

# 1X AMENDED return Wisconsin income tax



# 2009

Complete form using BLACK INK

For year Jan. 1-Dec. 31, 2009, or other tax year  
beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20\_\_\_\_.

DO NOT STAPLE

Your social security number 		Spouse's social security number 		<b>IMPORTANT</b> You must enter your social security number(s)	
Your legal last name		Legal first name			
If a joint return, spouse's legal last name		Spouse's legal first name		M.I.	
Current home address (number and street)				Apt. No.	
City or post office			State	Zip code	
If married filing separate, fill in spouse's social security number above and full name here					
Last name		First name		M.I.	

• USE THIS FORM TO AMEND 2009 ONLY.  
(See instructions)  
• PART-YEAR RESIDENTS OR NONRESIDENTS  
MAY NOT USE THIS FORM.

Special conditions  \_\_\_\_\_

**Filing status** (Note You cannot change from joint to separate returns after the due date.)

On original return ▶  Single  Married filing joint  Married filing separate  Head of household










On this return ▶  Single  Married filing joint  Married filing separate  Head of household ▶ Also, check here if married

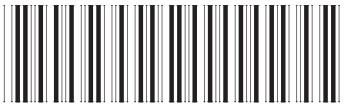
See page 5 before assembling return

Print numbers like this → 0 1 2 3 4 5 6 7 8 9      Not like this → 0147      **NO COMMAS; NO CENTS**

1	Wisconsin income (see instructions) .....	1	_____	.00
	Form W-2 wages included in line 1 .....		_____	.00
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 here ..		_____	
3	Subtract line 2 from line 1. If line 2 is larger than line 1, fill in 0 .....	3	_____	.00
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 <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 ..	4b	_____	.00
c	Add lines 4a and 4b .....	4c	_____	.00
5	Subtract line 4c from line 3. If line 4c is larger than line 3, fill in 0 .....	5	_____	.00
6	Tax (see table on page 10) .....	6	_____	.00
7	Itemized deduction credit .....	7	_____	.00
8	Armed forces member credit .....	8	_____	.00
9	School property tax credit			
a	Rent paid in 2009—heat included _____ .00	} Find credit from table page 6 ..	9a	_____ .00
	Rent paid in 2009—heat not included _____ .00			
b	Property taxes paid on home in 2009 _____ .00	} Find credit from table page 7 ..	9b	_____ .00
10	Historic rehabilitation credits .....	10	_____	.00
11	Working families tax credit .....	11	_____	.00
12	Certain nonrefundable credits from Schedule CR, line 3 .....	12	_____	.00
13	Add credits on lines 7 through 12 .....	13	_____	.00
14	Subtract line 13 from line 6. If line 13 is more than line 6, fill in 0 .....	14	_____	.00
15	Alternative minimum tax .....	15	_____	.00
16	Add lines 14 and 15 .....	16	_____	.00

PAPER CLIP payment here

<b>17</b>	Amount from line 16	.....	<b>17</b>	.....	<b>.00</b>
<b>18</b>	Married couple credit	.....	<b>18</b>	.....	<b>.00</b>
<b>19</b>	Other credits from Schedule CR, line 15	.....	<b>19</b>	.....	<b>.00</b>
<b>20</b>	Net income tax paid to another state	.....	<b>20</b>	.....	<b>.00</b>
<b>21</b>	Add lines 18 through 20	.....	<b>21</b>	.....	<b>.00</b>
<b>22</b>	Subtract line 21 from 17. If line 21 is more than line 17, fill in 0	.....	<b>22</b>	.....	<b>.00</b>
<b>23</b>	Recycling surcharge	.....	<b>23</b>	.....	<b>.00</b>
<b>24</b>	Sales and use tax on out-of-state purchases	.....	<b>24</b>	.....	<b>.00</b>
<b>25</b>	Advance earned income credit	.....	<b>25</b>	.....	<b>.00</b>
<b>26</b>	Donations (decreases refund or increases amount owed)				
<b>a</b>	Endangered resources 	.....	<b>f</b>	Firefighters memorial 	.....
<b>b</b>	Packers football stadium 	.....	<b>g</b>	Prostate cancer research 	.....
<b>c</b>	Breast cancer research 	.....	<b>h</b>	Military family relief 	.....
<b>d</b>	Veterans trust fund 	.....	<b>i</b>	Second Harvest 	.....
<b>e</b>	Multiple sclerosis 	.....	Total (add lines a through i) .....		<b>26j</b> .....
<b>27</b>	Penalties on IRAs, other retirement plans, MSAs, etc.	.....	<b>27</b>	.....	<b>.00</b>
<b>28</b>	Credit repayments and other penalties	.....	<b>28</b>	.....	<b>.00</b>
<b>29</b>	Add lines 22 through 25 and 26j through 28	.....	<b>29</b>	.....	<b>.00</b>
<b>30</b>	Wisconsin income tax withheld	.....	<b>30</b>	.....	<b>.00</b>
<b>31</b>	Wisconsin estimated tax payments for 2009	.....	<b>31</b>	.....	<b>.00</b>
<b>32</b>	Earned income credit. Number of qualifying children . . . ▶ _____ Federal credit . . . . . <b>.00</b> x _____ % =	.....	<b>32</b>	.....	<b>.00</b>
<b>33</b>	Farmland preservation credit	.....	<b>33</b>	.....	<b>.00</b>
<b>34</b>	Repayment credit	.....	<b>34</b>	.....	<b>.00</b>
<b>35</b>	Homestead credit (Enclose Schedule H or H-EZ)	.....	<b>35</b>	.....	<b>.00</b>
<b>36</b>	Farmland tax relief credit Property taxes on farmland . . . . . <b>.00</b> x .18 =	.....	<b>36</b>	.....	<b>.00</b>
<b>37</b>	Eligible veterans and surviving spouses property tax credit	.....	<b>37</b>	.....	<b>.00</b>
<b>38</b>	Other credits from Schedule CR, line 22	.....	<b>38</b>	.....	<b>.00</b>
<b>39</b>	Amount paid with 2009 return, plus additional payments after it was filed (see instructions)	.....	<b>39</b>	.....	<b>.00</b>
<b>40</b>	Add lines 30 through 39 and fill in total	.....	<b>40</b>	.....	<b>.00</b>
<b>41</b>	Refund from 2009 return (see instructions)	.....	<b>41</b>	.....	<b>.00</b>
<b>42</b>	Subtract line 41 from line 40 and fill in result	.....	<b>42</b>	.....	<b>.00</b>



Name(s) shown on Form 1X	Your social security number     
<b>43</b> Fill in amount from line 29 . . . . .	<b>43</b> _____ .00
<b>44</b> Fill in amount from line 42 . . . . .	<b>44</b> _____ .00
<b>45</b> If line 43 is less than line 44, subtract line 43 from line 44 . . . This is the AMOUNT OF YOUR REFUND	<b>45</b> _____ .00
<b>46</b> Amount to be applied to your 2010 estimated tax (see instructions) . . .	<b>46</b> _____ .00
<b>47</b> If line 43 plus line 46 is more than line 44, subtract line 44 from the sum of lines 43 and 46 . . . . . ADDITIONAL TAX	<b>47</b> _____ .00
<b>48</b> Interest charge (see instructions) . . . . .	<b>48</b> _____ .00
<b>49</b> TOTAL AMOUNT DUE – Pay in full with this return . . . . .	<b>49</b> _____ .00
<b>50</b> Underpayment interest (see instructions) Exception Code → . . [ ]	<b>50</b> _____ .00

**Explanation of Changes to Income, Payments, and Credits**

<input style="width:30px; height:20px;" type="text"/>	<input style="width:30px; height:20px;" type="text"/>	<input style="width:30px; height:20px;" type="text"/>	<input style="width:30px; height:20px;" type="text"/>	Explanation Codes (see instructions)
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Indicate the line reference(s) from pages 1 and 2 for which you are reporting a change and explain in detail the reason for the change.

Fill in the name used on your 2009 return  
(if same as name filled in on page 1, write "Same") \_\_\_\_\_

**Sign here**

▼ Under penalties of law, I declare that this amended return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature	Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone
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( )

Mail your Form 1X  
(and make check payable) to:  
Wisconsin Department of Revenue  
PO Box 8991  
Madison WI 53708-8991



For Department Use Only

R	C	<input style="width:30px; height:20px;" type="text"/>	<input style="width:30px; height:20px;" type="text"/>
<input style="width:30px; height:20px;" type="text"/>	<input style="width:30px; height:20px;" type="text"/>	<input style="width:30px; height:20px;" type="text"/>	<input style="width:30px; height:20px;" type="text"/>

**Schedule 1 – Itemized Deduction Credit**

*(Fill in completely if any item is changed. If this credit was not claimed on your original return, enclose federal Schedule A.)*

1	Medical and dental expenses from line 4, federal Schedule A	1	<u>                    </u>	<u>                    </u>	.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	<u>                    </u>	<u>                    </u>	.00
3	Gifts to charity from line 19, federal Schedule A	3	<u>                    </u>	<u>                    </u>	.00
4	Casualty losses from line 20, federal Schedule A, <u>only</u> if the loss is directly related to a federally-declared disaster	4	<u>                    </u>	<u>                    </u>	.00
5	Add lines 1 through 4	5	<u>                    </u>	<u>                    </u>	.00
6	Wisconsin standard deduction from line 2 of Form 1X	6	<u>                    </u>	<u>                    </u>	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	7	<u>                    </u>	<u>                    </u>	.00
8	Rate of credit is .05 (5%)	8	<u>                    </u>	<u>                    </u>	<b>X</b> .05
9	Multiply line 7 by line 8. Fill in here and on line 7 of Form 1X	9	<u>                    </u>	<u>                    </u>	.

**Schedule 2 – Married Couple Credit When Both Spouses Are Employed**

*(Fill in if changed.)*

		(A) Yourself	(B) Your spouse
1	Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	1 <u>                    </u>	<u>                    </u>
		.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	2 <u>                    </u>	<u>                    </u>
		.00	.00
3	Combine lines 1 and 2. This is earned income	3 <u>                    </u>	<u>                    </u>
		.00	.00
4	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 <u>                    </u>	<u>                    </u>
		.00	.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	5 <u>                    </u>	<u>                    </u>
		.00	.00
6	Fill in the smaller of column (A) or (B) of line 5. If more than \$16,000, fill in \$16,000	6 <u>                    </u>	<u>                    </u>
		.00	.00
7	Rate of credit is .03 (3.0%)	7 <u>                    </u>	<u>                    </u>
		.03	<b>X</b> .03
8	Multiply line 6 by line 7. Fill in here and on line 18 of Form 1X. Do not fill in more than \$480	8 <u>                    </u>	<u>                    </u>
		.00	.00

