



EL-1040

East Lansing

2019

19MI-EL-1040-1

INDIVIDUAL RETURN DUE APRIL 30, 2020

Taxpayer's SSN		Taxpayer's first name Initial Last name		RESIDENCE STATUS	
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		Present home address (Number and street) Apt. no.		FILING STATUS	
Enter date of death on page 2, right side of the signature area		Address line 2 (P.O. Box address for mailing use only)		<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.	
Mark box (X) below if:		City, town or post office State Zip code		Spouse's full name if married filing separately	
<input type="checkbox"/> Federal Form 1310 attached <input type="checkbox"/> Itemized deductions on your Federal tax return for 2019		Foreign country name Foreign province/country Foreign postal code			

		ROUND ALL FIGURES TO NEAREST DOLLAR (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		Column A Federal Return Data	Column B Exclusions/Adjustments	Column C Taxable Income
SEND COPY OF PAGE 1 OF FEDERAL RETURN	1.	Wages, salaries, tips, etc. (W-2 forms must be attached)	1			
	2.	Taxable interest	2			
	3.	Ordinary dividends	3			
	4.	Taxable refunds, credits or offsets of state and local income taxes	4			NOT TAXABLE
	5.	Alimony received	5			
	6.	Business income or (loss) (Attach copy of federal Schedule C)	6			
	7.	Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. <input type="checkbox"/> Mark if federal Sch. D not required	7			
	8.	Other gains or (losses) (Attach copy of federal Form 4797)	8			
	9.	Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9			
	10.	Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10			
	11.	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11			
	12.	Subchapter S corporation distributions (Att. copy of fed. Sch. K-1)	12	NOT APPLICABLE		
	13.	Farm income or (loss) (Attach copy of federal Schedule F)	13			
	14.	Unemployment compensation	14			NOT TAXABLE
	15.	Social security benefits	15			NOT TAXABLE
	SEND W-2 FORMS	16.	Other income (Attach statement listing type and amount)	16		
17.		Total additions (Add lines 2 through 16)	17			
18.		Total income (Add lines 1 through 16)	18			
19.		Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19			
20.		Total income after deductions (Subtract line 19 from line 18)	20			
21.		Exemptions (Enter the total exemptions, from Form EL-1040, page 2, box 1h, on line 21a and multiply this number by \$600 and enter on line 21b)	21a		21b	
22.		Total income subject to tax (Subtract line 21b from line 20)	22			
23.		Tax at Res -1% NR -.5% (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	
24.		Payments and credits 24a East Lansing tax withheld 24b Other tax payments (est. extension, or fwd, partnership & tax option corp) 24c Credit for tax paid to another city	24d	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 25b Penalty	25c	Total interest & penalty	25c	
ENCLOSE CHECK OR MONEY ORDER	TAX DUE 26. ORDER PAYABLE TO: CITY OF EAST LANSING, OR TO PAY WITH A DIRECT WITHDRAWAL (for cities accepting this type of payment) mark (X) pay tax due, line 31b, and complete lines 31c, d & e		PAY WITH RETURN 26			
	OVERPAYMENT 27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)		27			
	28.	Amount of overpayment donated 28a Parks, Stewardship & Conservation 28b Parks and Playgrounds 28c Recreational Youth Scholarships	28d	Total donations	28d	
	29.	Amount of overpayment credited forward to 2020	29	Amount of credit to 2020 >>	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)	30	Refund amount >>	30	
31.	Direct deposit refund or direct withdrawal payment (Mark (X) appropriate box 31a or 31b 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

Taxpayer's name

Taxpayer's SSN

EXEMPTIONS SCHEDULE

1a. You, 1b. Spouse, Date of birth (mm/dd/yyyy), Regular, 65 or over, Blind, Deaf, Disabled

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 columns: #, First Name, Last Name, Social Security Number, Relationship, Date of Birth

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 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 ELA TAX WITHHELD, COLUMN F LOCALITY NAME

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

Table with columns: Deduction description, 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

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.

SIGNATURE OF TAXPAYER, SPOUSE'S SIGNATURE, SIGNATURE OF PREPARER OTHER THAN TAXPAYER, FIRM'S NAME, Date (MM/DD/YY), PTIN, EIN or SSN, Preparer's phone no., NACTP software number