

1X AMENDED return Wisconsin income tax



2009

Complete form using BLACK INK

For year Jan. 1-Dec. 31, 2009, or other tax year
beginning _____, 2009
ending _____, 20____.

DO NOT STAPLE

Your social security number 400 00 5415		Spouse's social security number 400 00 5485		IMPORTANT You must enter your social security number(s)	
Your legal last name Bluebird		Legal first name Test		M.I. S	
If a joint return, spouse's legal last name Bluebird		Spouse's legal first name Jane		M.I. E	
Current home address (number and street) 4029 Council Crest				Apt. No.	
City or post office Madison			State WI	Zip code 53711	
Special conditions <input type="checkbox"/>					
If married filing separate, fill in spouse's social security number above and full name here					
Last name		First name		M.I.	

• USE THIS FORM TO AMEND 2009 ONLY.
(See instructions)
• PART-YEAR RESIDENTS OR NONRESIDENTS
MAY NOT USE THIS FORM.










Filing status (Note You cannot change from joint to separate returns after the due date.)

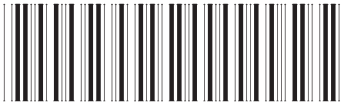
- On original return ▶ Single Married filing joint Married filing separate Head of household
- On this return ▶ Single Married filing joint Married filing separate Head of household ▶ Also, check here if married

See page 5 before assembling return

Print numbers like this → 0 1 2 3 4 5 6 7 8 9	Not like this → 0 1 4 7	NO COMMAS; NO CENTS
1 Wisconsin income (see instructions)	1	90833 .00
Form W-2 wages included in line 1		153494 .00
2 Standard deduction. See table on page 8, OR ▼	2	2839 .00
If someone else can claim you (or your spouse) as a dependent, see page 2 and check here . . ▶		
3 Subtract line 2 from line 1. If line 2 is larger than line 1, fill in 0	3	87994 .00
4 Exemptions (Caution: see instructions, page 2)		
a Fill in exemptions from your federal return <u>2</u> x \$700 . . 4a		1400 .00
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u> </u> x \$250 . . 4b		.00
c Add lines 4a and 4b	4c	1400 .00
5 Subtract line 4c from line 3. If line 4c is larger than line 3, fill in 0	5	86594 .00
6 Tax (see table on page 10)	6	5319 .00
7 Itemized deduction credit	7	517 .00
8 Armed forces member credit	8	.00
9 School property tax credit		
a Rent paid in 2009—heat included <u> </u> .00	} Find credit from table page 6 ..	9a <u> </u> .00
Rent paid in 2009—heat not included <u> </u> .00		
b Property taxes paid on home in 2009 <u>4500</u> .00	} Find credit from table page 7 ..	9b <u>300</u> .00
10 Historic rehabilitation credits	10	.00
11 Working families tax credit	11	.00
12 Certain nonrefundable credits from Schedule CR, line 3	12	.00
13 Add credits on lines 7 through 12	13	817 .00
14 Subtract line 13 from line 6. If line 13 is more than line 6, fill in 0	14	4502 .00
15 Alternative minimum tax	15	0 .00
16 Add lines 14 and 15	16	4502 .00

PAPER CLIP payment here

17	Amount from line 16	17	4502.00	
18	Married couple credit	18	0.00	
19	Other credits from Schedule CR, line 15	19	.00	
20	Net income tax paid to another state	20	1400.00	
21	Add lines 18 through 20	21	1400.00	
22	Subtract line 21 from 17. If line 21 is more than line 17, fill in 0	22	3102.00	
23	Recycling surcharge	23	.00	
24	Sales and use tax on out-of-state purchases	24	.00	
25	Advance earned income credit	25	.00	
26	Donations (decreases refund or increases amount owed)			
a	Endangered resources 	.00	f Firefighters memorial 	.00
b	Packers football stadium 	.00	g Prostate cancer research 	.00
c	Breast cancer research 	.00	h Military family relief 	.00
d	Veterans trust fund 	.00	i Second Harvest 	.00
e	Multiple sclerosis 	.00	Total (add lines a through i)	26j .00
27	Penalties on IRAs, other retirement plans, MSAs, etc.	.00 x .33 =	27 .00	
28	Credit repayments and other penalties	28	257.00	
29	Add lines 22 through 25 and 26j through 28	29	3359.00	
30	Wisconsin income tax withheld	30	9210.00	
31	Wisconsin estimated tax payments for 2009	31	.00	
32	Earned income credit. Number of qualifying children . . . ▶ _____ Federal credit00 x _____ % =	32	.00	
33	Farmland preservation credit	33	.00	
34	Repayment credit	34	500.00	
35	Homestead credit (Enclose Schedule H or H-EZ)	35	.00	
36	Farmland tax relief credit Property taxes on farmland00 x .18 =	36	.00	
37	Eligible veterans and surviving spouses property tax credit	37	.00	
38	Other credits from Schedule CR, line 22	38	.00	
39	Amount paid with 2009 return, plus additional payments after it was filed (see instructions)	39	.00	
40	Add lines 30 through 39 and fill in total	40	9710.00	
41	Refund from 2009 return (see instructions)	41	590.00	
42	Subtract line 41 from line 40 and fill in result	42	9120.00	



Name(s) shown on Form 1X		Your social security number	
43	Fill in amount from line 29	43	3359 .00
44	Fill in amount from line 42	44	9120 .00
45	If line 43 is less than line 44, subtract line 43 from line 44 . . . This is the AMOUNT OF YOUR REFUND	45	5761 .00
46	Amount to be applied to your 2010 estimated tax (see instructions)	46	6000 .00
47	If line 43 plus line 46 is more than line 44, subtract line 44 from the sum of lines 43 and 46	ADDITIONAL TAX 47	239 .00
48	Interest charge (see instructions)	48	.00
49	TOTAL AMOUNT DUE – Pay in full with this return	49	239 .00
50	Underpayment interest (see instructions) Exception Code →	50	.00

Explanation of Changes to Income, Payments, and Credits

02
 06
 10

 Explanation Codes (see instructions)

Indicate the line reference(s) from pages 1 and 2 for which you are reporting a change and explain in detail the reason for the change.

02 pass through change

06 muni interest

10 repayment

Fill in the name used on your 2009 return
 (if same as name filled in on page 1, write "Same") _____

Sign here

Under penalties of law, I declare that this amended return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature _____ Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____ Daytime phone _____

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Mail your Form 1X
 (and make check payable) to:
 Wisconsin Department of Revenue
 PO Box 8991
 Madison WI 53708-8991



For Department Use Only

R	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Schedule 1 – Itemized Deduction Credit

(Fill in completely if any item is changed. If this credit was not claimed on your original return, enclose federal Schedule A.)

1	Medical and dental expenses from line 4, federal Schedule A	1	<u>.00</u>
2	Interest paid from line 15, federal Schedule A. Do not include interest paid on a second home located outside Wisconsin or on a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities	2	<u>8900.00</u>
3	Gifts to charity from line 19, federal Schedule A	3	<u>4288.00</u>
4	Casualty losses from line 20, federal Schedule A, only if the loss is directly related to a presidentially-declared disaster	4	<u>0.00</u>
5	Add lines 1 through 4	5	<u>13188.00</u>
6	Wisconsin standard deduction from line 2 of Form 1X	6	<u>2839.00</u>
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	7	<u>10349.00</u>
8	Rate of credit is .05 (5%)	8	<u>X .05</u>
9	Multiply line 7 by line 8. Fill in here and on line 7 of Form 1X	9	<u>517.</u>

Schedule 2 – Married Couple Credit When Both Spouses Are Employed

(Fill in if changed.)

		(A) Yourself	(B) Your spouse
1	Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	<u>73494.00</u>	<u>80000.00</u>
2	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income	<u>-75641.00</u>	<u>0.00</u>
3	Combine lines 1 and 2. This is earned income	<u>0.00</u>	<u>80000.00</u>
4	Fill in the amounts from your federal Form 1040, lines 24, 28, and 32, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18) pension plans included in line 36 of Form 1040, and any disability income exclusion claimed for Wisconsin	<u>.00</u>	<u>.00</u>
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	<u>.00</u>	<u>.00</u>
6	Fill in the smaller of column (A) or (B) of line 5. If more than \$16,000, fill in \$16,000	<u>0.00</u>	<u>0.00</u>
7	Rate of credit is .03 (3.0%)	<u>X .03</u>	<u>.03</u>
8	Multiply line 6 by line 7. Fill in here and on line 18 of Form 1X. Do not fill in more than \$480	<u>0.00</u>	<u>0.00</u>



SCHEDULE OS

Wisconsin
Department of Revenue

**Credit for Net Tax Paid
to Another State**

◆ Attach to your Wisconsin Form 1, 1NPR, or 2 ◆

2009

Name(s) shown on Form 1, 1NPR, or 2 Bluebird Test S	Identifying number 400 00 5415
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To be eligible for this credit, you must have been a full-year Wisconsin resident or part-year resident in 2009 and have paid 2009 state income tax **on the same income** to Wisconsin and another state.

Be sure to enclose a copy of your tax return from the other state(s).

■ PART I – Income From Other State	State 1	State 2	State 3	State 4
1 Wages, salaries, tips, etc.				
2 Taxable interest				
3 Ordinary dividends				
4 Business income / loss				
5 Capital gain / loss				
6 Other gains / losses				
7 IRA distributions, pensions, and annuities				
8 Rental real estate, royalties, partnerships, S corporations, trusts, etc.				
9 Farm income / loss				
10 Unemployment compensation				
11 Social security benefits				
12 Other income				
Adjustments to Income				
13 Archer MSA or health savings accounts deduction				
14 Business expenses of reservists, performing artists, and fee-basis public officials				
15 Moving expenses				
16 One-half of self-employment tax				
17 Self-employed SEP, SIMPLE, and qualified plans				
18 Self-employed health insurance deduction				
19 IRA deduction				
20 Student loan interest deduction				
21 Other adjustments to income				
22 Total income taxed by other state (see instructions)				

NOW GO TO PART II

Name(s) shown on Form 1, 1NPR, or 2	Identifying number
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■ PART II – Calculation of Credit	State 1	State 2	State 3	State 4
23 Postal abbreviation for state to which tax was paid	IL			
24 Income taxable to both Wisconsin <u>and</u> other state (see instructions)				
25 Total income taxed by the other state before subtracting any standard or itemized deductions or personal exemptions (see instructions)				
26 From the income tax return of the other state, fill in the net tax amount after subtracting all nonrefundable and refundable credits. Do not include tax withheld or estimated tax payments as a credit				
27 Are the amounts on lines 24 and 25 the same? <ul style="list-style-type: none"> • If YES, leave line 27 blank and fill in the amount from line 26 on line 28 • If NO and line 24 is less than line 25, divide line 24 by line 25. Carry the decimal to four places and fill in on line 27. If line 25 is less than line 24, fill in 1.0000 				
28 Multiply line 26 by line 27. Round the result to the nearest dollar				
29 Income and franchise tax (see instructions)	1400			
30 Add lines 28 and 29 in each column	1400			
31 Add the amounts in each column of line 30. Fill in the total here				31 1400
32 If you have tax paid to more than 4 states, fill in the amount from line 31 of any additional Schedules OS				32
33 Add lines 31 and 32				33 1400
34 Fill in the amount from: <ul style="list-style-type: none"> • Line 29 of Form 1 less the amounts on lines 30 and 31 of Form 1, or • Line 55 of Form 1NPR less the amounts on lines 56 and 57 of Form 1NPR, or • Line 11 of Form 2 less the amount on line 12 of Form 2 				34 2877
35 Fill in the smaller of line 33 or line 34. This is your credit for tax paid to another state (see instructions)				35 1400