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Complete form using BLACK INK For year Jan. 1-Dec. 31, 2008, or other tax year Your social security number STAPLE Spouse's social security number **IMPORTANT** beginning You must enter your social security number(s) ending DO NOT Your legal last name Legal first name USE THIS FORM TO AMEND 2008 ONLY. If a joint return, spouse's legal last name Spouse's legal first name MI (See instructions) 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 I M I Last name First name Filing status (Note You cannot change from joint to separate returns after the due date.) Head of Married Married On original return
Single → household filing joint iling separate Married Married Head of On this return Single Also, check here if married — filing joint → filing separate → household See page 5 before assembling return NO COMMAS; NO CENTS Print numbers like this $\rightarrow 0123456789$ Not like this $\rightarrow \emptyset147$ If someone else can claim you (or your spouse) as a dependent, see page 2 and check here ... 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 ____ You + ____ Spouse = x \$250 . . **4b** .00 .00 .00 .00 **10** School property tax credit .00 Find credit from a Rent paid in 2008-heat included .00 table page 6 .. 10a .00) Rent paid in 2008-heat not included ___ Find credit from .00 table page 7 .. 10b**b** Property taxes paid on home in 2008 .00 .00 13 Film production company investment credit from Schedule FP, line 16 . . 13 .00

Form 1	x (2008) Name	SSN	Page 2 of 4
18	Amount from line 17	18	.00
	Married couple credit		
20	Other credits from Schedule CR, line 11	.00	
21	Net income tax paid to another state	.00	
22	Add lines 19 through 21	22	.00
23	Subtract line 22 from 18. If line 22 is more than line 18, fill in 0	23	.00
24	Recycling surcharge	24	.00
25	Sales and use tax on out-of-state purchases		
26	Donations (decreases refund or increases amount owed)		
	a Endangered resources e Multiple sclerosis	.00	
	b Packers football stadium 6 f Firefighters memorial	.00	
	c Breast cancer research	ch 🐰00	
	d Veterans trust fund VETS .00 Total (add lines a th	rough g) > 26h	.00
27	Penalties on IRAs, other retirement plans, MSAs, etc0	<u>0</u> x .33 = 27	.00
28	Credit repayments and other penalties	28	.00
29	Add lines 23 through 25 and 26h through 28	29	.00
30	Wisconsin income tax withheld	0	
31	Wisconsin estimated tax payments for 2008	1	
32	Earned income credit. Number of qualifying children		
	Federal credit	.00	
33	Farmland preservation credit	.00	
34	Repayment credit	.00	
35	Homestead credit (Enclose Schedule H or H-EZ)	.00	
36	Farmland tax relief credit		
	Property taxes on farmland	.00	
37			
38	Other credits from Schedule CR, line 15	.00	
39	Amount paid with 2008 return, plus additional payments after it was filed (see instructions)	.00	
40	Add lines 30 through 39 and fill in total		
41	Refund from 2008 return (see instructions) 41		
42	Subtract line 41 from line 40 and fill in result		.00
43	If line 29 is less than line 42, subtract line 29 from line 42 . This is the AN		
44	Amount to be applied to your 2009 estimated tax (see instructions) 44		
45	If line 29 plus line 44 is more than line 42, subtract line 42 from the sum of lines 29 and 44		.00
46	Interest charge (see instructions)		
47	TOTAL AMOUNT DUE – Pay in full with this return		
48			



Name(s) shown on Form 1X		Your social security number		
		1 1		
Explanation of Char	nges to Income, Payments, and Credits			
	Explanation			
	Codes (see instructions)			
Indicate the line reference	e(s) from pages 1 and 2 for which you are reporting a change an	d explain in detail the reason for the ch		
Fill in the name used on				
if same as name filled in or	n page 1, write "Same")			
Sign here				
Under penalties of law, I d	leclare that this amended return and all attachments are true, correct, and co Spouse's signature (if filing jointly, BOTH must sign)	mplete to the best of my knowledge and belief. Daytime phone		
.sa. oignataro	opodoco o signaturo (ii ming jointy, DOTTT mast sign)	Dayanie priorie		
		()		
Mail your Form 1X		For Department		
and make check payable) to:	Wisconsin Department of Revenue	Use Only		
	PO Box 8991 Madison WI 53708-8991	R C		

Form 1X (2008) Name SSN Page **4 of 4**

Sch	iedule 1 - Itemized Deduction Credit (Fill in completely if any item is changed. If this credit was	not claimed on vo	ur original return 🦸	enclose federal S	Schedule A
1	Medical and dental expenses from line 4, federal Schedule A	_	_		.00
2	Interest paid from line 15, federal Schedule A. Do not include interest second home located outside Wisconsin or on a residence which is Also, do not include interest paid to purchase or hold U.S. government.	est paid on a a boat.	-		.00
3	Gifts to charity from line 19, federal Schedule A		-		.00
4	Add lines 1 through 3		-		
	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		-		
7	Rate of credit is .05 (5%)				
8	Multiply line 6 by line 7. Fill in here and on line 7 of Form 1X				•
Sch	nedule 2 - Married Couple Credit When Both Spouses Are Em	ployed			
Sch 1	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) Yo	.00	(B) Your s	.00
1	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) Yo	.00	(B) Your s	.00.
1 2	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) Yo	.00.	(B) Your s	.00.
1 2 3	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) Yo	.00	(B) Your s	.00.
1 2 3	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) You 1 2 3 4	.00.	(B) Your s	.00.
1 2 3 4	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) You 1 2 3 4 5 5	.0000	(B) Your s	.00.
1 2 3 4	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) You 1	.00		.00.

