

EL-1040X

EAST LANSING AMENDED INCOME TAX RETURN

Tax Year

Form header section containing taxpayer information (A1-A6), residence status (C), and filing status (D1-D4).

E. Did you e-file your original return for tax year noted above? E1 Yes E2 No
If yes, provide a complete copy of original return including all W-2 forms and return attachments.

Table with 5 columns: INCOME AND DEDUCTIONS, ROUND ALL FIGURES TO NEAREST DOLLAR, Column A. Original Amount, Column B. Net change, Column C. Correct Amount. Rows 1-22.

TAX section with row 23: Tax

PAYMENTS AND CREDITS section with rows 24a-24e.

AMOUNT YOU OWE OR YOUR OVERPAYMENT section with rows 25-30.

| | | | |
|----------------------|-----------------|----------------|----------|
| Form EL-1040X | Taxpayer's name | Taxpayer's SSN | Tax year |
| | | | |

| Part I Deductions Schedule (See instructions) | | COLUMN A. ORIGINAL AMOUNT | COLUMN B. NET CHANGE | COLUMN C. CORRECT AMOUNT |
|---|---|----------------------------------|-----------------------------|---------------------------------|
| 1. IRA deduction | 1 | .00 | .00 | .00 |
| 2. Self Employed SEP, SIMPLE and qualified plans | 2 | .00 | .00 | .00 |
| 3. Employee business expenses | 3 | .00 | .00 | .00 |
| 4. Moving expenses (Moving into city area only) | 4 | .00 | .00 | .00 |
| 5. Alimony paid | 5 | .00 | .00 | .00 |
| 6. Renaissance Zone deduction | 6 | .00 | .00 | .00 |
| 7. Total deductions (Add lines 1 - 6 and enter here and on page 1, line 19) | 7 | .00 | .00 | .00 |

| Part II Exemptions Schedule | | COLUMN A. EXEMPTIONS | COLUMN B. NET CHANGE | COLUMN C. CORRECT NUMBER OR AMOUNT |
|---|---|---|-----------------------------|---|
| Complete this part only if you are increasing or decreasing the number of exemptions (personal or dependents) claimed on line 21a or equivalent line of the return you are amending | | (Number or amount reported or as previously adjusted) | | |
| <i>See Form EL-1040 and Form EL-1040X instructions</i> | | | | |
| 1. Yourself and, if joint return, spouse | 1 | | | |
| 2. Your dependent children | 2 | | | |
| 3. Other dependents | 3 | | | |
| 4. Total number of exemptions | 4 | | | |
| 5. The exemption value for the tax year you are amending | 5 | | | |
| 6. Total exemption amount (Multiply line 4 by line 5 enter here and on page 1, line 21) | 6 | | | |

| 7. List ALL dependents (children and others) claimed on this amended return and complete other information requested for each. If more than 7, attach additional schedule | | | | |
|---|--------------------|--------------|-----------------------------------|------------------------|
| COL. 1 - FIRST NAME | COL. 2 - LAST NAME | COL. 3 - SSN | COL. 4 - DEPENDENT'S RELATIONSHIP | COL. 5 - DATE OF BIRTH |
| 7a. | | | | |
| 7b. | | | | |
| 7c. | | | | |
| 7d. | | | | |
| 7e. | | | | |
| 7f. | | | | |
| 7g. | | | | |

Part II Explanation of Changes (In the space provided below, tell us why you are filing Form EL-1040X)

▶ Attach any supporting documents and new or changed forms and schedules

▶ If more space is needed, attach one or more additional pages of explanation

| | |
|--|---|
| Part III THIRD PARTY DESIGNEE | |
| Do you want to allow another person to discuss this return with the Income Tax Department? | 1. Yes, complete the following |
| 3. Designee's name | 2. No |
| 4. Phone number | 5. Personal identification number (PIN) |

SIGNATURE, TAXPAYER AND PREPARER INFORMATION Remember to keep a copy for your records

Under the penalty of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct and complete. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which preparer has any knowledge.

| | | | | |
|---|----------------------|--------------------------|-------------------------|--------------------------------|
| 1. TAXPAYER'S SIGNATURE - If joint return, both spouses must sign | 2. Date (MM/DD/YYYY) | 3. Taxpayer's occupation | 4. Daytime phone number | 5. If deceased, date of death |
| 6. SPOUSE'S SIGNATURE | 7. Date (MM/DD/YYYY) | 8. Spouse's occupation | 9. Daytime phone number | 10. If deceased, date of death |

| | | |
|---|-----------------------|--------------------------|
| 11. SIGNATURE OF PREPARER OTHER THAN TAXPAYER | 12. Date (MM/DD/YYYY) | 13. PTIN, EIN or SSN |
| | | 14. Preparer's phone no. |

| | | |
|--|---|-----------|
| 15a. FIRM'S NAME (or yours if self employed) | 16. NACTP number of software used to prepare tax return | EL |
| 15b. ADDRESS | | |
| 15c. CITY, ST AND ZIP CODE | | |

| | | | | | | | |
|--|---|---|--|--|---|--|-------------------------------------|
| Schedule TCX | Taxpayer's name | Taxpayer's SSN | Tax year | | | | |
| AMENDED PART-YEAR RESIDENT TAX CALCULATION | | RESIDENT PORTION OF TAX YEAR | | | NONRESIDENT PORTION OF TAX YEAR | | |
| INCOME | Round all numbers to nearest dollar (\$0.01 to \$0.49 drop cents; \$0.50 to \$0.99 next dollar; do not enter cents or \$.00) | Column A. Original amount – or as previously adjusted (see instructions) | Column B. Net change – amount of increase or decrease – explain in Part III | Column C. Correct Amount | Column D. Original amount – or as previously adjusted (see instructions) | Column E. Net change – amount of increase or decrease – explain in Part III | Column F. Correct Amount |
| 1. Wages, salaries, tips, etc. | 1 | | | | | | |
| 2. Taxable interest | 2 | | | | | | NOT TAXABLE |
| 3. Ordinary dividends | 3 | | | | | | NOT TAXABLE |
| 4. Taxable refunds, credits or offsets | 4 | | | NOT TAXABLE | | | NOT TAXABLE |
| 5. Alimony received | 5 | | | | | | |
| 6. Business income or (loss) | 6 | | | | | | |
| 7. Capital gain or (loss) | 7a | Sch. D not required. | 7b | | | | |
| 8. Other gains or (losses) | 8 | | | | | | |
| 9. Taxable IRA distributions | 9 | | | | | | NOT TAXABLE |
| 10. Taxable pensions and annuities | 10 | | | | | | |
| 11. Rental real estate, royalties, partnerships, S corps., etc. | 11 | | | | | | |
| 12. Reserved | 12 | | | | | | |
| 13. Farm income or (loss) | 13 | | | | | | |
| 14. Unemployment compensation | 14 | | | NOT TAXABLE | | | NOT TAXABLE |
| 15. Social security benefits | 15 | | | NOT TAXABLE | | | NOT TAXABLE |
| 16. Other income | 16 | | | | | | |
| 17. Total additions (Add lines 2 through 16.) | 17 | | | | | | |
| 18. Total income (Add lines 1 through 16.) | 18 | | | | | | |
| DEDUCTIONS SCHEDULE See instructions. Deductions must be allocated on the same basis as related income. | | | | | | | |
| 1. IRA deduction | 1 | | | | | | |
| 2. Self Employed SEP, SIMPLE and qualified plans | 2 | | | | | | |
| 3. Employee business expenses | 3 | | | | | | |
| 4. Moving expenses | 4 | | | | | | |
| 5. Alimony paid | 5 | | | | | | |
| 6. Renaissance Zone deduction | 6 | | | | | | |
| 19. Total deductions (Add lines 1 through 6.) | 19 | | | | | | |
| 20. Total income after deductions (Line 18 less line 19.) | 20 | | | | | | |
| EXEMPTIONS | | | | | | | |
| 21a. Number of exemptions claimed | 21a | | | | | | |
| 21b. Total value of exemptions (See instrs. for exemption value.) | 21b | | | | | | |
| 21c. Value of exemptions against nonresident income | 21c | | | | | | |
| 22a. Income subject to tax as a resident (L 20 less L21b) | 22a | | | | | | |
| 22b. Income subject to tax as a nonresident (L20 less L21c) | 22b | | | | | | |
| TAX | | | | | | | |
| 23a. Tax rate (Col. B resident rate & col. E nonresident rate) | 23a | | | | | | |
| 23b. Tax at resident rate | 23b | | | | | | |
| 23c. Tax at nonresident rate | 23c | | | | | | |
| 23d. Total tax (Enter here and on Form EL-1040X, line 23.) | 23d | | | | | | |
| | | (Column A, line 23b plus column D line 23c) | (Column B, line 23b plus column E line 23c) | (Column C line 23b plus column F line 23c) | | | |

Taxpayer's name

Taxpayer's SSN

Tax year

EAST LANSING FORM EL-1040X

SCHEDULE N - SUPPORTING NOTES AND STATEMENTS

Revised 12/22/2015

Empty area for supporting notes and statements.