

Electronic Filing Instructions for your 2023 Michigan Tax Return

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



Sahara Guttridge
2233 N Summit Ave
Milwaukee, WI 53202-1248

Balance Due/Refund	Your Michigan state tax return (Form MI-1040) shows a refund due to you in the amount of \$78.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 10005007570 Routing Transit Number: 272078268.
Where's My Refund?	Before you call the Michigan Department of Treasury with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Michigan Department of Treasury directly at 1-517-636-4486. You can also visit the Michigan Department of Treasury web site at https://etreas.michigan.gov/iit/home .
No Signature Document Needed	No signature form is required since you signed your return electronically.
What You Need to Keep	Your Electronic Filing Instructions (this form) A copy of your state and federal returns
Other Forms to Mail	<p>Your Lansing return shows a balance due of \$324.00. You are paying by direct debit. The elected date of withdrawal is , .</p> <p>NOTE: Your Lansing is not included with your electronically filed Michigan return.</p> <p>Please be sure to mail a complete return to the city of 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 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.</p>

Electronic Filing Instructions for your 2023 Michigan Tax Return

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



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Other Forms to Mail (Continued)

Mail Lansing Form CF-1040 to the following address by April 30, 2024:

CITY OF LANSING INCOME TAX DEPT.

PO BOX 40752
LANSING, MI 48901

Estimated Payments for 2024 - This printout includes your estimated tax vouchers for your Lansing City Individual Income Tax Return (CF-1040ES).

Mail payments according to the schedule below:

	^	Voucher Number	Due Date	Amount
	1	04/30/2024	\$	57.00
	2	06/30/2024	\$	57.00
	3	09/30/2024	\$	57.00
	4	01/31/2025	\$	57.00

Include a separate check or money order for each payment, payable to "Lansing City Treasurer". Write the last four digits of your social security number and "2024 CF-1040ES" on each check.

Mail payments to:

City of Lansing Income Tax Dept.
124 W Michigan Ave Rm G29
Lansing, MI 48933

2023 Michigan Tax Return Summary

Taxable Income	\$	11,530.00
Total Tax	\$	467.00
Total Payments/Credits	\$	545.00
Amount to be Refunded	\$	78.00

2023 Michigan Forms to Print and Mail

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



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2233 N Summit Ave
Milwaukee, WI 53202-1248

Balance Due/Refund	Your Michigan state tax return (Form MI-1040) shows a refund due to you in the amount of \$78.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 10005007570 Routing Transit Number: 272078268.		
2023 Michigan Tax Return Summary	Taxable Income	\$	11,530.00
	Total Tax	\$	467.00
	Total Payments/Credits	\$	545.00
	Amount to be Refunded	\$	78.00
Forms Included	Michigan Individual Income Tax Return City of Lansing Income Tax Return		

INDIVIDUAL RETURN DUE APRIL 30, 2024

Taxpayer's SSN 385-13-7866		Taxpayer's first name SAHARA		Initial	Last name GUTTRIDGE	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) 2233 N SUMMIT AVE				Part-year resident - dates of residency (mm/dd/yyyy) From 01/01/2023 To 03/31/2023	
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:		City, town or post office MILWAUKEE		State WI	Zip code 53202-1248	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly	
<input type="checkbox"/> Federal Form 1310 attached		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.	
<input type="checkbox"/> Itemized deductions on your Federal tax return for 2023						Spouse's full name if married filing separately	

SEND COPY OF PAGE 1 OF FEDERAL RETURN	ROUND ALL FIGURES TO NEAREST DOLLAR		Column A Federal Return Data		Column B Exclusions/Adjustments		Column C Taxable Income	
	INCOME (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next dollar)							
	1. Wages, salaries, tips, etc. (W-2 forms must be attached)		1					
	2. Taxable interest		2					
	3. Ordinary dividends		3					
	4. Taxable refunds, credits or offsets of state and local income taxes		4				NOT TAXABLE	
	5. Alimony received		5					
	6. Business income or (loss) (Attach copy of federal Schedule C)		6					
	7. Capital gain or (loss) (Attach copy of fed. Sch. D) 7a. <input type="checkbox"/> Mark if federal Sch. D not required		7					
	8. Other gains or (losses) (Attach copy of federal Form 4797)		8					
SEND W-2 FORMS	9. Taxable IRA distributions (Attach copy of Form(s) 1099-R)		9					
	10. Taxable pensions and annuities (Attach copy of Form(s) 1099-R)		10					
	11. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of federal Schedule E)		11					
	12. Subchapter S corporation distributions (Att. copy of fed. Sch. K-1)		12		NOT APPLICABLE			
	13. Farm income or (loss) (Attach copy of federal Schedule F)		13					
	14. Unemployment compensation		14				NOT TAXABLE	
	15. Social security benefits		15				NOT TAXABLE	
	16. Other income (Attach statement listing type and amount)		16					
	17. Total additions (Add lines 2 through 16)		17					
	18. Total income (Add lines 1 through 16)		18					
ENCLOSE CHECK OR MONEY ORDER	19. Total deductions (Subtractions) (Total from page 2, Deductions schedule, line 7)		19					
	20. Total income after deductions (Subtract line 19 from line 18)		20					
	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			
	22. Total income subject to tax (Subtract line 21b from line 20)		22					
	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		330	
	24. Payments and credits 24a LANSING tax withheld 6		24b Other tax payments (est, extension, or fwd, partnership & tax option corp)		24c Credit for tax paid to another city		24d Total payments & credits 6	
	25. Interest and penalty for: failure to make estimated tax payments; underpayment of estimated tax; or late payment of tax 25a		25b Interest		25c Penalty		25d Total interest & penalty	
	26. PAYABLE TO: CITY OF 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		324	
	27. Tax overpayment (Subtract lines 23b and 25c from line 24d; choose overpayment options on lines 28 - 30)		27					
	28. Amount of overpayment donated 28a		28b Donation 1		28c Donation 2		28d Total donations	
29. Amount of overpayment credited forward to 2024 2024		29		Amount of credit to 2024 >>		29		
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		Refund amount >>		30		
31. Direct deposit refund or direct withdrawal payment (Mark (X) appropriate box 31a or 31b and complete lines 31c, 31d and 31e)		31a <input checked="" type="checkbox"/> Refund (direct deposit)		31c Routing number 272078268				
		31b <input type="checkbox"/> Pay tax due (direct withdrawal)		31d Account number 10005007570				
		31e Account Type: <input checked="" type="checkbox"/> 31e1. Checking		31e2. Savings				

MAIL TO: LANSING INCOME TAX DEPARTMENT, PO BOX 40752 LANSING, MI 48901

Revised 10/31/2023

CF-1040ES

LANSING
ESTIMATED INCOME TAX PAYMENT VOUCHER
FIRST QUARTER - PAYMENT DUE APRIL 30, 2024

2024 EST 01Q

Taxpayer Name:SAHARA GUTTRIDGE

Social Security No:385-13-7866

Due on or Before:04/30/2024, for tax year 2024*

Payment:\$ 57

Payment Method:

- Make payment by check or money order payable to " LANSING ." Write your social security number, daytime phone number, and "2024 CF-1040ES" on your payment. DO NOT SEND CASH.
- To pay by direct debit to your bank account, use form CF-1040ES-EFT.
- To pay by credit card see income tax website of the LANSING . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:

CITY OF LANSING INCOME TAX DEPT.
124 W MICHIGAN AVE RM G29
LANSING, MI 48933

* 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:

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CF-1040ES
REV 02/16/24 TTO

LANSING
FIRST QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2024 EST 01Q
Revised: 09/30/2017


Mail To: CITY OF LANSING INCOME TAX DEPT.
124 W MICHIGAN AVE RM G29
LANSING, MI 48933

NACTP #1555

EFIN #

ESTIMATED PAYMENT VOUCHER 1

Due Date: 04/30/2024

Taxpayer's first name, initial, last name			Taxpayer's SSN		
SAHARA GUTTRIDGE			385-13-7866		
If joint estimated payment, spouse's first name, initial, last name			If joint payment, spouse's SSN		
Phone number 517-505-1628					
Present home address (Number and street) Apt. no.			Payment voucher 2D barcode		
2233 N SUMMIT AVE					
Address line 2 (P.O. Box address for mailing use only)					
City, town or post office	State	Zip code			
MILWAUKEE	WI	532021248			
Foreign country name, province/county, postal code			Amount of estimated tax you are paying by check or money order		Round to nearest dollar
					57.00

LNS385137866052024EST0100000005700

CF-1040ES

LANSING
ESTIMATED INCOME TAX PAYMENT VOUCHER
SECOND QUARTER - PAYMENT DUE June 30, 2024

2024 EST 02Q

Taxpayer Name:SAHARA GUTTRIDGE

Social Security No:385-13-7866

Due on or Before:06/30/2024, for tax year 2024*

Payment:\$ 57

Payment Method:

- Make payment by check or money order payable to " LANSING ." Write your social security number, daytime phone number, and "2024 CF-1040ES" on your payment. DO NOT SEND CASH.
- To pay by direct debit to your bank account, use form CF-1040ES-EFT.
- To pay by credit card see income tax website of the LANSING . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:

CITY OF LANSING INCOME TAX DEP
124 W MICHIGAN AVE RM G29
LANSING, MI 48933

* 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:

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CF-1040ES
REV 02/16/24 TTO

LANSING
SECOND QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2024 EST 02Q
Revised: 09/30/2017


Mail To: CITY OF LANSING INCOME TAX DEPT
124 W MICHIGAN AVE RM G29
LANSING, MI 48933

NACTP #1555

EFIN #

ESTIMATED PAYMENT VOUCHER 2

Due Date: 06/30/2024

Taxpayer's first name, initial, last name			Taxpayer's SSN			
SAHARA GUTTRIDGE			385-13-7866			
If joint estimated payment, spouse's first name, initial, last name			If joint payment, spouse's SSN			
Phone number 517-505-1628						
Present home address (Number and street) Apt. no.			Payment voucher 2D barcode			
2233 N SUMMIT AVE						
Address line 2 (P.O. Box address for mailing use only)						
City, town or post office State Zip code						
MILWAUKEE WI 532021248						
Foreign country name, province/county, postal code			Amount of estimated tax you are paying by check or money order		Round to nearest dollar	
					57.00	

LNS385137866052024EST02Q0000005700

CF-1040ES

LANSING
ESTIMATED INCOME TAX PAYMENT VOUCHER
THIRD QUARTER - PAYMENT DUE September 30, 2024

2024 EST 03Q

Taxpayer Name: SAHARA GUTTRIDGE

Social Security No: 385-13-7866

Due on or Before: 09/30/2024, for tax year 2024*

Payment: \$ 57

Payment Method:

- Make payment by check or money order payable to " LANSING ." Write your social security number, daytime phone number, and "2024 CF-1040ES" on your payment. DO NOT SEND CASH.
- To pay by direct debit to your bank account, use form CF-1040ES-EFT.
- To pay by credit card see income tax website of the LANSING . Not all cities accept credit card or direct debit payments.

Additional Information: The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:

CITY OF LANSING INCOME TAX DEP
124 W MICHIGAN AVE RM G29
LANSING, MI 48933

* 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: _____


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CF-1040ES
REV 02/16/24 TTO

LANSING
THIRD QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2024 EST 03Q
Revised: 09/30/2017

Mail To: CITY OF LANSING INCOME TAX DEPT
124 W MICHIGAN AVE RM G29
LANSING, MI 48933

NACTP #	1555			ESTIMATED PAYMENT VOUCHER 3		Due Date: 09/30/2024
EFIN #						
Taxpayer's first name, initial, last name		Taxpayer's SSN				
SAHARA GUTTRIDGE		385-13-7866				
If joint estimated payment, spouse's first name, initial, last name		If joint payment, spouse's SSN				
Phone number		517-505-1628				
Present home address (Number and street)		Apt. no.		Payment voucher 2D barcode		
2233 N SUMMIT AVE						
Address line 2 (P.O. Box address for mailing use only)						
City, town or post office	State	Zip code				
MILWAUKEE	WI	532021248				
Foreign country name, province/county, postal code		Amount of estimated tax you are paying by check or money order		Round to nearest dollar		
				57.00		

LNS385137866052024EST03Q0000005700

CF-1040ES

LANSING
ESTIMATED INCOME TAX PAYMENT VOUCHER
FOURTH QUARTER - PAYMENT DUE January 31, 2025

2024 EST 04Q

Taxpayer Name:SAHARA GUTTRIDGE

Social Security No:385-13-7866

Due on or Before:01/31/2025, for tax year 2024*

Payment:\$ 57

Payment Method:

• Make payment by check or money order payable to " LANSING ." Write your social security number, daytime phone number, and "2024 CF-1040ES" on your payment. DO NOT SEND CASH.

• To pay by direct debit to your bank account, use form CF-1040ES-EFT.

• To pay by credit card see income tax website of the LANSING . Not all cities accept credit card or direct debit payments.

Additional Information:

The spouse of a joint filing taxpayer may use this payment voucher to make estimated income tax payments under his or her own social security number by listing their name and social security number as the taxpayer on this payment voucher.

Address for Payment:

CITY OF LANSING INCOME TAX DEP
124 W MICHIGAN AVE RM G29
LANSING, MI 48933

* 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:


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CF-1040ES
REV 02/16/24 TTO

LANSING
FOURTH QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

2024 EST 04Q
Revised: 09/30/2017

Mail To: CITY OF LANSING INCOME TAX DEPT
124 W MICHIGAN AVE RM G29
LANSING, MI 48933

NACTP #	1555			ESTIMATED PAYMENT VOUCHER 4		Due Date: 01/31/2025	
EFIN #							
Taxpayer's first name, initial, last name		Taxpayer's SSN					
SAHARA GUTTRIDGE		385-13-7866					
If joint estimated payment, spouse's first name, initial, last name		If joint payment, spouse's SSN					
Phone number		517-505-1628					
Present home address (Number and street)		Apt. no.		Payment voucher 2D barcode			
2233 N SUMMIT AVE							
Address line 2 (P.O. Box address for mailing use only)							
City, town or post office	State	Zip code					
MILWAUKEE	WI	532021248					
Foreign country name, province/county, postal code		Amount of estimated tax you are paying by check or money order		Round to nearest dollar			
				57.00			

LNS385137866052024EST040000005700

Taxpayer's name SAHARA GUTTRIDGE	Taxpayer's SSN 385-13-7866	2023 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:

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1. Box A to report dates of residency of the taxpayer and spouse during the tax year
2. Box B to report the former address of the taxpayer and spouse
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		01-01-2023	03-31-2023	Taxpayer 603 HUME BLVD LANSING, MI 48917	
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	53359 .00	.00	13756 .00	39603 .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	0 .00	0 .00	NOT APPLICABLE	NOT TAXABLE
5. Alimony received	5		.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
	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	0 .00	0 .00	.00	.00
18. Total income (Add lines 1 through 16)	18	53359 .00	0 .00	13756 .00	39603 .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			13756 .00	39603 .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			13756 .00	39603 .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				.00
22a. Total income subject to tax as a resident (Subtract line 21b from line 20c; if zero or less, enter zero)	22a			13156 .00	
22b. Total income subject to tax as a nonresident (Subtract line 21c from line 20c; if zero or less, enter zero)	22b				39603 .00
23a. Tax at resident rate (MULTIPLY LINE 22a BY RESIDENT TAX RATE)	23a			132 .00	
23b. Tax at nonresident rate (MULTIPLY LINE 22b BY NONRESIDENT TAX RATE)	23b				198 .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			330 .00	

Taxpayer's name SAHARA GUTTRIDGE	Taxpayer's SSN 385-13-7866	2023 LANSING	
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 02/16/24 TTO 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	82-3327547	82-2305040	27-1284196
2. Employer's name (Form W-2, box c) or source's name	RHR MILWAUKEE	LAMB INSURANCE AGENCY	MARCAT CORP
3. SSN from Form W-2, box a	385-13-7866	385-13-7866	385-13-7866
4. Enter T for taxpayer or S for spouse	<input checked="" type="checkbox"/> T	<input checked="" type="checkbox"/> T	<input checked="" type="checkbox"/> T
5. Dates of employment during tax year	From 04/01/2023 To 12/31/2023	From 01/01/2023 To 03/31/2023	From 09/15/2023 To 12/31/2023
6. Mark (X) box if you work at multiple locations in and out of 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)	2300 NORTH MAYFAIR RD MILWAUKEE WI 53225	4800 SOUTH CEDAR LANSING MI 48910	2699 S KINNICKINNIC AVE MILWAUKEE WI 53207
8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero	39603	11539	928
9. Wages not included in Form W-2, box 1 (See instructions)			0
10. Code for wage type reported on line 9			TIPS
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 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)	39603	11539	928
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)	52070		
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)	52070		

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

Taxpayer's name SAHARA GUTTRIDGE	Taxpayer's SSN 385-13-7866	2023 LANSING	
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 02/16/24 TTO 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	61-1316260		
2. Employer's name (Form W-2, box c) or source's name	TRH - MANAGEMENT CORP		
3. SSN from Form W-2, box a	385-13-7866		
4. Enter T for taxpayer or S for spouse	<input checked="" type="checkbox"/> T	<input type="checkbox"/>	<input type="checkbox"/>
5. Dates of employment during tax year	From 01/01/2023 To 02/10/2023	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 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)	280 E EDGEWOOD BLVD LANSING MI 40205		
8. Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero	1289		
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 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)	1289		
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)		1289	
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)			1289

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

**Lansing
W-2 Worksheet**
► Keep for your records

2023

Taxpayer's name <u>Sahara Guttridge</u>	Taxpayer's SSN <u>385-13-7866</u>
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QuickZoom to Form CF-1040 ➡ _____
QuickZoom to Excludible Wages Schedule ➡ _____
QuickZoom to Another copy of W-2 Worksheet ➡ _____
QuickZoom to Form CF-2106. ➡ _____

☐ Statutory Wages
☐ This income was reported on federal Form 1040, line 7 but not on Form W-2, box 1
☐ Code used for income not reported on Form W-2, box 1
T for taxpayer's or **S** for Spouse's employer T
Employer's ID Number 82-3327547
Employer's name RHR Milwaukee
Employer's address from Form W-2 2300 North Mayfair Rd.
City . Wauwatosa State . WI
Zip code . . . 53226-1505

☐ Check if address above is the address where you worked
If not, enter the address where you actually worked . . . 2300 North Mayfair Rd
City . Milwaukee State . WI
Zip code . . . 53225

SSN from Form W-2, box a. 385-13-7866
☐ Worked for this employer the whole year
or dates of employment during tax year From . . . 04/01/2023
To 12/31/2023

Type of wages (i.e., military or S.U.B. pay) _____

Part 1 – Wages

1 Wages, tips, other compensation (Form W-2, Box 1)	<u>39,603.</u>
2 Allocated tips (Form W-2, Box 8)	_____
Resident Period	
3 a Total wages	<u>0.</u>
b Taxable wages	<u>0.</u>
c Excludible wages	_____
Nonresident Period Note: to allocate nonresident wages, use Part 3 below	
4 a Total wages	<u>39,603.</u>
b Taxable wages	<u>39,603.</u>
c <input type="checkbox"/> All nonresident wages were earned outside the city (fully excludible)	_____
d Excludible wages	_____
5 Reason excludible wages are not taxable _____	
6 a Locality name from Form W-2, box 20a	_____
b Locality name from Form W-2, box 20a (standard abbreviation).	_____
c City income tax withheld from Form W-2, box 19a	_____
7 a Locality name from Form W-2, box 20b	_____
b Locality name from Form W-2, box 20b (standard abbreviation).	_____
c City income tax withheld from Form W-2, box 19b	_____
8 a Locality name from Form W-2, box 20c	_____
b Locality name from Form W-2, box 20c (standard abbreviation).	_____
c City income tax withheld from Form W-2, box 19c	_____
9 a Locality name from Form W-2, box 20d	_____
b Locality name from Form W-2, box 20d (standard abbreviation).	_____
c City income tax withheld from Form W-2, box 19d	_____

Part 2 – Employee Business Expenses

1 Total business expense deduction	_____
2 Nondeductible business expenses	_____
3 Resident deductible employee business expenses	_____
4 Nonresident deductible employee business expenses	_____

Part 3 — Nonresident and Part-Year Resident Wage Allocation

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 wage allocation to determine wages earned in city while a nonresident; use only wages and days worked while a nonresident for computations.

1	Enter actual number of days or hours on job for employer during period. (Do not include weekends you did not work)	
2	Vacation, holiday and sick days or hours included in line 1	
3	Actual number of days or hours worked (Line 1 less line 2)	
4	Enter actual number of days or hours worked in City	
5	Percentage of days or hours worked in City. (Line 4 divided by line 3; default is 100%).	%
6	Wages, tips, and other compensation earned while nonresident of city	
7	Wages earned in city. (Line 6 times line 5)	
8	Excludible wages from employer. (Line 6 less Line 7)	

**Lansing
W-2 Worksheet**
► Keep for your records

2023

Taxpayer's name <u>Sahara Guttridge</u>	Taxpayer's SSN <u>385-13-7866</u>
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QuickZoom to Form CF-1040	➔
QuickZoom to Excludible Wages Schedule	➔
QuickZoom to Another copy of W-2 Worksheet	➔
QuickZoom to Form CF-2106.	➔

☐ Statutory Wages

☐ This income was reported on federal Form 1040, line 7 but not on Form W-2, box 1

☐ Code used for income not reported on Form W-2, box 1

T for taxpayer's or **S** for Spouse's employer T

Employer's ID Number 82-2305040

Employer's name LAMB INSURANCE AGENCY

Employer's address from Form W-2 PO BOX 15036

City . LANSING State . MI

Zip code . . . 48901

☐ Check if address above is the address where you worked

If not, enter the address where you actually worked 4800 south cedar

City . Lansing State . MI

Zip code . . . 48910

SSN from Form W-2, box a. 385-13-7866

☐ Worked for this employer the whole year

or dates of employment during tax year

From . . . 01/01/2023

To 03/31/2023

Type of wages (i.e., military or S.U.B. pay) _____

Part 1 – Wages

1 Wages, tips, other compensation (Form W-2, Box 1)	<u>11,539.</u>
2 Allocated tips (Form W-2, Box 8)	_____
Resident Period	
3 a Total wages	<u>11,539.</u>
b Taxable wages	<u>11,539.</u>
c Excludible wages	_____
Nonresident Period Note: to allocate nonresident wages, use Part 3 below	
4 a Total wages	<u>0.</u>
b Taxable wages	<u>0.</u>
c <input type="checkbox"/> All nonresident wages were earned outside the city (fully excludible)	_____
d Excludible wages	_____
5 Reason excludible wages are not taxable _____	
6 a Locality name from Form W-2, box 20a	_____
b Locality name from Form W-2, box 20a (standard abbreviation).	_____
c City income tax withheld from Form W-2, box 19a	_____
7 a Locality name from Form W-2, box 20b	_____
b Locality name from Form W-2, box 20b (standard abbreviation).	_____
c City income tax withheld from Form W-2, box 19b	_____
8 a Locality name from Form W-2, box 20c	_____
b Locality name from Form W-2, box 20c (standard abbreviation).	_____
c City income tax withheld from Form W-2, box 19c	_____
9 a Locality name from Form W-2, box 20d	_____
b Locality name from Form W-2, box 20d (standard abbreviation).	_____
c City income tax withheld from Form W-2, box 19d	_____

Part 2 – Employee Business Expenses

1 Total business expense deduction	_____
2 Nondeductible business expenses	_____
3 Resident deductible employee business expenses	_____
4 Nonresident deductible employee business expenses	_____

Part 3 — Nonresident and Part-Year Resident Wage Allocation

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 wage allocation to determine wages earned in city while a nonresident; use only wages and days worked while a nonresident for computations.

1	Enter actual number of days or hours on job for employer during period. (Do not include weekends you did not work)	
2	Vacation, holiday and sick days or hours included in line 1	
3	Actual number of days or hours worked (Line 1 less line 2)	
4	Enter actual number of days or hours worked in City	
5	Percentage of days or hours worked in City. (Line 4 divided by line 3; default is 100%).	%
6	Wages, tips, and other compensation earned while nonresident of city	
7	Wages earned in city. (Line 6 times line 5)	
8	Excludible wages from employer. (Line 6 less Line 7)	

**Lansing
W-2 Worksheet**
► Keep for your records

2023

Taxpayer's name <u>Sahara Guttridge</u>	Taxpayer's SSN <u>385-13-7866</u>
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QuickZoom to Form CF-1040	➔
QuickZoom to Excludible Wages Schedule	➔
QuickZoom to Another copy of W-2 Worksheet	➔
QuickZoom to Form CF-2106.	➔

☐ Statutory Wages
☐ This income was reported on federal Form 1040, line 7 but not on Form W-2, box 1
☐ Code used for income not reported on Form W-2, box 1

T for taxpayer's or **S** for Spouse's employer T
Employer's ID Number 27-1284196
Employer's name MARCAT CORP
Employer's address from Form W-2 2699 S KINNICKINNIC AVE
City . MILWAUKEE State . WI
Zip code 53207

☐ Check if address above is the address where you worked
If not, enter the address where you actually worked 2699 S Kinnickinnic Ave
City . Milwaukee State . WI
Zip code 53207

SSN from Form W-2, box a. 385-13-7866

☐ Worked for this employer the whole year
or dates of employment during tax year From 09/15/2023
To 12/31/2023

Type of wages (i.e., military or S.U.B. pay) _____

Part 1 – Wages

1 Wages, tips, other compensation (Form W-2, Box 1)	928.
2 Allocated tips (Form W-2, Box 8)	0.
Resident Period	
3 a Total wages	928.
b Taxable wages	928.
c Excludible wages	
Nonresident Period Note: to allocate nonresident wages, use Part 3 below	
4 a Total wages	0.
b Taxable wages	0.
c <input type="checkbox"/> All nonresident wages were earned outside the city (fully excludible)	
d Excludible wages	
5 Reason excludible wages are not taxable	
6 a Locality name from Form W-2, box 20a	
b Locality name from Form W-2, box 20a (standard abbreviation)	
c City income tax withheld from Form W-2, box 19a	
7 a Locality name from Form W-2, box 20b	
b Locality name from Form W-2, box 20b (standard abbreviation)	
c City income tax withheld from Form W-2, box 19b	
8 a Locality name from Form W-2, box 20c	
b Locality name from Form W-2, box 20c (standard abbreviation)	
c City income tax withheld from Form W-2, box 19c	
9 a Locality name from Form W-2, box 20d	
b Locality name from Form W-2, box 20d (standard abbreviation)	
c City income tax withheld from Form W-2, box 19d	

Part 2 – Employee Business Expenses

1 Total business expense deduction	
2 Nondeductible business expenses	
3 Resident deductible employee business expenses	
4 Nonresident deductible employee business expenses	

Part 3 — Nonresident and Part-Year Resident Wage Allocation

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 wage allocation to determine wages earned in city while a nonresident; use only wages and days worked while a nonresident for computations.

1	Enter actual number of days or hours on job for employer during period. (Do not include weekends you did not work)	
2	Vacation, holiday and sick days or hours included in line 1	
3	Actual number of days or hours worked (Line 1 less line 2)	
4	Enter actual number of days or hours worked in City	
5	Percentage of days or hours worked in City. (Line 4 divided by line 3; default is 100%).	%
6	Wages, tips, and other compensation earned while nonresident of city	
7	Wages earned in city. (Line 6 times line 5)	
8	Excludible wages from employer. (Line 6 less Line 7)	

**Lansing
W-2 Worksheet**
► Keep for your records

2023

Taxpayer's name <u>Sahara Guttridge</u>	Taxpayer's SSN <u>385-13-7866</u>
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QuickZoom to Form CF-1040	➔	
QuickZoom to Excludible Wages Schedule	➔	
QuickZoom to Another copy of W-2 Worksheet	➔	
QuickZoom to Form CF-2106.	➔	

☐ Statutory Wages

☐ This income was reported on federal Form 1040, line 7 but not on Form W-2, box 1

☐ Code used for income not reported on Form W-2, box 1

T for taxpayer's or **S** for Spouse's employer T

Employer's ID Number 61-1316260

Employer's name TRH - MANAGEMENT CORP

Employer's address from Form W-2 6040 Dutchmans Lane

City . Louisville State . KY

Zip code . . . 40205

☐ Check if address above is the address where you worked

If not, enter the address where you actually worked 280 E Edgewood Blvd

City . Lansing State . MI

Zip code . . . 40205

SSN from Form W-2, box a. 385-13-7866

☐ Worked for this employer the whole year

or dates of employment during tax year

From . . . 01/01/2023

To 02/10/2023

Type of wages (i.e., military or S.U.B. pay) _____

Part 1 – Wages

1 Wages, tips, other compensation (Form W-2, Box 1)	1,289.
2 Allocated tips (Form W-2, Box 8)	
Resident Period	
3 a Total wages	1,289.
b Taxable wages	1,289.
c Excludible wages	
Nonresident Period Note: to allocate nonresident wages, use Part 3 below	
4 a Total wages	0.
b Taxable wages	0.
c <input type="checkbox"/> All nonresident wages were earned outside the city (fully excludible)	
d Excludible wages	
5 Reason excludible wages are not taxable	
6 a Locality name from Form W-2, box 20a	MI LANSING N
b Locality name from Form W-2, box 20a (standard abbreviation).	MI-LNS
c City income tax withheld from Form W-2, box 19a	6.
7 a Locality name from Form W-2, box 20b	
b Locality name from Form W-2, box 20b (standard abbreviation).	
c City income tax withheld from Form W-2, box 19b	
8 a Locality name from Form W-2, box 20c	
b Locality name from Form W-2, box 20c (standard abbreviation).	
c City income tax withheld from Form W-2, box 19c	
9 a Locality name from Form W-2, box 20d	
b Locality name from Form W-2, box 20d (standard abbreviation).	
c City income tax withheld from Form W-2, box 19d	

Part 2 – Employee Business Expenses

1 Total business expense deduction	
2 Nondeductible business expenses	
3 Resident deductible employee business expenses	
4 Nonresident deductible employee business expenses	

Part 3 — Nonresident and Part-Year Resident Wage Allocation

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 wage allocation to determine wages earned in city while a nonresident; use only wages and days worked while a nonresident for computations.

1	Enter actual number of days or hours on job for employer during period. (Do not include weekends you did not work)	
2	Vacation, holiday and sick days or hours included in line 1	
3	Actual number of days or hours worked (Line 1 less line 2)	
4	Enter actual number of days or hours worked in City	
5	Percentage of days or hours worked in City. (Line 4 divided by line 3; default is 100%).	%
6	Wages, tips, and other compensation earned while nonresident of city	
7	Wages earned in city. (Line 6 times line 5)	
8	Excludible wages from employer. (Line 6 less Line 7)	