



Comple	ete fo	orm using BLACK INK		For 2008 or taxab	le year b	peginning	, 2008,	ending		, 20
Claiman	ıt's le	gal last name	Claimant's	s legal first name	M.I.	Check below:		Claimant's	social security nur	nber
Spouse's legal last name		Spouse's	Spouse's legal first name			ed partnership or	Spouse's s	Spouse's social security number		
Home a	ddres	s (number and street)				Trust or Esta	as corporation) ate	▲ IM	PORTANT	-
City or p	ost o	ffice	State	Zip code		Daytime telephone r	number		uals must enter security number	
Quest	tions	Questions 1 through 7 mi	u st be an	swered (see ins	truction	s, page 4).			•	. ,
1 a	Indiv	ے viduals – Were you a legal re	sident of	Wisconsin for all	of 200	8? (If "No," you do	o not qualify.)	1a	Yes	N
b	Corp	oorations – Were you organiz	zed under	the laws of Wis	consin?	(If "No," you do r	not qualify.)	1b		N
		ou been notified that you are dard?						2	Yes	N
		ne 2007 property taxes for all								N
		the number of acres on whi					•			ACRE
		farmland produce gross farm		•						
\$18	8,00	0 during 2006, 2007, and 200	08 combir	ned?				5	Yes _	N
		t least 35 acres of the farmla e Program during 2008?						6	Yes	N
7 If th	he fa	armland was used by someor 's name and address?								
		d Income Complete lines	8 through	10		Drint nu	ımbers like th	ie → Λ I	22454	70
		e income and dependents' fai	•		ne naa		anibers like th		COMMAS; NO	
		riduals (including partners an		•		C +).		<u>NO</u> (COMINIAS, <u>NO</u> C	ZEIN I A
		Income from line 13 of Form				ions)		8a(1)_		.0
((2)	Spouse's income from Wisco	onsin inco	ome tax return (it	marrie	d filing separately	/)	8a(2)_		.0
((3)	Farm income of dependents	under ag	e 18 – Complete	e the wo	orksheet below .		8a(3)_		.0
			Name			Birth Date	Farm Income	10		
							.C .C			
							.0			
		Total farm income – fill in here	and on line	e 8a(3) above				0		
		Note: If you have more than 3 d	lependents	with farm income	, enclose	e a separate schedu	ule.			
b	Corp	oorations – Income from Wisc	consin Fo	rm 4 or 5 (see ir	structio	ons)		8b _		.0
C	Trus	ts and Estates – Total from Ir	ncome W	orksheet on pag	e 5 of tl	ne instructions .		8c _		.0
9 Oth	ner h	nousehold income and adjust	ments (se	ee instructions, p	ages 5	through 7).				
a l	Dep	reciation						9a		.0
b	Non	farm business losses						ou _		
C	Amo									.0
d		ortization						9b _		
е	Сар	ortization						9b _ 9c _		.0
								9b _ 9c _ 9d _		.C
	Capi Casl	ital gains not taxable ital loss carryforwards h public assistance, county re			s paym	ents (do not inclu		9b9c9d9e _).).).
1	Capi Casl foste	ital gains not taxable ital loss carryforwards h public assistance, county re er care payments)	elief, and	Wisconsin Work	s paym	ents (do not inclu		9b 9c 9d 9e 9f _		.0 .0 .0 .0
g	Capi Casl foste Child	ital gains not taxable ital loss carryforwards h public assistance, county re er care payments) d support, maintenance payn	elief, and	Wisconsin Work	s paym	ents (do not inclu	ıde	9b 9c 9d 9e 9f 9g _		.0 .0 .0 .0
g (h (Capi Casl foste Child	ital gains not taxable ital loss carryforwards h public assistance, county rear care payments) d support, maintenance payn tributions to deferred comper	elief, and	Wisconsin Work d other support r	s paym	ents (do not inclu	ıde	9b 9c 9d 9e 9f 9g 9h _		.00 .00 .00 .00 .00
g (h (Capi Casl foste Child Con Con	ital gains not taxable ital loss carryforwards h public assistance, county reer care payments) d support, maintenance payneributions to deferred compertributions to IRAs, self-emplo	elief, and nents, and nsation pl	Wisconsin Work d other support r ans	s paym money (ents (do not inclucourt ordered) .	ıde	9b 9c 9d 9e 9f 9g 9h 9i _		.00
g (h (j	Capi Casl foste Child Con Con	ital gains not taxable ital loss carryforwards h public assistance, county rear care payments) d support, maintenance payn tributions to deferred comper	elief, and nents, and nsation pl yed SEP, e drilling o	Wisconsin Work d other support r ans SIMPLE, and q	s paym money (ents (do not incluction of the court ordered)	ide	9b 9c 9d 9e 9f 9g 9h 9i 9j _		.0 .0 .0 .0 .0



9 L	. Fill in the amount from line 9k (page 1) here	9L	.00
n	n Gain from sale of home excluded for federal tax purposes (see instructions)	9m	.00
n	Nontaxable housing allowance provided to a member of the clergy	9n	.00
O	Income of a nonresident or part-year resident spouse	90	.00
p	Interest on state and municipal bonds	9p	.00
q	Interest on United States securities	9q	.00
r	IRA, SEP, and SIMPLE distributions, distributions from retirement plans, pension, annuity, railroad retirement, and veterans' pension or disability payments	9r	.00
s	Military compensation or cash benefits	9s	.00
t	Nontaxable income from sources outside Wisconsin.	9t	.00
u	Nontaxable income of a Native American	9u	.00
٧	Rent reduction for a resident manager	9v	.00
v	Scholarships, fellowships, and grants	9w	.00
х	Social security and SSI payments (do not include Title XX payments)	9x	.00
У	Unemployment compensation	9y	.00
z	Workers' compensation and nontaxable loss of time insurance (for example, sick pay)	9z	.00
<u>10</u> T	OTAL HOUSEHOLD INCOME – Add lines 9L through 9z	10	.00
Cre	dit Computation Complete lines 11 through 18, as applicable (see instructions, pages 7 through 9).		
11 a	Fill in the net 2008 property taxes on which this claim is based 11a 00		
b	Fill in the SMALLER of the amount on line 11a or \$6,000	11b	.00
12 L	Ising the income amount on line 10, fill in the appropriate amount from TABLE 1 , page 15	12	.00
13 S	Subtract line 12 from line 11b (if line 12 exceeds line 11b, fill in 0)	13	.00
14 L	Using the amount on line 13, fill in the appropriate amount from TABLE 2 , page 16	14	.00
15 F	Regular Credit – Check below to indicate the percentage of credit for which you qualify:		
а	100% – Fill in amount from line 14		
b	80% – Fill in 80% of line 14 amount		
С	70% – Fill in 70% of line 14 amount		
d	Multiple Percentages – From line 21 of WORKSHEET 2 , page 12 15d		
<u>16</u> 1	0% Special Minimum Credit – Fill in 10% of line 11b		
17 C	Credit Based on Prior Year's Law – Fill in amount from line 11 of		
	VORKSHEET 1, page 11 – available only if your agreement was ffective before 8/15/91		
0	ARMLAND PRESERVATION CREDIT – Fill in the LARGEST of line 15a through 17 in line 18. Fill in the credit from line 18 on one of the following lines: line 46 of Form 1; ne 71 of Form 1NPR; line 23 of Form 2; or line 35 of Schedule CR	18	.00
Cert	ification If applicable, check to the right of line 19 to certify both of the following (see instructions, pa	ge 9):	
	None of the information on my previously submitted zoning certificate has changed, and		
	I have notified the county land conservation committee that I intend to file a 2008 Schedule FC	19	
Sig	n Here This farmland preservation credit claim and all enclosures are true, correct, and complete to the best of r	ny knowledge.	
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