

# 1X AMENDED return

## Wisconsin income tax



For the year January 1–December 31, 2014, or other tax year beginning \_\_\_\_\_, 2014 ending \_\_\_\_\_, 20 \_\_\_\_\_

# 2014

### Complete form using BLACK INK

DO NOT STAPLE

Your legal last name	Legal first name	M.I.	Your social security number
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number
Current home address (number and street)		Apt. No.	
City or post office	State	Zip code	
<div style="border: 2px solid black; padding: 5px; background-color: #e0f0ff;"> <ul style="list-style-type: none"> <li>USE THIS FORM TO AMEND 2014 ONLY. (See instructions)</li> <li>PART-YEAR RESIDENTS OR NONRESIDENTS MAY NOT USE THIS FORM.</li> </ul> </div>			
If married filing separate, fill in spouse's social security number above and full name here Legal last name      Legal first name      M.I.			Special conditions <input type="checkbox"/>

#### Filing status (Note You cannot change from joint to separate returns after the due date.)

On original return ▶  Single     Married filing joint     Married filing separate     Head of household

On this return ▶  Single     Married filing joint     Married filing separate     Head of household ▶ Also, check here if married

See page 5 before assembling return

Print numbers like this → 0 1 2 3 4 5 6 7 8 9	Not like this → Ø 1 4 7	NO COMMAS; NO CENTS
1 Wisconsin income (see instructions) . . . . .	1	.00
Form W-2 wages included in line 1 . . . . .	▶	.00
2 Standard deduction. See table on page 8, OR ▼ . . . . .	2	.00
If someone else can claim you (or your spouse) as a dependent, see page 2 and check here . . ▶	<input type="checkbox"/>	
3 Subtract line 2 from line 1. If line 2 is larger than line 1, fill in 0 . . . . .	3	.00
4 Exemptions (Caution: see instructions, page 2)		
a Fill in exemptions from your federal return _____ x \$700 . . 4a		.00
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 . . 4b		.00
c Add lines 4a and 4b . . . . .	4c	.00
5 Subtract line 4c from line 3. If line 4c is larger than line 3, fill in 0 . . . . .	5	.00
6 Tax (see table on page 10) . . . . .	6	.00
7 Itemized deduction credit (see instructions) . . . . .	7	.00
8 Armed forces member credit . . . . .	8	.00
9 School property tax credit		
a Rent paid in 2014—heat included _____ .00	} Find credit from table page 6 ..	9a _____ .00
Rent paid in 2014—heat not included _____ .00		
b Property taxes paid on home in 2014 _____ .00	} Find credit from table page 7 ..	9b _____ .00
10 Working families tax credit . . . . .	10	.00
11 Certain nonrefundable credits from Schedule CR, line 11 . . . . .	11	.00
12 Add credits on lines 7 through 11 . . . . .	12	.00
13 Subtract line 12 from line 6. If line 12 is more than line 6, fill in 0 . . . . .	13	.00
14 Alternative minimum tax . . . . .	14	.00
15 Add lines 13 and 14 . . . . .	15	.00

PAPER CLIP payment here

<b>16</b>	Amount from line 15		<b>16</b>	<u>                  </u>	<u>                  </u>	.00
<b>17</b>	Married couple credit (see instructions)		<b>17</b>	<u>                  </u>	<u>                  </u>	.00
<b>18</b>	Other credits from Schedule CR, line 34		<b>18</b>	<u>                  </u>	<u>                  </u>	.00
<b>19</b>	Net income tax paid to another state	<u>      </u>	<b>19</b>	<u>                  </u>	<u>                  </u>	.00
<b>20</b>	Add lines 17 through 19		<b>20</b>	<u>                  </u>	<u>                  </u>	.00
<b>21</b>	Subtract line 20 from line 16. If line 20 is more than line 16, fill in 0		<b>21</b>	<u>                  </u>	<u>                  </u>	.00
<b>22</b>	Sales and use tax on Internet, mail order, or other out-of-state purchases		<b>22</b>	<u>                  </u>	<u>                  </u>	.00
	If you certify that no sales or use tax is due, check here				<input type="checkbox"/>	
<b>23</b>	Donations (decreases refund or increases amount owed)					
	<b>a</b> Endangered resources	<u>                  </u>	<b>f</b> Firefighters memorial	<u>                  </u>	<u>                  </u>	.00
	<b>b</b> Packers football stadium	<u>                  </u>	<b>g</b> Military family relief	<u>                  </u>	<u>                  </u>	.00
	<b>c</b> Cancer research	<u>                  </u>	<b>h</b> Second Harvest/Feeding Amer.	<u>                  </u>	<u>                  </u>	.00
	<b>d</b> Veterans trust fund	<u>                  </u>	<b>i</b> Red Cross WI Disaster Relief	<u>                  </u>	<u>                  </u>	.00
	<b>e</b> Multiple sclerosis	<u>                  </u>	<b>j</b> Special Olympics Wisconsin	<u>                  </u>	<u>                  </u>	.00
			Total (add lines a through j)		<b>23k</b>	<u>                  </u> .00
<b>24</b>	Penalties on IRAs, other retirement plans, MSAs, etc.	<u>                  </u>		<u>                  </u>	<u>                  </u>	.00
		x .33 =	<b>24</b>	<u>                  </u>	<u>                  </u>	.00
<b>25</b>	Credit repayments and other penalties		<b>25</b>	<u>                  </u>	<u>                  </u>	.00
<b>26</b>	Add lines 21, 22, and 23k through 25		<b>26</b>	<u>                  </u>	<u>                  </u>	.00
<b>27</b>	Wisconsin income tax withheld		<b>27</b>	<u>                  </u>	<u>                  </u>	.00
<b>28</b>	Wisconsin estimated tax payments for 2014		<b>28</b>	<u>                  </u>	<u>                  </u>	.00
<b>29</b>	Earned income credit. Number of qualifying children	<u>      </u>				
	Federal credit	<u>                  </u>		<u>                  </u>	<u>                  </u>	.00
	x <u>          </u> % =	<b>29</b>	<u>                  </u>	<u>                  </u>	<u>                  </u>	.00
<b>30</b>	Farmland preservation credit.		<b>30a</b>	<u>                  </u>	<u>                  </u>	.00
	<b>a</b> Schedule FC, line 18		<b>30b</b>	<u>                  </u>	<u>                  </u>	.00
	<b>b</b> Schedule FC-A, line 13					
<b>31</b>	Repayment credit		<b>31</b>	<u>                  </u>	<u>                  </u>	.00
<b>32</b>	Homestead credit (Enclose Schedule H or H-EZ)		<b>32</b>	<u>                  </u>	<u>                  </u>	.00
<b>33</b>	Eligible veterans and surviving spouses property tax credit		<b>33</b>	<u>                  </u>	<u>                  </u>	.00
<b>34</b>	Other credits from Schedule CR, line 38		<b>34</b>	<u>                  </u>	<u>                  </u>	.00
<b>35</b>	Amount paid with 2014 return, plus additional payments after it was filed (see instructions)		<b>35</b>	<u>                  </u>	<u>                  </u>	.00
<b>36</b>	Add lines 27 through 35 and fill in total		<b>36</b>	<u>                  </u>	<u>                  </u>	.00
<b>37</b>	Refund from 2014 return (see instructions)		<b>37</b>	<u>                  </u>	<u>                  </u>	.00
<b>38</b>	Subtract line 37 from line 36 and fill in result		<b>38</b>	<u>                  </u>	<u>                  </u>	.00



Name(s) shown on Form 1X	Your social security number
<b>39</b> Fill in amount from line 26	<b>39</b> _____ .00
<b>40</b> Fill in amount from line 38	<b>40</b> _____ .00
<b>41</b> If line 39 is less than line 40, subtract line 39 from line 40 . . . . . This is the <b>AMOUNT OVERPAID</b>	<b>41</b> _____ .00
<b>42</b> Amount of line 41 you want REFUNDED TO YOU	<b>42</b> _____ .00
<b>43</b> Amount to be applied to your 2015 estimated tax (see instructions) . . .	<b>43</b> _____ .00
<b>44</b> If line 39 plus line 43 is more than line 40, subtract line 40 from the sum of lines 39 and 43 (see instructions) . . . . . <b>ADDITIONAL TAX</b>	<b>44</b> _____ .00
<b>45</b> Interest charge (see instructions)	<b>45</b> _____ .00
<b>46</b> <b>TOTAL AMOUNT DUE</b> – Pay in full with this return	<b>46</b> _____ .00
<b>47</b> Underpayment interest (see instructions) Exception Code → . . .	<b>47</b> _____ .00

**Explanation of Changes to Income, Payments, and Credits**

				Explanation Codes (see instructions)
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Indicate the line reference(s) from pages 1 and 2 for which you are reporting a change and explain in detail the reason for the change.

Fill in the name used on your 2014 return  
(if same as name filled in on page 1, write "Same") \_\_\_\_\_

**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 (if filing jointly, BOTH must sign)	Date	Daytime phone (    )
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**Third Party Designee** Complete below to allow another person to discuss this return with the Wisconsin Department of Revenue.

Designee's name (print) ▶	Phone no. ▶ (    )	Personal identification number (PIN) ▶

Mail your Form 1X  
(and make check payable) to:  
Wisconsin Department of Revenue  
PO Box 8991  
Madison WI 53708-8991



*For Department Use Only*

C				

**Schedule 1 – Itemized Deduction Credit**

*(Fill in completely if any item is changed. If this credit was not claimed on your original return, enclose federal Schedule A.)*

1	Medical and dental expenses from line 4 of federal Schedule A	1	.00
2	Interest paid from lines 10-12 and 14 of federal Schedule A. Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities, or interest passed through from a tax-option (S) corporation that is claimed as a subtraction	2	.00
3	Gifts to charity from line 19 of federal Schedule A	3	.00
4	Casualty losses from line 20 of federal Schedule A, <u>only</u> if the loss is directly related to a federally-declared disaster	4	.00
5	Add lines 1 through 4	5	.00
6	Wisconsin standard deduction from line 2 of Form 1X	6	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	7	.00
8	Rate of credit is .05 (5%)	8	<b>X</b> .05
9	Multiply line 7 by line 8. Fill in here and on line 7 of Form 1X	9	.00

**Schedule 2 – 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 .00	.00
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 .00	.00
3 Combine lines 1 and 2. This is earned income	3 .00	.00
4 Add the amounts from federal Form 1040, lines 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 .00	.00
5 Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	5 .00	.00
6 Fill in the smaller of column (A) or (B) of line 5. If more than \$16,000, fill in \$16,000	6 .00	.00
7 Rate of credit is .03 (3.0%)	7 <b>X</b> .03	
8 Multiply line 6 by line 7. Fill in here and on line 17 of Form 1X. Do not fill in more than \$480	8 .00	

