee's											Phone			1 1		al identifica r (PIN)	ation					
name	Unde	or the ner	olty	of porium	, I dool	are that I have eve	minad th	io roturn or	ad aaaamn	anvina oa		No.	omonto o	and to			, ,	odao o	nd boliof i	it io			
						are that I have exa a resident claimir											•	-		IL IS			
	payn	nent to th	at cit	y. If pr	epared	by a person other	than tax	payer, the p	reparer's o	declaratio	n is b	•	informatio	on of v	vhich pr	epar		y knov	vledge.				
SIGN		AYER'S SIG	NATU	RE - If joint	return, bo	th spouses must sign	Date (MN	I/DD/YY)	Taxpa	yer's occupa	ation		Day	time ph	one numb	er		If de	ceased, date	e of death			
===>		OFIO OIONI	TUD	_			D-4- (848	A/DD AAA	0	-1													
	3PUU	SE'S SIGNA	NIUKI	-			Date (MN	ו ז וטטיוו)	Spous	e's occupation	UII							If de	ceased, date	or death			
	CION	ATURE OF	חבר	DED OTH	D TIIAA	TAVDAVED						Doto (MALICO	· · ·	le-	TIN, EIN o	r CCr.							
PREPARER'S SIGNATURE	SIGNA	ATURE OF I	-KEP/	AREK UIHE	-r iman	R THAN TAXPAYER												's phone no.					
ARE	EIDM	S NIAME /as	VOUTO	if calf omal	oved/ VD	DRESS AND ZIP COD	E							P		ACTP							
REF	i ii sivi	o ivalvi⊂ (UI	, Juli S	oon-empl	oyou), AD	S. LOO AND ZIF COD	_								so	oftwar	е						
Д 07															nu	ımber	r						