



# 1 Wisconsin income tax

# 2005

For the year Jan. 1-Dec. 31, 2005,  
or other tax year  
beginning \_\_\_\_\_, 2005  
ending \_\_\_\_\_, 20\_\_.

Complete  
form using  
**BLACK INK**

Your social security number 	Spouse's social security number 
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Place label here or print

Your legal last name	Legal first name and middle initial	<b>State election campaign fund</b> If you want \$1 to go to the State Election Campaign Fund, check box(es). <input type="checkbox"/> You <input type="checkbox"/> Your spouse
If a joint return, spouse's legal last name	Spouse's legal first name and middle initial	
Home address (number and street)		Checking the box(es) will not change your tax or refund.
City or post office	State      Zip code	

See page 27 before assembling return

**Filing status** Check  box

Single

Married filing joint return

Married filing separate return. Fill in spouse's full name here  \_\_\_\_\_  
Fill in spouse's SSN above. \_\_\_\_\_

Head of household (see page 6). Also, check here if married.

**Tax district**  
Check proper box and fill in name of city, village, or town, and the county in which you lived at the end of 2005.  
 City  Village  Town

Fill in name  \_\_\_\_\_

**County of** \_\_\_\_\_

**School district** Fill in your school district number (see page 38) \_\_\_\_\_

PAPER CLIP payment 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 7)	3	_____	.00
4	Other additions (fill in code number and amount, see page 7)		<input type="checkbox"/> _____	
			<input type="checkbox"/> _____	
			<input type="checkbox"/> _____	
			<input type="checkbox"/> _____	
	.. Total	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 (fill in code number and amount, see page 10)		<input type="checkbox"/> _____	
			<input type="checkbox"/> _____	
			<input type="checkbox"/> _____	
	.. Total	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 (or your spouse) as a dependent, see page 17 and check box ►

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) . . . . . ►  You  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 2005–heat included	<u>                    </u> .00	} Find credit from table page 19 ...	<b>22a</b>	<u>                    </u> .00
	Rent paid in 2005–heat not included	<u>                    </u> .00			
b	Property taxes paid on home in 2005	<u>                    </u> .00	} Find credit from table page 20 ...	<b>22b</b>	<u>                    </u> .00

23 Working families tax credit } If line 14 is less than \$10,000  
 (\$19,000 if married filing joint), see page 20 .... **23**                      .00

24 Add credits on 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 Other credits: . . . . .  a Schedule MS . . . . .                      .00  
 b Schedule DI                      .00  c Schedule VC (Part I)                      .00  
 d Schedule VC (Part II)                      .00 . . . . . Total ► **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 Sales and use tax due on out-of-state purchases (see page 22) . . . . . 33                      .00

34 Endangered resources donation (decreases refund or increases amount owed) . . . . .  34                      .00

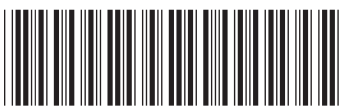
35 Packers football stadium donation (decreases refund or increases amount owed) . . . . .  35                      .00

36 Breast cancer research donation (decreases refund or increases amount owed) . . . . .  36                      .00

37 Veterans trust fund donation (decreases refund or increases amount owed) . . . . .  **VETS** 37                      .00

38 Penalties on IRAs, other retirement  
 plans, MSAs, etc. (see page 23) . . . . .                      .00 x .33 = . . . . . 38                      .00

39 Add lines 31 through 38 . . . . . 39                      .00



Name(s) shown on Form 1		Your social security number     	
<b>40</b>	Amount from line 39.....	<b>40</b>	<u>.00</u>
<b>41</b>	Wisconsin tax withheld. Attach withholding statements... <b>41</b>		<u>.00</u>
<b>42</b>	2005 estimated tax payments and amount applied from 2004 return..... <b>42</b>		<u>.00</u>
<b>43</b>	Earned income credit. Qualifying children... <input type="text"/> Federal credit ... <u>.00</u> x _____ % = ..... <b>43</b>		<u>.00</u>
<b>44</b>	Farmland preservation credit. Attach Schedule FC ..... <b>44</b>		<u>.00</u>
<b>45</b>	Net income tax paid to another state (see page 24) .. <input type="text"/> <b>45</b>		<u>.00</u>
<b>46</b>	Homestead credit. Attach Schedule H or H-EZ..... <b>46</b>		<u>.00</u>
<b>47</b>	Farmland tax relief credit. Property taxes on farmland .. <u>.00</u> x .20 = ..... <b>47</b>		<u>.00</u>
<b>48</b>	Eligible veterans and surviving spouses property tax credit .. <b>48</b>		<u>.00</u>
<b>49</b>	Add lines 41 through 48 .....	<b>49</b>	<u>.00</u>
<b>50</b>	If line 49 is larger than line 40, subtract line 40 from line 49. This is the <b>AMOUNT YOU OVERPAID</b> .....	<b>50</b>	<u>.00</u>
<b>51</b>	Amount of line 50 you want <b>REFUNDED TO YOU</b> .....	<b>51</b>	<u>.00</u>
<b>52</b>	Amount of line 50 you want <b>APPLIED TO YOUR 2006 ESTIMATED TAX</b> .....	<b>52</b>	<u>.00</u>
<b>53</b>	If line 49 is smaller than line 40, subtract line 49 from line 40. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return.....	<b>53</b>	<u>.00</u>
<b>54</b>	Underpayment interest. Also include on line 53 .....	<b>54</b>	<u>.00</u>

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**Attach (paper clip) 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		
		05								





Submit this page with Form 1 if you claim either credit.

**Schedule 1 – Itemized Deduction Credit (see page 18)**

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 of Form 1 . . . . .	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	_____	<b>x .05</b>
8	Multiply line 6 by line 7. Fill in here and on line 20 on page 2 of Form 1 . . . . .	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 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, 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	_____	<b>x .03</b>	_____	.
8	Multiply line 6 by line 7. Fill in here and on line 28 on page 2 of Form 1 . . . . .	8	_____	.	_____	.

Do not fill in more than \$480.