



		For 2002	or taxabl	e year beginning		, 2002	2, ending		20		
Claimant's last name  Spouse's last name			Claimant's first name and initial  Spouse's first name and initial					Claimant's so	Claimant's social security number		
						Individual		Spouse's social security number			
Оро	300 0 100	i name	opouse s mot name and muai			Corporation (including publicly traded partnership or		opouse's social security flumber			
Hom	e addre	ss (number and street)					ed as corporation)	INAE		NIT	
0		<i>m</i>	State	l = :		Trust or E		IMPORTANT Complete form using			
City	City or post office			Zip code	Daytir	me telephone number		BLACK INK			1
Que	estion	s Questions 1 through 7 mus	t be ans	wered (see instructi	ons on	page 3).					
		viduals – Were you a legal resid		· ·			u do not qualify.)	1a	Yes		No
		porations – Were you organized				-			Yes		No
		ou been notified that you are ir									
		ndard?							Yes		No
	Have the 2001 property taxes for all of the farmland on which this claim is based been paid in full? . What is the number of acres on which this claim is based? (If your claim is based on less than						· . 3	Yes		No	
		s tne number of acres on wnich es, you do not qualify.)						4		AC	RES
5 I	Did the	e farmland produce gross farm	orofits of	f at least \$6,000 dur	ing 200	)2 or a tot	al of at least	r			
	\$18,000 during 2000, 2001, and 2002 combined?						5	Yes		No	
	Were at least 35 acres of the farmland on which this claim is based enrolled in the Conservation Reserve Program during 2002?					6	Yes		No		
		armland was used by someone						•			
ı	person	i's name and address?									
Ηοι	ıseho	Id Income Complete lines 8	through	10.							
		e income and dependents' farm									
á		viduals (including partners and				: 00 -f	Farm ANDD	0-/1)			00
	` ,	Income from Wisconsin income						. ,			.00
	(2) Spouse's income from Wisconsin income tax return (if married filing s						• • •				.00
	(3)	Farm income of dependents under age 18 – Complete the schedule below					_			.00	
			ne			Birth Date	Total Farm Incom	00			
								00			
								00			
		Total farm income – fill in here a	ınd on lir	ne 8a(3) above				00			
		Note: If you have more than 3 dep	endents	with farm income, atta	ich a se	parate sch	edule.				
ŀ	Cor	porations – Income from Wisconsin Form 4 or 5 (shareholders also complete line 8a)						8b			.00
(	c Trusts and Estates – Income from schedule in instructions (see page 4)										.00
9 (	Other I	household income and adjustme	ents (se	e pages 4 through 6	6).						
á	a Dep	preciation						9a			.00
ŀ	b Nonfarm business losses										.00
(	c Amo	Amortization						9c			.00
(	d Cap	Capital gains not taxable						9d			.00
(	е Сар	Capital loss carryforwards									.00
f	Cas	Cash public assistance, county relief, and Wisconsin Works payments (do not include									
	foster care payments										.00
Ç							-			.00	
ŀ		tributions to deferred compens	-								.00
i	Con	Contributions to IRAs, SEP plans, and SIMPLE plans									.00
j -052i 1	Dep										.00
으	k Add lines 8 through 9j. Enter here and on line 9L, at the top of page 2							9k			.00



9	L	Enter the amount from line 9k (page 1) here			9L	.00			
	m	Gain from sale of home excluded under Section 121			9m	.00			
	n	Housing allowance provided to a member of the clergy			9n	.00			
	О	Income of a non-resident or part-year resident spouse		90	.00				
	р	Interest on state and municipal bonds		9p	.00				
	q	Interest on United States securities		9q	.00				
	r	IRA, Keogh, SEP, SIMPLE, pension, annuity, railroad retirement, and vet disability payments	s' pension or	9r	.00				
	s	Military compensation or cash benefits		9s	.00				
	t	Nontaxable income from sources outside Wisconsin		9t	.00				
	u	Nontaxable income of a Native American		9u	.00				
	٧	Rent reduction for a resident manager		9v	.00				
	w	Scholarships, fellowships, and grants		9w	.00				
	X	Social security and SSI payments (do not include Title XX payments) $\dots$			9x	.00			
	у	Unemployment compensation			9y	.00			
	z	Workers' compensation and loss of time insurance (e.g., sick pay) $\ldots$ .			9z	.00			
10	TC	OTAL HOUSEHOLD INCOME – Add lines 9L through 9z			10 🕨	.00			
Cı	ed	it Computation   Complete lines 11 through 16 (see pages 6 through 8).							
		Fill in the net 2002 property taxes on which this claim is based	11a	.00					
		Fill in the SMALLER of the amount on line 11a or \$6,000			11b	.00			
12		Using the income amount on line 10, fill in the appropriate amount from <b>TABLE 1</b> , page 14 12							
		ubtract line 12 from line 11b (if line 12 exceeds line 11b, fill in 0)			.00				
		sing the amount on line 13, fill in the appropriate amount from <b>TABLE 2</b> , p		.00					
		omplete lines 15a, 15b, and 15c, as applicable.	Ü						
		Regular Credit – Check box to indicate what percentage of credit you qu	alify	for:					
		(1) 100% – Fill in amount from line 14	1	.00					
		(2) 80% – Fill in 80% of line 14 amount	2	.00					
		(3) 70% – Fill in 70% of line 14 amount	3	.00					
		(4) Multiple Percentages – From line 21 of <b>WORKSHEET 2</b> , page 11	4	.00					
	b	10% Special Minimum Credit – Fill in 10% of line 11b	5	.00					
		Credit Based On Prior Year's Law – Fill in amount from line 13 of							
	C	WORKSHEET 1, page 10 – available only if your agreement was							
		effective before 8/15/91	6	.00					
16		ARMLAND PRESERVATION CREDIT – Fill in the LARGEST of line 15a, 1: Il in the credit from line 16 on one of the following lines: line 42 of Form 1							
		in the credit from line 18 on one of the following lines. The 42 of Form 1 is 1, Schedule C2, of Form 4 or Form 5; or line 17 of Form 2			16 🕨	.00			
_									
		fication If applicable, check the box on line 17 to certify both of the follo	·	,					
17	7 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 2002 Schedule FC 17								
-		-				-1			
5	ıgn	This farmland preservation credit claim and all attachments are true,	corre	ct, and complete to the	best of my knowle	age.			