

## Wisconsin income tax – amended return



For the year January 1	- December 31, 1997, or	other tax yea	r beginning		, 1997 ending	, 1	9
Your last name	First name and middle	initial	Social secu	rity number	• USE THIS FOR		
					ONLY. (See inst	-	ופפו שי
f a joint return, spouse's last name	First name and middle	initial	Social secu	rity number			
					• FILL IN ALL LI	NES IN COL	LUMN A
Current home address (number and street)					AND COLUMN I	3.	
					DADT VEAD DE	CIDENTO O	D NOVI
City or post office			State	Zip code	PART-YEAR RE		
•					FORM.	AT NOT US	) I IIIO
Observation of the life man	arried filing separate, fill i	n spouse's ful	I name and so	ocial security number	Check proper box and	fill in name of cit	tv village or
Check box if original return filed """" under Quick Refund Program.	<u> </u>			,	town, and the county in	which you lived	at the end of
Filing status claimed. (Note: You cannot cha	nge from joint to concret	a returns often	the due data	has nassed )	<u> </u>		
					City of		
		rried filing sep		Head of household	Village of		
On this return Single Marrie	ed filing joint Mai	ried filing sep	arate	Head of household	Town of		
		1			County of		
COLUMN A — As Originally					- Correct Amount		
1 Wisconsin income (see instructions)	<u> </u>	1					
2 Tax		2 Tax fro	m 🗌 Ta	x Table or 🔲 Sp	ecial Tax Worksheet	2	
		3 Depen	dent credit (	do not count yoursel	f or your		
3 Dependent credit		spouse	e). Fill in nun	nber of dependents	x \$50 = 3		
4 Senior citizen credit				it			
5 Wisconsin itemized deduction credit		l			5		
6 School property tax credit		l	property ta:				
2 25o. p. sporty tax oroun		l		1997-heat included			
a Renters a		a rente		1997-heat not included	• 6a		
a Nontois d		h Harri		1991-Heat Hot Included _	<u> </u>	•	
b Home owners b		b Home		an maid an barras 1 100=	Ch		
					- 6b		
7 Add lines 3 through 6b			-				
8 Subtract line 7 from line 2		l					
9 Alternative minimum tax		l					
10 Add lines 8 and 9		l				=	
11 Married couple credit		l					
12 Subtract line 11 from line 10						12	
		13 Tempo	rary recyclir	ng surcharge 🔙 Cl	neck if from worksheet		
13 Temporary recycling surcharge		Nonfar	m net busin	ess income	x .004345 =	13	
14 Sales and use tax on out-of-state purchases .		14 Sales a	and use tax	on out-of-state purch	nases	14	
15 Endangered resources donation		15 Endan	gered resou	rces donation		15	
16 Penalties on retirement plans and MSAs					. x .33 =	=	
17 Add lines 12 through 16		l		•			
18 Wisconsin income tax withheld							
19 Wisconsin estimated tax payments .		l					
10 Thousand Communication payments.			l income cre				
20 Earned income credit	_			Federal credit_	. 20		
20 Earned income credit21 Farmland preservation credit							
Net income tax paid to another state							
23 Homestead credit		l			23		
			nd tax relief				
24 Farmland tax relief credit					x .10 = 24		
25 Amount paid with 1997 return, plus ac							
26 Add lines 18 through 25, Column B							
27 Refund from 1997 return less amount applied to 1998 estimated tax (see instructions)						27	
28 Subtract line 27 from line 26 and fill in							
29 If line 17, Column B is less than line 2							
30 Fill in entire amount to be applied to y							
31 If line 17, Column B plus line 30 excee						31	
32 Interest charge (see instructions)	·					32	
33 TOTAL AMOUNT DUE — Pay in full v						33	
50 TOTAL AMOUNT DUL — Fay III IUII V	with this 15tUIII				BACK OF THE FORM		
This space for department use only				For Departme			
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ART I — PROVIDE THE FOLLOWING INFORMATION:			
Fill in the name used on your 1997 return (if same as name filled in on page 1, write "Same")			
Have you been advised by the Wisconsin Department of Revenue that your 1997 return was adjusted or is under examina	tion?	Yes	No
ART II — WISCONSIN ITEMIZED DEDUCTION CREDIT (Fill in completely if any item is changed. If this credit was not classed federal Schedule A.)	imed or	n your origina	al return,
Medical and dental expenses from line 4, federal Schedule A	1	]	
2 Interest paid from line 14, federal Schedule A. Do not include interest paid on a second home located outside Wisconsi			
or on a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. Government securities	2	]	
3 Gifts to charity from line 18, federal Schedule A	3	<u> </u>	
4 Job expenses and miscellaneous deductions from line 26, federal Schedule A		]	
5 Other miscellaneous deductions from line 27, federal Schedule A			
6 Add lines 1 through 5			•
7 Wisconsin standard deduction			•
8 Subtract line 7 from line 6. If line 7 is more than line 6, fill in -0		X	.05
0 Multiply line 8 by line 9. Fill in here and on line 5 of Form 1X			
ART III — MARRIED COUPLE CREDIT WHEN BOTH SPOUSES ARE EMPLOYED (Fill in if changed.) (A) YOURSE	LF	(B) YOUR	SPOUSE
1 Wages, salaries, tips, and other employe compensation. Do NOT enter unearned income			
2 Net profit or loss from self-employment from federal Schedules C, C-EZ, and F (Form 1040),	<u> </u>		-
Schedule K-1 (Form 1065), and any other taxable self-employment or earned income			
3 Combine lines 1 and 2. This is earned income			
4 Fill in your IRA, Keogh, SEP and SIMPLE deductions, plus repayment of supplemental unemployment			
benefits, expenses of qualified performing artists and contributions to Section 501(c)(18) pension			
plans included in line 31 of Form 1040, and any disability income exclusion claimed for Wisconsin [4]			
5 Subtract line 4 from line 3. This is qualified earned income			
6 Fill in the smaller of column (A) or (B) of line 5. If more than \$15,000, fill in \$15,000			
7 Rate of credit is .02 (2%)			
8 Multiply line 6 by line 7. Fill in here and on line 11 on reverse side. Do not fill in more than \$300			
EXPLANATION OF CHANGES TO INCOME, PAYMENTS, AND CREDITS (Fill in the line reference from page change and explain in detail the reason for the change. If more space is needed, attach additional sheet.)	1 for wh	nich you are	reporting a
ign here Under penalties of law, I declare that this amended return and all attachments are true, correct, and complete to the	best of n	ny knowledge	and belief.
Under penalties of law, I declare that this amended return and all attachments are true, correct, and complete to the our signature  Date  Spouse's signature	best of n	ny knowledge	and belief.

Mail your Form 1X to (and make check payable to):
Wisconsin Department of Revenue
(if federal audit report attached) (if tax is due)
P.O. Box 8906 P.O. Box 268
Madison, WI 53708-8906 Madison, WI 53790-0001