

33	Amount from line 23, Column B	33	_____
34	Amount from line 32	34	_____
35	Refund from 2000 return (see instructions)	2 35	_____
36	Subtract line 35 from line 34 and fill in result	36	_____
37	If line 33 is less than line 36, subtract line 33 from line 36. This is the AMOUNT OF YOUR REFUND	37	_____
38	Fill in entire amount to be applied to your 2001 estimated tax (see instructions)	38	_____
39	If line 33 plus line 38 exceeds line 36, subtract line 36 from the sum of lines 33 and 38. ADDITIONAL TAX	39	_____
40	Interest charge (see instructions)	40	_____
41	TOTAL AMOUNT DUE – Pay in full with this return	41	_____
42	Underpayment interest (see instructions)	42	_____

PART I — PROVIDE THE FOLLOWING INFORMATION:

- 1 Fill in the name used on your 2000 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 2000 return was adjusted or is under examination? Yes No

PART II — 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	Add lines 1 through 3	4	_____
5	Wisconsin standard deduction from line 2, Column B of Form 1X	5	_____
6	Subtract line 5 from line 4. If line 5 is more than line 4, fill in -0-	6	_____
7	Rate of credit is .05 (5%)	7	X .05
8	Multiply line 6 by line 7. Fill in here and on line 7, Column B of Form 1X	8	_____

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 \$16,000, fill in \$16,000	6 _____
7	Rate of credit is .0275 (2.75%)	7 X .0275
8	Multiply line 6 by line 7. Fill in here and on line 15 on reverse side. Do not fill in more than \$440	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 tax is due)

PO Box 268
Madison WI 53790-0001

(if refund or no tax due)

PO Box 8991
Madison WI 53708-8991

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