



City of East Lansing
INCOME TAX DEPARTMENT

2020

EL-1040

East Lansing

INDIVIDUAL RETURN DUE APRIL 30, 2021

20MI-EL-1040-1

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 2020		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					
SEND W-2 FORMS	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	
	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					
ENCLOSE CHECK OR MONEY ORDER	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 <input type="checkbox"/>	21b <input type="checkbox"/>		
	22. Total income subject to tax (Subtract line 21b from line 20)				22 <input type="checkbox"/>		
	23. Multiply line 22 by resident or non resident 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 23c) Tax at Res -1% NR -.5%				23a <input type="checkbox"/>	23b <input type="checkbox"/>	
	24. Payments and credits 24a <input type="checkbox"/> East Lansing tax withheld 24b <input type="checkbox"/> Other tax payments (est. extension, or fwd, partnership & tax option corp) 24c <input type="checkbox"/> Credit for tax paid to another city					24d <input type="checkbox"/> Total payments & credits	
	25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a <input type="checkbox"/> Interest 25b <input type="checkbox"/> Penalty					25c <input type="checkbox"/> Total interest & penalty	
	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 <input type="checkbox"/> Parks, Stewardship & Conservation 28b <input type="checkbox"/> Parks and Playgrounds 28c <input type="checkbox"/> Recreational Youth Scholarships					28d <input type="checkbox"/> Total donations	
	29. Amount of overpayment credited forward to 2021					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	
31. (Mark (X) appropriate box 31a or 31b and complete lines 31c, 31d and 31e)	31a <input type="checkbox"/>	31b <input type="checkbox"/>	31c <input type="checkbox"/> Refund (direct deposit) 31d <input type="checkbox"/> Pay tax due (direct withdrawal)	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, 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 8 columns: W-2 #, Col. A T or S, COLUMN B SOCIAL SECURITY NUMBER, COLUMN C EMPLOYER'S ID NUMBER, COLUMN D EXCLUDED WAGES, FAILURE TO ATTACH W-2 FORMS TO PAGE 1 WILL DELAY PROCESSING OF RETURN..., COLUMN E ELA TAX WITHHELD, COLUMN F LOCALITY NAME. Includes a warning box.

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

Table with 2 columns: Deduction description, DEDUCTIONS. Rows 1-7.

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

Table with 5 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.

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