AMENDED return Wisconsin income tax



.00

Complete form using BLACK INK For year Jan. 1-Dec. 31, 2007, or other tax year STAPLE Your social security number Spouse's social security number **IMPORTANT** beginning ◀ You must enter your social security number(s) ending Your legal last name Legal first name DO NOT USE THIS FORM TO AMEND 2007 ONLY. (See instructions) If a joint return, spouse's legal last name Spouse's legal first name МΙ • PART-YEAR RESIDENTS OR NONRESIDENTS MAY NOT USE THIS FORM. Current home address (number and street) City or post office Zip code Special conditions If married filing separate, fill in spouse's social security number above and full name here МΙ First name Filing status (Note You cannot change from joint to separate returns after the due date.) Married Married Head of On original return Single → filing joint - filing separate → household Married Married Head of On this return , Single See page 5 before assembling return household Also, check here if married → filing joint → filing separate Print numbers like this → 0 1 23 45 6 7 8 9 Not like this $\rightarrow \emptyset147$ NO COMMAS; NO CENTS .00 Form W-2 wages included in line 1 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 here00 4 Exemptions (Caution: see instructions, page 2) ___ x \$700 . **4a** .00 a Fill in exemptions from your federal return **b** Check if 65 or older ____, You + ___, Spouse = x \$250. **4b** .00 .00 .00 .00 9 School property tax credit a Rent paid in 2007-heat included .00 Find credit from .00 table page 6 9a .00 J Rent paid in 2007-heat not included Find credit from table page 7 **9b** .00 .00 **b** Property taxes paid on home in 2007 PAPER CLIP payment here .00 .00 .00 .00 .00 .00

18	Amount from line 17		18	.00
19	Other a Sch. MS .00	0 e Sch. VC (Part I)00		
	b Sch. DI00	0 f Sch. VC (Part II)		
	c Sch. DC00	0 g Sch. IE00		
	d Sch. TC00	0 h Sch. OS .00		
20	Add lines 19a through 19h		20	.00
21	Subtract line 20 from 18. If line 20 is m	ore than line 18, fill in 0	21	.00
22	Recycling surcharge		22	.00
23	Sales and use tax on out-of-state purch	hases	23	.00
24	Donations (decreases refund or increase	ses amount owed)		
	a Endangered resources	e Multiple sclerosis	.00	
	b Packers football stadium @	. 00 f Firefighters memorial 🔞	.00	
	c Breast cancer research	. 00 g Prostate cancer research $^{"}_{\sim}$.00	
	d Veterans trust fund VETS	.00 Total (add lines a through g)	> 24h	.00
25	Penalties on IRAs, other retirement pla	ns, MSAs, etc x .33	= 25	.00
26	Credit repayments and other penalties			.00
27	Add lines 21 through 23 and 24h through	gh 26		.00
28	Wisconsin income tax withheld	28	.00	
29	Wisconsin estimated tax payments for	2007	.00	
30	Earned income credit. Number of quarteristic Federal	alifying children x % = 30	.00	
31				
32	·			
33				
34	Farmland tax relief credit			
٠.	Property taxes			
		.00 x .23 = 34		
35		s property tax credit 35		
36		36		
37	Dairy manufacturing facility investment	credit	.00	
38	Amount paid with 2007 return, plus add after it was filed (see instructions)	ditional payments	.00	
39	Add lines 28 through 38 and fill in total	39	.00	
40	Refund from 2007 return (see instruction	ions)	.00	
41	Subtract line 40 from line 39 and fill in	result	41	.00
42	If line 27 is less than line 41, subtract line	e 27 from line 41 This is the AMOUNT OF	YOUR REFUND 42	.00
43	Amount to be applied to your 2008 esti	mated tax (see instructions) 43	.00	
44	If line 27 plus line 43 is more than line the sum of lines 27 and 43	41, subtract line 41 fromAD	DITIONAL TAX 44	.00
45	Interest charge (see instructions)		45	.00
46	TOTAL AMOUNT DUE - Pay in full with the	nis return	46	.00
47	Underpayment interest (see instruction	os)	NOW GO TO	PAGE 3 →

Name(s) shown on Form 1X		Your social security number
		1 1
Explanation of Chan	nges to Income, Payments, and Credits	<u>'</u>
	Explanation	
	Codes (see instructions)	
Indicate the line reference(s) from pages 1 and 2 for which you are reporting a change and expl	ain in detail the reason for the change.
Fill in the name used on yo		
(if same as name filled in on	page 1, write "Same")	
Ciam hana		
Sign here	eclare that this amended return and all attachments are true, correct, and comp.	late to the best of my knowledge and belief
Your signature	Spouse's signature (if filing jointly, BOTH must sign) Date	Daytime phone
		()
Mail your Form 1X		For Department Use Only
	Wisconsin Department of Revenue PO Box 8991	R C
	Madison WI 53708-8991	

Form 1X (2007) Page **4 of 4**

Sch	nedule 1 - Itemized Deduction Credit (Fill in completely if any item is changed. If this credit was not claimed on your original ret	urn, enclos	e federal Schedu	le A.)
1	Medical and dental expenses from line 4, federal Schedule A	1		.00
2	Interest paid from line 15, 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		.00
3	Gifts to charity from line 19, federal Schedule A			.00
4	Add lines 1 through 3	4		.00
5	Wisconsin standard deduction from line 2 of Form 1X	5		.00
6	Subtract line 5 from line 4. If line 5 is more than line 4, fill in 0	6		.00
7	Rate of credit is .05 (5%)	7	X	.05
8	Multiply line 6 by line 7. Fill in here and on line 7 of Form 1X	8		
Sch	nedule 2 - Married Counte Credit When Both Spouses Are Employed			
Sch	nedule 2 - Married Couple Credit When Both Spouses Are Employed (Fill in if changed.) (A) Yourself Wages, salaries, tips, and other employee compensation.		(B) Your spouse	
	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	<u> </u>	B) Your spouse	.00
1 2	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	<u> </u>	B) Your spouse	.00
1	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	<u> </u>	B) Your spouse	.00
1 2	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	<u> </u>	B) Your spouse	.00
1 2 3	(A) Yourself Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	<u>)</u>	B) Your spouse	.00.
1 2 3	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	<u> </u>	(B) Your spouse	.00
1 2 3 4	(A) Yourself Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	<u>)</u>		.00.

