I	1 Y	Wiscons	in inco	me	e tax –	ame	nded	retur	'n		<b>19</b>	99
		For the year January 1 - Dec	ember 31, 1999, o	r other t	tax year beginni	ng		, 1999 ending	1		,	
Your last name First name and r				niddle initial		Social	Social security number		• USE TH		-	
If a joint return, spouse's last name First name and n				middle	niddle initial Social security numbe			r	1999 ONLY. (See instructions FILL IN ALL LINES IN COL			
Current home address (number and street)							MPORTA		UMN A	AND C	OLUMN	В.
Ci	ity or post office, state	e, and zip code				Yo	ou must ente al security nu	er your	• PART-Y NONRE USE TH	SIDEN	TS MA	
	heck box if original nder Quick Refund		filing separate, fill	in spou	se's full name a	nd social secu	rity number	Check pro town, and of 1999.	per box and the county i	fill in nam n which y	ne of city, v ou lived at	illage, or the end
Fi	iling status claimed	. (Note: You cannot change	from joint to separa	te retur	rns after the due	date has pass	sed.)	City o	of ]			
0	n original return	Single Married fil	ing joint	/larried	filing separate	Head	of household	Villag	e of 👌 🔄			
0	n this return	Single Married fil	ing joint	larried	filing separate	Head	of household	County of	of			
_	COLUMN	A — As Originally Rep	orted			C	OLUMN B —		nount			
1		e (see instructions)		1 \	Wisconsin inco	ome (see ins	structions)			. 1		
2	Тах	······		2	Tax from	] Tax Table	or Spe	ecial Tax W	orksheet	. 2_		
				3	Dependent cre	edit (do not d	count yourself	or your				
3	Dependent credit	t			spouse). Fill ir	n number of	dependents_	x \$50	= 3			
4	Senior citizen cre	edit		4 :	Senior citizen	credit			4			
5	Wisconsin itemiz	ed deduction credit		5	Wisconsin iter	nized deduc	tion credit		5		<b>.</b>	
6	Working families	tax credit			Working famili							
7	Add lines 3 throu	igh 6	•		Add lines 3 th	-						
8	Subtract line 7 fro	om line 2		1	Subtract line 7							
9	Alternative minim	num tax	· ·		Alternative min							
10		9		1	Add lines 8 an					10		•
11		redit			Married couple						•	
12		ales tax credit			Manufacturer's							
13		12		1	Add lines 11 a							· ·
14		from line 10			Subtract line 1							•
15		out-of-state purchases .			Sales and use							•
16	•	ources donation			Endangered re							•
		ent plans, MSAs, etc			Penalties on ret							· · ·
		ugh 17 e tax withheld			Add lines 14 tl Wisconsin inc					10		•
19					Wisconsin inco Wisconsin est						•	
20	WISCONSIT EStima	aleu lax payments	· · ·	1	Earned incom		ayments		20		•	
21	Farned income of	credit			Qualifying chil		deral credit		21			
		vation credit			Farmland pres							
		aid to another state			Net income ta							
	•	it			Homestead cr							
					Farmland tax							
25	Farmland tax reli	ef credit		. 1	Property taxes	s on farmlan	d	x.13	8 = 25			
26	Amount paid with	n 1999 return, plus additio	nal payments af									
27		ugh 26, Column B								27		
28	Refund from 199	99 return (see instruction	3)						2	28		
29	Subtract line 28	from line 27 and fill in res	sult							29		
30	If line 18, Colum	n B is less than line 29, s	subtract line 18	from li	ne 29	This is t	the <b>AMOUNT</b>	OF YOUR	REFUND	30		•
31	Fill in entire amo	ount to be applied to your	2000 estimated	l tax (s	see instruction	ıs)			31			
32	If line 18, Colum	n B plus line 31 exceeds	line 29, subtrac	t line 2	29 from the su	um of lines 1	18 and 31	ADDITIC	<b>NALTAX</b>	32		•
	<b>U</b> (	see instructions)								33		•
34	TOTAL AMOUN	T DUE — Pay in full with	this return							34		•

## NOW GO TO THE BACK OF THE FORM $\rightarrow$

For De	For Department Use Only									
R	М	Y	Т	MAN	D	А	Ρ	С		
			1							

For	m 1X (1999)				Page 2
PA	RT I — PROVIDE THE FOLLOWING INFORMATION:				
1	Fill in the name used on your 1999 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 1999 return was adjusted or is	under examinatio	n?	Yes	No
	RT II — WISCONSIN ITEMIZED DEDUCTION CREDIT (Fill in completely if any item is changed. If this cruch federal Schedule A.)	edit was not claim	ned on	your origin	al return,
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 out	utside Wisconsin			
	or on a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. Governmen	nt 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	Х	.05
10	Multiply line 8 by line 9. Fill in here and on line 5 of Form 1X		10 _		
PA	RT 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				
2					
	Schedule K-1 (Form 1065), and any other taxable self-employment or earned income 2				
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					
6					
7	Rate of credit is .025 (2.5%)				
8	Multiply line 6 by line 7. Fill in here and on line 11 on reverse side. Do not fill in more than \$350				

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.)

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

Sign here

Spouse's signature

Daytime phone number

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

(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 )

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