## AMENDED return Wisconsin income tax

Spouse's social security number

If married filing separate, fill in spouse's social security number above and full name here

Legal first name

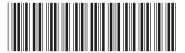
Spouse's legal first name

Complete form using BLACK INK

If a joint return, spouse's legal last name

Current home address (number and street)

City or post office



M.I.

| M.I.

Apt. No.

**IMPORTANT** You must enter your

social security number(s)

Zip code

For year Jan. 1-Dec. 31, 2009, or other tax year

beginning \_\_\_\_\_\_, 2009

ending \_\_\_\_\_ , 20

• USE THIS FORM TO AMEND 2009 ONLY.

• PART-YEAR RESIDENTS OR NONRESIDENTS

(See instructions)

Special conditions

MAY NOT USE THIS FORM.

Your social security number Your legal last name

DO NOT STAPLE

assemb	·	Form W-2 wages included in line 1						
ass	2	Standard deduction. See table on page 8, <b>OR</b> ▼						
before								
See page 5 be	3 4	a Fill in exemptions from your federal return x \$700 4a						
S		<b>b</b> Check if 65 or older You + Spouse = x \$250 <b>4b</b>						
		c Add lines 4a and 4b						
	5	Subtract line 4c from line 3. If line 4c is larger than line 3, fill in 0						
	6	Tax (see table on page 10)						
	7	Itemized deduction credit						
	8	Armed forces member credit						
	9	School property tax credit  a Rent paid in 2009–heat included						
Ø		Rent paid in 2009–heat not included fable page 6 9a						
		<b>b</b> Property taxes paid on home in 2009 <b>5</b> Find credit from table page 7 <b>9b</b>						
iere	10	Historic rehabilitation credits						
ent h	11	Working families tax credit						
payment here	12	Certain nonrefundable credits from Schedule CR, line 3						
Р ра	13	Add credits on lines 7 through 12						
CLIP	14	Subtract line 13 from line 6. If line 13 is more than line 6, fill in 0						
PAPER	15	Alternative minimum tax						
PA	16	Add lines 14 and 15						

orm 1	X (2009)	Name	5	SSN	Page <b>2 Of 4</b>
17	Amount fro	om line 16		17	00
		ouple credit			.00.
19		lits from Schedule CR, line 15			
20		e tax paid to another state			
21		18 through 20			.00
22		ne 21 from 17. If line 21 is more than line 17, fi			
23		surcharge			•
24		use tax on out-of-state purchases			
25		arned income credit			
		(decreases refund or increases amount owed)			
	<b>a</b> Endanger	red resources	fighters memorial	.00	
	<b>b</b> Packers f	ootball stadium 💪 g Pro	state cancer research	.00.	
	<b>c</b> Breast ca	ncer research 🐰00 h Milit	ary family relief		
	<b>d</b> Veterans	trust fund <b>VETS</b> i Sec	ond Harvest FEEDING	.00	
	e Multiple s	clerosis .00 To	tal (add lines a throug	h i) <b>&gt; 26j</b>	.00.
27	Penalties of	on IRAs, other retirement plans, MSAs, etc.	.00 x	.33 = 27	.00
28	Credit repa	ayments and other penalties		28	.00
29	Add lines 2	22 through 25 and 26j through 28			.00
30	Wisconsin	income tax withheld		.00	
31	Wisconsin	estimated tax payments for 2009		.00	
32	Earned inc	come credit. Number of qualifying children	•		
	Federa credit		5 =	.00	
33		preservation credit			
		nt credit			
		d credit (Enclose Schedule H or H-EZ)		00	
		tax relief credit			
	Propert	ty taxes	2.	00	
07		nland			
		terans and surviving spouses property tax cre			
38		lits from Schedule CR, line 22		.00	
39		aid with 2009 return, plus additional payments silled (see instructions)		.00	
40	Add lines	30 through 39 and fill in total	40	.00	
41	Refund fro	m 2009 return (see instructions)	41	.00	
42	Subtract lin	ne 41 from line 40 and fill in result		42	.00



Nan	ne(s) shown on Form 1X	Your social security nu	mber
		1	1
43	Fill in amount from line 29	43	.00
	Fill in amount from line 42	·	
	If line 43 is less than line 44, subtract line 43 from line 44 This is the AMOUNT OF YOUR		
	Amount to be applied to your 2010 estimated tax (see instructions) 46		
	If line 43 plus line 46 is more than line 44, subtract line 44 from the sum of lines 43 and 46		.00
48	Interest charge (see instructions)		
	TOTAL AMOUNT DUE – Pay in full with this return		
	Underpayment interest (see instructions) Exception Code → 50		
	Explanation Codes (see instructions)  dicate the line reference(s) from pages 1 and 2 for which you are reporting a change and e.	xplain in detail the reaso	on for the change.
(if sa	in the name used on your 2009 return ame as name filled in on page 1, write "Same")  gn here  Under penalties of law, I declare that this amended return and all attachments are true, correct, and complesignature  Spouse's signature (if filing jointly, BOTH must sign)  Date		=
(and W Po	your Form 1X I make check payable) to: /isconsin Department of Revenue O Box 8991 adison WI 53708-8991	For Department Use Only R C	

Form 1X (2009) Name SSN Page **4 of 4** 

Scl	nedule 1 – Itemized Deduction Credit  (Fill in completely if any item is changed. If this credit was	not claimed on y	our original retu	urn, enclose fede	eral Schedule 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 second home located outside Wisconsin or on a residence which is Also, do not include interest paid to purchase or hold U.S. government.	a boat.		2	.00
3	Gifts to charity from line 19, federal Schedule A			3	.00
4	Casualty losses from line 20, federal Schedule A, <u>only</u> if the loss is 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 $\ \ldots$			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 $\ldots$			9	
1	(Fill in if changed.)  Wages, salaries, tips, and other employee compensation.  Do NOT enter upgarned income	, ,	ourself		our spouse
2	Do NOT enter unearned income				.00
2	and any other taxable self-employment or earned income		.00	<u>'</u>	nn
4		2	00		.00
	Combine lines 1 and 2. This is earned income				.00.
5	Fill in the 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 of Form 1040, and any disability income exclusion claimed for Wisconsin	4	.00.	)	
5	Fill in the 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 of Form 1040, and any disability income exclusion claimed for Wisconsin	4 5	.00.	)	.00.
	Fill in the 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 of Form 1040, and any disability income exclusion claimed for Wisconsin	<b>45</b> 0, fill in \$16,000	.00	.00	.00.

