

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
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Your legal last name	Legal first name	M.I.	Campaign fund If you want \$3 to go to the State Election Campaign Fund and the Democracy Trust 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 7.		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 2010. 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 → 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. } 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. } Fill in total other subtractions on line 11.		_____ .00
_____ .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



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



Name(s) shown on Form 1	Your social security number
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42	Amount from line 41	42	.00
43	Wisconsin tax withheld. Enclose withholding statements	43	.00
44	2010 estimated tax payments and amount applied from 2009 return	44	.00
45	Earned income credit. Number of qualifying children ▶ _____ Federal credit.00 x _____ % =	45	.00
46	Farmland preservation credit. a Schedule FC, line 18 46a	46a	.00
	b Schedule FC-A, line 13 46b	46b	.00
47	Repayment credit (see page 31)	47	.00
48	Homestead credit. Enclose Schedule H or H-EZ	48	.00
49	Eligible veterans and surviving spouses property tax credit	49	.00
50	Other credits from Schedule CR, line 27. Enclose Schedule CR	50	.00
51	Add lines 43 through 50	51	.00
52	If line 51 is larger than line 42, subtract line 42 from line 51. This is the AMOUNT YOU OVERPAID	52	.00
53	Amount of line 52 you want REFUNDED TO YOU	53	.00
54	Amount of line 52 you want APPLIED TO YOUR 2011 ESTIMATED TAX	54	.00
55	If line 51 is smaller than line 42, subtract line 51 from line 42. This is the AMOUNT YOU OWE . Paper clip payment to front of return	55	.00
56	Underpayment interest. Fill in exception code - See Sch. U _____ 56 Also include on line 55 (see page 33)	56	.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 ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 20px;"><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></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

▼ 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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I-010ai

Mail your return to: Wisconsin Department of Revenue
If tax duePO Box 268, Madison WI 53790-0001
If refund or no tax due.....PO Box 59, Madison WI 53785-0001
If homestead credit claimed.....PO Box 34, Madison WI 53786-0001

<i>For Department Use Only</i>	C			

Do Not Submit Photocopies



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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	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	.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.

