2009

DO NOT STAPLE

Complete form using BLACK INK

For the year Jan. 1-Dec	2. 31, 2009
or other tax year	
beginning	, 2009
ending	, 20

our social security number	Spouse's social security number			
1 1	1 1			
I I	1 1			

Г	Vour	legal last name	Legal first na	me			MI		
	Tour	iegai iast riairie	Legal first name M.I.			IVI.I.	State election campaign fund If you want \$1 to go to the State Election Campaign Fund, check here.		
	If a jo	oint return, spouse's legal last name	Spouse's legal first name M.I.			M.I.			
	Home	a address (number and street). If you have					You Your spouse		
	TIOTH	Home address (number and street). If you have a PO Box, see page 8.			Apt. no.		or refund.	unt will not change your tax	
İ	City c	or post office		State	Zip code)		Tax district	
ŀ			Check below then fill in either the name of city, village, or town and the county in which you lived						
		Filing status Check ✓ below Single						at the end of 2009.	
		, Single, Married filing joint return						City, village,	City Village Town
ا ۽			Legal last nam	е					
Letu	_	_ Married filing separate return. Fill in spouse's SSN above and					M.I.		
lugi		full name here	first name				School district num	ber See page 37	
assembling return	_	Head of household (see page 8). Also, check here if married					Special conditions		
as:	Pri	int numbers like this → 0 / 2	34567	89	<u>Not</u> lik	e this →	Ø1	47	NO COMMAS; NO CENTS
3TOTE	1	Federal adjusted gross income (s	see page 9)					1	00
ge 34 betore		Form W-2 wages included in li	ne 1					.00	
	2	State and municipal interest (see	page 9)						.00
See page		3 Capital gain/loss addition (see page 10)					.00		
နှ	4	Other additions } Fill in code nur Fill in total other	} Fill in code number and amount, see page 10. ther additions } Fill in total other additions on line 4.).		.00	
							L	.00 4	.00
	5	Add the amounts in the right colu	mn for lines	1 throug	gh 4			5	.00
	6	State tax refund (Form 1040, line	10)			6		.00	
		United States government interes							
		Unemployment compensation (se							
	9	Social security adjustment (see p	age 12)			9		.00	
8	10	10 Capital gain/loss subtraction (see page 12)						.00	
ا ہ	11								
t her		.00]				
nen								.00	
payı	12	Add lines 6 through 11							.00
7		Subtract line 12 from line 5. This							•
S C			-						
PAPER CLIP payment here	1.040								
- 1	I-010i								



Form 1 (2009) Name SSN Page **2 of 4**NO COMMAS; NO CENTS

		NO COMMAS; NO CENTS
14	Wisconsin income from line 13	.00
15	Standard deduction. See table on page 45, OR If someone else can claim you (or your spouse) as a dependent, see page 21 and check here	.00.
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	.00
17	Exemptions (Caution: See page 22) a Fill in exemptions from your federal return x \$700 17a	
	b Check if 65 or older You + Spouse = x \$250 17b	
	c Add lines 17a and 17b	.00.
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income $\bf 18$.00.
19	Tax (see table on page 38)	.00
20	Itemized deduction credit. Enclose Schedule 1, page 4	
21	Armed forces member credit (must be stationed outside U.S. See page 22) 2100	
22	a Rent paid in 2009–heat included .00 Find credit from	
	Rent paid in 2009–heat not included Table page 2422d	
	b Property taxes paid on home in 2009 . 00 Find credit from table page 25 22b . 00	
23	Historic rehabilitation credits	
24	Working families tax credit } If line 14 is less than \$10,000 (\$19,000 if married filing joint), see page 25 24	
	Certain nonrefundable credits from line 3 of Schedule CR2500	
26	Add credits on lines 20 through 25	.00.
27	Subtract line 26 from line 19. If line 26 is larger than line 19, fill in 0	.00.
28	Alternative minimum tax. Enclose Schedule MT	.00
29	Add lines 27 and 28	.00
30	Married couple credit. Enclose Schedule 2, page 4 30. 00	
31	Other credits from Schedule CR, line 15	
32	Net income tax paid to another state. Enclose Schedule OS	
33	Add lines 30, 31, and 32	.00
	Subtract line 33 from line 29. If line 33 is larger than line 29, fill in 0. This is your net tax 34	
35	Recycling surcharge. Enclose Schedule RS	
36	Sales and use tax due on out-of-state purchases (see page 27)	.00
37	Advance earned income credit (see page 28)	.00
38		
	a Endangered resources	
	b Packers football stadium ©	
	c Breast cancer research	
	d Veterans trust fund vers i Second Harvest FEEDING00	
	e Multiple sclerosis	.00
39	Penalties on IRAs, retirement plans, MSAs, etc. (see page 28) x .33 = 39	.00
40	Credit repayments and other penalties (see page 29)	.00
41	Add lines 34 through 37, and 38j through 40	.00

Page 3 of 4 Form 1 (2009) Name(s) shown on Form 1 Your social security number NO COMMAS; NO CENTS **42** Amount from line 41..... .00 .00 43 Wisconsin tax withheld. Enclose withholding statements 43 44 2009 estimated tax payments and amount .00 **45** Earned income credit. Number of qualifying children ... Federal .00 .00 x % = **45** 46 Farmland preservation credit. Enclose Schedule FC 46 .00 .00 .00 48 Homestead credit. Enclose Schedule H or H-EZ......48 49 Farmland tax relief credit. Property taxes .00 **.**00 x .18 = **49** on farmland00 **50** Eligible veterans and surviving spouses property tax credit **50** .00 51 Other credits from Schedule CR, line 22. Enclose Schedule CR 51 .00 53 If line 52 is larger than line 42, subtract line 42 from line 52. .00 .00 55 Amount of line 53 you want 56 If line 52 is smaller than line 42, subtract line 52 from line 42. This is the .00 57 Underpayment interest. Fill in exception code-See Sch. U ______ 57 .00 Also include on line 56 (see page 33) **Third** Do you want to allow another person to discuss this return with the department (see page 34)? Yes Complete the following. No **Party** Personal Designee's Phone identification Designee name no. (number (PIN) Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 34. Sign here Under penalties of law, I declare that this 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 I-010ai For Department Use Only Mail your return to: Wisconsin Department of Revenue If tax due......PO Box 268, Madison WI 53790-0001 MAN С If refund or no tax due PO Box 59, Madison WI 53785-0001 If homestead credit claimed...... PO Box 34, Madison WI 53786-0001

Do Not Submit Photocopies



	Name	SSN	
Form 1 (2009)	iname	99IN	Page 4 of 4

NO COMMAS; NO CENTS Schedule 1 – Itemized Deduction Credit (see page 22) 1 Medical and dental expenses from line 4, federal Schedule A. See instructions for .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, .00 .00 Casualty losses from line 20, federal Schedule A, only if the loss is directly related to .00 .00 .00 .00 x .05 .00

You must submit this page with Form 1 if you claim either of these credits



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
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	
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,	000 6	.00
7 Rate of credit is .03 (3%)		
8 Multiply line 6 by line 7. Fill in here and on line 30 on page 2 of R	Form 1 8	Do not fill in more than \$480.

