

File by Mail Instructions for your 2019 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

krishna P pothugunta
3232 Beaujardin Dr, Apt. 231B
Lansing, MI 48910-8563

Balance Due/Refund	Your federal tax return (Form 1040) shows you are due a refund of \$409.00. Your refund will be direct deposited into the following account: Account Number: 526989170, Routing Transit Number: 072000326.																		
What You Need to Mail	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Attach the first copy or Copy B of Form(s) W-2 to the front of your Form 1040.</p> <p>Mail your return and attachments to: Department of the Treasury Internal Revenue Service Fresno, CA 93888-0002</p> <p>Deadline: Postmarked by Wednesday, July 15, 2020</p> <p>Note: Your state return may be due on a different date. Please review your state filing instructions.</p> <p>Don't forget correct postage on the envelope.</p>																		
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.																		
2019 Federal Tax Return Summary	<table><tr><td>Adjusted Gross Income</td><td>\$</td><td>6,360.00</td></tr><tr><td>Taxable Income</td><td>\$</td><td>0.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>0.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>409.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>409.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>0.00%</td></tr></table>	Adjusted Gross Income	\$	6,360.00	Taxable Income	\$	0.00	Total Tax	\$	0.00	Total Payments/Credits	\$	409.00	Amount to be Refunded	\$	409.00	Effective Tax Rate		0.00%
Adjusted Gross Income	\$	6,360.00																	
Taxable Income	\$	0.00																	
Total Tax	\$	0.00																	
Total Payments/Credits	\$	409.00																	
Amount to be Refunded	\$	409.00																	
Effective Tax Rate		0.00%																	
Changed Your Mind About e-filing?	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the Internal Revenue Service.																		



Hi krishna,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Federal Free Edition:

- Your filed return has 100% guaranteed accurate calculations*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ► **swetha borra**

Your first name and middle initial krishna P	Last name pothugunta	Your social security number 092-02-7795
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 3232 Beaujardin Dr	Apt. no. 231B	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Lansing MI 48910-8563		
Foreign country name	Foreign province/state/county	Foreign postal code

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under **Standard Deduction**, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2			1	6,360.
2a Tax-exempt interest	2a		2b	
3a Qualified dividends	3a		3b	
4a IRA distributions	4a		4b	
c Pensions and annuities	4c		4d	
5a Social security benefits	5a		5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here			6	
7a Other income from Schedule 1, line 9			7a	
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income			7b	6,360.
8a Adjustments to income from Schedule 1, line 22			8a	
b Subtract line 8a from line 7b. This is your adjusted gross income			8b	6,360.
9 Standard deduction or itemized deductions (from Schedule A)		12,200.	9	
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A			10	
11a Add lines 9 and 10			11a	12,200.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			11b	0.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	0 .
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	0 .
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	0 .
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0 .
16	Add lines 14 and 15. This is your total tax	16	0 .
17	Federal income tax withheld from Forms W-2 and 1099	17	409 .
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	
19	Add lines 17 and 18e. These are your total payments	19	409 .

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	409 .
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	409 .
b	Routing number 0 7 2 0 0 0 3 2 6 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 5 2 6 9 8 9 1 7 0		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	

Direct deposit?
See instructions.

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
24	Estimated tax penalty (see instructions)	24	

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation Student	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name	Self-Prepared		Phone no.	
Firm's address	Firm's EIN			

File by Mail Instructions for your 2019 Michigan Tax Return

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krishna P pothugunta
3232 Beaujardin Dr, Apt. 231B
Lansing, MI 48910-8563

Balance Due/Refund	Your Michigan state tax return (Form MI-1040) shows you are due a refund of \$130.00. Your refund will be direct deposited into the following account: Account Number: 526989170, Routing Transit Number: 072000326.
What You Need to Mail For Your State Return	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Be sure to file the original printed return. Photocopies are not acceptable for filing.</p> <p>Mail your return and attachments to: Michigan Department of Treasury Lansing, MI 48956</p> <p>Deadline: Postmarked by April 15, 2020</p> <p>Don't forget correct postage on the envelope.</p>
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.
Other Forms to Mail	<p>Your East Lansing return shows a balance due of \$29.00. Mail Form CF-1040PV to the following address:</p> <p>CITY OF EAST LANSING PO BOX 526 EATON RAPIDS, MI 48827-0526</p> <p>Include a check or money order for this amount payable to "City of East Lansing". Write the last four digits of your social security number, your daytime phone number, and "2019 CF-1040PV" on the check. DO NOT SEND CASH.</p> <p>Please be sure to mail a complete return to the city of East Lansing including both page 1 and 2 of Form CF-1040, all Form W-2, Form 1099-R, Form W-2G, page 1 and 2 of your Federal return, the Wages and Excludible Wages schedule and any other Federal and/or City schedules used to substantiate information on your return.</p> <p>If you are filing Form CF-1040 as a resident of one city and filing Form CF-1040 as a nonresident of another city, a credit for taxes paid to the nonresident city is calculated</p>

File by Mail Instructions for your 2019 Michigan Tax Return

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3232 Beaujardin Dr, Apt. 231B
Lansing, MI 48910-8563

Other Forms to Mail (Continued)	automatically on your resident city return. You must print and attach a copy of your nonresident Form CF-1040, page 1 to your resident city return. The credit will be disallowed by the city department of revenue if a copy of page 1 of the other city's Form CF-1040 is not attached.												
	Mail East Lansing Form CF-1040 to the following address by April 30, 2020:												
	CITY OF EAST LANSING PO BOX 526 EATON RAPIDS, MI 48827-0526												
2019 Michigan Tax Return Summary	<table><tr><td>Taxable Income</td><td>\$</td><td>1,960.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>83.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>213.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>130.00</td></tr></table>	Taxable Income	\$	1,960.00	Total Tax	\$	83.00	Total Payments/Credits	\$	213.00	Amount to be Refunded	\$	130.00
Taxable Income	\$	1,960.00											
Total Tax	\$	83.00											
Total Payments/Credits	\$	213.00											
Amount to be Refunded	\$	130.00											
Special Formatting	Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.												
Changed Your Mind About e-filing?	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency.												

2019 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2020. Type or print in blue or black ink.

1. Filer's First Name KRISHNA		M.I. P	Last Name POTHUGUNTA		2. Filer's Full Social Security No. (Example: 123-45-6789) 092 — 02 — 7795	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789) — —	
Home Address (Number, Street, or P.O. Box) 3232 BEAUJARDIN DR, APT. 231B					4. School District Code (5 digits – see page 60) 33010	
City or Town LANSING			State MI	ZIP Code 48910-8563		
5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse				6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
7. 2019 FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input checked="" type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; padding: 2px; display: inline-block;">SWETHA BORRA</div>				8. 2019 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input checked="" type="checkbox"/> Part-Year Resident * * If you check box "b" or "c," you must complete and include Schedule NR.		

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions).....	9a.	1	x	\$4,400	9a.	4400	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.....	9b.		x	\$2,700	9b.		00
c. Number of qualified disabled veterans.....	9c.		x	\$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.		x	\$4,400	9d.		00
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>			9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.				9f.	4400	00
10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions).....	10.					6360	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.						00
12. Total. Add lines 10 and 11.....	12.					6360	00
13. Subtractions from Schedule 1, line 28. Include Schedule 1	13.						00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.					6360	00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.					4400	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.					1960	00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.					83	00

NON-REFUNDABLE CREDITS

	AMOUNT	CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	18b.
	00	00
19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....	19a.	19b.
	00	00
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0".....		20.
		83 00

Filer's Full Social Security Number

092	—	02	—	7795
-----	---	----	---	------

21. Enter amount of Income Tax from line 20.....	21.	83	00
22. Voluntary Contributions from Form 4642, line 10. Include Form 4642	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23.....	24.	83	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.		00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.....	27a.	FEDERAL	
	27b.	MICHIGAN	
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	29.	213	00
30. Estimated tax, extension payments and 2018 credit forward.....	30.		00
31. 2019 AMENDED RETURNS ONLY. Taxpayers completing an original 2019 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) .	31.		
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.			
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.			
31c.	31c.		00
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c.....	32.	213	00

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YOU OWE	33.		00
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32.....	34.	130	00
35. Credit Forward. Amount of line 34 to be credited to your 2020 estimated tax for your 2020 tax return ...	35.		00
36. Subtract line 35 from line 34.....	36.	REFUND	130 00

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account	
072000326	526989170	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2018, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2019 (MM-DD-YYYY)

Filer	— —	Spouse	— —
-------	-----	--------	-----

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Preparer's Name (print or type)
SELF - PREPARED

Filer's Signature _____ Date _____

Preparer's Business Name, Address and Telephone Number

Spouse's Signature _____ Date _____

By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**
Pay amount on line 33 (see instructions). Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

2019 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

1. Filer's First Name KRISHNA	M.I. P	Last Name POTHUGUNTA	2. Filer's Full Social Security No. (Example: 123-45-6789) 092 — 02 — 7795
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

4. 2019 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.

Enter dates of Michigan residency in 2019*

*Dates of Michigan residency in 2019 (Enter dates as MM-DD-YYYY, Example: 04-15-2019)

	FROM:	FILER	SPOUSE
		08 — 01 — 2019	— — 2019
	TO:	12 — 31 — 2019	— — 2019

Income Allocation

	A. Total Income	B. Michigan Income	C. Other State(s) Income
5. Wages, salaries, other payments (tips, etc.)	6360 00	6360 00	0 00
6. Interest and dividends	00	00	00
7. Business and farm income (include U.S. Schedules C and F).....	00	00	00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S Form 4797.....	00	00	00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....	00	00	00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884).....	00	00	00
11. Other (see instructions)	00	00	00
12. Total income. Add lines 5 through 11.....	6360 00	6360 00	0 00
13. Enter the total adjustments from U.S. 1040, Schedule 1 Describe:	00	00	00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	6360 00	6360 00	0 00

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

15. Enter amount from MI-1040, line 9f.....		4400	00	
16. Enter Michigan source income from line 14, column B.....	16.	6360	00	
17. Enter total income from line 14, column A.....	17.	6360	00	
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....	18.	100	%	
19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 5 and enter here and on MI-1040, line 15.....	19.	4400	00	

2019 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2019, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name KRISHNA	M.I. P	Last Name POTHUGUNTA	2. Filer's Full Social Security No. (Example: 123-45-6789) 092 — 02 — 7795
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

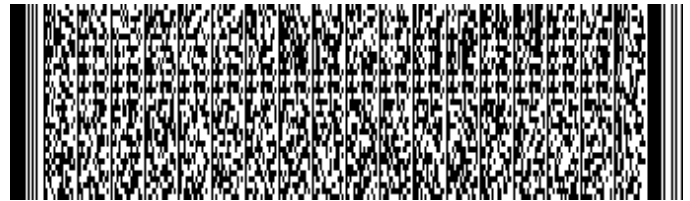
A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		38-6005984	MICHIGAN STATE U	6360	00	213	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	213 00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

A		B	C	D	E		
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld		
					00	00	
					00	00	
					00	00	
					00	00	
					00	00	
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. SUBTOTAL. Enter total of Table 2, column E.						5.	00
6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 29.....						6.	213 00

EAST LANSING

2019 INDIVIDUAL CITY INCOME TAX BARCODE DATASHEET



This datasheet is the cover sheet of your return. If the software generates this form please send this with your individual income tax return and all required attachments. Please do not staple your return.

Taxpayer's SSN 092-02-7795		Taxpayer's first name KRISHNA		Initial P	Last name POTHUGUNTA
Spouse's SSN		If joint return spouse's first name		Initial	Last name
Present home address (Number and street) 3232 BEAUJARDIN DR					Apt. no. 231B
Address line 2 (P.O. Box address for mailing use only)					
City, town or post office LANSING				State MI	Zip code 48910-8563
Foreign country name		Foreign province/county		Foreign postal code	



MAIL TO ADDRESS:

{CITY NAME} INCOME TAX DEPARTMENT, ADDRESS, CITY, ST ZIP CODE

CITY OF EAST LANSING

PO BOX 526

EATON RAPIDS, MI 48827-0526

Revised 06/15/2017

1555

REV 03/20/20 INTUIT.CG.CFP.SP

INDIVIDUAL RETURN DUE APRIL 30, 2019

Taxpayer's SSN 092-02-7795		Taxpayer's first name KRISHNA		Initial P	Last name POTHUGUNTA	RESIDENCE STATUS		
Spouse's SSN		If joint return spouse's first name		Initial	Last name	<input type="checkbox"/> Resident	<input type="checkbox"/> Nonresident	<input checked="" type="checkbox"/> Part-year resident
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse		Present home address (Number and street) 3232 BEAUJARDIN DR			Apt. no. 231B		Part-year resident - dates of residency (mm/dd/yyyy) From _____ To _____	
Enter date of death on page 2, right side of the signature area		Address line 2 (P.O. Box address for mailing use only)				FILING STATUS		
Mark box (X) below if form attached <input type="checkbox"/> Federal Form 1310		City, town or post office LANSING		State MI	Zip code 48910-8563		<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly	
<input type="checkbox"/> Itemized deductions on your Federal tax return for 2019		Foreign country name		Foreign province/country		Foreign postal code		<input checked="" type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.
		Foreign country name		Foreign province/country		Foreign postal code		SWETHA BORRA Spouse's full name if married filing separately

		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	.00	.00	.00	.00	
	2. Taxable interest	2	.00	.00	.00	.00	
	3. Ordinary dividends	3	.00	.00	.00	.00	
	4. Taxable refunds, credits or offsets of state and local income taxes	4	.00	.00	.00	NOT TAXABLE	
	5. Alimony received	5	.00	.00	.00	.00	
	6. Business income or (loss) (Attach copy of federal Schedule C)	6	.00	.00	.00	.00	
	7. Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. <input type="checkbox"/> Mark if federal Sch. D not required	7	.00	.00	.00	.00	
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8	.00	.00	.00	.00	
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9	.00	.00	.00	.00	
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10	.00	.00	.00	.00	
SEND W-2 FORMS	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)	11	.00	.00	.00	.00	
	12. Subchapter S corporation distributions (Att. copy of fed. Sch. K-1)	12	NOT APPLICABLE	.00	.00	.00	
	13. Farm income or (loss) (Attach copy of federal Schedule F)	13	.00	.00	.00	.00	
	14. Unemployment compensation	14	.00	.00	.00	NOT TAXABLE	
	15. Social security benefits	15	.00	.00	.00	NOT TAXABLE	
	16. Other income (Attach statement listing type and amount)	16	.00	.00	.00	.00	
	17. Total additions (Add lines 2 through 16)	17	.00	.00	.00	.00	
	18. Total income (Add lines 1 through 16)	18	.00	.00	.00	.00	
	19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19			.00	.00	
	20. Total income after deductions (Subtract line 19 from line 18)	20			.00	.00	
ENCLOSE CHECK OR MONEY ORDER	21. Exemptions (Enter the total exemptions, from Form CF-1040, page 2, box 1h, on line 21a and multiply this number by the value of an exemption and enter on line 21b)	21a	1	21b	.00	.00	
	22. Total income subject to tax (Subtract line 21b from line 20)	22			.00	.00	
	23. Tax at (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	<input checked="" type="checkbox"/>	23b	29.00		
	24. Payments and credits 24a. EAST LANSING tax withheld .00 24b. Other tax payments (est. extension, or fwd. partnership & tax option corp) .00 24c. Credit for tax paid to another city .00	24a	.00	24b	.00	24c	.00
	25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a. Interest .00 25b. Penalty .00	25a	.00	25b	.00	25c	.00
	26. 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					29.00
	27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)	27					.00
	28. Amount of overpayment donated 28a. Donation 1 .00 28b. Donation 2 .00 28c. Donation 3 .00	28a	.00	28b	.00	28c	.00
	29. Amount of overpayment credited forward to 2020	29					.00
	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					.00
31. (Mark (X) appropriate box 31a or 31b and complete lines 31c, 31d and 31e)		31a	<input type="checkbox"/> Refund (direct deposit)	31c	Routing number		
		31b	<input type="checkbox"/> Pay tax due (direct withdrawal)	31d	Account number		
		31e Account Type:		31e1. Checking	31e2. Savings		

Taxpayer's name
KRISHNA P POTHUGUNTA

Taxpayer's SSN
092-02-7795

EXEMPTIONS SCHEDULE	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	1	
	1a. You	08/12/1986	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	1b. Spouse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1d. List Dependents	1c.	Check box if you can be claimed as a dependent on another person's tax return								
#	First Name	Last Name	Social Security Number	Relationship	Date of Birth	1f. Enter number of dependent children listed on line 1d				
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.								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)	1	

EXCLUDED WAGES AND TAX WITHHELD SCHEDULE (See instructions. Resident wages generally not excluded)

W-2 #	Col. A T or S	COLUMN B SOCIAL SECURITY NUMBER (Form W-2, box a)	COLUMN C EMPLOYER'S ID NUMBER (Form W-2, box b)	COLUMN D EXCLUDED WAGES (Attach Excluded Wages Sch)	FAILURE TO ATTACH W-2 FORMS TO PAGE 1 WILL DELAY PROCESSING OF RETURN. WAGE INFORMATION STATEMENTS PRINTED FROM TAX PREPARATION SOFTWARE ARE NOT ACCEPTABLE	COLUMN E TAX WITHHELD (Form W-2, box 19)	COLUMN F LOCALITY NAME (Form W-2, box 20)
1.	T	092-02-7795	59-1961248	0.00		0.00	
2.	T	092-02-7795	38-6005984	0.00		0.00	
3.				.00		.00	
4.				.00		.00	
5.				.00		.00	
6.				.00		.00	
7.				.00		.00	
8.				.00		.00	
9.				.00		.00	
10.				.00		.00	
11.	Totals (Enter here and on page 1; part-yr residents on Sch TC)			0.00	<< Enter on pg 1, ln 1, col B	0.00	<< Enter on pg 1, ln 24a

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

	DEDUCTIONS
1. IRA deduction (Attach copy of Schedule 1 of federal return & evidence of payment)	1 .00
2. Self-employed SEP, SIMPLE and qualified plans (Attach copy of Schedule 1 of federal return)	2 .00
3. Employee business expenses (Attach copy of CF-2106 and detailed list)	3 .00
4. Moving expenses (Into city area only) (Attach copy of federal Form 3903)	4 .00
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of Schedule 1 of federal return)	5 .00
6. Renaissance Zone deduction (Attach Schedule RZ OF 1040)	6 .00
7. Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)	7 .00

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

MARK T, S, B	List all residence (domicile) addresses (include city, state & zip code). Start with address used on last year's return. If the address on page 1 of this return is the same as listed on last year's return, print "Same." If no return filed last year, list reason. Continue listing this tax year's residence addresses. If address listed on page 1 of this return is in care of another person, enter current residence (domicile) address.	FROM		TO	
		MONTH	DAY	MONTH	DAY
	Not required to file in 2018				

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. If I am a resident claiming a credit for taxes paid to another city, I acknowledge and consent to the City's verification of unrefunded payment to that city. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which preparer has any knowledge.

SIGN HERE ==>

TAXPAYER'S SIGNATURE - If joint return, both spouses must sign	Date (MM/DD/YY)	Taxpayer's occupation	Daytime phone number	If deceased, date of death
		STUDENT	(248) 434-7447	
SPOUSE'S SIGNATURE	Date (MM/DD/YY)	Spouse's occupation		If deceased, date of death

PREPARER'S SIGNATURE

SIGNATURE OF PREPARER OTHER THAN TAXPAYER	Date (MM/DD/YY)	PTIN, EIN or SSN
		Preparer's phone no.
FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE		NACTP software number
		1555

**EAST LANSING
APPLICATION FOR AUTOMATIC EXTENSION OF TIME
TO FILE AN INDIVIDUAL INCOME TAX RETURN**

Taxpayer Name: KRISHNA P POTHUGUNTA
 Social Security No: 092-02-7795
 File on or Before: 4/30/2020, due date of 2019 return*
 Payment: \$ 29

- Payment Method:
- Make payment by check or money order payable to "City of EAST LANSING DO NOT SEND CASH.
 - Write your Soc. Sec. No., daytime phone number and "2019 CF-4868" on check or money order.
 - To pay by credit card or direct debit, see income tax website of the City of EAST LANSING.

Address for Payment:
CITY OF EAST LANSING
PO BOX 526
EATON RAPIDS, MI 48827-0526

- Instructions:
- An extension to file does not extend the due date to pay tax. Tax paid late will be assessed late fees.
 - Line 1: Enter the total tax liability you expect to report on your 2019 Form CF-1040, page 1, line 23.
 - Line 2: Enter the total payments that you expect to report on your 2019 Form CF1040, page 2, line 4, not including the extension payment reported on line 3 of this form.
 - Filing date: The income tax ordinance limits an extension to SIX months from the original due date.

- Related Information:
- Federal extension: Filing a federal extension (Form 4868) with the Internal Revenue Service does not grant an extension of time to file a city income tax return.
 - Persons living outside the United States: Where the Internal Revenue Code grants an automatic two-month extension to persons living outside the U.S., an automatic two-month extension will be granted.

- Payment:
- An extension is automatically granted upon payment of the balance due (line 3); failure to pay the balance due invalidates the extension request; an extension filed without a payment will not be accepted.
 - Interest and penalty will be assessed on taxes paid late even if an extension of time to file is granted.
 - Penalty may be waived by the Income Tax Administrator if the tax paid by the original due date is not understated by more than 5% of tax or the taxpayer can show that the failure to pay on time was due to reasonable cause.


* Due Date: If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid: _____ Check Number: _____ Date Mailed: _____ Revised: 09/07/2018

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT
 V DETACH HERE V

CF-4868 EAST LANSING 2019 RET REX
 REV 03/20/20 INTUIT.CG.CFP.SP APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE AN INDIVIDUAL INCOME TAX RETURN Revised: 08/11/2015

Mail To: CITY OF EAST LANSING
 PO BOX 526
 EATON RAPIDS, MI 48827-0526

NACTP #	1555	Taxpayer's first name, initial, last name	Taxpayer's SSN	
EFIN #		KRISHNA P POTHUGUNTA	092-02-7795	
Present home address (Number and street) Apt. no.		If joint return spouse's first name, initial, last name		
3232 BEAUJARDIN DR 231B		If joint payment, spouse's SSN		
Address line 2 (P.O. Box address for mailing use only)		Payment voucher 2D barcode		
				
City, town or post office	State	Zip code		
LANSING	MI	489108563		
Foreign country name, province/county, postal code		1. Estimate of total tax liability for 2019		29 .00
		2. Total 2019 payments and credits		.00
		3. Balance due (Line 1 less line 2)		29 .00

ELA092027795052019RETRRX0000002900

CF-1040PV

EAST LANSING
INCOME TAX RETURN PAYMENT VOUCHER

2019 RET RPV

Taxpayer Name: KRISHNA P POTHUGUNTA

Social Security No: 092-02-7795

Due on or Before: 4/30/2020, due date of 2019 return*

Payment: \$ 29

Payment Method: Make payment by check or money order payable to "City of EAST LANSING ." Include your social security number, daytime phone number, and "2019 CF-1040PV" on your check or money order. DO NOT SEND CASH. To pay by credit card or direct debit, see income tax website of the City of EAST LANSING . Not all cities accept credit card or direct debit payments.

Paying with Return: This payment voucher is not used when including payment with your tax return. When paying with your return, place the payment on top of the return in the envelope. Do not attach the check to the return.

Address for Payment: CITY OF EAST LANSING
PO BOX 526
EATON RAPIDS, MI 48827-0526

* Due Date If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.

Taxpayer Records: Amount Paid:
Check Number:
Date Mailed:

Revised: 09/03/2018

KEEP TOP PORTION FOR YOUR RECORDS. SEND BOTTOM PORTION WITH YOUR PAYMENT

V DETACH HERE V

CF-1040PV

EAST LANSING
INCOME TAX RETURN PAYMENT VOUCHER

2019 RET RPV

REV 03/20/20 INTUIT.CG.CFP.SP

Revised: 08/11/2015

Mail To: CITY OF EAST LANSING
PO BOX 526
EATON RAPIDS, MI 48827-0526

NACTP # 1555
EFIN #

Table with taxpayer information, SSN, address, barcode, and payment amount (29.00).

ELA092027795052019RETRPV0000002900

Taxpayer's name KRISHNA P POTHUGUNTA	Taxpayer's SSN 092-02-7795	2019 EAST LANSING	
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SCHEDULE TC, PART-YEAR RESIDENT TAX CALCULATION - CF-1040, PAGE 1, LINES 23a AND 23b **Attachment 1**

A part-year resident is required to complete and attach this schedule to the city return: Revised 06/15/2017

1. Box A to report dates of residency of the taxpayer and spouse during the tax year REV 03/20/20 INTUIT.CG.CFP.SP
2. Box B to report the former address of the taxpayer and spouse 1555
3. Column A to report all income from their federal income tax return
4. Column B to report all income taxable on their federal return that is not taxable to the city
5. Column C to report income taxable as a resident and compute tax due on this income at the resident tax rate
6. Column D to report income taxable as a nonresident and compute tax due on this income at the nonresident tax rate

A. PART-YEAR RESIDENCY PERIOD	From	To	B. PART-YEAR RESIDENT'S FORMER ADDRESS
Taxpayer			Taxpayer
Spouse			Spouse

INCOME		Column A Federal Return Data	Column B Exclusions and Adjustments	Column C Taxable Resident Income	Column D Taxable Nonresident Income
1. Wages, salaries, tips, etc. (Attach Form(s) W-2)	1	6360.00	.00	0.00	6360.00
2. Taxable interest	2	.00	.00	.00	NOT TAXABLE
3. Ordinary dividends	3	.00	.00	.00	NOT TAXABLE
4. Taxable refunds, credits or offsets	4	.00	.00	NOT APPLICABLE	NOT TAXABLE
5. Alimony received	5	.00	.00	.00	.00
6. Business income or (loss) (Att. copy of fed. Sch. C)	6	.00	.00	.00	.00
7. Capital gain or (loss) (Att. copy of Sch. D)	7a	.00	.00	.00	.00
			Mark if Sch. D not required		
7b					
8. Other gains or (losses) (Att. copy of Form 4797)	8	.00	.00	.00	.00
9. Taxable IRA distributions	9	.00	.00	.00	.00
10. Taxable pensions and annuities (Att. Form 1099-R)	10	.00	.00	.00	.00
11. Rental real estate, royalties, partnerships, S corps., trusts, etc. (Attach copy of fed. Sch. E)	11	.00	.00	.00	.00
12. Subchapter S corporation distributions (Attach copy of federal. Schedule K-1)	12	NOT APPLICABLE	.00	.00	.00
13. Farm income or (loss) (Att. copy of fed. Sch. F)	13	.00	.00	.00	.00
14. Unemployment compensation	14	.00	.00	NOT APPLICABLE	NOT TAXABLE
15. Social security benefits	15	.00	.00	NOT APPLICABLE	NOT TAXABLE
16. Other income (Att. statement listing type and amt)	16	.00	.00	.00	.00
17. Total additions (Add lines 2 through 16)	17	.00	.00	.00	.00
18. Total income (Add lines 1 through 16)	18	6360.00	.00	0.00	6360.00

DEDUCTIONS SCHEDULE See instructions. Deductions must be allocated on the same basis as related income.

1. IRA deduction (Attach copy of Schedule 1 of federal return & evidence of payment)	1	.00	.00	.00	.00
2. Self-employed SEP, SIMPLE and qualified plans (Attach copy of Schedule 1 of fed. return)	2	.00	.00	.00	.00
3. Employee business expenses (Attached CF-2106 and detailed list)	3			.00	.00
4. Moving expenses (Into city area only) (Attach copy of federal Form 3903)	4	.00	.00	.00	.00
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. (Att. copy of page 1 of fed. return)	5	.00	.00	.00	.00
6. Renaissance Zone deduction (Att. Sch. RZ)	6			.00	.00
19. Total deductions (Add lines 1 through 6)	19			.00	.00
20a. Total income after deductions (Subtract line 19 from line 18)	20a			0.00	6360.00
20b. Losses transferred between columns C and D (If line 20a is a loss in either column C or D, see instructions)	20b			.00	.00
20c. Total income after adjustment (Line 20a less line 20b)	20c			0.00	6360.00
21. Exemptions (Enter the number of exemptions from Form CF-1040, page 2, box 1h, on line 21a and multiply by the value of an exemption, and enter on line 21b) (If the amount on line 21b exceeds the amount of resident income on line 20c, enter unused portion (line 20b less line 20c) on line 21c)	21a	1	21b	600.00	
	21c				600.00
22a. Total income subject to tax as a resident (Subtract line 21b from line 20c; if zero or less, enter zero)	22a			.00	
22b. Total income subject to tax as a nonresident (Subtract line 21c from line 20c; if zero or less, enter zero)	22b				5760.00
23a. Tax at resident rate (MULTIPLY LINE 22a BY RESIDENT TAX RATE)	23a			.00	
23b. Tax at nonresident rate (MULTIPLY LINE 22b BY NONRESIDENT TAX RATE)	23b				29.00
23c. Total tax (Add lines 23a and 23b) (ENTER HERE AND ON FORM CF-1040, PAGE 1, LINE 23b, AND PLACE A MARK (X) IN BOX 23a OF FORM CF-1040)	23c			29.00	

Taxpayer's name KRISHNA P POTHUGUNTA	Taxpayer's SSN 092-02-7795	2019 EAST LANSING
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WAGES AND EXCLUDIBLE WAGES SCHEDULE - CF-1040, PAGE 1, LINE 1, COLUMN B **Attachment 2-1**
All W-2 forms must be attached to page 1 of the return 1555 REV 03/2020 INTUIT.CG.CFP.SP Revised 06/15/2017

Use this form to provide details for all Forms W-2 and all other wage income reported on federal Forms 1040 (line 7), 1040A (line 7), or 1040EZ (line 1) such as: wages received as a household employee for which you did not receive a W-2; tips reported on federal Form 4137; taxable dependent care benefits; employer-provided adoption benefits; scholarship and fellowship grants not reported on Form W-2; disability pensions shown on Form 1099-R if the taxpayer has not reached the minimum retirement age set by the employer; corrective distributions from a retirement plan shown on Form 1099-R from excess salary deferrals and/or excess contributions (plus earnings); wages from Form 8919, line 6; and other wage items not included in a Form W-2.

Use this form to calculate excludible (nontaxable) wages included in total wages reported on your federal tax return (Forms 1040, line 7; 1040A, line 7; or 1040EZ, line 1). Excludible wages for each employer are also reported on Form CF-1040, page 2, Excluded Wages and Tax Withheld Schedule and the total amount of excludible wages is reported on Form CF-1040, page 1, line 1, col. B.

WAGES, ETC.	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
1. Employer's ID number (W-2, box b) or source's ID Number if available	59-1961248	38-6005984	
2. Employer's name (Form W-2, box c) or source's name	FLORIDA STATE UNIVERSITY PAYROLL	MICHIGAN STATE UNIVERSITY	
3. SSN from Form W-2, box a	092-02-7795	092-02-7795	
4. Enter T for taxpayer or S for spouse	T	T	
5. Dates of employment during tax year	From 01/01/2019 To 05/01/2019	From 08/21/2019 To 12/31/2019	From <input type="text"/> To <input type="text"/>
6. Mark (X) box if you work at multiple locations in and out of EAST LANSING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Address of work station (Where you actually work, not address on Form W-2 unless you work there: include street number and street name, city, state and ZIP code; if line 6 is checked enter primary work location)	821 ACADEMIC WAY TALLAHASSEE FL 32304	426 AUDITORIUM #350 EAST LANSING MI 48824	
8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero	0	6360	
9. Wages not included in Form W-2, box 1 (See instructions)			
10. Code for wage type reported on line 9			

NONRESIDENT WAGE ALLOCATION	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
For use by nonresidents or part-year residents who worked both in and outside of the city for the employer while a nonresident. Part-year residents working both in and outside while a nonresident must use the wage allocation to determine wages earned in city while a nonresident (use only wages and days worked while a nonresident for computations.) Nonresidents working all of their work time for an employer in the city should skip this Nonresident Wage Allocation section for that employer as all of their wages are taxable.			
11. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work)			
12. Vacation, holiday and sick days or hours included in line 11, only if work performed in and outside the city			
13. Actual number of days or hours worked (Line 11 less line 12)			
14. Enter actual number of days or hours worked in city			
15. Percentage of days or hours worked in city (Line 14 divided by line 13; default is 100%)	%	%	%
16. Wages earned in city (Total of lines 8 and 9 multiplied by line 15; part-year residents use only the portion of wages earned while a nonresident)			

EXCLUDIBLE WAGES	Employer (or source) 1	Employer (or source) 2	Employer (or source) 3
17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16)			
18. Enter resident excludible wages			
19. Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by EAST LANSING			
20. Total excludible wages (Line 17 plus line 18; Enter here and on CF-1040, page 2, Excluded Wages schedule)			
21. Total taxable wages (Line 8 plus line 9 less line 20)	0	6360	
22. Total wages (Add lines 8 and 9 for all employers and other sources; must equal amount reported on Form CF-1040, page 1, line 1, column A; Part-year residents must equal amount reported on Schedule TC, line 1, column A)		6360	
23. Total excludible wages from all employers and other sources (Add line 20 for all columns; enter here and also on Form CF-1040, page 1, line 1, column B; part-year residents enter here and on Schedule TC, line 1, column B)			
24. Total taxable wages from all employers and other sources (Line 22 less line 23); enter here and also on Form CF-1040, page 1, line 1, column C; part-year residents enter here and allocate on Schedule TC, line 1, between columns C and D)			6360

FAILURE TO ATTACH ALL FORMS W-2 OR PROPERLY COMPLETE AND ATTACH THIS SCHEDULE WILL DELAY PROCESSING OF RETURN.