

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

Complete form using BLACK INK

DO NOT STAPLE

Your social security number 	Spouse's social security number
---------------------------------	-------------------------------------

Your legal last name	Legal first name	M.I.	State election campaign fund If you want \$1 to go to the State Election Campaign Fund, check here. <input type="checkbox"/> You <input type="checkbox"/> Your spouse
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	
Home address (number and street). If you have a PO Box, see page 8.		Apt. no.	Designating an amount will not change your tax or refund.
City or post office	State	Zip code	
Filing status Check <input checked="" type="checkbox"/> below <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/> Head of household (see page 8). Also, check here if married.....			Tax district Check below then fill in either the name of city, village, or town and the county in which you lived at the end of 2009. City, village, or town <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town County of _____ School district number See page 37 _____
Legal last name Legal first name M.I.		If married, fill in spouse's SSN above and full name here	
Special conditions <input type="checkbox"/>			










See page 34 before assembling return

Print numbers like this → 0 1 2 3 4 5 6 7 8 9		Not like this → 0 1 4 7		NO COMMAS; NO CENTS	
1	Federal adjusted gross income (see page 9)	1			.00
	Form W-2 wages included in line 1				.00
2	State and municipal interest (see page 9)	2			.00
3	Capital gain/loss addition (see page 10)	3			.00
4	Other additions } Fill in code number and amount, see page 10. } Fill in total other additions on line 4.				.00
					.00
5	Add the amounts in the right column for lines 1 through 4	5			.00
6	State tax refund (Form 1040, line 10)	6			.00
7	United States government interest	7			.00
8	Unemployment compensation (see page 12)	8			.00
9	Social security adjustment (see page 12)	9			.00
10	Capital gain/loss subtraction (see page 12)	10			.00
11	Other subtractions } Fill in code number and amount, see page 13. } Fill in total other subtractions on line 11.				.00
					.00
12	Add lines 6 through 11	12			.00
13	Subtract line 12 from line 5. This is your Wisconsin income	13			.00

PAPER CLIP payment here



NO COMMAS; NO CENTS

14	Wisconsin income from line 13	14	.00
15	Standard deduction. See table on page 45, OR <input type="checkbox"/> If someone else can claim you (or your spouse) as a dependent, see page 21 and check here <input type="checkbox"/>	15	.00
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	.00
17	Exemptions (Caution: See page 22)		
a	Fill in exemptions from your federal return _____ x \$700	17a	.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250	17b	.00
c	Add lines 17a and 17b	17c	.00
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income	18	.00
19	Tax (see table on page 38)	19	.00
20	Itemized deduction credit. Enclose Schedule 1, page 4	20	.00
21	Armed forces member credit (must be stationed outside U.S. See page 22)	21	.00
22	School property tax credit		
a	Rent paid in 2009-heat included _____ .00	} Find credit from table page 24. .22a	.00
	Rent paid in 2009-heat not included _____ .00		
b	Property taxes paid on home in 2009 _____ .00	} Find credit from table page 25. .22b	.00
23	Historic rehabilitation credits	23	.00
24	Working families tax credit } If line 14 is less than \$10,000 (\$19,000 if married filing joint), see page 25	24	.00
25	Certain nonrefundable credits from line 3 of Schedule CR	25	.00
26	Add credits on lines 20 through 25	26	.00
27	Subtract line 26 from line 19. If line 26 is larger than line 19, fill in 0	27	.00
28	Alternative minimum tax. Enclose Schedule MT	28	.00
29	Add lines 27 and 28	29	.00
30	Married couple credit. Enclose Schedule 2, page 4	30	.00
31	Other credits from Schedule CR, line 15	31	.00
32	Net income tax paid to another state. Enclose Schedule OS _____	32	.00
33	Add lines 30, 31, and 32.	33	.00
34	Subtract line 33 from line 29. If line 33 is larger than line 29, fill in 0. This is your net tax	34	.00
35	Recycling surcharge. Enclose Schedule RS	35	.00
36	Sales and use tax due on out-of-state purchases (see page 27)	36	.00
37	Advance earned income credit (see page 28)	37	.00
38	Donations (decreases refund or increases amount owed)		
a	Endangered resources  _____ .00	f	Firefighters memorial  _____ .00
b	Packers football stadium  _____ .00	g	Prostate cancer research  _____ .00
c	Breast cancer research  _____ .00	h	Military family relief  _____ .00
d	Veterans trust fund  _____ .00	i	Second Harvest  _____ .00
e	Multiple sclerosis  _____ .00	Total (add lines a through i) <input type="checkbox"/> 38j _____ .00	
39	Penalties on IRAs, retirement plans, MSAs, etc. (see page 28)00 x .33 =	39	.00
40	Credit repayments and other penalties (see page 29)	40	.00
41	Add lines 34 through 37, and 38j through 40	41	.00



NEW

NEW

Schedule 1 – Itemized Deduction Credit (see page 22)

1	Medical and dental expenses from line 4, federal Schedule A. See instructions for exceptions	1	.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	.00
3	Gifts to charity from line 19, federal Schedule A. See instructions for exceptions	3	.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	.00
5	Add lines 1 through 4	5	.00
6	Fill in your standard deduction from line 15 on page 2 of Form 1	6	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	7	.00
8	Rate of credit is .05 (5%)	8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 20 on page 2 of Form 1	9	.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		
1	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	1	.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	.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	5	.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%)	7	x .03	
8	Multiply line 6 by line 7. Fill in here and on line 30 on page 2 of Form 1	8	.00	Do not fill in more than \$480.

