

For the year Jan. 1-Dec. 31, 2008,  
or other tax year  
beginning \_\_\_\_\_, 2008  
ending \_\_\_\_\_, 20\_\_.



**See page 3 for TIPS  
on completing this form.**

DO NOT STAPLE

**Complete  
form using  
BLACK INK**

Your social security number 454   32   7350	Spouse's social security number 
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Your legal last name <b>GONZALEZ</b>		Legal first name <b>JULIO</b>		M.I.	<b>State election campaign fund</b> If you want \$1 to go to the State Election Campaign Fund, check here. <input checked="" type="checkbox"/> You <input type="checkbox"/> Your spouse
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 8. <b>2135 RIMROCK RD</b>					Designating an amount will not change your tax or refund.
City or post office <b>MADISON</b>		State <b>WI</b>	Zip code <b>53713</b>		
<b>Filing status</b> Check <input checked="" type="checkbox"/> below <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here ..... <input type="checkbox"/> Head of household (see page 8). Also, check here if married.....					<b>Tax district</b> Check below then fill in either the name of city, village, or town and the county in which you lived at the end of 2008. City, village, or town <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town MADISON <b>County of</b> <input type="checkbox"/> DANE
Legal last name Legal first name		M.I.		<b>School district number</b> See page 37 <b>3269</b> <b>Special conditions</b> <input type="checkbox"/>	

See page 34 before assembling return

Print numbers like this → 0 1 2 3 4 5 6 7 8 9		Not like this → Ø 1 4 7		NO COMMAS; NO CENTS	
<b>1</b>	Federal adjusted gross income (see page 9)	<b>1</b>		13148	.00
	Form W-2 wages included in line 1				.00
<b>2</b>	State and municipal interest (see page 9)	<b>2</b>			.00
<b>3</b>	Capital gain/loss addition (see page 10)	<b>3</b>			.00
<b>4</b>	Other additions } Fill in code number and amount, see page 10. } Fill in total other additions on line 4.				.00
<b>5</b>	Add the amounts in the right column for lines 1 through 4	<b>5</b>		13148	.00
<b>6</b>	State tax refund (Form 1040, line 10)	<b>6</b>			.00
<b>7</b>	United States government interest	<b>7</b>			.00
<b>8</b>	Unemployment compensation (see page 12)	<b>8</b>			.00
<b>9</b>	Social security adjustment (see page 12)	<b>9</b>			.00
<b>10</b>	Capital gain/loss subtraction (see page 13)	<b>10</b>			.00
<b>11</b>	Other subtractions } Fill in code number and amount, see page 13. } Fill in total other subtractions on line 11.				.00
<b>12</b>	Add lines 6 through 11	<b>12</b>			.00
<b>13</b>	Subtract line 12 from line 5. This is your Wisconsin income	<b>13</b>		13148	.00



PAPER CLIP payment here

NO COMMAS; NO CENTS

14	Wisconsin income from line 13	14	13148	.00
15	Standard deduction. See table on page 45, OR <input type="checkbox"/> If someone else can claim you (or your spouse) as a dependent, see page 21 and check here <input type="checkbox"/>	15	8920	.00
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	4228	.00
17	<b>Exemptions</b> (Caution: See page 21)			
a	Fill in exemptions from your federal return <u>1</u> x \$700	17a	700	.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	17b		.00
c	Add lines 17a and 17b	17c	700	.00
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is your taxable income	18	3528	.00
19	Tax (see table on page 38)	19	163	.00
20	Itemized deduction credit. Enclose Schedule 1, page 4	20		.00
21	Armed forces member credit (must be stationed outside U.S. See page 22)	21		.00
22	Health insurance risk-sharing plan assessments credit	22		.00
23	School property tax credit			
a	Rent paid in 2008—heat included <u>.00</u> } Find credit from table page 24	23a		.00
	Rent paid in 2008—heat not included <u>.00</u> }			
b	Property taxes paid on home in 2008 <u>.00</u> Find credit from table page 25	23b		.00
24	Historic rehabilitation credits	24		.00
25	Working families tax credit } If line 14 is less than \$10,000 (\$19,000 if married filing joint), see page 24	25		.00
26	Film production company investment credit from line 16 of Schedule FP	26		.00
27	Add credits on lines 20 through 26	27		.00
28	Subtract line 27 from line 19. If line 27 is larger than line 19, fill in 0	28	163	.00
29	Alternative minimum tax. Enclose Schedule MT	29		.00
30	Add lines 28 and 29	30	163	.00
31	Married couple credit. Enclose Schedule 2, page 4	31		.00
32	Other credits from Schedule CR, line 11	32		.00
33	Net income tax paid to another state. Enclose Schedule OS	33		.00
34	Add lines 31, 32, and 33	34		.00
35	Subtract line 34 from line 30. If line 34 is larger than line 30, fill in 0. This is your net tax	35	163	.00
36	Recycling surcharge. Enclose Schedule RS	36		.00
37	Sales and use tax due on out-of-state purchases (see page 27)	37		.00
38	Donations (decreases refund or increases amount owed)			
a	Endangered resources <u>.00</u>	e	Multiple sclerosis <u>.00</u>	
b	Packers football stadium <u>.00</u>	f	Firefighters memorial <u>.00</u>	
c	Breast cancer research <u>.00</u>	g	Prostate cancer research <u>.00</u>	
d	Veterans trust fund <u>.00</u>	Total (add lines a through g)	38h	.00
39	Penalties on IRAs, retirement plans, MSAs, etc. (see page 28)	39	.00	.00
40	Credit repayments and other penalties (see page 29)	40		.00
41	Add lines 35 through 37, and 38h through 40	41	163	.00

WEN

WEN

WEN




Name(s) shown on Form 1		Your social security number     	
<b>NO COMMAS; NO CENTS</b>			
<b>42</b>	Amount from line 41	<b>42</b>	163.00
<b>43</b>	Wisconsin tax withheld. Enclose withholding statements	<b>43</b>	140.00
<b>44</b>	2008 estimated tax payments and amount applied from 2007 return	<b>44</b>	.00
<b>45</b>	Earned income credit. Number of qualifying children <b>▶</b> Federal credit. . . . . .00 x . . . . . % =	<b>45</b>	.00
<b>46</b>	Farmland preservation credit. Enclose Schedule FC	<b>46</b>	.00
<b>47</b>	Repayment credit (see page 30)	<b>47</b>	.00
<b>48</b>	Homestead credit. Enclose Schedule H or H-EZ	<b>48</b>	.00
<b>49</b>	Farmland tax relief credit. Property taxes on farmland . . . . .00 x .19 =	<b>49</b>	.00
<b>50</b>	Eligible veterans and surviving spouses property tax credit	<b>50</b>	.00
<b>51</b>	Other credits from Schedule CR, line 15. Enclose Schedule CR	<b>51</b>	.00
<b>52</b>	Add lines 43 through 51	<b>52</b>	140.00
<b>53</b>	If line 52 is larger than line 42, subtract line 42 from line 52. This is the <b>AMOUNT YOU OVERPAID</b>	<b>53</b>	.00
<b>54</b>	Amount of line 53 you want <b>REFUNDED TO YOU</b>	<b>54</b>	.00
<b>55</b>	Amount of line 53 you want <b>APPLIED TO YOUR 2009 ESTIMATED TAX</b>	<b>55</b>	.00
<b>56</b>	If line 52 is smaller than line 42, subtract line 52 from line 42. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return	<b>56</b>	23.00
<b>57</b>	Underpayment interest. Exception code – See Schedule U <input type="text"/> Also include on line 56 (see page 34)	<b>57</b>	.00

NEW

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 34)?  **Yes** Complete the following.  **No**

Designee's name **▶** \_\_\_\_\_ Phone no. **▶** ( ) \_\_\_\_\_ Personal identification number (PIN) **▶**

 **Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 34.**

**Sign here**  
 ▼ Under penalties of law, I declare that this 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 ( ) \_\_\_\_\_

I-010a

Mail your return to: Wisconsin Department of Revenue  
 If tax due..... PO Box 268, Madison WI 53790-0001  
 If refund or no tax due ..... PO Box 59, Madison WI 53785-0001  
 If homestead credit claimed..... PO Box 34, Madison WI 53786-0001

*For Department Use Only*

R	T	MAN	C	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Do Not Submit Photocopies**



**Schedule 1 – Itemized Deduction Credit (see page 22)**

1	Medical and dental expenses from line 4, federal Schedule A. See instructions for exceptions	1	.00
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	.00
3	Gifts to charity from line 19, federal Schedule A. See instructions for exceptions	3	.00
4	Add lines 1 through 3	4	.00
5	Fill in your standard deduction from line 15 on page 2 of Form 1	5	.00
6	Subtract line 5 from line 4. If line 5 is more than line 4, fill in 0	6	.00
7	Rate of credit is .05 (5%)	7	<b>x .05</b>
8	Multiply line 6 by line 7. Fill in here and on line 20 on page 2 of Form 1	8	.00

▶ You must submit this page with Form 1 if you claim either of these credits ◀

**Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 26)**

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE		
1	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	1	.00	.00
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	2	.00	.00
3	Combine lines 1 and 2. This is earned income	3	.00	.00
4	Add 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, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to your or your spouse's income	4	.00	.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	5	.00	.00
6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000	6	.00	.00
7	Rate of credit is .03 (3%)	7	<b>x .03</b>	
8	Multiply line 6 by line 7. Fill in here and on line 31 on page 2 of Form 1	8	.00	.00

Do not fill in more than \$480.

