

1 Wisconsin income tax

For the year Jan. 1 - Dec. 31, 1996, or other tax year beginning _____, 1996 ending _____, 19

1996

Place label here or print

Your last name	First name and middle initial	Social security number	QUICK REFUND Do you qualify (see page 4)? If so, fill in the amount from line 30 less any amount on line 32, affix your label, and mail your return to: Quick Refund, P.O. Box 38, Madison, WI 53787-0001. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>
If a joint return, spouse's last name	First name and middle initial	Social security number	
Home address (number and street)			
City or post office		State	Zip code
If you want \$1 to go to the State Election Campaign Fund, check box(es). <input type="checkbox"/> You <input type="checkbox"/> Your spouse Checking the box(es) will not change your tax or refund.			Check proper box and fill in name of city, village, or town, and the county in which you lived at the end of 1996. <input type="checkbox"/> City of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> Town of _____ County of _____
Filing status (check only one box)	<input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return (even if only one had income) <input type="checkbox"/> Married filing separate return. Fill in spouse's full name and social security number <input type="checkbox"/> Head of household (with qualifying person). Fill in qualifying person's name	School district number (see page 28)	

STAPLE withholding statements to back (at top) of form

1 Federal adjusted gross income (see page 5)	1	_____
2 Additions. Complete Schedule 1 on reverse side	2	_____
3 Add lines 1 and 2	3	_____
4 Subtractions (state income tax refunds, etc.). Complete Schedule 2 on reverse side	4	_____
5 Subtract line 4 from line 3. This is your Wisconsin income	5	_____
6 Tax (Caution: Please read page 11 of instructions.) Check if from <input type="checkbox"/> Tax Table or <input type="checkbox"/> Special Tax Worksheet ...	6	_____
7 Dependent credit. Fill in number of dependents (do not count yourself or spouse) .. _____ x \$50 =	7	_____
8 Senior citizen credit (see page 11)	8	_____
9 Wisconsin itemized deduction credit. Complete Schedule 3 on reverse side	9	_____
10 School a. Rent paid in 1996-heat included		Find credits from
property Rent paid in 1996-heat not included ..		table, page 13
tax credit b. Property taxes paid on home in 1996		Find credit from table, page 13
11 Add lines 7 through 10b	11	_____
12 Subtract line 11 from line 6. If line 11 is larger than line 6, fill in -0-	12	_____
13 Alternative minimum tax. Attach Schedule MT	13	_____
14 Add lines 12 and 13	14	_____
15 Married couple credit. Complete Schedule 4 on reverse side	15	_____
16 Subtract line 15 from line 14. If line 15 is larger than line 14, fill in -0-. This is your net tax	16	_____
17 Temporary recycling surcharge (see page 14). <input type="checkbox"/> Check if surcharge computed on worksheet		
If worksheet not used, fill in nonfarm net business income	17	_____ x .004345 =
18 Sales and use tax due on out-of-state purchases (see page 16)	18	_____
19 Endangered Resources Donation (decreases refund or increases amount owed)	19	_____
20 Penalties on retirement plans (see page 16)	20	_____ x .33 =
21 Add lines 16 through 20	21	_____
22 Wisconsin income tax withheld. Attach readable withholding statements	22	_____
23 1996 estimated tax payments and amount applied from 1995 return	23	_____
24 Earned income credit. Qualifying children _____ Federal credit _____ x _____ % =	24	_____
25 Farmland preservation credit. Attach Schedule FC	25	_____
26 Net income tax paid to other states (see page 17)	26	_____
27 Homestead credit. Attach Schedule H	27	_____
28 Farmland tax relief credit	28	_____ x .10 =
29 Add lines 22 through 28	29	_____
30 If line 29 is larger than line 21, subtract line 21 from line 29	30	This is the AMOUNT OF YOUR REFUND
31 If line 29 is smaller than line 21, subtract line 29 from line 21. This is the AMOUNT YOU OWE	31	_____
32 Amount of line 30 to be applied to your 1997 estimated tax	32	_____

PAPER CLIP check or money order here

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 _____ Date _____

Spouse's signature (if filing jointly, BOTH must sign) _____

Attach a copy of your federal income tax return and schedules to this return

For Department Use Only

R	M	Y	T	MAN	D	A	P	C
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Mail return to address shown on back

