

# 2021 MICHIGAN Individual Income Tax Return MI-1040

**Amended Return**   
(Include Schedule AMD)

**Return is due April 18, 2022.** Type or print in blue or black ink.

1. Filer's First Name KRISHNA PRASAD	M.I.	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) 33020	
City or Town LANSING		State MI	ZIP Code 48910	

<p><b>5. STATE CAMPAIGN FUND</b> 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.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p>	<p><b>6. FARMERS, FISHERMEN, OR SEAFARERS</b> <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p>
<p><b>7. 2021 FILING STATUS.</b> Check one.</p> <p>a. <input checked="" type="checkbox"/> Single * If you check box "c," complete line 3 and enter spouse's full name below:</p> <p>b. <input type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately*</p>	<p><b>8. 2021 RESIDENCY STATUS.</b> Check all that apply.</p> <p>a. <input checked="" type="checkbox"/> Resident * If you check box "b" or "c," you must complete and include Schedule NR.</p> <p>b. <input type="checkbox"/> Nonresident *</p> <p>c. <input type="checkbox"/> Part-Year Resident *</p>

**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 \$4,900	9a.	4900	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 \$2,800	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 \$4,900	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.	4900	00
<b>10. Adjusted Gross Income</b> from your U.S. Form 1040 (see instructions).....	1				24894	00
<b>11. Additions from Schedule 1, line 9. Include Schedule 1</b> .....	11					00
<b>12. Total.</b> Add lines 10 and 11.....	12.				24894	00
<b>13. Subtractions from Schedule 1, line 29. Include Schedule 1</b> .....	13.				0	00
<b>14. Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....					24894	00
<b>15. Exemption allowance.</b> Enter amount from line 9f or Schedule NR, line 19.....	15.				4900	00
<b>16. Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16				19994	00
<b>17. Tax.</b> Multiply line 16 by 4.25% (0.0425).....	17.				850	00

		AMOUNT		CREDIT		
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.		00	18b.	00	
19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....	19a.		00	19b.	00	
<b>20. Income Tax.</b> 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.			20.	850	00

Filer's Full Social Security Number

092 — 02 — 7795

21. Enter amount of Income Tax from line 20.....	2	850	00
22. Voluntary Contributions from Form 4642, line 6. <b>Include Form 4642</b> .....	22		00
23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
<b>24. Total Tax Liability.</b> Add lines 21, 22 and 23 .....	24	850	00

**REFUNDABLE CREDITS AND PAYMENTS**

25. <b>Property Tax Credit. Include MI-1040CR or MI-1040CR-2</b> .....	25.		00
26. <b>Farmland Preservation Tax Credit. Include MI-1040CR-5</b> .....	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. ....	27a.		00
28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....	28.		00
29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....	29.		00
30. Michigan tax withheld from Schedule W, line 6. <b>Include Schedule W (do not submit W-2s)</b> .....	30	897	00
31. Estimated tax, extension payments and 2020 credit forward.....	3		00
32. <b>2021 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2021 return should skip to line 33. Amended returns must <b>include Schedule AMD (see instructions)</b> .			
32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.			
32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.	32c.		00
<b>33 Total refundable credits and payments.</b> Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c .....	33.	897	00

**REFUND OR TAX DUE**

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.			
Include interest <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"/> .....	<b>YOU OWE</b>		00
35. <b>Overpayment.</b> If line 33 is greater than line 24, subtract line 24 from line 33 .....	35.	47	00
36. <b>Credit Forward.</b> Amount of line 35 to be credited to your 2022 estimated tax for your 2022 tax return ...	36.		00
37. Subtract line 36 from line 35.....	<b>REFUND</b>	47	00

**DIRECT DEPOSIT**

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

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

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2020, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2021 (MM-DD-YYYY)

Filer	— —	Spouse	— —
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**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  
P02082703

**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.

Filer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer's Name (print or type)  
SYAM PRIYA RAM SAGAR GUPTA TA

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer's Signature  
SYAM PRIYA RAM SAGAR GUPTA TA

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

Preparer's Business Name, Address and Telephone Number  
GLOBAL TAXES LLC  
2530 PEBBLE CREEK LN  
CUMMING GA 30041  
678-965-9522

**Refund, credit, or zero returns.** Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**  
**Pay amount on line 34 (see instructions).** Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

**2021 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 2021, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). 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 PRASAD	M.I.	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**

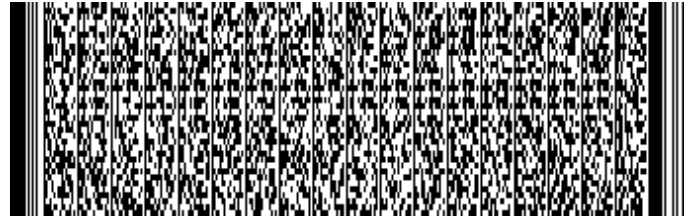
A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		38-6005984	MICHIGAN STATE U	19158	00	655	00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							
4. <b>SUBTOTAL.</b> Enter total of Table 1, column E. ....						4.	655 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	
X		38-6005984	MICHIGAN STATE U	5691	00	242	00
					00		00
					00		00
					00		00
					00		00
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. <b>SUBTOTAL.</b> Enter total of Table 2, column E. ....						5.	242 00
6. <b>TOTAL.</b> Add lines 4 and 5. Enter here and carry to MI-1040, line 30.....						6.	897 00

# 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

Revised 10/15/2020

**CITY OF EAST LANSING**

PO BOX 526

EATON RAPIDS, MI 48827-0526

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	24a	187 .00	24b	.00	24c	.00	24d. Total payments & credits 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	25a	.00	25b	.00	25c. Total interest & penalty .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. PAY WITH RETURN 56 .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	28d. Total donations .00
	29. Amount of overpayment credited forward to 2022						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. Direct deposit refund or direct withdrawal payment	31b. Refund (direct deposit)	31c. Routing number					
	31b. Pay tax due (direct withdrawal)	31d. Account number	31e. Account Type:	31e1. Checking	31e2. Savings			

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

EXEMPTIONS SCHEDULE

Form with fields for exemptions: 1a. You (Date of birth 08/12/1986, Regular checked), 1b. Spouse, 1d. List Dependents table, 1e. Enter the number of boxes checked on lines 1a and 1b (1), 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 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. WAGE INFORMATION STATEMENTS PRINTED FROM TAX PREPARATION SOFTWARE ARE NOT ACCEPTABLE, COLUMN E TAX WITHHELD, COLUMN F LOCALITY NAME. Totals: 0.00 excluded wages, 187.00 tax withheld.

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

Table with 7 rows for deductions: 1. IRA deduction, 2. Self-employed SEP, SIMPLE and qualified plans, 3. Employee business expenses, 4. Moving expenses, 5. Alimony paid, 6. Renaissance Zone deduction, 7. Total deductions (0.00).

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

Table with columns: MARK T, S, B, FROM MONTH, DAY, TO MONTH, DAY. Entry: Same.

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. 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 (Date, Occupation: STUDENT, Daytime phone number: (248) 434-7447), SPOUSE'S SIGNATURE.

PREPARER'S SIGNATURE: SIGNATURE OF PREPARER OTHER THAN TAXPAYER (Date: 03/20/22, PTIN, EIN or SSN: 30-1017196, Preparer's phone no.: (678) 965-9522), FIRM'S NAME: GLOBAL TAXES LLC, 2530 PEBBLE CREEK LN CUMMING GA 30041, NACTP software number: 1555.

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, contact phone number, home address, city, and amount of tax. Includes a 2D barcode and a field for the amount rounded to the nearest dollar (56.00).

ELA092027795052021RETRPV000005600

Taxpayer's name KRISHNA PRASAD POTHUGUNTA	Taxpayer's SSN 092-02-7795	<b>2021 EAST LANSING</b>
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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 03/01/22 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.

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	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			

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 <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.**