



City of East Lansing
INCOME TAX DEPARTMENT

2021

EL-1040

East Lansing

INDIVIDUAL RETURN DUE MAY 2, 2022

21MI-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: <input type="checkbox"/> Federal Form 1310 attached <input type="checkbox"/> Itemized deductions on your Federal tax return for 2021		City, town or post office State Zip code		<input type="checkbox"/> Spouse's full name if married filing separately	
		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	
	26.	Amount you owe (Add lines 23b and 25c, and subtract line 24d) MAKE CHECK OR MONEY 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)			26 <input type="checkbox"/> PAY WITH RETURN	
	27.	Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)			27 <input type="checkbox"/>	
	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 2022			29 <input type="checkbox"/> Amount of credit to 2022 >>	
	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 <input type="checkbox"/> Refund amount >>	
31.	Direct deposit refund or direct withdrawal payment (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 <input type="checkbox"/>	<input type="checkbox"/> 31e1. Checking <input type="checkbox"/> 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