

1X

Wisconsin income tax – amended return

1998

For the year January 1 - December 31, 1998, or other tax year beginning _____, 1998 ending _____, 19__

Your last name	First name and middle initial	Social security number	<ul style="list-style-type: none"> • USE THIS FORM TO AMEND 1998 ONLY. (See instructions) • FILL IN ALL LINES IN COLUMN A AND COLUMN B. • PART-YEAR RESIDENTS OR NONRESIDENTS MAY NOT USE THIS FORM.
If a joint return, spouse's last name	First name and middle initial	Social security number	
Current home address (number and street)		<p style="text-align: center;">▲ IMPORTANT ▲ You must enter your social security number(s)</p>	
City or post office, state, and zip code			
Check box if original return filed under Quick Refund Program. <input type="checkbox"/>	If married filing separate, fill in spouse's full name and social security number		Check proper box and fill in name of city, village, or town, and the county in which you lived at the end of 1998.
Filing status claimed. (Note: You cannot change from joint to separate returns after the due date has passed.)			<input type="checkbox"/> City of <input type="checkbox"/> Village of <input type="checkbox"/> Town of County of _____
On original return ▶ <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate <input type="checkbox"/> Head of household			
On this return ▶ <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate <input type="checkbox"/> Head of household			

COLUMN A — As Originally Reported		COLUMN B — Correct Amount	
1 Wisconsin income (see instructions) _____ .		1 Wisconsin income (see instructions) _____ <input type="text" value="1"/> .	
2 Tax _____ .		2 Tax from <input type="checkbox"/> Tax Table or <input type="checkbox"/> Special Tax Worksheet ... <input type="text" value="2"/> .	
3 Dependent credit _____ .		3 Dependent credit (do not count yourself or your spouse). Fill in number of dependents _____ x \$50 = <input type="text" value="3"/> .	
4 Senior citizen credit _____ .		4 Senior citizen credit _____ <input type="text" value="4"/> .	
5 Wisconsin itemized deduction credit _____ .		5 Wisconsin itemized deduction credit _____ <input type="text" value="5"/> .	
6 School property tax credit		6 School property tax credit	
a Renters _____ a _____ .		a Renters: Rent paid in 1998-heat included _____ . Rent paid in 1998-heat not included _____ <input type="text" value="6a"/> .	
b Home owners _____ b _____ .		b Home owners: Property taxes paid on home in 1998 _____ <input type="text" value="6b"/> .	
7 Working families tax credit _____ .		7 Working families tax credit _____ <input type="text" value="7"/> .	
8 Add lines 3 through 7 _____ .		8 Add lines 3 through 7 _____ <input type="text" value="8"/> .	
9 Subtract line 8 from line 2 _____ .		9 Subtract line 8 from line 2 _____ <input type="text" value="9"/> .	
10 Alternative minimum tax _____ .		10 Alternative minimum tax _____ <input type="text" value="10"/> .	
11 Add lines 9 and 10 _____ .		11 Add lines 9 and 10 _____ <input type="text" value="11"/> .	
12 Married couple credit _____ .		12 Married couple credit _____ <input type="text" value="12"/> .	
13 Manufacturer's sales tax credit _____ .		13 Manufacturer's sales tax credit _____ <input type="text" value="13"/> .	
14 Add lines 12 and 13 _____ .		14 Add lines 12 and 13 _____ <input type="text" value="14"/> .	
15 Subtract line 14 from line 11 _____ .		15 Subtract line 14 from line 11 _____ <input type="text" value="15"/> .	
16 Temporary recycling surcharge _____ .		16 Temporary recycling surcharge <input type="checkbox"/> Check if from worksheet Nonfarm net business income _____ x .002173 = <input type="text" value="16"/> .	
17 Sales and use tax on out-of-state purchases _____ .		17 Sales and use tax on out-of-state purchases _____ <input type="text" value="17"/> .	
18 Endangered resources donation _____ .		18 Endangered resources donation _____ <input type="text" value="18"/> .	
19 Penalties on retirement plans, MSAs, etc. _____ .		19 Penalties on retirement plans, MSAs, etc. _____ x .33 = <input type="text" value="19"/> .	
20 Add lines 15 through 19 _____ .		20 Add lines 15 through 19 _____ <input type="text" value="20"/> .	
21 Wisconsin income tax withheld _____ .		21 Wisconsin income tax withheld _____ <input type="text" value="21"/> .	
22 Wisconsin estimated tax payments _____ .		22 Wisconsin estimated tax payments _____ <input type="text" value="22"/> .	
23 Earned income credit _____ .		23 Earned income credit Qualifying children _____ Federal credit _____ <input type="text" value="23"/> .	
24 Farmland preservation credit _____ .		24 Farmland preservation credit _____ <input type="text" value="24"/> .	
25 Net income tax paid to another state _____ .		25 Net income tax paid to another state _____ <input type="text" value="25"/> .	
26 Homestead credit _____ .		26 Homestead credit _____ <input type="text" value="26"/> .	
27 Farmland tax relief credit _____ .		27 Farmland tax relief credit Property taxes on farmland _____ x .10 = <input type="text" value="27"/> .	
28 Amount paid with 1998 return, plus additional payments after it was filed (see instructions) _____ .		28 _____ <input type="text" value="28"/> .	
29 Add lines 21 through 28, Column B _____ .		29 _____ .	

NOW GO TO THE BACK OF THE FORM →

This space for department use only

I-001

For Department Use Only											
R	M	Y	T	MAN	D	A	P	C			
			1								

30	Amount from line 20, Column B	30	_____	.		
31	Amount from line 29	31	_____	.		
32	Refund from 1998 return (see instructions)	2	32	_____	.	
33	Subtract line 32 from line 31 and fill in result		33	_____	.	
34	If line 30 is less than line 33, subtract line 30 from line 33		This is the AMOUNT OF YOUR REFUND	34	_____	.
35	Fill in entire amount to be applied to your 1999 estimated tax (see instructions)			35	_____	.
36	If line 30 plus line 35 exceeds line 33, subtract line 33 from the sum of lines 30 and 35		ADDITIONAL TAX	36	_____	.
37	Interest charge (see instructions)	37	_____	.		
38	TOTAL AMOUNT DUE — Pay in full with this return	38	_____	.		

PART I — PROVIDE THE FOLLOWING INFORMATION:

- 1 Fill in the name used on your 1998 return (if same as name filled in on page 1, write "Same") _____
- 2 Have you been advised by the Wisconsin Department of Revenue that your 1998 return was adjusted or is under examination? Yes No

PART II — WISCONSIN ITEMIZED DEDUCTION CREDIT (Fill in completely if any item is changed. If this credit was not claimed on your original return, attach federal Schedule A.)

1	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 Wisconsin 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	_____	.
4	Job expenses and miscellaneous deductions from line 26, federal Schedule A	4	_____	.
5	Other miscellaneous deductions from line 27, federal Schedule A	5	_____	.
6	Add lines 1 through 5	6	_____	.
7	Wisconsin standard deduction	7	_____	.
8	Subtract line 7 from line 6. If line 7 is more than line 6, fill in -0-	8	_____	.
9	Rate of credit is .05 (5%)	9	X .05	_____
10	Multiply line 8 by line 9. Fill in here and on line 5 of Form 1X	10	_____	.

PART III — MARRIED COUPLE CREDIT WHEN BOTH SPOUSES ARE EMPLOYED (Fill in if changed.) (A) YOURSELF (B) YOUR SPOUSE

1	Wages, salaries, tips, and other employe compensation. Do NOT enter unearned income	1	_____	.	_____	.
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	_____	.	_____	.
3	Combine lines 1 and 2. This is earned income	3	_____	.	_____	.
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 32 of Form 1040, and any disability income exclusion claimed for Wisconsin	4	_____	.	_____	.
5	Subtract line 4 from line 3. This is qualified earned income	5	_____	.	_____	.
6	Fill in the smaller of column (A) or (B) of line 5. If more than \$14,010, fill in \$14,010	6	_____	.	_____	.
7	Rate of credit is .0217 (2.17%)	7	X .0217	_____	_____	.
8	Multiply line 6 by line 7. Fill in here and on line 12 on reverse side. Do not fill in more than \$304	8	_____	.	_____	.

PART IV — EXPLANATION OF CHANGES TO INCOME, PAYMENTS, AND CREDITS (Fill in the line reference from page 1 for which you are reporting a change and explain in detail the reason for the change. If more space is needed, attach additional sheet.)

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 _____	Date _____	Daytime phone number _____
----------------------	--------------------------	------------	----------------------------

Mail your Form 1X to (and make check payable to): Wisconsin Department of Revenue

(if federal audit report attached) P.O. Box 8906 Madison, WI 53708-8906	(if tax is due) P.O. Box 268 Madison, WI 53790-0001	(if refund or no tax due) P.O. Box 8991 Madison, WI 53708-8991
---	---	--