



Complete	e form using BLACK INK	FC	r 2004 or taxable year	beginning	, 2004,	ending		, 20
Claimant's	legal last name	Claimant's	s legal first name and initia			Claimant's	social security	number
Spouse's legal last name		Spouse's legal first name and initial		Individual  Corporation	Spouse's social security number			
Home add	ress (number and street)			LLC treated	ded partnership or d as corporation)	A INT	PORTA	NIT Å
				Trust or Es			als must en	
City or pos	st office	State	Zip code	Daytime telephone ( )	number		security nun	
Questic	ons Questions 1 through 7 mus	t be ans	wered (see instruction	ns, page 4).				
1 a In	dividuals – Were you a legal resi	dent of V	Visconsin for all of 20	004? (If "No," you	do not qualify.)	1a	Yes	No
b C	orporations – Were you organize	d under t	he laws of Wisconsin	n? (If "No," you	do not qualify.)	1b	Yes	No
	e you been notified that you are in andard?					2	Yes	No
	e the 2003 property taxes for all c						Yes	No
4 What is the number of acres on which this claim is based? (If your claim is based on less than								7
	cres, you do not qualify.)					4	•	ACRES
	he farmland produce gross farm 000 during 2002, 2003, and 2004					5	Yes	No
6 Were	e at least 35 acres of the farmlan	d on whi	ch this claim is based	d enrolled in the	Conservation			
	erve Program during 2004?					6	Yes	No
	e farmland was used by someone on's name and address?	else wn	o met the requireme	nt in question 5,	what is that			
Househ	nold Income Complete lines 8	through	10.					
	ble income and dependents' farm		•	-		ι	Jse Dollar	s Only
	dividuals (including partners and ) Income from Wisconsin incom				orm 1NDD	8a(1)		.00
(1	,					. ,		.00
(3			•					.00
(3	Name of dependents dispendents		10 – Complete tile s	Birth Date	Farm Income	ba(3)		.00
					.0	00		
					.0	00		
					.0	00		
	Total farm income – fill in here a				.0	00		
	Note: If you have more than 3 de		•	•		01		00
	orporations – Income from Wisco		•	·	ŕ			.00.
	rusts and Estates – Income from		·			8C		.00
	er household income and adjustm	•				0-		00
	epreciation							.00
								.00
	mortization							.00
								.00
	apital loss carryforwards					9e		.00
	ash public assistance, county relister care payments)			•		9f		.00
g C	hild support, maintenance payme	nts, and	other support money	(court ordered)		9g		.00
h C	ontributions to deferred compens	ation pla	ns and Keogh plans			9h		.00
i C	ontributions to IRAs, SEP plans,	and SIMI	PLE plans			9i		.00
j Do	epletion expense and intangible of	drilling co	osts			9j		.00
- k A	dd lines 8 through 9j. Enter here	and on li	ne 9L, at the top of p	age 2		9k		.00



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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
	0	Income of a nonresident 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 vete disability payments			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
	Х	Social security and SSI payments (do not include Title XX payments)			9x	.00
	у	Unemployment compensation			9y	.00
	z	Workers' compensation and loss of time insurance (for example, sick pay)	)		9z	.00
10	TO	OTAL HOUSEHOLD INCOME – Add lines 9L through 9z			10 🕨	.00
Cr	ed	it Computation   Complete lines 11 through 16 (see instructions, pages 7	thre	ouah 9).		
		Fill in the net 2004 property taxes on which this claim is based				
		Fill in the SMALLER of the amount on line 11a or \$6,000			11b	.00
12	U	sing the income amount on line 10, fill in the appropriate amount from TAB	LE	<b>1</b> , page 15	12	.00
13	Sı	ubtract line 12 from line 11b (if line 12 exceeds line 11b, fill in 0)			13	.00
14	U	sing the amount on line 13, fill in the appropriate amount from <b>TABLE 2</b> , pa	age	16	14	.00
15	С	omplete lines 15a, 15b, and 15c, as applicable.				
	а	Regular Credit - Check box to indicate what percentage of credit you qua	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 12	4	.00		
	h	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		100		
	C	WORKSHEET 1, page 11 – available only if your agreement was				
		effective before 8/15/91	6	.00		
16		ARMLAND PRESERVATION CREDIT – Fill in the LARGEST of line 15a, 15				
		Il in the credit from line 16 on one of the following lines: line 44 of Form 1; le 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 follow	_	• •	ge 9):	
17		None of the information on my previously submitted zoning certificate has I have notified the county land conservation committee that I intend to file		-	17	
5	ıgr	This farmland preservation credit claim and all attachments are true, c	orre	ect, and complete to the	e best of my know	ledge.