2008

DO NOT STAPLE

Complete form using BLACK INK

For the year Jan.	1-Dec.	31, 2008	,
or other tax year			
beginning		, 2008	
ending		, 20	

our social security number		Spou	se's social	securi	y number
1	1		I	ı	
1	1		1	- 1	

	Your	legal last name	Legal first name		M.I.	State election camp	aign fund	
-	If a io	pint return, spouse's legal last name	Spouse's legal first n	ama	M.I.		the State Election Campaign	
	II a ju	onit return, spouse's legal last name	Spouse's legal lifst II	ane	IVI.I.	Fund, check here.	You Your spouse	
	Home	Home address (number and street). If you have a PO Box, see page 8.				Designating an amount will not change your ta		
		or post office	State	Zip code			II in either the name of city, the county in which you lived	
		ing status Check ✓ below _ Single				at the end of 2008.	City Village Town	
ı					City, village, or town ▶			
returi		Fill in spouse's 55N above and last name			County of •			
ing		full name here	Legal first name	Logar		School district number See page 37		
34 before assembling return	_	_ Head of household (see page 8). Also, check here if married				Special conditions		
ass	Pri	int numbers like this $\rightarrow 0 \mid 23$	3456789	Not like this -	→ Ø1	47	NO COMMAS; NO CENTS	
fore	1	Federal adjusted gross income (se	ee page 9)			1	.00	
34 be		Form W-2 wages included in line	e 1		·	.00		
page 3	2	State and municipal interest (see p					.00	
е ра		Capital gain/loss addition (see pag						
See	4	Other additions } Fill in code number Fill in total other	ber and amount, s additions on line	ee page 10. 4.				
						4	.00.	
	5	Add the amounts in the right colum	nn for lines 1 thro	ugh 4			.00	
	6	State tax refund (Form 1040, line	10)	6	6	.00		
	7	United States government interest			7	.00		
	8	Unemployment compensation (see	e page 12)	8	3	.00		
	9	Social security adjustment (see pa	ge 12)			.00		
Ø		Capital gain/loss subtraction (see				.00		
re	11	Other subtractions } Fill in code n	umber and amoun her subtractions o	it, see page 13. n line 11.				
ıt he								
PAPER CLIP payment here				11	I	.00		
	<u>12</u>	Add lines 6 through 11					.00	
SLIP	<u>13</u>	Subtract line 12 from line 5. This is	your Wisconsin	income			.00	
ER (
PAP	I-010i	i						

Form	1 (2008)	Name			SSN	l	Page	2 of 4 ENTS
14	Wisconsi	in income from line 13				14		.00
	Standard	I deduction. See table on page 49 ne else can claim you (or your spou	5, OR 🔻			15		.00
16		line 15 from line 14. If line 15 is la						.00
17		ons (Caution: See page 21) exemptions from your federal retu	ırn	x \$700	17a	.00		
	b Check	if 65 or older You +	Spouse =	x \$250	17b	.00		
		nes 17a and 17b						.00
18		line 17c from line 16. If line 17c is our taxable income				18		.00
19	Tax (see	table on page 38)				19		.00
20	Itemized	deduction credit. Enclose Schedu	ıle 1, page 4 .		. 20	.00		
21	Armed fo	orces member credit (must be static	ned outside U.S	. See page 22)	. 21	.00		
22	Health in	surance risk-sharing plan assess	ments credit .		. 22	.00		
	School p	roperty tax credit	.00					
	Rent pa	id in 2008-heat not included	.00	_		.00		
	b Property	y taxes paid on home in 2008	.00	Find credit from table page 25	.23b	.00		
24	Historic r	ehabilitation credits			. 24	.00		
25	Working	families tax credit } If line 14 is I (\$19,000 if r	ess than \$10,00)() (1) see nage 24	25	.00		
	Film prod	duction company investment crediule FP	t from line 16					
27	Add cred	lits on lines 20 through 26				27		.00
28	Subtract	line 27 from line 19. If line 27 is la	arger than line	19, fill in 0		28		.00
29	Alternativ	ve minimum tax. Enclose Schedul	e MT			29		.00
30	Add lines	3 28 and 29				30		.00
31	Married o	couple credit. Enclose Schedule 2	, page 4 3	1	.00			
32		edits from Schedule CR, line 11.		·				
33	Net incor	me tax paid to another state. Schedule OS						
34	Add lines	31, 32, and 33				34		.00
35		line 34 from line 30. If line 34 is la						.00
36		g surcharge. Enclose Schedule F						.00
37		d use tax due on out-of-state pure						.00
38		s (decreases refund or increases						
		gered resources	•		MS	.00		
		s football stadium 6						
		cancer research						
		ns trust fund Vers		(add lines a thro	v v			.00
39		on IRAs, retirement plans, MSAs						.00
40		payments and other penalties (se				_		.00
	2.341110	,						

.00

Do Not Submit Photocopies



	News	CON	
orm 1 (2008)	Name	ISSN	Page 4 of 4

FUII	11 1 (2006)	Traine	100.1	rage + OI +
				NO COMMAS; NO CENTS
S	chedule	1 – Itemized Deduction Credit (see page 22)		
1		nd dental expenses from line 4, federal Schedule A. See instructions		.00.
2	second ho	aid from line 15, federal Schedule A. Do not include interest paid on time located outside Wisconsin or on a residence which is a boat. Altitude interest paid to purchase or hold U.S. government securities.	SO,	.00
3	Gifts to cha	arity from line 19, federal Schedule A. See instructions for exception	าร	.00
4	Add lines 1	1 through 3	4	.00
5	Fill in your	standard deduction from line 15 on page 2 of Form 1	5	.00
6	Subtract lir	ne 5 from line 4. If line 5 is more than line 4, fill in 0	6	00
7	Rate of cre	edit is .05 (5%)	7	x .05
8	Multiply lin	ne 6 by line 7. Fill in here and on line 20 on page 2 of Form 1	8	.00
			*** ***	
		You must submit this page with Form 1 if you clain	n either of these cr	redits
_				

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 26)

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	.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	.00		.00.
3	Combine lines 1 and 2. This is earned income 3	.00		.00
4	Add amounts from your 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	.00		.00
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 \$16,00	0 6	.00	
7	Rate of credit is .03 (3%)	7	x .03	D (CII
8	Multiply line 6 by line 7. Fill in here and on line 31 on page 2 of For	m 1 8	.00	Do not fill in more than \$480.

