

| | | | | | | | | | |
|---|---|-------------------------------|--|--|---|---------------------|---|--|--|
| 22222 | | Void <input type="checkbox"/> | a Employee's social security number 400-00-5406 | | For Official Use Only ▶ OMB No. 1545-0008 | | | | |
| b Employer identification number (EIN) 39-1212121 | | | 1 Wages, tips, other compensation 4000 | | 2 Federal income tax withheld 320 | | | | |
| c Employer's name, address, and ZIP code Appleton Canning Co 100 Corn Ln Appleton WI 54914 | | | 3 Social security wages 6000 | | 4 Social security tax withheld 372 | | | | |
| | | | 5 Medicare wages and tips 6000 | | 6 Medicare tax withheld 87 | | | | |
| | | | 7 Social security tips | | 8 Allocated tips | | | | |
| d Control number | | | 9 Advance EIC payment | | 10 Dependent care benefits | | | | |
| e Employee's first name and initial Test | | Last name Eagle | | Suff. | 11 Nonqualified plans | | 12a See instructions for box 12 D 2000 | | |
| f Employee's address and ZIP code 1007 W Spring St Appleton WI 54914 | | | 13 Statutory employee <input type="checkbox"/> | Retirement plan <input type="checkbox"/> | Third-party sick pay <input type="checkbox"/> | 12b | | | |
| | | | 14 Other | | 12c | | | | |
| | | | | | 12d | | | | |
| 15 State WI | Employer's state ID number 079650-01 | | 16 State wages, tips, etc. 4000 | 17 State income tax 274 | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |

Form **W-2 Wage and Tax Statement** **2009** Department of the Treasury—Internal Revenue Service
Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable. **For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.**
 Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page

| | | | | | | | | | | |
|---|--|-------------------------------|--|--|---|---------------------|---|--|--|--|
| 22222 | | Void <input type="checkbox"/> | a Employee's social security number 400-00-5406 | | For Official Use Only ▶ OMB No. 1545-0008 | | | | | |
| b Employer identification number (EIN) 22-9900112 | | | 1 Wages, tips, other compensation 3000 | | 2 Federal income tax withheld 240 | | | | | |
| c Employer's name, address, and ZIP code US Military Madison WI 53716 | | | 3 Social security wages 4100 | | 4 Social security tax withheld 254 | | | | | |
| | | | 5 Medicare wages and tips 4100 | | 6 Medicare tax withheld 59 | | | | | |
| | | | 7 Social security tips | | 8 Allocated tips | | | | | |
| d Control number | | | 9 Advance EIC payment | | 10 Dependent care benefits | | | | | |
| e Employee's first name and initial Test | | Last name Eagle | | Suff. | 11 Nonqualified plans | | 12a See instructions for box 12 Q 1100 | | | |
| f Employee's address and ZIP code 1007 W Spring St Appleton WI 54914 | | | 13 Statutory employee <input type="checkbox"/> | Retirement plan <input type="checkbox"/> | Third-party sick pay <input type="checkbox"/> | 12b | | | | |
| | | | 14 Other | | | 12c | | | | |
| | | | | | | 12d | | | | |
| 15 State WI | Employer's state ID number 080923-2 | | 16 State wages, tips, etc. 3000 | 17 State income tax 180 | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | | |

Form **W-2** Wage and Tax Statement

2009

Department of the Treasury—Internal Revenue Service

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page

NOTE: Changes were made to this test return from 2008

1A Wisconsin income tax

2009

DO NOT STAPLE

| | |
|---|---------------------------------|
| Your social security number 400-00-5406 | Spouse's social security number |
|---|---------------------------------|

Complete form using **BLACK INK**

| | | |
|--|---------------------------------|--------------------------|
| Your legal last name Eagle | Legal first name Test | M.I. |
| If a joint return, spouse's legal last name | Spouse's legal first name | M.I. |
| Home address (number and street). If you have a PO Box, see page 6. 1007 W Spring St | | Apt. No. |
| City or post office Appleton | State WI | Zip code 54914 |

State election campaign fund
If you want \$1 to go to the State Election Campaign Fund, check here. You Your spouse
Designating an amount will not change your tax or refund.

Tax district Check below then fill in either the name of city, village, or town and the county in which you lived at the end of 2009.
 City Village Town
City, village, or town **Appleton**
County of **Outagamie**

School district number (see page 23) **0147**

Special conditions

Filing status
 Single
 Married filing joint return (even if only one had income)
 Head of household Fill in qualifying person's name
Also, check here if married.

Print numbers like this → **0 1 2 3 4 5 6 7 8 9** **NO COMMAS; NO CENTS**



| | | | |
|---|-------------------------------------|-------------|---------------|
| 1 Wages, salaries, tips, etc. (see page 7) | 1 | 7000 | .00 |
| 2 Interest (see page 7) | 2 | | .00 |
| 3 Ordinary dividends (from line 9a of federal Form 1040A or 1040) | 3 | | .00 |
| 4 Capital gain distributions (see page 8) | 4 | | .00 |
| 5 Unemployment compensation (from worksheet, page 8) | 5 | | .00 |
| 6 Taxable IRA distributions, pensions, and annuities (see page 8) | 6 | | .00 |
| 7 Add lines 1 through 6 | 7 | 7000 | .00 |
| 8 IRA deduction (see page 10) | 8 | | .00 |
| 9 Student loan interest deduction (see page 10) | 9 | | .00 |
| 10 Medical care insurance deduction (see page 10) | 10 | | .00 |
| 11 Add lines 8 through 10 | 11 | | .00 |
| 12 Subtract line 11 from line 7. This is your Wisconsin income | 12 | 7000 | .00 |
| 13 If your parent (or someone else) can claim you (or your spouse) as a dependent, check here <input type="checkbox"/> | 13 | | |
| 14 Fill in the standard deduction for your filing status from table, page 31. But if you checked line 13, fill in amount from worksheet, page 11 | 14 | 9440 | .00 |
| 15 Subtract line 14 from line 12. If line 14 is larger than line 12, fill in 0 | 15 | | 0.00 |
| 16 Exemptions (Caution: see page 11) | | | |
| a Fill in exemptions from your federal return 1 x \$700 | 16a | 700 | .00 |
| b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250 | 16b | | .00 |
| c Add lines 16a and 16b | 16c | 700 | .00 |
| 17 Subtract line 16c from line 15. If line 16c is larger than line 15, fill in 0. This is your taxable income | 17 | | 0.00 |
| 18 Tax. Use amount on line 17 to find your tax using table, page 24 | 18 | | 0.00 |
| 19 Armed forces member credit (must be stationed outside U.S., see page 12) | 19 | | .00 |
| 20 School property tax credit | | | |
| a Rent paid in 2009—heat included 1200 .00 | } Find credit from table page 13 .. | 20a | 128.00 |
| Rent paid in 2009—heat not included 3200 .00 | | | |
| b Property taxes paid on home in 2009 207 .00 | } Find credit from table page 14 .. | 20b | 26.00 |
| 21 Working families tax credit, see page 14 | 21 | | .00 |
| 22 Married couple credit. Complete schedule on reverse side | 22 | | .00 |
| 23 Add lines 19 through 22. This is the total of your credits | 23 | | 154.00 |
| 24 Subtract line 23 from line 18. If line 23 is larger than line 18, fill in 0. This is your net tax | 24 | | 0.00 |

ENCLOSE withholding statements

PAPER CLIP payment here

| | | | | |
|---|--|---------------------------------|--------------------------|--|
| Claimant's social security number 400-00-5406 | | Spouse's social security number | | Check below then fill in either the name of city, village, or town, and the county in which you lived at the end of 2009. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town Appleton County of Outagamie |
| Claimant's legal last name Eagle | | Legal first name Test | M.I. | |
| Spouse's legal last name | | Spouse's legal first name | M.I. | |
| Home address (number and street) 1007 W Spring st | | Apt. no. | | |
| City or post office Appleton | | State WI | Zip code 54914 | Special conditions <input type="checkbox"/> (See page 7.) |

- 1a** What was your age as of December 31, 2009? (If you were under 18, you do not qualify for homestead credit for 2009.) **1a** Fill in age
- b** If your spouse was age 65 or over as of December 31, 2009, check where indicated **1b** Check here
- 2** Were you a legal resident of Wisconsin from 1-1-09 through 12-31-09? (If "No," you do not qualify.) **2** Yes No
- 3** Were you claimed or will you be claimed as a dependent on someone else's 2009 federal income tax return? (If "Yes" and you were under age 62 on December 31, 2009, you do not qualify.) **3** Yes No
- 4a** Are you now living in a nursing home? (If "Yes," indicate the date you entered _____ and the nursing home name and address _____) **4a** Yes No
- b** If "Yes," are you receiving medical assistance under Title XIX? (If both 4a and 4b are "Yes," you do not qualify.) **4b** Yes No
- 5** Did you become married or divorced in 2009? (If "Yes," fill in date _____; see page 16.) **5** Yes No
- 6a** If married for any part of 2009, did you and your spouse maintain separate homes during any part of the year? (If "Yes," see page 15.) **6a** Yes No
- b** If you and your spouse maintained separate homes while married during 2009, did either spouse notify the other of their marital property income? (See page 15.) **6b** Yes No

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**

Household Income Include all 2009 income as listed below. If married, include the incomes of both spouses. See pages 7 to 11.

- 7** Wisconsin income from your 2009 income tax return. If you **already filed** your tax return, **attach a copy marked "Duplicate."** (See page 5, Part C.1, paragraph 3.) **7** 7000 .00
- 8** If you or you and your spouse **are not filing** a 2009 Wisconsin return, fill in Wisconsin **taxable** income on lines 8a and 8b.
- a** Wages .00 + Interest .00 + Dividends .00 = **8a** .00
- b** Other taxable income. Attach a schedule listing each income item **8b** .00
- 9 Nontaxable household income. Do not include amounts filled in on line 7, 8a, or 8b.**
- a** Unemployment compensation **9a** 3000 .00
- b** Social security, federal and state SSI, SSI-E, SSD, and caretaker supplement payments. Include Medicare premium deductions **9b** .00
- c** Railroad retirement benefits. Include Medicare premium deductions **9c** .00
- d** Pensions and annuities, including IRA, SEP, SIMPLE, and qualified plan distributions (see page 8) **9d** .00
- e** Contributions to deferred compensation plans (see box 12 of wage statements, and page 8) **9e** 2000 .00
- f** Contributions to IRA, self-employed SEP, SIMPLE, and qualified plans **9f** .00
- g** Interest on United States securities (e.g., U.S. Savings Bonds) and state and municipal bonds **9g** .00
- h** Scholarships, fellowships, grants (see page 9), and military compensation or cash benefits **9h** 1100 .00
- i** Child support, maintenance payments, and other support money (court ordered) **9i** .00
- j** Wisconsin Works (W2), county relief, kinship care, and other cash public assistance (see page 9) **9j** .00
- 10** Add lines 7 through 9j. Enter here and on line 11a, at the top of page 2 **10** 13100 .00





| | | | | |
|-------------|--|------------|--------------|-----|
| 11 a | Enter amount from line 10 here | 11a | <u>13100</u> | .00 |
| b | Workers' compensation, income continuation, and loss of time insurance (e.g., sick pay) | 11b | | .00 |
| c | Gain from sale of home excluded for federal tax purposes (see instructions) | 11c | | .00 |
| d | Other capital gains not taxable. | 11d | | .00 |
| e | Net operating loss carryforward and capital loss carryforward. | 11e | | .00 |
| f | Income of nonresident spouse or part-year resident spouse; nontaxable income from sources outside Wisconsin; resident manager's rent reduction; clergy housing allowance; and nontaxable Native American income | 11f | <u>50</u> | .00 |
| g | Partner's, LLC member's, and S corporation shareholder's distributive share of depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs. If none was claimed, write "None" on federal Schedule E, Part II, near the entity's name | 11g | | .00 |
| h | Car or truck depreciation (standard mileage rate) | 11h | | .00 |
| i | Other depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs | 11i | | .00 |
| 12a | Subtotal. Add lines 11a through 11i | 12a | <u>13150</u> | .00 |
| b | Number of qualifying dependents. Do not count yourself or your spouse (see page 11) _____ x \$250 = | 12b | | .00 |
| c | Household income. Subtract line 12b from line 12a (if \$24,500 or more, no credit is allowed) | 12c | <u>13150</u> | .00 |

Taxes and/or Rent See pages 11 to 14.

- Check here if your home was located on more than one acre of land and **was not** part of a farm; **see Schedule 1, page 3.**
- Check here if your home was located on more than one acre of land and **was** part of a farm.
- Check here if your home was used for purposes other than personal or farm use while you lived there in 2009; **see Schedule 2, page 3.**
- Check here if you received Wisconsin Works (W2) payments or county relief during 2009; **see Schedule 3, page 3.**

| | | | | |
|-----------|---|------------|------------------------------|---------------------------|
| 13 | Homeowners – Net 2009 property taxes on your homestead, whether paid or not | 13 | <u>207</u> | .00 |
| 14 | Renters— Rent from your rent certificate(s), line 13a (or Shared Living Expenses Schedule). See pages 12 to 14. | | | |
| | Heat included (13b of rent certificate is "Yes") | 14a | <u>1200.00</u> x .20 (20%) = | 14b <u>240</u> .00 |
| | Heat not included (13b of rent certificate is "No") | 14c | <u>2185.00</u> x .25 (25%) = | 14d <u>546</u> .00 |
| 15 | Total of lines 13, 14b, and 14d (or amount from line 6 of Schedule 3) | 15 | <u>993</u> | .00 |

Don't delay your refund: ATTACH 2009 tax bill(s) (or closing statement) and/or original rent certificate(s). ATTACH ownership document (if the tax bill lists names other than yours). See page 12.

Credit Computation

| | | | | |
|-----------|--|-----------|------------|-----|
| 16 | Fill in the smaller of (a) amount on line 15 or (b) \$1,450 | 16 | <u>993</u> | .00 |
| 17 | Using the amount on line 12c, fill in the appropriate amount from Table A (page 17) | 17 | <u>450</u> | .00 |
| 18 | Subtract line 17 from line 16 (if line 17 is more than line 16, fill in 0; no credit is allowable) | 18 | <u>543</u> | .00 |
| 19 | Homestead credit – Using the amount on line 18, fill in the credit from Table B (page 18) | 19 | <u>436</u> | .00 |

If you file a Wisconsin income tax return, attach this claim behind Form 1, 1A, or 1NPR. Fill in your homestead credit (line 19) on line 32 of Form 1A; line 48 of Form 1; or line 73 of Form 1NPR. (If filing Form 1 or Form 1NPR, **ATTACH** a complete copy of your **federal** income tax return and schedules.) You cannot file Form WI-Z with a homestead credit claim.

Under penalties of law, I declare this homestead credit claim and all attachments are true, correct, and complete to the best of my knowledge and belief.

Claimant's signature

Spouse's signature

Date

Daytime phone number

Sign Here ▶

(715) 344-1234

Mail to:
Wisconsin Department of Revenue
PO Box 34
Madison WI 53786-0001



DON'T file this claim **UNLESS** a rent certificate or property tax bill (or closing statement) is included.

For Department Use Only

C [] [] [] [] [] [] [] [] [] []

Rent Certificate

Wisconsin Department of Revenue

NOTE: Alterations on lines 1 to 13 or the signature line (whiteouts, erasures, etc.) will void this rent certificate. A rent certificate with an error should be discarded and a new one completed.

Need an additional rent certificate? Go to www.revenue.wi.gov.

2009

Renter (Claimant) Complete lines 1, 3, and 4. Have your landlord fill in lines 6 to 13 and sign, then complete line 2.

1 Name Test Eagle

2 Social security number ▶ 400-00-5406

3 Address of rental property (property must be in Wisconsin)
200 Tree Ln Winter WI

4 Time you actually lived here in 2009
From (mo./day) 01/01 / 2009 To (mo./day) 9/30 / 2009

5 If your landlord will not sign your rent certificate, complete lines 6 to 13, attach rent verification (see instructions), and check this box. →

Landlord Fill in lines 6 to 13 and sign.

6 Name Bill Coate

7 Address 300 Fire Lane Winter, WI

8 Telephone number (715) 356-6613

9 a Is the rental property (line 3) subject to property taxes?
 Yes No

b If 9a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check this box. →

10a Is this rent certificate for rent of:
A mobile or manufactured home? Yes No
A mobile or manufactured home site? Yes No

b Mobile or manufactured home taxes or municipal permit fees you collected from this renter for 2009. \$ _____

11 Fill in lines 11a to 11e based on the period of time this rental unit was occupied **by this renter**. Use the additional columns on lines 11a and 11b only if rent rates changed during the year (see instructions). Do not include amounts received directly from a governmental agency.

| | | | | | | | | |
|---|----------|-------------|----|------------|----|------------|----|------------|
| a Rent collected per month for this rental unit for 2009 | \$ | <u>300</u> | \$ | <u>315</u> | \$ | <u>325</u> | \$ | <u>340</u> |
| b Number of months this rental unit was rented to this renter in 2009 | | <u>2</u> | | <u>2</u> | | <u>2</u> | | <u>3</u> |
| c Total rent collected for this rental unit for 2009 | \$ | <u>2900</u> | | | | | | |
| d Number of occupants in this rental unit – do not count spouse or children under 18 | | <u>2</u> | | | | | | |
| e This renter's share of total 2009 rent | \$ | <u>2900</u> | | | | | | |

12 Value of food and services provided by landlord (this renter's share) \$ _____

13a Rent paid for occupancy only – Subtract line 12 from line 11e \$ 2900

b Was heat included in the rent? Yes No

c If a long-term care facility/CBRF/nursing home, check the method used to compute line 13a:
 Standard rate (\$100 per week).
 Percentage formula (fill in percentage) _____ %.
 Other method approved by Department of Revenue.

Sign here I certify that the information shown on this rent certificate is true, correct, and complete to the best of my knowledge.

▶ _____ 01/15/2010
Signature (by hand) of landlord or authorized representative Date

NEED HELP? 608-266-8641 (Madison) or 414-227-4000 (Milwaukee)

- REMINDERS FOR RENTERS:**
- If line 11d above is 2 or more and each occupant did not pay an equal share of the rent, see instructions for Shared Living Expenses Schedule.
 - Schedule H or H-EZ must be completed and filed with this rent certificate.

Shared Living Expenses Schedule

Step 1: List name(s) of other occupants:
Lily Bird

Step 2: List the total amount (not the monthly amount) of all shared living expenses (rent, food, utilities, and other) paid by all occupants and the amount that you paid:

| Shared Living Expenses | Total Paid by All Occupants | Amount You Paid |
|------------------------|-----------------------------|-----------------|
| Rent | 1a) <u>2900</u> | 1b) <u>2900</u> |
| Food | 2a) <u>1500</u> | 2b) <u>750</u> |
| Utilities | 3a) <u>900</u> | 3b) _____ |
| Other | 4a) <u>300</u> | 4b) _____ |
| Total | 5a) <u>5600</u> | 5b) <u>3650</u> |

Step 3: Using the amounts listed in Step 2, compute your allowable rent paid for occupancy only:

| | | |
|--|---------|--------------|
| 1 Total rent paid (line 1a) | 1 | <u>2900</u> |
| 2 Shared living expenses you paid (line 5b) | 2 | <u>3650</u> |
| 3 Total shared living expenses (line 5a) | 3 | <u>5600</u> |
| 4 Divide line 2 by line 3. Fill in decimal amount | 4 | x <u>.65</u> |
| 5 Multiply line 1 by line 4 | 5 | <u>1885</u> |
| 6 Value of food and services provided by landlord (line 12 above) | 6 | _____ |
| 7 Subtract line 6 from line 5. This is your allowable rent. Fill in here and on line 14a or 14c of Schedule H (line 9a or 9c of Schedule H-EZ) | 7 | <u>1885</u> |

Rent Certificate

Wisconsin Department of Revenue

NOTE: Alterations on lines 1 to 13 or the signature line (whiteouts, erasures, etc.) will void this rent certificate. A rent certificate with an error should be discarded and a new one completed.

2009

Need an additional rent certificate? Go to www.revenue.wi.gov.

Renter (Claimant) Complete lines 1, 3, and 4. Have your landlord fill in lines 6 to 13 and sign, then complete line 2.

1 Name Test Eagle

2 Social security number 400-00-5406

3 Address of rental property (property must be in Wisconsin)
210 Blackbird Ln Winter WI

4 Time you actually lived here in 2009
From (mo./day) 10/01 / 2009 To (mo./day) 10/31 2009

5 If your landlord will not sign your rent certificate, complete lines 6 to 13, attach rent verification (see instructions), and check this box. →

Landlord Fill in lines 6 to 13 and sign.

6 Name Jill Tweet

7 Address 10 Leaf Ln Winter WI

8 Telephone number (715) 356-4444

9 a Is the rental property (line 3) subject to property taxes?
 Yes No

b If 9a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check this box. →

10a Is this rent certificate for rent of:
A mobile or manufactured home? Yes No
A mobile or manufactured home site? Yes No

b Mobile or manufactured home taxes or municipal permit fees you collected from this renter for 2009. \$ 207

11 Fill in lines 11a to 11e based on the period of time this rental unit was occupied **by this renter**. Use the additional columns on lines 11a and 11b only if rent rates changed during the year (see instructions). Do not include amounts received directly from a governmental agency.

a Rent collected per month for this rental unit for 2009 \$ 300 \$ _____ \$ _____ \$ _____

b Number of months this rental unit was rented to this renter in 2009 1

c Total rent collected for this rental unit for 2009 \$ _____ 300

d Number of occupants in this rental unit – do **not** count spouse or children under 18 1

e This renter's share of total 2009 rent \$ _____ 300

12 Value of food and services provided by landlord (this renter's share) \$ _____

13a Rent paid for occupancy only – Subtract line 12 from line 11e \$ _____ 300

b Was heat included in the rent? Yes No

c If a long-term care facility/CBRF/nursing home, check the method used to compute line 13a:
 Standard rate (\$100 per week).
 Percentage formula (fill in percentage) _____ %.
 Other method approved by Department of Revenue.

Sign here I certify that the information shown on this rent certificate is true, correct, and complete to the best of my knowledge.

01/15/2010
Date

Signature (by hand) of landlord or authorized representative _____

NEED HELP? 608-266-8641 (Madison) or 414-227-4000 (Milwaukee)

- REMINDERS FOR RENTERS:**
- If line 11d above is 2 or more and each occupant did not pay an equal share of the rent, see instructions for Shared Living Expenses Schedule.
 - Schedule H or H-EZ must be completed and filed with this rent certificate.

Shared Living Expenses Schedule

Step 1: List name(s) of other occupants:

Step 2: List the total amount (not the monthly amount) of all shared living expenses (rent, food, utilities, and other) paid by all occupants and the amount that you paid:

| Shared Living Expenses | Total Paid by All Occupants | Amount You Paid |
|------------------------|-----------------------------|-----------------|
| Rent | 1a) | 1b) |
| Food | 2a) | 2b) |
| Utilities | 3a) | 3b) |
| Other | 4a) | 4b) |
| Total | 5a) | 5b) |

Step 3: Using the amounts listed in Step 2, compute your allowable rent paid for occupancy only:

- 1 Total rent paid (line 1a) 1
- 2 Shared living expenses you paid (line 5b) 2
- 3 Total shared living expenses (line 5a) 3
- 4 Divide line 2 by line 3. Fill in decimal amount 4 x . _____
- 5 Multiply line 1 by line 4. 5
- 6 Value of food and services provided by landlord (line 12 above) 6
- 7 Subtract line 6 from line 5. This is your allowable rent. Fill in here and on line 14a or 14c of Schedule H (line 9a or 9c of Schedule H-EZ) . . 7

Rent Certificate

Wisconsin Department of Revenue

NOTE: Alterations on lines 1 to 13 or the signature line (whiteouts, erasures, etc.) will void this rent certificate. A rent certificate with an error should be discarded and a new one completed.

2009

Need an additional rent certificate? Go to www.revenue.wi.gov.

Renter (Claimant) Complete lines 1, 3, and 4. Have your landlord fill in lines 6 to 13 and sign, then complete line 2.

1 Name Test Eagle

2 Social security number 400-00-5406

3 Address of rental property (property must be in Wisconsin)
50 Egg Drive Winter, WI

4 Time you actually lived here in 2009
From (mo./day) 11/01 / 2009 To (mo./day) 11/30 2009

5 If your landlord will not sign your rent certificate, complete lines 6 to 13, attach rent verification (see instructions), and check this box. →

Landlord Fill in lines 6 to 13 and sign.

6 Name Joe Shell

7 Address 26 Fly Away Lane Winter, WI

8 Telephone number _____

9 a Is the rental property (line 3) subject to property taxes?
 Yes No

b If 9a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check this box. →

10a Is this rent certificate for rent of:
A mobile or manufactured home? Yes No
A mobile or manufactured home site? Yes No

b Mobile or manufactured home taxes or municipal permit fees you collected from this renter for 2009. \$ _____

11 Fill in lines 11a to 11e based on the period of time this rental unit was occupied **by this renter**. Use the additional columns on lines 11a and 11b only if rent rates changed during the year (see instructions). Do not include amounts received directly from a governmental agency.

a Rent collected per month for this rental unit for 2009 \$ 750 \$ _____ \$ _____ \$ _____

b Number of months this rental unit was rented to this renter in 2009 1

c Total rent collected for this rental unit for 2009 \$ 750

d Number of occupants in this rental unit – do **not** count spouse or children under 18 1

e This renter's share of total 2009 rent \$ 750

12 Value of food and services provided by landlord (this renter's share) \$ _____

13a Rent paid for occupancy only – Subtract line 12 from line 11e \$ 750

b Was heat included in the rent? Yes No

c If a long-term care facility/CBRF/nursing home, check the method used to compute line 13a:
 Standard rate (\$100 per week).
 Percentage formula (fill in percentage) _____ %.
 Other method approved by Department of Revenue.

Sign here I certify that the information shown on this rent certificate is true, correct, and complete to the best of my knowledge.

01/15/2010
Date

Signature (by hand) of landlord or authorized representative _____

NEED HELP? 608-266-8641 (Madison) or 414-227-4000 (Milwaukee)

- REMINDERS FOR RENTERS:**
- If line 11d above is 2 or more and each occupant did not pay an equal share of the rent, see instructions for Shared Living Expenses Schedule.
 - Schedule H or H-EZ must be completed and filed with this rent certificate.

Shared Living Expenses Schedule

Step 1: List name(s) of other occupants:

Step 2: List the total amount (not the monthly amount) of all shared living expenses (rent, food, utilities, and other) paid by all occupants and the amount that you paid:

| Shared Living Expenses | Total Paid by All Occupants | Amount You Paid |
|------------------------|-----------------------------|-----------------|
| Rent | 1a) | 1b) |
| Food | 2a) | 2b) |
| Utilities | 3a) | 3b) |
| Other | 4a) | 4b) |
| Total | 5a) | 5b) |

Step 3: Using the amounts listed in Step 2, compute your allowable rent paid for occupancy only:

- 1 Total rent paid (line 1a) 1
- 2 Shared living expenses you paid (line 5b) 2
- 3 Total shared living expenses (line 5a) 3
- 4 Divide line 2 by line 3. Fill in decimal amount 4 x . _____
- 5 Multiply line 1 by line 4. 5
- 6 Value of food and services provided by landlord (line 12 above) 6
- 7 Subtract line 6 from line 5. This is your allowable rent. Fill in here and on line 14a or 14c of Schedule H (line 9a or 9c of Schedule H-EZ) . . 7

Rent Certificate

Wisconsin Department of Revenue

NOTE: Alterations on lines 1 to 13 or the signature line (whiteouts, erasures, etc.) will void this rent certificate. A rent certificate with an error should be discarded and a new one completed.

Need an additional rent certificate? Go to www.revenue.wi.gov.

2009

Renter (Claimant) Complete lines 1, 3, and 4. Have your landlord fill in lines 6 to 13 and sign, then complete line 2.

1 Name Test Eagle

2 Social security number ▶ 400-00-5406

3 Address of rental property (property must be in Wisconsin)
1007 W Spring St Appleton WI

4 Time you actually lived here in 2009
From (mo./day) 12/01 / 2009 To (mo./day) 12/31 / 2009

5 If your landlord will not sign your rent certificate, complete lines 6 to 13, attach rent verification (see instructions), and check this box. →

Landlord Fill in lines 6 to 13 and sign.

6 Name Harry Smith

7 Address 36 Bluejay Lane Winter, WI

8 Telephone number _____

9 a Is the rental property (line 3) subject to property taxes?
 Yes No

b If 9a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check this box. →

10a Is this rent certificate for rent of:
A mobile or manufactured home? Yes No
A mobile or manufactured home site? Yes No

b Mobile or manufactured home taxes or municipal permit fees you collected from this renter for 2009. \$ _____

11 Fill in lines 11a to 11e based on the period of time this rental unit was occupied **by this renter**. Use the additional columns on lines 11a and 11b only if rent rates changed during the year (see instructions). Do not include amounts received directly from a governmental agency.

a Rent collected per month for this rental unit for 2009 \$ 550 \$ _____ \$ _____ \$ _____

b Number of months this rental unit was rented to this renter in 2009 1

c Total rent collected for this rental unit for 2009 \$ 550

d Number of occupants in this rental unit – do **not** count spouse or children under 18 1

e This renter's share of total 2009 rent \$ 550

12 Value of food and services provided by landlord (this renter's share) \$ 100

13a Rent paid for occupancy only – Subtract line 12 from line 11e \$ 450

b Was heat included in the rent? Yes No

c If a long-term care facility/CBRF/nursing home, check the method used to compute line 13a:
 Standard rate (\$100 per week).
 Percentage formula (fill in percentage) _____ %.
 Other method approved by Department of Revenue.

Sign here I certify that the information shown on this rent certificate is true, correct, and complete to the best of my knowledge.

▶ _____
Signature (by hand) of landlord or authorized representative Date

NEED HELP? 608-266-8641 (Madison) or 414-227-4000 (Milwaukee)

- REMINDERS FOR RENTERS:**
- If line 11d above is 2 or more and each occupant did not pay an equal share of the rent, see instructions for Shared Living Expenses Schedule.
 - Schedule H or H-EZ must be completed and filed with this rent certificate.

Shared Living Expenses Schedule

Step 1: List name(s) of other occupants:

Step 2: List the total amount (not the monthly amount) of all shared living expenses (rent, food, utilities, and other) paid by all occupants and the amount that you paid:

| Shared Living Expenses | Total Paid by All Occupants | Amount You Paid |
|------------------------|-----------------------------|-----------------|
| Rent | 1a) | 1b) |
| Food | 2a) | 2b) |
| Utilities | 3a) | 3b) |
| Other | 4a) | 4b) |
| Total | 5a) | 5b) |

Step 3: Using the amounts listed in Step 2, compute your allowable rent paid for occupancy only:

- 1 Total rent paid (line 1a) 1 _____
- 2 Shared living expenses you paid (line 5b) 2 _____
- 3 Total shared living expenses (line 5a) 3 _____
- 4 Divide line 2 by line 3. Fill in decimal amount 4 **x** . _____
- 5 Multiply line 1 by line 4. 5 _____
- 6 Value of food and services provided by landlord (line 12 above) 6 _____
- 7 Subtract line 6 from line 5. This is your allowable rent. Fill in here and on line 14a or 14c of Schedule H (line 9a or 9c of Schedule H-EZ) . . 7 _____

Homestead Credit Notes and Attachments Checklist

1. Check all boxes that apply.
2. Fill in appropriate spaces.
3. Enter required notes and explanations in #31 data field.
4. When copies of documents are required, attach them to the Form W-RA, Required Attachments for Electronic Filing, that must be submitted.

The Schedule H instruction booklet page number for the description is indicated in the page column.

| | Description | Page |
|-------------------------------------|---|------|
| <input type="checkbox"/> | 1 Former spouse must pay a tax liability owed to the Department of Revenue per attached divorce judgement | 5 |
| <input type="checkbox"/> | 2 Sources of income reported on Line 8b of Schedule H note is attached | 8 |
| <input type="checkbox"/> | 3 The distributive share of partnership, limited liability company (LLC), and tax-option (S) corporation depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs is "None" | 10 |
| <input type="checkbox"/> | 4 Car or truck expenses claimed using the standard mileage rate. Fill in the number of miles _____ | 10 |
| <input type="checkbox"/> | 5 Adjusted basis of car or truck reached zero using standard mileage rate | 10 |
| <input type="checkbox"/> | 6 Car or truck expenses claimed using the actual expense method | 10 |
| <input type="checkbox"/> | 7 The computation of gain from the sale or exchange of a principal residence excluded from taxable income under Section 121 of the Internal Revenue Code note is attached. | 10 |
| <input type="checkbox"/> | 8 Claimant or spouse are age 65 or over and received no social security, SSI, or railroad retirement benefits | 11 |
| <input type="checkbox"/> | 9 All or part of a pension or annuity distribution includes a rollover or a tax-free exchange | 9 |
| <input type="checkbox"/> | 10 Nontaxable repaid amounts note is attached | 11 |
| <input type="checkbox"/> | 11 Very little or no household income note is attached | 11 |
| <input type="checkbox"/> | 12 Ownership of property document is attached | 12 |
| <input type="checkbox"/> | 13 Partial ownership interest was inherited with terms of the will requiring payment of all the property taxes. Copy of will is attached. | 12 |
| <input type="checkbox"/> | 14 Personal property tax bill is for a mobile or manufactured home | 12 |
| <input type="checkbox"/> | 15 Two or more property tax bills. Drawing showing description, size, and location of each parcel is attached | 12 |
| <input type="checkbox"/> | 16 No lottery and gaming credit on property tax bill. Fill in the amount claimed \$ _____ | 12 |
| <input type="checkbox"/> | 17 No lottery and gaming credit on property tax bill. Lottery and gaming credit not claimed by homeowner. | 12 |
| <input checked="" type="checkbox"/> | 18 Landlord will not sign rent certificate. Rent verification is attached | 13 |
| <input checked="" type="checkbox"/> | 19 Claimant moved during the year. Note of the address of each dwelling and the dates lived there is attached | 13 |
| <input type="checkbox"/> | 20 Less than 12 month's property taxes and/or rent are claimed. Note of where claimant lived for the balance of the year is attached | 13 |
| <input type="checkbox"/> | 21 When more than one acre of land is rented, note from landlord indicating the amount of rent for home and one acre of land is attached | 14 |
| <input type="checkbox"/> | 22 Moved to tax-exempt housing. Claiming property taxes for up to 12 months after the move note is attached. | 14 |
| <input type="checkbox"/> | 23 Married but separated all year: Claimant and spouse did not reside together at all during the year and neither the claimant or claimant's spouse notified each other of marital property income | 15 |
| <input type="checkbox"/> | 24 Married but separated all year: Claimant and spouse did not reside together at all during the year and one or both spouses notified the other spouse of marital property income. Required information is attached | 15 |
| <input type="checkbox"/> | 25 Married but separated part of year: Required information is attached. | 15 |
| <input type="checkbox"/> | 26 Marriage took place during year: Required information is attached. | 16 |
| <input type="checkbox"/> | 27 Divorce took place during year: Claimant and spouse did not reside together at all during the year and neither the claimant or claimant's spouse notified each other of marital property income | 16 |
| <input type="checkbox"/> | 28 Divorce took place during year: Claimant and spouse did reside together for part of the year and/or one or both spouses notified the other spouse of marital property income. Required information is attached. | 16 |
| <input type="checkbox"/> | 29 Spouse died during year: Date of death - ____ / ____ / 2009 | 16 |
| <input type="checkbox"/> | 30 Claimant resided in property address shown on tax bill but used a different mailing address on tax return. | - |
| <input checked="" type="checkbox"/> | 31 Required notes and explanations in following data fields | - |

Lived at 200 Tree Lane from 01/1/09 to 09/30/09, at 210 Blackbird Ln
 from 10/1/09 to 10/31/09, at 50 Egg Dr from 11/1/09 to 11/30/09,
 and at 1007 W Spring St from 12/1/09 to 12/31/09. A copy of my
 cancelled check verifying my rent for 1007 W Spring St is attached to Form W-RA.

Form
1040EZ

Income Tax Return for Single and Joint Filers With No Dependents (99) 2009

OMB No. 1545-0074

Label
(See page 9.)
Use the IRS label.

Otherwise, please print or type.

Presidential Election Campaign
(see page 9)

| | | |
|---|--|---------------------------|
| L A B E L H E R E | Your first name and initial Test | Last name Eagle |
| | If a joint return, spouse's first name and initial | Last name |
| | Home address (number and street). If you have a P.O. box, see page 9. 1007 W Spring St | Apt. no. |
| | City, town or post office, state, and ZIP code. If you have a foreign address, see page 9. Appleton WI 54914 | |

Your social security number
400-00-5406
Spouse's social security number

▲ You **must** enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if a joint return, want \$3 to go to this fund . . . **You** **Spouse**

Income

Attach Form(s) W-2 here.

Enclose, but do not attach, any payment.

You may benefit from filing Form 1040A or 1040. See *Before You Begin* on page 4.

| | | | |
|----------|---|---|-------------|
| 1 | Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2. | 1 | 7000 |
| 2 | Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. | 2 | |
| 3 | Unemployment compensation in excess of \$2,400 per recipient and Alaska Permanent Fund dividends (see page 11). | 3 | 600 |
| 4 | Add lines 1, 2, and 3. This is your adjusted gross income . | 4 | 7600 |
| 5 | If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$9,350 if single ; \$18,700 if married filing jointly . See back for explanation. | 5 | 9350 |
| 6 | Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income . | 6 | 0 |

Payments, Credits, and Tax

| | | | |
|-----------|---|----|------------|
| 7 | Federal income tax withheld from Form(s) W-2 and 1099. | 7 | 560 |
| 8 | Making work pay credit (see worksheet on back). | 8 | |
| 9a | Earned income credit (EIC) (see page 13). NO | 9a | |
| b | Nontaxable combat pay election. 9b | | |
| 10 | Add lines 7, 8, and 9a. These are your total payments and credits . | 10 | |
| 11 | Tax . Use the amount on line 6 above to find your tax in the tax table on pages 27 through 35 of the instructions. Then, enter the tax from the table on this line. | 11 | 560 |

Refund

Have it directly deposited! See page 18 and fill in 12b, 12c, and 12d or Form 8888.

| | | | |
|------------|--|----------|--|
| 12a | If line 10 is larger than line 11, subtract line 11 from line 10. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/> | 12a | 560 |
| b | Routing number | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number | | |

Amount you owe

| | | | |
|-----------|---|----|--|
| 13 | If line 11 is larger than line 10, subtract line 10 from line 11. This is the amount you owe . For details on how to pay, see page 19. | 13 | |
|-----------|---|----|--|

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 20)? **Yes**. Complete the following. **No**

| | | |
|-----------------|-----------|--------------------------------------|
| Designee's name | Phone no. | Personal identification number (PIN) |
|-----------------|-----------|--------------------------------------|

Sign here

Joint return? See page 6.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

| | | | |
|---|------|---------------------|----------------------|
| Your signature | Date | Your occupation | Daytime phone number |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | |

Paid preparer's use only

| | | | |
|--|------|---|------------------------|
| Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN |
| Firm's name (or yours if self-employed), address, and ZIP code | EIN | Phone no. | |