

For the year Jan. 1-Dec. 31, 2010,  
or other tax year  
beginning \_\_\_\_\_, 2010  
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.   | <b>Campaign fund</b> If you want \$3 to go to the State Election Campaign Fund and the Democracy Trust Fund, check here.<br><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 7.  |                           | Apt. no.   | <b>Designating an amount will not change your tax or refund.</b>  |
| City or post office  | State                     | Zip code   |   |
| <b>Filing status</b> Check <input checked="" type="checkbox"/> below<br><input type="checkbox"/> Single<br><input type="checkbox"/> Married filing joint return<br><input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here .....<br><input type="checkbox"/> Head of household (see page 8). Also, check here if married..... |                           |  | <b>Tax district</b><br>Check below then fill in either the name of city, village, or town and the county in which you lived at the end of 2010.<br>City, village, or town <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town<br><b>County of</b> _____<br><b>School district number</b> See page 37 _____ |
| Legal last name _____<br>Legal first name _____ M.I. _____<br>If married, fill in spouse's SSN above and full name here _____  |                           | <b>Special conditions</b> <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 → Ø 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.<br>} Fill in total other additions on line 4.         |                         | .00                 |
| _____ .00    _____ .00    _____ .00    _____ .00 ...   | 4                       | .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 13) .....  | 8                       | .00                 |
| 9 Social security adjustment (see page 13) .....   | 9                       | .00                 |
| 10 Capital gain/loss subtraction (see page 13) .....   | 10                      | .00                 |
| 11 Other subtractions } Fill in code number and amount, see page 13.<br>} Fill in total other subtractions on line 11. |                         | .00                 |
| _____ .00    _____ .00    _____ .00  |                         |                     |
| _____ .00    _____ .00 .....   | 11                      | .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

|                      |  |  |  |
|----------------------|--|--|--|
| <b>14</b>            | Wisconsin income from line 13  | 14   | .00  |
| <b>15</b>            | Standard deduction. See table on page 45, OR ▼   | 15   | .00  |
|                      | If someone else can claim you (or your spouse) as a dependent, see page 22 and check here ▶                            |  |  |
| <b>16</b>            | Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0  | 16   | .00  |
| <b>17 Exemptions</b> | (Caution: See page 22)   |  |  |
| <b>a</b>             | Fill in exemptions from your federal return _____ x \$700  | 17a  | .00  |
| <b>b</b>             | Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250                    | 17b  | .00  |
| <b>c</b>             | Add lines 17a and 17b  | 17c  | .00  |
| <b>18</b>            | Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income                  | 18   | .00  |
| <b>19</b>            | Tax (see table on page 38)   | 19   | .00  |
| <b>20</b>            | Itemized deduction credit. Enclose Schedule 1, page 4  | 20   | .00  |
| <b>21</b>            | Armed forces member credit (must be stationed outside U.S. See page 23)  | 21   | .00  |
| <b>22</b>            | School property tax credit   |  |  |
| <b>a</b>             | Rent paid in 2010—heat included _____ .00  | } Find credit from table page 24. . . 22a            | .00  |
|                      | Rent paid in 2010—heat not included _____ .00  |  |  |
| <b>b</b>             | Property taxes paid on home in 2010 _____ .00  | } Find credit from table page 25. . . 22b            | .00  |
| <b>23</b>            | Historic rehabilitation credits  | 23   | .00  |
| <b>24</b>            | Working families tax credit } If line 14 is less than \$10,000 (\$19,000 if married filing joint), see page 25         | 24   | .00  |
| <b>25</b>            | Certain nonrefundable credits from line 5 of Schedule CR   | 25   | .00  |
| <b>26</b>            | Add credits on lines 20 through 25   | 26   | .00  |
| <b>27</b>            | Subtract line 26 from line 19. If line 26 is larger than line 19, fill in 0  | 27   | .00  |
| <b>28</b>            | Alternative minimum tax. Enclose Schedule MT   | 28   | .00  |
| <b>29</b>            | Add lines 27 and 28  | 29   | .00  |
| <b>30</b>            | Married couple credit. Enclose Schedule 2, page 4  | 30   | .00  |
| <b>31</b>            | Other credits from Schedule CR, line 18  | 31   | .00  |
| <b>32</b>            | Net income tax paid to another state. Enclose Schedule OS  | 32   | .00  |
| <b>33</b>            | Add lines 30, 31, and 32   | 33   | .00  |
| <b>34</b>            | Subtract line 33 from line 29. If line 33 is larger than line 29, fill in 0. This is your net tax                      | 34   | .00  |
| <b>35</b>            | Recycling surcharge. Enclose Schedule RS   | 35   | .00  |
| <b>36</b>            | Sales and use tax due on out-of-state purchases (see page 28)  | 36   | .00  |
| <b>37</b>            | Advance earned income credit (see page 28)   | 37   | .00  |
| <b>38</b>            | Donations (decreases refund or increases amount owed)  |  |  |
| <b>a</b>             | Endangered resources  _____ .00     | <b>f</b>   | Firefighters memorial  _____ .00    |
| <b>b</b>             | Packers football stadium  _____ .00 | <b>g</b>   | Prostate cancer research  _____ .00 |
| <b>c</b>             | Breast cancer research  _____ .00   | <b>h</b>   | Military family relief  _____ .00   |
| <b>d</b>             | Veterans trust fund  _____ .00      | <b>i</b>   | Second Harvest  _____ .00           |
| <b>e</b>             | Multiple sclerosis  _____ .00       | Total (add lines a through i) ▶ <b>38j</b> _____ .00 |  |
| <b>39</b>            | Penalties on IRAs, retirement plans, MSAs, etc. (see page 29)  | .00 x .33 = <b>39</b>                                | .00  |
| <b>40</b>            | Credit repayments and other penalties (see page 29)  | 40   | .00  |
| <b>41</b>            | Add lines 34 through 37, and 38j through 40  | 41   | .00  |



|                         |                             |
|-------------------------|-----------------------------|
| Name(s) shown on Form 1 | Your social security number |
|-------------------------|-----------------------------|

**NO COMMAS; NO CENTS**

|           |  |            |     |
|-----------|--|------------|-----|
| <b>42</b> | Amount from line 41 . . . . .  | <b>42</b>  | .00 |
| <b>43</b> | Wisconsin tax withheld. Enclose withholding statements . . . . .   | <b>43</b>  | .00 |
| <b>44</b> | 2010 estimated tax payments and amount applied from 2009 return . . . . .  | <b>44</b>  | .00 |
| <b>45</b> | Earned income credit. Number of qualifying children $\blacktriangleright$ _____<br>Federal credit. . . . . .00 x _____ % = . . . . .                   | <b>45</b>  | .00 |
| <b>46</b> | Farmland preservation credit. <b>a</b> Schedule FC, line 18 . . . . .  | <b>46a</b> | .00 |
|           | <b>b</b> Schedule FC-A, line 13 . . . . .  | <b>46b</b> | .00 |
| <b>47</b> | Repayment credit (see page 31) . . . . .   | <b>47</b>  | .00 |
| <b>48</b> | Homestead credit. Enclose Schedule H or H-EZ . . . . .   | <b>48</b>  | .00 |
| <b>49</b> | Eligible veterans and surviving spouses property tax credit . . . . .  | <b>49</b>  | .00 |
| <b>50</b> | Other credits from Schedule CR, line 27. Enclose Schedule CR . . . . .   | <b>50</b>  | .00 |
| <b>51</b> | Add lines 43 through 50 . . . . .  | <b>51</b>  | .00 |
| <b>52</b> | If line 51 is larger than line 42, subtract line 42 from line 51. This is the <b>AMOUNT YOU OVERPAID</b> . . . . .                                     | <b>52</b>  | .00 |
| <b>53</b> | Amount of line 52 you want <b>REFUNDED TO YOU</b> . . . . .  | <b>53</b>  | .00 |
| <b>54</b> | Amount of line 52 you want <b>APPLIED TO YOUR 2011 ESTIMATED TAX</b> . . . . .   | <b>54</b>  | .00 |
| <b>55</b> | If line 51 is smaller than line 42, subtract line 51 from line 42. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return . . . . . | <b>55</b>  | .00 |
| <b>56</b> | Underpayment interest. Fill in exception code - See Sch. U _____<br>Also include on line 55 (see page 33)  | <b>56</b>  | .00 |

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 34)?  **Yes** Complete the following.  **No**

|                                       |                                     |  |  |  |  |  |  |  |
|---------------------------------------|-------------------------------------|--|--|--|--|--|--|--|
| Designee's name $\blacktriangleright$ | Phone no. $\blacktriangleright$ ( ) | Personal identification number (PIN) $\blacktriangleright$   |  |  |  |  |  |  |
|                                       |                                     | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |  |  |  |  |
|                                       |                                     |  |  |  |  |  |  |  |

**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**  
 $\blacktriangledown$  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 ( ) |
|----------------|--|------|-------------------|

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|  |   |  |  |   |  |  |  |
|--|---|--|--|---|--|--|--|
| Mail your return to: Wisconsin Department of Revenue<br>If tax due . . . . . PO Box 268, Madison WI 53790-0001<br>If refund or no tax due . . . . . PO Box 59, Madison WI 53785-0001<br>If homestead credit claimed . . . . . PO Box 34, Madison WI 53786-0001 | For Department Use Only<br><table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">C</td> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table> |  |  | C |  |  |  |
|  |   |  |  |   |  |  |  |
| C  |   |  |  |   |  |  |  |
|  |   |  |  |   |  |  |  |

**Do Not Submit Photocopies**



**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 to purchase a second home located outside Wisconsin or 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 | <b>x .05</b> |
| 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          | .00                             |
| 7 | Rate of credit is .03 (3%)  | 7          | <b>x .03</b> |                                 |
| 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. |

