

**Schedule FC Wisconsin Farmland Preservation Credit Claim**

**2000**

For 2000 or taxable year beginning \_\_\_\_\_, 2000, ending \_\_\_\_\_, 20

|   |                                  |                                   |                                   |          |  |
|---|----------------------------------|-----------------------------------|-----------------------------------|----------|--|
| Check proper box:<br><input type="checkbox"/> Individual<br><input type="checkbox"/> Corporation<br>(including publicly traded partnership or LLC treated as corporation)<br><input type="checkbox"/> Trust or Estate | Claimant's last name             | Claimant's first name and initial | Claimant's social security number |          |  |
|   | Spouse's last name               | Spouse's first name and initial   | Spouse's social security number   |          |  |
|   | Home address (number and street) |                                   | Telephone number                  |          |  |
|   | City or post office              |                                   | State                             | Zip code |  |

**Questions** Questions 1 through 5 must be answered

1. a. Individuals – Were you a legal resident of Wisconsin for all of 2000? (if no, you do not qualify) .. 1a  Yes  No
- b. Corporations – Were you organized under the laws of Wisconsin? (if no, you do not qualify) ..... 1b  Yes  No
2. Have you been notified that you are in noncompliance with **any** soil and water conservation plan or standard? (if yes, see instructions for question 2, on page 3) ..... 2  Yes  No
3. Have the 1999 property taxes for all of the farmland on which this claim is based been paid in full? (if no, see instructions for question 3, on page 3) ..... 3  Yes  No
4. What is the number of acres on which this claim is based? (see instructions for question 4, on page 3. If your claim is based on less than 35 acres, you do not qualify) ..... 4  ACRES
5. a. Did the farmland produce gross farm profits of at least \$6,000 during 2000 or a total of at least \$18,000 during 1998, 1999, and 2000 combined? ..... 5a  Yes  No
- b. Were at least 35 acres of the farmland on which this claim is based enrolled in the Conservation Reserve Program during 2000? (see instructions for questions 5a and 5b, on page 3) ..... 5b  Yes  No
- c. If the farmland was used by someone else who met the requirement on line 5a, what is that person's name and address?

**Household Income** Complete lines 6 through 10

6. Taxable income and dependents' farm income (see page 3)
  - a. Individuals (including partners and all corporate shareholders) –
    - (1) Income from Wisconsin income tax return – line 13 of Form 1 or line 28 of Form 1NPR ..... 6a(1)
    - (2) Spouse's income from Wisconsin income tax return (if married filing separately) ..... 6a(2)
    - (3) Farm income of dependents under age 18 – Complete Schedule 1 on reverse side ..... 6a(3)
  - b. Corporations – Income from Wisconsin Form 4 or 5 (shareholders also complete line 6a) ..... 6b
  - c. Trusts and Estates – Income from Schedule in instructions (see page 4) ..... 6c
7. Additions – Complete Schedule 2 on reverse side (see page 4) ..... 7
8. Depreciation (see page 5) ..... 8
9. Nonfarm business losses (see page 6) ..... 9
10. TOTAL HOUSEHOLD INCOME – Add lines 6 through 9 ..... 10

**Credit Computation** Complete lines 11 through 16 (see pages 6 through 8)

11. a. Fill in the net 2000 property taxes on which this claim is based. ....  11a
  - b. Fill in the SMALLER of the amount on line 11a or \$6,000 ..... 11b
  12. Using the income amount on line 10, fill in the appropriate amount from **TABLE 1**, page 14 ..... 12
  13. Subtract line 12 from line 11b (if line 12 exceeds line 11b, fill in -0-) ..... 13
  14. Using the amount on line 13, fill in the appropriate amount from **TABLE 2**, page 15 ..... 14
  15. Complete lines 15a, 15b, and 15c, as applicable.
    - a. **Regular Credit** – Check box to indicate what percentage of credit you qualify for:
 

|  |   |  |
|--|---|--|
| (1) <input type="checkbox"/> 100% – Fill in amount from line 14                                  | 1 | <input style="width: 100px;" type="text"/> |
| (2) <input type="checkbox"/> 80% – Fill in 80% of line 14 amount                                 | 2 | <input style="width: 100px;" type="text"/> |
| (3) <input type="checkbox"/> 70% – Fill in 70% of line 14 amount                                 | 3 | <input style="width: 100px;" type="text"/> |
| (4) <input type="checkbox"/> Multiple Percentages – From line 21 of <b>WORKSHEET 2</b> , page 11 | 4 | <input style="width: 100px;" type="text"/> |
    - b. **10% Special Minimum Credit** – Fill in 10% of line 11b ..... 5
    - c. **Credit Based On Prior Year's Law** – Fill in amount from line 13 of **WORKSHEET 1**, page 10 – available only if your agreement was effective before 8/15/91 ..... 6
  16. FARMLAND PRESERVATION CREDIT – Fill in the LARGEST of line 15a, 15b, or 15c ..... 16
- Fill in the credit from line 16 on one of the following lines: line 41 of Form 1; line 59 of Form 1NPR; line 1, Schedule C2, of Form 4 or Form 5; or line 17 of Form 2

**Certification** If applicable, check the box on line 17 to certify both of the following (see page 8):

17. a. None of the information on my previously submitted zoning certificate has changed, and
- b. I have notified the county land conservation committee that I intend to file a 2000 Schedule FC ... 17

**Sign Here** This farmland preservation credit claim and all attachments are true, correct, and complete to the best of my knowledge.

## Schedule 1 – Dependents’ Farm Income (Schedule FC, line 6a(3))

Complete this schedule if you had any dependents under age 18 during 2000. Fill in the dependent children’s names, birth dates, and total farm income while under age 18. Total farm income is the amount of farm income, including wages, earned on the farm to which the credit applies. See instructions, page 3.

| Name   | Birth Date | Total Farm Income |
|--|------------|-------------------|
|  |            | .                 |
|  |            | .                 |
|  |            | .                 |
|  |            | .                 |
|  |            | .                 |
|  |            | .                 |
|  |            | .                 |
| <b>TOTAL</b> Dependents’ farm income – fill in here and on line 6a(3) of Schedule FC |            | .                 |

## Schedule 2 – Additions (Schedule FC, line 7)

Complete this schedule if you have deducted or excluded any of the items listed in computing Wisconsin taxable income. These items may not be deducted or excluded when computing household income. See instructions, page 4.

|  |              |   |
|--|--------------|---|
| a. Amortization  | a.           | . |
| b. Capital gains not taxable   | b.           | . |
| c. Capital loss carryforwards  | c.           | . |
| d. Cash public assistance, county relief, and Wisconsin Works payments (do not include foster care payments) | d.           | . |
| e. Contributions to IRAs, SEP plans, and SIMPLE plans  | e.           | . |
| f. Contributions to Keogh plans  | f.           | . |
| g. Depletion expense   | g.           | . |
| h. Housing allowance provided to a member of the clergy  | h.           | . |
| i. Income of a nonresident or part-year resident spouse  | i.           | . |
| j. Intangible drilling costs   | j.           | . |
| k. Interest on United States securities  | k.           | . |
| l. Nontaxable deferred compensation  | l.           | . |
| m. Nontaxable income from sources outside Wisconsin  | m.           | . |
| n. Nontaxable income of a Native American  | n.           | . |
| o. Nontaxable interest on state and municipal bonds  | o.           | . |
| p. Nontaxable military compensation or cash benefits   | p.           | . |
| q. Nontaxable unemployment compensation  | q.           | . |
| r. IRA, Keogh, SEP, SIMPLE, pension, annuity, and railroad retirement payments                               | r.           | . |
| s. Section 121 exclusion of gain from sale of residence  | s.           | . |
| t. Rent reduction for a resident manager   | t.           | . |
| u. Scholarships, fellowships, and grants   | u.           | . |
| v. Social security and SSI payments (do not include Title XX payments)                                       | v.           | . |
| w. Support money (court ordered)   | w.           | . |
| x. Veterans’ pensions and disability payments  | x.           | . |
| y. Workers’ compensation and loss of time insurance  | y.           | . |
| <b>TOTAL</b> – Fill in here and on line 7 of Schedule FC   | <b>TOTAL</b> | . |