

1X

Wisconsin income tax – amended return

2005

For the year January 1 - December 31, 2005, or other tax year beginning _____, 2005 ending _____, 20__

Your legal last name	Legal first name and middle initial	Social security number	<ul style="list-style-type: none"> • USE THIS FORM TO AMEND 2005 ONLY. (See instructions) • FILL IN ALL LINES IN COLUMN A AND COLUMN B. • PART-YEAR RESIDENTS OR NONRESIDENTS MAY NOT USE THIS FORM. 					
If a joint return, spouse's legal last name	Legal first name and middle initial	Social security number						
Current home address (number and street)		▲ IMPORTANT ▲ You must enter your social security number(s)						
City or post office, state, and zip code			Check proper box and fill in name of city, village, or town, and the county in which you lived at the end of 2005. <table style="display: inline-table; vertical-align: middle;"> <tr><td><input type="checkbox"/></td><td>City of</td></tr> <tr><td><input type="checkbox"/></td><td>Village of</td></tr> <tr><td><input type="checkbox"/></td><td>Town of</td></tr> </table> County of _____	<input type="checkbox"/>	City of	<input type="checkbox"/>	Village of	<input type="checkbox"/>
<input type="checkbox"/>	City of							
<input type="checkbox"/>	Village of							
<input type="checkbox"/>	Town of							
If married filing separate, fill in spouse's social security number above and full name here								
Filing status On original return <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate <input type="checkbox"/> Head of household On this return <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate <input type="checkbox"/> Head of household. Also, check here if married <input type="checkbox"/>								

COLUMN A — As Originally Reported	COLUMN B — Correct Amount
1 Wisconsin income (see instructions) .00	1 Wisconsin income (see instructions) 1 .00
2 Standard deduction .00	2 Standard deduction 2 .00 Check if someone else can claim you as a dependent → <input type="checkbox"/>
3 Subtract line 2 from line 1 .00	3 Subtract line 2 from line 1 3 .00
4 Deduction for exemptions .00	4 Deduction for exemptions 4 .00 a Number of dependents 4a b If you (or your spouse if filing joint) were age 65 or older, check here → <input type="checkbox"/> you <input type="checkbox"/> spouse
5 Subtract line 4 from line 3 .00	5 Subtract line 4 from line 3 5 .00
6 Tax .00	6 Tax 6 .00
7 Itemized deduction credit .00	7 Itemized deduction credit 7 .00
8 Armed forces member credit .00	8 Armed forces member credit 8 .00
9 School property tax credit	9 School property tax credit
a Renters .00	a Renters— Rent paid in 2005-heat included .00 Rent paid in 2005-heat not included 9a .00
b Homeowners .00	b Homeowners—Property taxes paid on home in 2005 9b .00
10 Working families tax credit .00	10 Working families tax credit 10 .00
11 Add lines 7 through 10 .00	11 Add lines 7 through 10 11 .00
12 Subtract line 11 from line 6 .00	12 Subtract line 11 from line 6 12 .00
13 Alternative minimum tax .00	13 Alternative minimum tax 13 .00
14 Add lines 12 and 13 .00	14 Add lines 12 and 13 14 .00
15 Married couple credit .00	15 Married couple credit 15 .00
16 Other credits .00	16 Other credits 16 .00
17 Add lines 15 and 16 .00	17 Add lines 15 and 16 17 .00
18 Subtract line 17 from line 14 .00	18 Subtract line 17 from line 14 18 .00
19 Recycling surcharge .00	19 Recycling surcharge 19 .00
20 Sales/use tax on out-of-state purchases .00	20 Sales and use tax on out-of-state purchases 20 .00
21 Endangered resources donation .00	21 Endangered resources donation 21 .00
22 Packers football stadium donation .00	22 Packers football stadium donation 22 .00
23 Breast cancer research donation .00	23 Breast cancer research donation 23 .00
24 Veterans trust fund donation .00	24 Veterans trust fund donation 24 .00
25 Penalties on retirement plans, MSAs, etc. .00	25 Penalties on retirement plans, MSAs, etc. .00 x .33 = 25 .00
26 Add lines 18 through 25 .00	26 Add lines 18 through 25 26 .00
27 Wisconsin income tax withheld .00	27 Wisconsin income tax withheld 27 .00
28 Wisconsin estimated tax payments .00	28 Wisconsin estimated tax payments 28 .00
29 Earned income credit	29 Earned income credit
Qualifying children _____ Federal credit .00	Qualifying children _____ Federal credit 29 .00
30 Farmland preservation credit .00	30 Farmland preservation credit 30 .00
31 Net income tax paid to another state .00	31 Net income tax paid to another state <input type="checkbox"/> 31 .00
32 Homestead credit .00	32 Homestead credit 32 .00
33 Farmland tax relief credit .00	33 Farmland tax relief credit
Property taxes on farmland .00 x .20 =	Property taxes on farmland .00 x .20 = 33 .00
34 Veterans and surviving spouses credit .00	34 Veterans and surviving spouses property tax credit 34 .00
35 Amount paid with 2005 return, plus additional payments after it was filed (see instructions) .00	35 Amount paid with 2005 return, plus additional payments after it was filed (see instructions) ¹ 35 .00

36	Amount from line 26, Column B	36	.00
37	Add lines 27 through 35, Column B, and fill in total	37	.00
38	Refund from 2005 return (see instructions)	2 38	.00
39	Subtract line 38 from line 37 and fill in result	39	.00
40	If line 36 is less than line 39, subtract line 36 from line 39. This is the AMOUNT OF YOUR REFUND	40	.00
41	Fill in entire amount to be applied to your 2006 estimated tax (see instructions)	41	.00
42	If line 36 plus line 41 exceeds line 39, subtract line 39 from the sum of lines 36 and 41. ADDITIONAL TAX	42	.00
43	Interest charge (see instructions)	43	.00
44	TOTAL AMOUNT DUE – Pay in full with this return	44	.00
45	Underpayment interest (see instructions)	45	.00

PART I — PROVIDE THE FOLLOWING INFORMATION:

- 1 Fill in the name used on your 2005 return (if same as name filled in on page 1, write "Same") _____
- 2 Have you been advised by the Wisconsin Department of Revenue that your 2005 return was adjusted or is under examination? Yes No
- 3 Fill in the amount of W-2 wages included in line 1, Column B of Form 1X. 3 .00

PART II — ITEMIZED DEDUCTION CREDIT (Fill in completely if any item is changed. If this credit was not claimed on your original return, attach federal Schedule A.)

1	Medical and dental expenses from line 4, federal Schedule A	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	3	.
4	Add lines 1 through 3	4	.
5	Wisconsin standard deduction from line 2, Column B of Form 1X	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 7, Column B of Form 1X	8	.

PART III — MARRIED COUPLE CREDIT WHEN BOTH SPOUSES ARE EMPLOYED (Fill in if changed.)

	(A) YOURSELF	(B) YOUR SPOUSE
1 Wages, salaries, tips, and other employee compensation. Do NOT enter 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 Fill in the amounts from your federal Form 1040, lines 23, 24, 28, and 32, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18) pension plans included in line 36 of Form 1040, and any disability income exclusion claimed for Wisconsin	4 .	.
5 Subtract line 4 from line 3. This is qualified earned income	5 .	.
6 Fill in the smaller of column (A) or (B) of line 5. If more than \$16,000, fill in \$16,000	6 .	.
7 Rate of credit is .03 (3.0%)	7 .	X .03
8 Multiply line 6 by line 7. Fill in here and on line 15, Column B on reverse side. Do not fill in more than \$480	8 .	.

PART IV — EXPLANATION OF CHANGES TO INCOME, PAYMENTS, AND CREDITS (Fill in the line reference(s) from page 1 for which you are reporting a change and explain in detail the reason for the change. If more space is needed, attach additional sheet.)

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

Your signature _____ Spouse's signature _____ Date _____ Daytime phone number _____
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Mail your Form 1X to (and make check payable to): Wisconsin Department of Revenue

(if tax is due) PO Box 268 Madison WI 53790-0001
 (if refund or no tax due) PO Box 8991 Madison WI 53708-8991

For Department Use Only									
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