

1 Wisconsin income tax

Complete form using **BLACK INK**

For the year Jan. 1-Dec. 31, 2002, or other tax year beginning _____, 2002 ending _____, 20__.

2002

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)		State election campaign fund If you want to designate \$20 of your tax to go to this fund, fill in the code number for the party of your choice. This designation will increase your tax, but you are automatically allowed a credit that offsets that increase. See page 6 for further information.
City or post office	State Zip code	
Filing status Check <input checked="" type="checkbox"/> only one box <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's full name and social security number ▼ _____ <input type="checkbox"/> Head of household (see page 6)		Political party and code number: Democratic 1 <input type="checkbox"/> Enter code number Republican 2 <input type="checkbox"/> You Wisconsin Greens 3 Libertarian 4 <input type="checkbox"/> Spouse Constitution 5 General Account 6
Tax district 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 2002 <input type="checkbox"/> City } <input type="checkbox"/> Village } <input type="checkbox"/> Town } _____ County of _____		School district Fill in your school district number (see page 38) _____

See page 27 before assembling return

PAPER CLIP check or money order here

1	Federal adjusted gross income (see page 7)	1	.00
	W-2 wages included in line 1 ▶		.00
2	State and municipal interest (see page 7)	2	.00
3	Capital gain/loss addition (see page 8)	3	.00
4	Other additions (list) _____	4	.00
5	Add the amounts in the right column for lines 1 through 4	5	.00
6	State tax refund (Form 1040, line 10) 6		.00
7	United States government interest 7		.00
8	Unemployment compensation (see page 9) 8		.00
9	Social security adjustment (see page 9) 9		.00
10	Capital gain/loss subtraction (see page 10) 10		.00
11	Other subtractions (list) _____ 11		.00
12	Add lines 6 through 11 12		.00
13	Subtract line 12 from line 5. This is your Wisconsin income. 13		.00





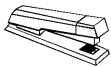
14	Wisconsin income from line 13	14	_____	.00
15	Standard deduction. See table on page 30, OR ▼	15	_____	.00
	If someone else can claim you as a dependent, see page 17 and check box ► <input type="checkbox"/>			
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	_____	.00
17	Deduction for exemptions (from line 6 of Exemption Worksheet on page 17)	17a	_____	.00
	b Fill in number of dependents (do not count yourself or your spouse) . . . ► _____			
	c If you (or your spouse if filing joint) were age 65 or over, check appropriate box(es) ► <input type="checkbox"/> You <input type="checkbox"/> 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	_____	.00
19	Tax (see table on page 31)	19	_____	.00
20	Itemized deduction credit. Attach Schedule 1, page 4	20	_____	.00
21	Armed forces member credit } (must be stationed outside U.S. See page 18)	21	_____	.00
22	School property tax credit			
	a Rent paid in 2002—heat included _____ .00 } Find credit from table page 19 . . . 22a		_____	.00
	Rent paid in 2002—heat not included _____ .00			
	b Property taxes paid on home in 2002 _____ .00 Find credit from table page 20 . . . 22b		_____	.00
23	Working families tax credit } If line 13 is less than \$10,000 (\$19,000 if married filing joint), see page 20	23	_____	.00
24	Add lines 20 through 23	24	_____	.00
25	Subtract line 24 from line 19. If line 24 is larger than line 19, fill in 0	25	_____	.00
26	Alternative minimum tax. Attach Schedule MT	26	_____	.00
27	Add lines 25 and 26	27	_____	.00
28	Married couple credit. Attach Schedule 2, page 4	28	_____	.00
29	Manufacturer's sales tax credit. Attach Schedule MS	29	_____	.00
30	Add lines 28 and 29	30	_____	.00
31	Subtract line 30 from line 27. If line 30 is larger than line 27, fill in 0. This is your net tax	31	_____	.00
32	Recycling surcharge. Attach Schedule RS	32	_____	.00
33	Packers football stadium donation (decreases refund or increases amount owed) . . .	33	_____	.00
34	Sales and use tax due on out-of-state purchases (see page 22)	34	_____	.00
35	Endangered resources donation (decreases refund or increases amount owed) . . .	35	_____	.00
36	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 22)00 x .33 =	36	_____	.00
37	Add lines 31 through 36	37	_____	.00





Name(s) shown on Form 1		Your social security number	
38	Amount from line 37	38	.00
39	Wisconsin tax withheld. Attach withholding statements	39	.00
40	2002 estimated tax payments and amount applied from 2001 return	40	.00
41	Earned income credit. Qualifying children . . . ▶ Federal credit00 x% =	41	.00
42	Farmland preservation credit. Attach Schedule FC	42	.00
43	Net income tax paid to another state (see page 24)	43	.00
44	Homestead credit. Attach Schedule H	44	.00
45	Farmland tax relief credit. Property taxes on farmland00 x .30 =	45	.00
46	Add lines 39 through 45	46	.00
47	If line 46 is larger than line 38, subtract line 38 from line 46. This is the AMOUNT YOU OVERPAID	47	.00
48	Amount of line 47 you want REFUNDED TO YOU	48	.00
49	Amount of line 47 you want APPLIED TO YOUR 2003 ESTIMATED TAX	49	.00
50	If line 46 is smaller than line 38, subtract line 46 from line 38. This is the AMOUNT YOU OWE . Paper clip payment to front of return	50	.00
51	Underpayment interest. Also include on line 50	51	.00

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- **Attach copies of your federal income tax return and schedules.**
- **Assemble your return (pages 1-4) and withholding statements in the order listed on page 27.**

Sign here

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature	Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone
			()

Mail your return to: Wisconsin Department of Revenue
 If tax due PO Box 268, Madison WI 53790-0001
 If refund or no tax due PO Box 59, Madison WI 53785-0001
 If homestead credit claimed ... PO Box 34, Madison WI 53786-0001

For Department Use Only

R	M	Y	T	MAN	D	A	P	C		





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 employee compensation. Do NOT include deferred compensation, 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	2	_____	.	_____	.
3	Combine lines 1 and 2. This is earned income	3	_____	.	_____	.
4	Add amounts from your federal Form 1040, lines 24 and 31, plus repayment of supplemental unemployment benefits, employee expenses of qualified performing artists and fee-basis state or local government officials, and contributions to secs. 403(b) and 501(c)(18) pension plans included in line 34, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to your 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 .03 (3%)	7	_____	x .03	_____	.
8	Multiply line 6 by line 7. Fill in here and on line 28 on page 2	8	_____	.	_____	.

Do not fill in more than \$480.