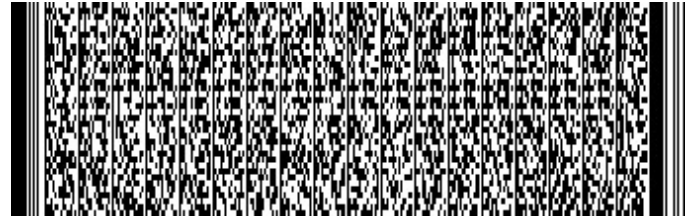


# EAST LANSING

## 2021 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 PRASAD		Initial	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	
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 10/15/2020

1555

REV 03/01/22 PRO

INDIVIDUAL RETURN DUE APRIL 30, 2022

Taxpayer's SSN 092-02-7795		Taxpayer's first name KRISHNA PRASAD		Initial	Last name POTHUGUNTA		<b>RESIDENCE STATUS</b>		
Spouse's SSN		If joint return spouse's first name		Initial	Last name		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input 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)						<b>FILING STATUS</b>	
Mark box (X) below if:		City, town or post office LANSING		State MI	Zip code 48910		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly		
<input type="checkbox"/> Federal Form 1310 attached <input type="checkbox"/> Itemized deductions on your Federal tax return for 2021		Foreign country name		Foreign province/county		Foreign postal code		<input type="checkbox"/> Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.  Spouse's full name if married filing separately _____	

		ROUND ALL FIGURES TO NEAREST DOLLAR		Column A	Column B	Column C			
		INCOME (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)		Federal Return Data	Exclusions/Adjustments	Taxable Income			
SEND COPY OF PAGE 1 OF FEDERAL RETURN	1. Wages, salaries, tips, etc. (W-2 forms must be attached)	1		19158 .00	0 .00	19158 .00			
	2. Taxable interest	2		.00	.00	.00			
	3. Ordinary dividends	3		.00	.00	.00			
	4. Taxable refunds, credits or offsets of state and local income taxes	4		0 .00	0 .00	NOT TAXABLE			
	5. Alimony received	5		.00	.00	.00			
	6. Business income or (loss) (Attach copy of federal Schedule C)	6		.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		45 .00	0 .00	45 .00			
	8. Other gains or (losses) (Attach copy of federal Form 4797)	8		.00	.00	.00			
	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)	9		.00	.00	.00			
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)	10		.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			
	12. Subchapter S corporation distributions (Att. copy of fed. Sch. K-1)	12		NOT APPLICABLE	.00	.00			
	13. Farm income or (loss) (Attach copy of federal Schedule F)	13		.00	.00	.00			
	14. Unemployment compensation	14		.00	.00	NOT TAXABLE			
	15. Social security benefits	15		.00	.00	NOT TAXABLE			
	16. Other income (Attach statement listing type and amount)	16		5691 .00	.00	5691 .00			
	17. Total additions (Add lines 2 through 16)	17		5736 .00	0 .00	5736 .00			
	18. Total income (Add lines 1 through 16)	18		24894 .00	0 .00	24894 .00			
	19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)	19				.00			
	20. Total income after deductions (Subtract line 19 from line 18)	20				24894 .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		600 .00			
	22. Total income subject to tax (Subtract line 21b from line 20)	22				24294 .00			
	23. Tax at 0100 (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		243 .00			
	24. Payments and credits 24a EAST LANSING tax withheld 187 .00 24b Other tax payments (est. extension, or fwd, partnership & tax option corp) .00 24c Credit for tax paid to another city .00 24d Total payments & credits 187 .00	24a	187 .00	24b	.00	24c	.00	24d	187 .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 25c Total interest & 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						56 .00		
	27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)						.00		
	28. Amount of overpayment donated 28a Donation 1 .00 28b Donation 2 .00 28c Donation 3 .00 28d Total donations .00	28a	.00	28b	.00	28c	.00	28d	.00
	29. Amount of overpayment credited forward to 2022						.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)						.00		
31. (Mark (X) appropriate box 31a or 31b and complete lines 31c, 31d and 31e)	31a	<input type="checkbox"/>	31c	Routing number					
	31b	<input type="checkbox"/>	31d	Account number					
		31e Account Type:		31e1. Checking	31e2. Savings				

Taxpayer's name: KRISHNA PRASAD POTHUGUNTA; Taxpayer's SSN: 092-02-7795

EXEMPTIONS SCHEDULE

1a. You: Date of birth (mm/dd/yyyy) 08/12/1986; Regular: [X]; 65 or over: [ ]; Blind: [ ]; Deaf: [ ]; Disabled: [ ]

1e. Enter the number of boxes checked on lines 1a and 1b: 1

Table with 6 columns: #, First Name, Last Name, Social Security Number, Relationship, Date of Birth. Includes rows for dependents.

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): 1

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 TAX WITHHELD, COLUMN F LOCALITY NAME. Includes totals row.

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

Table with 2 columns: Deduction description, DEDUCTIONS. Includes IRA deduction, Self-employed SEP, SIMPLE and qualified plans, Employee business expenses, Moving expenses, Alimony paid, Renaissance Zone deduction, Total deductions.

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

Table with 4 columns: MARK T, S, B, FROM MONTH, DAY, TO MONTH, DAY. Includes 'Same' entry.

THIRD PARTY DESIGNEE

Do you want to allow another person to discuss this return with the Income Tax Office? Yes, complete the following [X] No

SIGN HERE: TAXPAYER'S SIGNATURE - If joint return, both spouses must sign; SPOUSE'S SIGNATURE; SIGNATURE OF PREPARER OTHER THAN TAXPAYER

PREPARER'S SIGNATURE: FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE: GLOBAL TAXES LLC, 2530 PEBBLE CREEK LN CUMMING GA 30041

CF-1040PV

EAST LANSING
INCOME TAX RETURN PAYMENT VOUCHER

2021 RET RPV

You may pay your balance online at www.municonnect.com/payments {see appendix L}

Taxpayer Name: KRISHNA PRASAD POTHUGUNT

Social Security No: 092-02-7795

Due on or Before: 4/30/2022, due date of 2021 return\*

Payment: \$ 56

Payment Method: Make payment by check or money order payable to "City of EAST LANSING ." Include your social security number, daytime phone number, and "2021 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:

You may pay your balance online at www.municonnect.com/payments {see appendix L}

Revised: 11/05/2021

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

2021 RET RPV

REV 03/01/22 PRO

Revised: 08/11/2015

Mail To: CITY OF EAST LANSING

PO BOX 526

EATON RAPIDS, MI 48827-0526

NACTP # 1555
EFIN #

Form with fields for Taxpayer's first name, SSN, joint return spouse's name, contact phone number, home address, city/town/post office, state/zip code, foreign country name, and amount of tax/interest/penalty.

ELA092027795052021RETRPV000005600

Taxpayer's name KRISHNA PRASAD POTHUGUNTA	Taxpayer's SSN 092-02-7795	<b>2021 EAST LANSING</b>
--	-------------------------------	--------------------------

**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 03/01/22 PRO 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.

<b>WAGES, ETC.</b>	<b>Employer (or source) 1</b>	<b>Employer (or source) 2</b>	<b>Employer (or source) 3</b>
1. Employer's ID number (W-2, box b) or source's ID Number if available	38-6005984		
2. Employer's name (Form W-2, box c) or source's name	MICHIGAN STATE UNIVERSITY		
3. SSN from Form W-2, box a	092-02-7795		
4. Enter T for taxpayer or S for spouse	T	<input type="checkbox"/>	<input type="checkbox"/>
5. Dates of employment during tax year	From 01/01/2021 To 12/31/2021	From <input type="checkbox"/> To <input type="checkbox"/>	From <input type="checkbox"/> To <input type="checkbox"/>
6. Mark (X) box if you work at multiple locations in and out of <b>EAST LANSING</b>	<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)	426 AUDITORIUM #350 EAST LANSING MI 48824		
8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero	19158		
9. Wages not included in Form W-2, box 1 (See instructions)			
10. Code for wage type reported on line 9			

<b>NONRESIDENT WAGE ALLOCATION</b>	<b>Employer (or source) 1</b>	<b>Employer (or source) 2</b>	<b>Employer (or source) 3</b>
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)			

<b>EXCLUDIBLE WAGES</b>	<b>Employer (or source) 1</b>	<b>Employer (or source) 2</b>	<b>Employer (or source) 3</b>
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 <b>EAST LANSING</b>			
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)	19158		
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)		19158	
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)			19158

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