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

Milwaukee, Wi	53202-1240
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	Your Lansing return shows a balance due of \$324.00. You are paying by direct debit. The elected date of withdrawal is , . NOTE: Your Lansing is not included with your electronically filed
	Michigan return. 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.
	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.

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

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.



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

Balance Due/ Refund	Your Michigan state tax return you in the amount of \$78.00. Yo into your account. The account Number: 10005007570 Routing Tra	our tax refundinformation	d will be direct d you entered - Acco	leposited
2023	 Taxable Income	\$	11,530.00	
Michigan	Total Tax	\$	467.00	
Tax	Total Payments/Credits	\$	545.00	
Return	Amount to be Refunded	\$	78.00	
Summary				
Forms Included	 Michigan Individual Income Tax City of Lansing Income Tax Retu 			

CF-10	40 LANSING	G DIVIDUAL RETURN DUE APRIL 30, 20	024	202	23		231	MI- LNS -1040-1
Taxpayer's S	SSN	Taxpayer's first name	Initial	Last name			RESIDENCI	E STATUS
385-1	3-7866	SAHARA		GUTTRIDG	E		Resident	Nonresident X Part-year resident
Spouse's SS		If joint return spouse's first name	Initial	Last name				
-,			11111111	Lastriamo				dates of residency (mm/dd/yyyy)
		December and december and	l atma at		A m	4 ==		./01/2023
Mark (X) box	if deceased	Present home address (Number and	i street)		Ap	t. no.		/31/2023
Тахр	payer Spouse	2233 N SUMMI	T AVE				FILING STA	ATUS
Enter date of side of the si	f death on page 2, right gnature area	Address line 2 (P.O. Box address fo	r mailing use	only)			X Single	Married filing jointly
Mark box (X) below if;		City, town or post office		State	Zip code			separately. Enter spouse's se's SSN box and Spouse's full
	eral Form 1310 attached	N/TT 1.73 111/110			F2202	1040	name here.	oo o oon box ana opoace o nam
	stati ottii 1310 attacileu	MILWAUKEE Foreign country name	Foreign pro	WI ovince/county	53202- Foreign posta	_		
	ized deductions on your eral tax return for 2023	, sieigh ceana, haine	i oroigir pro	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r oroigir poota	0040	Spouse's full na	me if married filing separately
·	INCOME	ND ALL FIGURES TO NEAREST (Drop amounts under \$0.50 and increase amounts from \$.50 to \$0.99 to next do	ase	Column Federal Retur			olumn B s/Adjustments	Column C Taxable Income
	Wages, salaries, tip:	s, etc. (W-2 forms must be attached)	1					
SEND	Taxable interest		2					
COPY OF PAGE 1 OF	Ordinary dividends		3					
FEDERAL	,	edits or offsets of state and local incom						NOT TAXABLE
RETURN		cuits of offsets of state and local incom						NOT IT USE
	5. Alimony received		5					
6. Business income or		(loss) (Attach copy of federal Schedule	e C) 6					
	 Capital gain or (loss) (Attach copy of fed.) Sch. D) 7a. Mark if federal Sch. D not req	7					
	Other gains or (losse)	es) (Attach copy of federal Form 4797)	8					
	Taxable IRA distribu	itions (Attach copy of Form(s) 1099-R)	9					
		nd annuities (Attach copy of Form(s) 10						
	-							
	11. Rental real estate, re etc. (Attach copy of	oyalties, partnerships, S corporations, t federal Schedule E)	rusts,					
	12. Subchapter S corpo	ration distributions (Att. copy of fed. So	h. K-1) 12	NOT APPLIC	ABLE			
	13. Farm income or (los	s) (Attach copy of federal Schedule F)	13					
SEND W-2	14. Unemployment com	pensation	14					NOT TAXABLE
FORMS	15. Social security bene	fits	15					NOT TAXABLE
	-	h statement listing type and amount)	16					
	`	ons (Add lines 2 through 16)	17					
		e (Add lines 1 through 16)	18					
		, ,						
		tions (Subtractions) (Total from page 2	, Deductions	schedule, line 7)			19	
	20. Total income	e after deductions (Subtract line 19 from	m line 18)				20	
		(Enter the total exemptions, from Form number by the value of an exemption a			1a and multiply		1a 1 21b	
	22. Total income	e subject to tax (Subtract line 21b from	line 20)				22	
	aa T :	(Multiply line 22 by resident or nonresid	ent tax rate fo	or city and enter tax or	n line 23b. or if u	using		
		Schedule TC to compute tax, check bo				•	3a X 23b	330
	Payments LA	NSING tax withheld Office	er tax paymen	nts (est, extension,	Credit for		Total	330
	24. and credits 24a	6 24b	u, parmersnip	o & tax option corp)		ther city	payments & credits 24d	6
	25. Interest and penalty		Inte	erest		enalty	Total	0
		ents; underpayment of e payment of tax 25a		25b		y	interest & penalty 25c	
ENCLOSE CHECK OR	TAX DUE 26. PA	nount you owe (Add lines 23b and 25c, YABLE TO: CITY OF LANSING ,C cepting this type of payment) mark (X) p	R TO PAY W	VITH A DIRECT WITH	DRAWAL (for c	cities	PAY WITH RETURN 26	324
MONEY ORDER	OVERPAYMEN			•		·		244
	Amount of	. , ,				•	1105 20 - 30) 2/	
	28. overpayment	Donation 1	Dona	ation 2		ation 3	Total	
	donated 28a	28b		280	:		donations ^{28d}	
	29. Amount of overpayn	nent credited forward to 2024 2024				Amount of cr	edit to2024 >> 29	
		nent refunded (Line 27 less lines 28d a mark refund box, line 31a, and complet			posited to	Ref	und amount >> 30	
	Direct deposit refund	d or 31a Refund		Routing	078268			
	direct deposit refund direct withdrawal pages 31. (Mark (X) appropriat	yment (direct deposit) te box 31h X Pay tax due) 31d /	number 2/2		•		
	31a or 31b and con	nplete (direct withdraw	/al) siu r	number 100	0500757			
	lines 31c, 31d and 3	nie)	31e /	Account Type:	X 31e1. Chec	cking	31e2. Savings	

CF-1040, PAGE 2					• •					Taxpayer's SSN 23					3MI-LNS -1040-2			
					SAHARA GUTTR													
		PTIONS			Date of birth (mm/c		¬ ı	Regular	65 or over	Blind	Deaf	Disab	led	4- Enter	the num	abar of		
SC	HED	ULE	1a. \		01/18/	1992	_	X					_	1e. Enter boxes	checke		1	
4 -1	1 :-4 D		+	Spouse										lines	1a and	1b		
_		ependents First Name	1c.		heck box if you can be claim		Social Security					Date of Bir	th	1f. Enter	numbei	· of		
1.		II St IName			Last Name		Social Security	Number	110	auorisnip	-	Date of Dil	uı	depe	ndent ch	ildren		
2.					•									listed	on line	1d		
3.														1g. Enter	numbei	of other		
4.														depe	ndents li			
5.												line 1	a					
6.														1h. Total	exempt	ions (Add		
7.											1e, 1f a	nd 1g; d also on						
8.															1, line 2		1	
_	CLU	DED W	AGI	S AND	TAX WITHHELD	SCHEDI	ULE (See	instru	ıctions. R	esident wa	ages ge	nerally	not e	xcluded)			
W-2	Col. A	4	COI	UMN B	COLUMN	1 C	, (COLUMN	D	1	RE TO		COLUI	MN E		COLUMN I		
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2.	Т	385-			82-230504				0	7	SING OF			0				
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4.	Т	385-3	13-	7866	61-131626				0		MATION MENTS			6	LAN	SING		
5.										7	D FROM							
6.										TAX								
7.										PREPAI SOFTWA								
8.										NOT ACC		E						
9 Totals (Enter here and on page 1; part-yr residents on Sch TC) 0 << Enter on pg 1,ln 1, col B									6	<< Er	ter on pg 1	, In 24a						
DE	DUC	TIONS	SC	HEDUL	E (See instructions	s; deduct	ions alloc	ated o	n the sar	ne basis a	s relate	ed inco	me)	D	EDUCT	IONS		
1.	IRA de	eduction (At	tach (copy of Sch	nedule 1 of federal return & e	evidence of pa	ayment)						1					
2.	Self-e	mployed SE	P, SII	MPLE and	qualified plans (Attach copy	of Schedule	1 of federal re	eturn)					2					
3.	Emplo	yee busines	s exp	enses (Att	ach copy of CF-2106 and de	etailed list)							3					
		- '		-	nly, Military ONLY) (Attach								4					
		• • •			CHILD SUPPORT. Attach	copy of Sche	dule 1 of fede	ral return))				5					
				`	ach Schedule RZ OF 1040)								6					
_					th line 6, enter total here and			41. (D)		La continua de la co			/					
	RK RK				Vhere taxpayer (T)) addresses (Include city, st									ency) FRC	M	TC)	
	S, B	return is th	ne sai	ne as listed	d on last year's return, print "	Same." If no i	return filed las	t year, list	t reason. Con	tinue listing this	tax year's r			MONTH	DAY		DAY	
.,			s. II a	agress liste	d on page 1 of this return is	in care or and	otner person, e	enter curre	ent residence	(domicile) addre	ess.			MOITI	D/(I	WONTH	D/ (1	
	+	Same												+				
														+				
														1				
TH	IRD	PARTY	DE	SIGNE	E													
Do y	ou war	nt to allow an	other	person to	discuss this return with the Ir	ncome Tax Of	ffice?	Y	Yes, complete	the following		No						
Desi nam	gnee's e									Phone No.				nal identifica er (PIN)	tion			
			•		I declare that I have example 1													
	cor				n a resident claiming a cr on other than taxpayer, th		•			•					ded pay	ment to ti	nat	
					return, both spouses must sign				er's occupation	mader or mine		time phone		<u></u>	If dec	eased, date	of death	
HEF								RES	TAURAN	T SERVE	(5	517)5	05-1	628				
SPOUSE'S SIGNATURE Date (MM/DD/YY) Spouse's occupation Daytime phone number									number		If dec	eased, date	of death					
	Soi	me cities are	usin	new com	munication methods. If your	City participat	es and you w	ould like e	email notificati	ons regarding in	nportant ch	anges and	Income	Tax related	informat	ion please	provide	
					l email you asking for your s	ocial security	number.	Email S	SAHARAC	UTTRIDG								
ER	R SIG	NATURE OF	PREP.	ARER OTHE	ER THAN TAXPAYER			-		Date (MM/DD	D/YY)		EIN or SS rer's phon					
PAR S	FIR FIR	M'S NAME (or	yours	if self-emplo	oyed), ADDRESS AND ZIP COD	E							NACT					
PRE	SIGN												softwa		1555			

LANSING ESTIMATED INCOME TAX PAYMENT VOUCHER

2024 EST 01Q

	FIRST QUARTER - PAYMENT DUE APRIL 30, 2024
Taxpayer Name:	SAHARA GUTTRIDGE
Social Security No:	385-13-7866
Due on or Before:	04/30/2024, for tax year 2024*
Payment:	\$ 57
ŕ	 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	n: 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:
	V DETACH HERE V
CF-1040ES REV 02/16/24 TTO	LANSING FIRST QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER Mail To: CITY OF LANSING INCOME TAX DEPT. 124 W MICHIGAN AVE RM G29
NACTP# 1555	LANSING, MI 48933
EFIN #	ESTIMATED PAYMENT VOUCHER 1 Due Date: 04/30/2024
Taxpayer's first name, initial, last nam	Taxpayer's SSN

SAHARA GUTTRIDGE 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 WΙ 532021248 MILWAUKEE Foreign country name, province/county, postal code Round to nearest dollar Amount of estimated tax you are paying by check or money order 57.00

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

2024 EST 02Q

Round to nearest dollar

57.00

		0200112 007111	
Taxpaye	er Name:	SAHARA GUTTRIDGE	
Social S	ecurity No:	385-13-7866	
Due on o	or Before:	06/30/2024, for tax year 202	24*
Paymen	t:	\$ 57	
Paymen		daytime phone number, andTo pay by direct debit to you	money order payable to " LANSING ." Write your social security number, I "2024 CF-1040ES" on your payment. DO NOT SEND CASH. Ir bank account, use form CF-1040ES-EFT. come tax website of the LANSING . Not all cities accept credit card or
Addition	al Informatior		axpayer may use this payment voucher to make estimated income tax own social security number by listing their name and social security number as nt voucher.
Address	for Payment	: CITY OF LANSING IN 124 W MICHIGAN AVE LANSING, MI 48933	
* Due Da	ate	If the due date falls on a Sat	turday, Sunday or holiday, the due date is the next business day.
Тахраує	er Records:	Amount Paid: Check Number: Date Mailed:	
			V DETACH HERE V
CF-1040 REV 02/16/24		SECOND QUARTER ES Mail To: CITY OF L	ANSING STIMATED INCOME TAX PAYMENT VOUCHER ANSING INCOME TAX DEPT HIGAN AVE RM G29
NACTP#	1555	LANSING,	
EFIN#	1333		ESTIMATED PAYMENT VOUCHER 2 Due Date: 06/30/2024
	│ t name, initial, last nam		Taxpayer's SSN
SAHARA	GUTTRIDGE		385-13-7866
If joint estimate	ed payment, spouse's fi	irst name, initial, last name	If joint payment, spouse's SSN
Phone number	517-505-1	628	
Present home	address (Number and	street) Apt. no.	Payment voucher 2D barcode
2233 N	SUMMIT AV	Ε	

Amount of estimated tax you are paying by check or

money order

State

Zip code

532021248

Address line 2 (P.O. Box address for mailing use only)

Foreign country name, province/county, postal code

City, town or post office

MILWAUKEE

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

2024 EST 03Q

Round to nearest dollar

57.00

		11 mt 2 do nt 2 mt 1 m 2 m 2 do pto m 2 d 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m
Taxpaye	er Name:	SAHARA GUTTRIDGE
Social S	ecurity No:	385-13-7866
Due on	or Before:	09/30/2024, for tax year 2024*
Paymen	t:	\$ 57
Paymen	t 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 direct debit payments.
Addition	al Informatio	n: 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 Da	ate	If the due date falls on a Saturday, Sunday or holiday, the due date is the next business day.
Тахраує	er Records:	Amount Paid: Check Number: Date Mailed:
CF-1040)EQ	V DETACH HERE V I ANSING 2024 EST 030
REV 02/16/24		LANSING 2024 EST 030 THIRD QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER Revised: 09/30/201
		Mail To: CITY OF LANSING INCOME TAX DEPT
NA OTD #	1.555	124 W MICHIGAN AVE RM G29
NACTP#	1555	LANSING, MI 48933
EFIN #	t name, initial, last nan	ESTIMATED PAYMENT VOUCHER 3 Due Date: 09/30/2024
	GUTTRIDGE	385-13-7866
		irst name, initial, last name If joint payment, spouse's SSN
Phone number	517-505-1	620
	address (Number and	
	SUMMIT AVI	mini majangaan ayan majang mang majang mang maj
	(P.O. Box address for	THE REPORT OF THE PROPERTY OF

Amount of estimated tax you are paying by check or

money order

State

Zip code

532021248

City, town or post office

Foreign country name, province/county, postal code

MILWAUKEE

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
,	 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

 \boldsymbol{V} DETACH HERE \boldsymbol{V}

CF-1040ES REV 02/16/24 TTO

* Due Date

Taxpayer Records:

LANSING FOURTH QUARTER ESTIMATED INCOME TAX PAYMENT VOUCHER

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

2024 EST 04Q

Revised: 09/30/2017

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

NACTD# 1555

LANSING, MI 48933

Amount Paid: Check Number: Date Mailed:

NACTP#	T222		LANSING,	MI 48	3933				
EFIN#				ESTIM	ATED PAYMEN	IT VOUCHER 4	Due Dat	te: 01/31/20	25
Taxpayer's first name, initial, last name					yer's SSN				
SAHARA GUTTRIDGE					5-13-7866				
If joint estimated payment, spouse's first name, initial, last name					payment, spouse's SSN				
Phone number	517-505-1	628							
Present home address (Number and street) Apt. no.					ent voucher 2D barcode				
2233 N	SUMMIT AVE	C			NOCES CHARACTERS		Market By Te	4: /7 0:K&/-009	
Address line 2 (P.O. Box address for	mailing use only)							
City, town or po	st office	State	Zip code		Kabaharkan Kabahar		axilio mada		
MILWAUK	EE	WI	532021248						
Foreign country	name, province/coun	ty, postal code		Amo	unt of estimated tax yo	ou are paying by check or	Round to nea	rest dollar	
				mone	ey order			57.	.00

Taxpayer's name	Taxpayer's SSN	2000 LANCINO	
SAHARA GUTTRIDGE	385-13-7866	2023 LANSING	
SCHEDULE TC, PART-YEAR RESIDENT TAX CA	LCULATION - CF-10	040, PAGE 1, LINES 23a AND 23b	Attachment 1

SCHEDULE TC, PART-YEAR RESIDENT TAX CALCULATION - CF-1040, PAGE 1, LINES 23a AND 23b 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 02/16/24 TTO

1555

- 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	при			ESIDENT'S FORMER	
	_		202			IUME BLVD LANSIN	
Taxpayer		01-01-2023 03-31-	202) F	IOME READ THISTI	NG, MI 4091/
Spouse		Column A	1	Spouse		Column C	Column D
INCOME		Column A Federal Return Data	E	Column B Exclusions and Adjustments		Column C Taxable Resident Income	Taxable Nonresident Income
1. Wages, salaries, tips, etc. (Attach Form(s) W-2)	1	53359 .00)	.0	0	13756.00	39603.00
Taxable interest	2	.00	_	.0	0	.00	NOT TAXABLE
Ordinary dividends	3	.00)	.0	0	.00	NOT TAXABLE
Taxable refunds, credits or offsets	4	0.00		0.0	_	NOT APPLICABLE	NOT TAXABLE
5. Alimony received	5			.0		.00	.00.
6. Business income or (loss) (Att. copy of fed. Sch. C)	6	.00)	.0	0	.00	.00
7. Capital gain or (loss) 7a Mark if Sch. D not required	7b	.00)	.0	0	.00	.00.
8. Other gains or (losses) (Att. copy of Form 4797)	8	.00)	.0	0	.00	.00.
Taxable IRA distributions	9	.00)	.0	0	.00	.00
10. Taxable pensions and annuities (Att. Form 1099-R)	10	.00	_	.0	0	.00	.00.
11. Rental real estate, royalties, partnerships, S corps., trusts, etc. (Attach copy of fed. Sch. E)	_	.00		.0		.00	.00
12. Subchapter S corporation distributions (Attach copy of federal. Schedule K-1)	12	NOT APPLICABLE		.0	00	.00	.00
13. Farm income or (loss) (Att. copy of fed. Sch. F)	13	.00)	.0	0	.00	.00
14. Unemployment compensation	14	.00)	.0	0	NOT APPLICABLE	NOT TAXABLE
15. Social security benefits	15	.00)	.0	0	NOT APPLICABLE	NOT TAXABLE
16. Other income (Att. statement listing type and amt)	16	.00)	.0	0	.00	.00
17. Total additions (Add lines 2 through 16)	17	0.00)	0.0	0	.00	.00
18. Total income (Add lines 1 through 16)	18	53359 .00)	0.0	0	13756.00	39603.00
DEDUCTIONS SCHEDULE See instruction	ions	. Deductions must be allocated o	n the s	same basis as related income	ie.		
IRA deduction (Attach copy of Schedule 1 of federal return & evidence of payment)	1	.00)	.0	00	.00	.00
Self-employed SEP, SIMPLE and qualified 2. plans (Attach copy of Schedule 1 of fed. return)	2	.00)	.0	0	.00	.00
3. Employee business expenses (Attached CF- 2106 and detailed list)	3					.00	.00.
Moving expenses (Into city area only) (Attach copy of federal Form 3903)	4	.00)	.0	0	.00	.00
5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. (Att. copy of page 1 of fed. return)	5	.00		.0	0	.00	.00
6. Renaissance Zone deduction (Att. Sch. RZ)	6					.00	.00
19. Total deductions (Add lines 1 through 6)				19	9	.00	.00
20a. Total income after deductions (Subtract line 19	fror	n line 18)		20	0a	13756 .00	39603 .00
20b. Losses transferred between columns C and D (If line	e 20	a is a loss in either column C or I	, see	instructions) 20	0b	.00	.00
20c. Total income after adjustment (Line 20a less line 20	-				0с	13756 .00	39603 .00
21. Exemptions (Enter the number of exemptions from and multiply by the value of an exemp (If the amount on line 21b exceeds the	tion	, and enter on line 21b)		ter	1b	600.00	
unused portion (line 20b less line 20c)		,		2′		10156 00	.00
22a. Total income subject to tax as a resident (Subtr				•	_	13156 .00	20502 22
22b. Total income subject to tax as a nonresident (S			or less	,		120.65	39603.00
,		22a BY RESIDENT TAX RATE)		23	_	132 .00	100 00
•		22b BY NONRESIDENT TAX RA		23	3b		198.00
		ND ON FORM CF-1040, PAGE 1, ARK (X) IN BOX 23a OF FORM (3с	330.00	

Taxpayer's name			yer's SSN		20	23 LANSIN	G		
SAHARA GUTTRIDGE			5-13-5						
WAGES AND EXCLUDIBLE W			-	AGE 1, LINE 1,	COL		REV 02/1	6/24 TTO	Attachment 2-1
All W-2 forms must be attache						1555			Revised 06/15/2017
Use this form to provide details for all Forms Wamployee for which you did not receive a W-2; reported on Form W-2; disability pensions show shown on Form 1099-R from excess salary defections form to calculate excludible (nontaxable) amployer are also reported on Form CF-1040, properties.	tips reported on federa vn on Form 1099-R if th errals and/or excess co	ll Form 4137; taxa he taxpayer has n ontributions (plus e	ble depend ot reached earnings); v	lent care benefits; emp the minimum retiremer vages from Form 8919,	loyer-pi it age s line 6;	rovided adoption bene et by the employer; co and other wage items	efits; scholarsh prrective distrib not included in	ip and fellows outions from a n a Form W-2	ship grants not retirement plan 2.
WAGES, ETC.		er (or source) 1		Employe					source) 3
Employer's ID number (W-2, box b) or source's ID Number if available	82-332	7547		82-230	504	0	27-	-12841	96
Employer's name (Form W-2, box c) or source's name	RHR MII	LWAUKEE		LAMB INSU	JRANC	E AGENCY	MAR	CAT CC)RP
3. SSN from Form W-2, box a	385-13-	-7866		385-13	-786	56	385	5-13-78	866
4. Enter T for taxpayer or S for spouse		Т			Т			Т	
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
Mark (X) box If you work at multiple locations in and out of LANSING									
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 NORT MILWAUK 53225	CH MAYFAIR	RD	4800 SC LANSING 48910				WAUKEE	CKINNIC AVE
Wages, tips, other compensation (Form W-2, Box 1); report statutory employee wages as zero		3960)3			11539			928
Wages not included in Form W-2, box 1 (See instructions)									0
10. Code for wage type reported on line 9	<u> </u>						TIP	S	
NONRESIDENT WAGE ALLOCATION	Employe	er (or source) 1		Employe	r (or s	ource) 2	En	nployer (or	source) 3
For use by nonresidents or part-year residential a nonresident must use the wage all Nonresidents working all of their work time 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	ocation to determine	wages earned i	n city while	e a nonresident (use	only w	ages and days wor	ked while a n	onresident f	for computations.)
(Line 11 less line 12) 14. Enter actual number of days or hours									
worked in city									
 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	Employe	er (or source) 1		Employe	r (or s	source) 2	En	nployer (or	source) 3
 Enter nonresident excludible wages (Total of lines 8 & 9 less line 16) 									
8. Enter resident excludible wages									
 Enter reason excludible wages reported on lines 17 and/or 18 are not taxable by LANSING 									
 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			1	1539			928
22. Total wages (Add lines 8 and 9 for all empl amount reported on Form CF-1040, page 1	I, line 1, column A; Par			52070					

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)

「axpayer's name		Taxpayer's SSI	N	2222 4	NOINO	
SAHARA GUTTRIDGE		385-13-	-7866	2023 LA	NSING	
WAGES AND EXCLUDIBLE W	AGES SCHEDU	ILE - CF-1040, F	PAGE 1, LIN	E 1, COLUMN E	3	Attachment 2-1
All W-2 forms must be attach					1555 REV 02/1	6/24 TTO Revised 06/15/2017
Use this form to provide details for all Forms Wemployee for which you did not receive a W-2; deported on Form W-2; disability pensions show shown on Form 1099-R from excess salary defeals this form to calculate excludible (nontaxable) employer are also reported on Form CF-1040, pensions.	tips reported on federal f yn on Form 1099-R if the errals and/or excess cont e) wages included in tota	Form 4137; taxable depet taxpayer has not reacher tributions (plus earnings) al wages reported on you	endent care benefit ed the minimum re r; wages from Forn rr federal tax retur	is; employer-provided ad tirement age set by the e n 8919, line 6; and other n (Forms 1040, line 7; 10	option benefits; scholarsh employer; corrective distrib wage items not included in 040A; line 7; or 1040EZ, line	ip and fellowship grants not outions from a retirement plan n a Form W-2. ne 1). Excludible wages for each
WAGES, ETC.	Employer	(or source) 1	En	ployer (or source) 2	2 Er	nployer (or source) 3
Employer's ID number (W-2, box b) or source's ID Number if available	61-1316	260				
Employer's name (Form W-2, box c) or source's name	TRH - MANA	GEMENT CORP				
3. SSN from Form W-2, box a	385-13-	7866				
4. Enter T for taxpayer or S for spouse		T				
5. Dates of employment during tax year	From 01/01/2023	To 02/10/2023	From	То	From	То
Mark (X) box If you work at multiple locations in and out of LANSING						
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) 8. Wages, tips, other compensation	280 E EDG LANSING 40205	EWOOD BLVD MI				
(Form W-2, Box 1); report statutory employee wages as zero		1289				
Wages not included in Form W-2, box 1 (See instructions)						
0. Code for wage type reported on line 9					<u> </u>	
NONRESIDENT WAGE ALLOCATION	Employer	(or source) 1	l En	ployer (or source) 2	2 En	nployer (or source) 3
		, ,		. , , ,		
For use by nonresidents or part-year residents or part-year resident must use the wage allo Nonresidents working all of their work time	ents who worked both ocation to determine w	in and outside of the vages earned in city w	city for the empl	nt (use only wages and	nt. Part-year residents of days worked while a n	onresident for computations.)
For use by nonresidents or part-year residuhile a nonresident must use the wage alloonresidents working all of their work time 1. Enter actual number of days or hours on job for employer during period (Do not include weekends you did not work)	ents who worked both ocation to determine w	in and outside of the vages earned in city w	city for the empl	nt (use only wages and	nt. Part-year residents of days worked while a n	onresident for computations.)
For use by nonresidents or part-year reside while a nonresident must use the wage all Nonresidents working all of their work time 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	ents who worked both ocation to determine w	in and outside of the vages earned in city w	city for the empl	nt (use only wages and	nt. Part-year residents of days worked while a n	onresident for computations.)
For use by nonresidents or part-year residual a nonresident must use the wage allo conresidents working all of their work time 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)	ents who worked both ocation to determine w	in and outside of the vages earned in city w	city for the empl	nt (use only wages and	nt. Part-year residents of days worked while a n	onresident for computations.)
For use by nonresidents or part-year residual a nonresident must use the wage allo conresidents working all of their work time 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)	ents who worked both ocation to determine w	in and outside of the vages earned in city w	city for the empl	nt (use only wages and	nt. Part-year residents of days worked while a n	onresident for computations.)
For use by nonresidents or part-year residuing a nonresident must use the wage allo conresidents working all of their work time 1. 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	ents who worked both ocation to determine w	in and outside of the rages earned in city w e city should skip this	city for the empl	nt (use only wages and	nt. Part-year residents of days worked while a n	onresident for computations.)
For use by nonresidents or part-year residual a nonresident must use the wage allocorresidents working all of their work time 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%)	ents who worked both ocation to determine w	in and outside of the rages earned in city w e city should skip this	city for the empl nile a nonreside Nonresident Wa	nt (use only wages and	nt. Part-year residents of days worked while a nor that employer as all of	onresident for computations.) of their wages are taxable.
For use by nonresidents or part-year residuing a nonresident must use the wage allo Nonresidents working all of their work time 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)	ents who worked both poation to determine w for an employer in the	in and outside of the rages earned in city w e city should skip this	city for the empl nile a nonreside Nonresident Wa	nt (use only wages and	nt. Part-year residents of days worked while a nor that employer as all of that employer as all of the worked while a nor that employer as all of the worked with the worked w	onresident for computations.) of their wages are taxable.
For use by nonresidents or part-year residuing a nonresident must use the wage alloconresidents working all of their work time 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 17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16)	ents who worked both poation to determine w for an employer in the	in and outside of the rages earned in city we e city should skip this i	city for the empl nile a nonreside Nonresident Wa	it (use only wages and ge Allocation for section for the sec	nt. Part-year residents of days worked while a nor that employer as all of that employer as all of the worked while a nor that employer as all of the worked with the worked w	onresident for computations.) of their wages are taxable.
For use by nonresidents or part-year residuing a nonresident must use the wage alloconresidents working all of their work time 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 17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16)	ents who worked both poation to determine w for an employer in the	in and outside of the rages earned in city we e city should skip this i	city for the empl nile a nonreside Nonresident Wa	it (use only wages and ge Allocation for section for the sec	nt. Part-year residents of days worked while a nor that employer as all of that employer as all of the worked while a nor that employer as all of the worked with the worked w	onresident for computations.) of their wages are taxable.
For use by nonresidents or part-year reside while a nonresident must use the wage allo Nonresidents working all of their work time 1. 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 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	ents who worked both poation to determine w for an employer in the	in and outside of the rages earned in city we e city should skip this i	city for the empl nile a nonreside Nonresident Wa	it (use only wages and ge Allocation for section for the sec	nt. Part-year residents of days worked while a nor that employer as all of that employer as all of the worked while a nor that employer as all of the worked with the worked w	onresident for computations.) of their wages are taxable.
For use by nonresidents or part-year reside while a nonresident must use the wage allo conresidents working all of their work time 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) 17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16) 18. Enter resident excludible wages reported on lines 17 and/or 18 are not taxable by LANS ING	ents who worked both poation to determine w for an employer in the	in and outside of the rages earned in city we e city should skip this i	city for the empl nile a nonreside Nonresident Wa	it (use only wages and ge Allocation for section for the sec	nt. Part-year residents of days worked while a nor that employer as all of that employer as all of the worked while a nor that employer as all of the worked with the worked w	onresident for computations.) of their wages are taxable.
For use by nonresidents or part-year reside while a nonresident must use the wage allo Nonresidents working all of their work time 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 17. Enter nonresident excludible wages (Total of lines 8 & 9 less line 16) 18. Enter resident excludible wages reported on lines 17 and/or 18 are not taxable by LANS ING 20. Total excludible wages (Line 17 plus line 18; Enter here and on CF-1040, page 2,	ents who worked both poation to determine w for an employer in the	in and outside of the rages earned in city we e city should skip this i	city for the empl nile a nonreside Nonresident Wa	it (use only wages and ge Allocation for section for the sec	nt. Part-year residents of days worked while a nor that employer as all of that employer as all of the worked while a nor that employer as all of the worked with the worked w	onresident for computations.) of their wages are taxable.
For use by nonresidents or part-year residuality in the contest of	ents who worked both ocation to determine w for an employer in the employer in the employer and other sources the employer and other sources, line 1, column A; Part-y	in and outside of the rages earned in city when city should skip this in the city should skip th	city for the emplile a nonreside Nonresident Wa	it (use only wages and ge Allocation for section for the sec	nt. Part-year residents of days worked while a nor that employer as all of that employer as all of the worked while a nor that employer as all of the worked with the worked w	onresident for computations.) of their wages are taxable.

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	ayer's name ara Guttridge		Taxpayer's SSN 385-13-786	
Quic Quic	kZoom to Form CF-1040		=	
Er Er Ss	Statutory Wages This income was reported on federal Form 1040, line 7 but Code used for income not reported on Form W-2, box 1 for taxpayer's or S for Spouse's employer mployer's ID Number mployer's name mployer's address from Form W-2 Check if address above is the address where you worked If not, enter the address where you actually worked SN from Form W-2, box a Worked for this employer the whole year	T 82-3327547 RHR Milwaukee 2300 North May City Wauwatosa Zip code 533 2300 North May City Milwaukee Zip code 385-13-7866	yfair Rd. State 226-1505 yfair Rd State 53225	
	dates of employment during tax year /pe of wages (i.e., military or S.U.B. pay)	From <u>04/0</u> To <u>12/3</u>	31/2023	
	1 – Wages			
b	Wages, tips, other compensation (Form W-2, Box 1) Allocated tips (Form W-2, Box 8)			39,603.
b c	Nonresident Period Note: to allocate nonresident wag Total wages	y excludible)		39,603. 39,603.
b c 7 a b c 8 a b c 9 a b	Locality name from Form W-2, box 20b (standard abbrevia City income tax withheld from Form W-2, box 19b Locality name from Form W-2, box 20c Locality name from Form W-2, box 20c (standard abbrevia City income tax withheld from Form W-2, box 19c Locality name from Form W-2, box 20d	tion)		
Part	2 - Employee Business Expenses			
1 2 3 4	Total business expense deduction Nondeductible business expenses Resident deductible employee business expenses Nonresident deductible employee business expenses			

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)	

	yer's name ra Guttridge		Taxpayer's SSN 385-13-7866	
Dana	ia datti iage		303 13 7000	
Quick Quick	kZoom to Form CF-1040		· · · · · · · · · → -	
T for Em	Statutory Wages This income was reported on federal Form 1040, line 7 but Code used for income not reported on Form W-2, box 1 or taxpayer's or S for Spouse's employer ployer's ID Number ployer's name ployer's address from Form W-2 Check if address above is the address where you worked	T 82-2305040 LAMB INSURANC PO BOX 15036 City . LANSING Zip code	E AGENCY State . N	MI_
	If not, enter the address where you actually worked	City Lansing	State . N	MI
	MI from Form M/O hove	Zip code	48910	
	SN from Form W-2, box a	385-13-7866		
or	dates of employment during tax year	From 01/ To 03/	01/2023 31/2023	
Ιy	pe of wages (i.e., military or S.U.B. pay)			
Part	1 – Wages			
	Wages, tips, other compensation (Form W-2, Box 1) Allocated tips (Form W-2, Box 8)			11,539.
	Resident Period			
	Total wages			11,539.
	Taxable wages			11,539.
С	Excludible wages			
	Nonresident Period Note: to allocate nonresident wag	ges, use Part 3 below		
4 a	Total wages		<u></u>	0.
	Taxable wages			0.
	All nonresident wages were earned outside the city (fully Excludible wages			
	· ·			
5	Reason excludible wages are not taxable			
	Locality name from Form W-2, box 20a			
	Locality name from Form W-2, box 20a (standard abbrevia: City income tax withheld from Form W-2, box 19a			
	Locality name from Form W-2, box 20b			
	Locality name from Form W-2, box 20b (standard abbrevia			
	City income tax withheld from Form W-2, box 19b			
	Locality name from Form W-2, box 20c			
	Locality name from Form W-2, box 20c (standard abbrevia			
	City income tax withheld from Form W-2, box 19c			
	Locality name from Form W-2, box 20d			
	Locality name from Form W-2, box 20d (standard abbrevia: City income tax withheld from Form W-2, box 19d			
С	City income tax withheld from Form W-2, box 19d			
Part :	2 — Employee Business Expenses			
1	Total business expense deduction			
2	Nondeductible business expenses			
	Resident deductible employee business expenses			
	Nonresident deductible employee business expenses			

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)	

Taxpayer's name Sahara Guttridge	Taxpayer's SSN 385-13-786	6
QuickZoom to Form CF-1040		
Statutory Wages This income was reported on federal Form 1040, line 7 but Code used for income not reported on Form W-2, box 1 T for taxpayer's or S for Spouse's employer Employer's ID Number Employer's name Employer's address from Form W-2 Check if address above is the address where you worked	1	.WI
If not, enter the address where you actually worked	City . Milwaukee State Zip code 53207	·MI
Worked for this employer the whole year or dates of employment during tax year Type of wages (i.e., military or S.U.B. pay)	From <u>09/15/2023</u> To <u>12/31/2023</u>	
Part 1 – Wages		
 Wages, tips, other compensation (Form W-2, Box 1) Allocated tips (Form W-2, Box 8) 		928. 0.
Resident Period 3 a Total wages		928. 928.
Nonresident Period Note: to allocate nonresident war a Total wages	ly excludible)	0.
Reason excludible wages are not taxable	ation)	
 9 a Locality name from Form W-2, box 20d	ation)	
 Total business expense deduction Nondeductible business expenses Resident deductible employee business expenses Nonresident deductible employee business expenses 		

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)	

Taxpayer's name Sahara Guttridge	Taxpayer's SSN 385-13-7866
QuickZoom to Form CF-1040	· · · · · · · · · · · · · · · · · · ·
Statutory Wages This income was reported on federal Form 1040, lir Code used for income not reported on Form W-2 T for taxpayer's or S for Spouse's employer Employer's ID Number Employer's name Employer's address from Form W-2 Check if address above is the address where you we	2, box 1 T 61-1316260 TRH - MANAGEMENT CORP 6040 Dutchmans Lane City. Louisville State.KY Zip code 40205
If not, enter the address where you actually worked SSN from Form W-2, box a	City Lansing State MI Zip code 40205
Worked for this employer the whole year or dates of employment during tax year Type of wages (i.e., military or S.U.B. pay)	From <u>01/01/2023</u> To <u>02/10/2023</u>
Part 1 – Wages	
 Wages, tips, other compensation (Form W-2, Box 1 Allocated tips (Form W-2, Box 8) 	
Resident Period 3 a Total wages	1,289.
Nonresident Period Note: to allocate nonresid 4 a Total wages	0
 Reason excludible wages are not taxable Locality name from Form W-2, box 20a Locality name from Form W-2, box 20a (standard a c City income tax withheld from Form W-2, box 19a Locality name from Form W-2, box 20b Locality name from Form W-2, box 20b (standard a c City income tax withheld from Form W-2, box 19b Locality name from Form W-2, box 20c (standard a c City income tax withheld from Form W-2, box 19c Locality name from Form W-2, box 20d Locality name from Form W-2, box 20d (standard a c City income tax withheld from Form W-2, box 20d (standard a c City income tax withheld from Form W-2, box 19d 	bbreviation)
Part 2 – Employee Business Expenses	
 Total business expense deduction Nondeductible business expenses Resident deductible employee business expenses Nonresident deductible employee business expenses 	es

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)	