

1 Wisconsin income tax

2000

Form **Complete form using BLUE or BLACK INK**

For the year Jan. 1-Dec. 31, 2000, or other tax year beginning _____, 2000 ending _____, 20__.

Use label or print

Your last name	First name and middle initial	You must fill in your social security number _____ _____ _____ _____ _____ _____
If a joint return, spouse's last name	First name and middle initial	You must fill in spouse's social security number _____ _____ _____ _____ _____ _____
Home address (number and street)		Quick Refund Do you qualify? (see page 6) _____.
City or post office	State Zip code	

<p>Filing status Check <input checked="" type="checkbox"/> only one box</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married filing joint return</p> <p><input type="checkbox"/> Married filing separate return. Fill in spouse's full name and social security number ▼ _____</p> <p><input type="checkbox"/> Head of household (with qualifying person) Fill in qualifying person's name ▼ _____</p>	<p>If you want \$1 to go to the State Election Campaign Fund, check <input checked="" type="checkbox"/> box(es). <input type="checkbox"/> You <input type="checkbox"/> Your spouse <i>Checking the box(es) will not change your tax or refund.</i></p> <p>Check <input checked="" type="checkbox"/> proper box and fill in name of city, village, or town, and the county in which you lived at the end of 2000.</p> <p><input type="checkbox"/> City } _____ <input type="checkbox"/> Village } _____ <input type="checkbox"/> Town } _____</p> <p>County of _____</p> <p>School district Fill in your school district number (see page 38) _____</p>
--	---

See page 27 before assembling return

1 Federal adjusted gross income (see page 7)	1	_____.
2 State and municipal interest (see page 7)	2	_____.
3 Capital gain/loss addition (see page 8)	3	_____.
4 Other additions (list) _____	4	_____.
5 Add lines 1 through 4	5	_____.
6 State tax refund (Form 1040, line 10) 6		_____.
7 United States government interest 7		_____.
8 Unemployment compensation (see page 9) 8		_____.
9 Social security adjustment (see page 9) 9		_____.
10 Capital gain/loss subtraction (see page 10) 10		_____.
11 Other subtractions (list) _____ 11		_____.
12 Add lines 6 through 11	12	_____.
13 Subtract line 12 from line 5. This is your Wisconsin income	13	_____.

PAPER CLIP check or money order here





NEW

NEW

NEW

NEW

NEW

14 Wisconsin income from line 13 **14** _____ .

15 Standard deduction. See table on page 30, **OR ▼** **15** _____ .
 Check if someone else can claim you as a dependent and see page 16.

16 Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0 **16** _____ .

17 Deduction for exemptions (from line 6 of Exemption Worksheet on page 17) **17a** _____ .
b Number of dependents (from line 5a of Exemption Worksheet, page 17) _____
c If you (or your spouse if filing joint) were age 65 or over,
check here . . ▶ You Spouse

18 Subtract line 17a from line 16. If line 17a is larger than line 16, fill in 0.
This is your taxable income **18** _____ .

19 Tax (see table on page 31) **19** _____ .

20 Itemized deduction credit.
Attach Schedule 1, page 4 **20** _____ .

21 Armed forces member credit } (must be stationed out- **21** _____ .
side U.S. See page 18)

22 School property tax credit
a Rent paid in 2000—heat included _____ } Find credit from **22a** _____ .
Rent paid in 2000—heat not included _____ } table page 19
b Property taxes paid on home in 2000 _____ } Find credit from **22b** _____ .
table page 20

23 Working families tax credit } If line 13 is less than \$10,000 **23** _____ .
} (\$19,000 if married filing joint), see page 20

24 Add lines 20 through 23 **24** _____ .

25 Subtract line 24 from line 19. If line 24 is larger than line 19, fill in 0 **25** _____ .

26 Alternative minimum tax. Attach Schedule MT **26** _____ .

27 Add lines 25 and 26 **27** _____ .

28 Married couple credit. Attach Schedule 2, page 4 . **28** _____ .

29 Manufacturer's sales tax credit. Attach Schedule MS . **29** _____ .

30 Add lines 28 and 29 **30** _____ .

31 Subtract line 30 from line 27. If line 30 is larger than line 27, fill in 0.
This is your net tax **31** _____ .

32 Recycling surcharge. Attach Schedule RS **32** _____ .

33 Sales and use tax due on out-of-state purchases (see page 22) **33** _____ .

34 Endangered resources donation (decreases refund or increases amount owed) **34** _____ .

35 Penalties on IRAs, other retirement
plans, MSAs, etc. (see page 22) x .33 = **35** _____ .

36 Add lines 31 through 35 **36** _____ .



Submit this page with Form 1 if you claim either credit.

Schedule 1 – Itemized Deduction Credit (see page 17)

1 Medical and dental expenses from line 4, federal Schedule A. See instructions for exceptions	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. See instructions for exceptions	3	_____	.
4 Add lines 1 through 3	4	_____	.
5 Fill in your standard deduction from line 15 on page 2	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 20 on page 2	8	_____	.

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 21)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
1 Taxable wages, salaries, tips, and other employe compensation. Do NOT enter interest, dividends, pensions, unemployment compensation, or other 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 (If a loss, put a negative sign – in the box to the left of the loss amount.)	2 _____	_____
3 Combine lines 1 and 2. This is earned income	3 _____	_____
4 Add amounts from your federal Form 1040, lines 23 and 29, plus repayment of supplemental unemployment benefits, employe expenses of qualified performing artists and fee-basis state or local government officials, and contributions to Section 501(c)(18) pension plans included in line 32, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income	4 _____	_____
5 Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	5 _____	_____
6 Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. 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 28 on page 2	8 _____	_____

Do not fill in more than \$440.