

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial <b>JANE</b>	Last name <b>VETERAN</b>	Your social security number <b>355-00-1111</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>5555 43RD STREET</b>		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>WAUPACA, WI 54981</b>		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>		

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1955  Are blind **Spouse:**  Was born before January 2, 1955  Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Standard Deduction for—**  
 • Single or Married filing separately, \$12,200  
 • Married filing jointly or Qualifying widow(er), \$24,400  
 • Head of household, \$18,350  
 • If you checked any box under **Standard Deduction**, see instructions.

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .				<b>1</b>	
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>		<b>b</b> Taxable interest. Attach Sch. B if required	<b>2b</b>	680
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	1090	<b>b</b> Ordinary dividends. Attach Sch. B if required	<b>3b</b>	1090
<b>4a</b> IRA distributions . . . . .	<b>4a</b>		<b>b</b> Taxable amount	<b>4b</b>	
<b>c</b> Pensions and annuities . . . . .	<b>4c</b>		<b>d</b> Taxable amount	<b>4d</b>	
<b>5a</b> Social security benefits . . . . .	<b>5a</b>	16960	<b>b</b> Taxable amount	<b>5b</b>	
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .				<b>6</b>	
<b>7a</b> Other income from Schedule 1, line 9 . . . . .				<b>7a</b>	
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .				<b>7b</b>	1770
<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .				<b>8a</b>	
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .				<b>8b</b>	1770
<b>9</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>9</b>	12200			
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>10</b>				
<b>11a</b> Add lines 9 and 10 . . . . .				<b>11a</b>	12200
<b>b</b> <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .				<b>11b</b>	0

**For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.**

QNA

Table with 12 columns and 18 rows. Rows include: 12a Tax (see inst.) Check if any from Form(s); 12b Add Schedule 2, line 3, and line 12a and enter the total; 13a Child tax credit or credit for other dependents; 13b Add Schedule 3, line 7, and line 13a and enter the total; 14 Subtract line 13b from line 12b. If zero or less, enter -0-; 15 Other taxes, including self-employment tax, from Schedule 2, line 10; 16 Add lines 14 and 15. This is your total tax; 17 Federal income tax withheld from Forms W-2 and 1099; 18 Other payments and refundable credits; 18a Earned income credit (EIC); 18b Additional child tax credit. Attach Schedule 8812; 18c American opportunity credit from Form 8863, line 8; 18d Schedule 3, line 14; 18e Add lines 18a through 18d. These are your total other payments and refundable credits; 19 Add lines 17 and 18e. These are your total payments.

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

Table with 12 columns and 5 rows. Rows include: 20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid; 21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here; 21b Routing number; 21c Type: Checking Savings; 21d Account number; 22 Amount of line 20 you want applied to your 2020 estimated tax.

Amount You Owe

Table with 12 columns and 2 rows. Rows include: 23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions; 24 Estimated tax penalty (see instructions).

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. [ ] Yes. Complete below. [X] No
Designee's name, Phone no., Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature, Date, Your occupation, Spouse's signature, Date, Spouse's occupation, If the IRS sent you an Identity Protection PIN, enter it here, If the IRS sent your spouse an Identity Protection PIN, enter it here.

Paid Preparer Use Only

Preparer's name, Preparer's signature, Date, PTIN, Check if: 3rd Party Designee, Self-employed, Firm's name, Phone no., Firm's address, Firm's EIN.

QNA

For the year Jan. 1-Dec. 31, 2019, or other tax year

beginning \_\_\_\_\_, 2019 ending \_\_\_\_\_, 20\_\_\_\_.

**Note**

Check here if an amended return

DO NOT STAPLE	Your legal last name <b>VETERAN</b>	Legal first name <b>JANE</b>	M.I.	Your social security number <b>355 00 1111</b>	
	If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number	
See page 5 before assembling return	Home address (number and street). If you have a PO Box, see page 11. <b>5555 43RD STREET</b>		Apt. no.		
	City or post office <b>WAUPACA</b>	State <b>WI</b>	Zip code <b>54981</b>		
	<b>Filing status</b> Check <input checked="" type="checkbox"/> below <input checked="" 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 .....			<b>Tax district</b> Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2019.  <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town City, village, or town <b>DAYTON</b>	
	<input type="checkbox"/> Head of household (see page 12). Also, check here if married... <input type="checkbox"/>			<b>County of</b> <b>WAUPACA</b> <b>School district number</b> See page 60 <b>6195</b>	
If married, fill in spouse's SSN above and full name here <input type="checkbox"/>			<b>Special conditions</b> <input type="checkbox"/>		

**Use BLACK Ink** ● **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**

<b>1</b>	Federal adjusted gross income (see page 12) .....	<b>1</b>	<u>1770 .00</u>
	Form W-2 wages included in line 1 .....		<u>.00</u>
<b>2</b>	State and municipal interest (see page 13) .....	<b>2</b>	<u>.00</u>
<b>3</b>	Capital gain/loss addition (see page 14) .....	<b>3</b>	<u>.00</u>
<b>4</b>	Other additions } Fill in code number and amount, see page 14. } Fill in total other additions on line 4.		<u>.00</u>
	<u>.00</u> <u>.00</u> <u>.00</u> <u>.00</u> ...	<b>4</b>	<u>.00</u>
<b>5</b>	Add the amounts in the right column for lines 1 through 4 .....	<b>5</b>	<u>1770 .00</u>
<b>6</b>	Taxable refund of state income tax (from federal Form 1040 or 1040-SR, <b>Schedule 1</b> , line 1) .....	<b>6</b>	<u>.00</u>
<b>7</b>	United States government interest .....	<b>7</b>	<u>680 .00</u>
<b>8</b>	Unemployment compensation (see page 16) .....	<b>8</b>	<u>.00</u>
<b>9</b>	Social security adjustment (see page 17) .....	<b>9</b>	<u>.00</u>
<b>10</b>	Capital gain/loss subtraction (see page 17) .....	<b>10</b>	<u>.00</u>
<b>11</b>	Other subtractions } Fill in code number and amount, see page 18. } Fill in total other subtractions on line 11.		
	<u>01</u> <u>1090 .00</u> <u>.00</u> <u>.00</u>		
	<u>.00</u> <u>.00</u> .....	<b>11</b>	<u>1090 .00</u>
<b>12</b>	Add lines 6 through 11 .....	<b>12</b>	<u>1770 .00</u>
<b>13</b>	Subtract line 12 from line 5. This is your Wisconsin income .....	<b>13</b>	<u>.00</u>

**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 58, <b>OR</b> <input type="checkbox"/> If someone else can claim you (or your spouse) as a dependent, see page 32 and check here <input type="checkbox"/>	15	10860.00
<b>16</b>	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	.00
<b>17</b>	<b>Exemptions (Caution: See page 32)</b>		
<b>a</b>	Fill in exemptions allowed <u>1</u> x \$700	<b>17a</b>	700.00
<b>b</b>	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	<b>17b</b>	.00
<b>c</b>	Add lines 17a and 17b	<b>17c</b>	700.00
<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 51)	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 34)	21	.00
<b>22</b>	<b>School property tax credit</b>		
<b>a</b>	Rent paid in 2019—heat included <u>.00</u> } Find credit from table page 36	<b>22a</b>	.00
	Rent paid in 2019—heat not included <u>.00</u> }		
<b>b</b>	Property taxes paid on home in 2019 <u>.00</u> Find credit from table page 37	<b>22b</b>	.00
<b>23</b>	Working families tax credit (see page 37)	23	.00
<b>24</b>	Married in couple credit. Enclose Schedule 2, page 4	24	.00
<b>25</b>	Nonrefundable credits from line 34 of Schedule CR	25	.00
<b>26</b>	Net income tax paid to another state. Enclose Schedule OS ... <input type="checkbox"/>	26	.00
<b>27</b>	Add lines 20 through 26	27	.00
<b>28</b>	Subtract line 27 from line 19. If line 27 is larger than line 19, fill in 0. This is your net tax	28	.00
<b>29</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 40) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	29	.00
<b>30</b>	<b>Donations (decreases refund or increases amount owed)</b>		
<b>a</b>	Endangered resources <u>.00</u>	<b>e</b>	Military family relief <u>.00</u>
<b>b</b>	Cancer research <u>.00</u>	<b>f</b>	Second Harvest/Feeding Amer. <u>.00</u>
<b>c</b>	Veterans trust fund <u>.00</u>	<b>g</b>	Red Cross WI Disaster Relief <u>.00</u>
<b>d</b>	Multiple sclerosis <u>.00</u>	<b>h</b>	Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h)	<b>30i</b>	.00
<b>31</b>	Penalties on IRAs, retirement plans, MSAs, etc. (see page 42) . . . <u>.00</u> x .33 =	31	.00
<b>32</b>	Other penalties (see page 42)	32	.00
<b>33</b>	Add lines 28, 29, 30i, 31 and 32	33	.00
<b>34</b>	Wisconsin tax withheld. Enclose withholding statements	34	.00
<b>35</b>	2019 estimated tax payments and amount applied from 2018 return	35	.00
<b>36</b>	<b>Earned income credit. Number of qualifying children</b> <input type="checkbox"/> Federal credit . . . <u>.00</u> x <u>        </u> % =	36	.00



Name(s) shown on Form 1 <b>JANE VETERAN</b>		Your social security number <b>355 00 1111</b>	
<b>NO COMMAS; NO CENTS</b>			
<b>37</b>	Farmland preservation credit. <b>a</b> Schedule FC, line 17 . . . . .	<b>37a</b>	.00
	<b>b</b> Schedule FC-A, line 13 . . . . .	<b>37b</b>	.00
<b>38</b>	Repayment credit (see page 44) . . . . .	<b>38</b>	.00
<b>39</b>	Homestead credit. Enclose Schedule H or H-EZ. . . . .	<b>39</b>	.00
<b>40</b>	Eligible veterans and surviving spouses property tax credit . . .	<b>40</b>	2097.00
<b>41</b>	Refundable credits from Schedule CR, line 40. Enclose Schedule CR	<b>41</b>	.00
<b>42</b>	AMENDED RETURN ONLY—Amounts previously paid (see page 47)	<b>42</b>	.00
<b>43</b>	Add lines 34 through 42 . . . . .	<b>43</b>	2097.00
<b>44</b>	AMENDED RETURN ONLY—Amounts previously refunded (see page 47)	<b>44</b>	.00
<b>45</b>	Subtract line 44 from line 43 . . . . .	<b>45</b>	2097.00
<b>46</b>	If line 45 is larger than line 33, subtract line 33 from line 45. This is the <b>AMOUNT YOU OVERPAID</b> . . . . .	<b>46</b>	2097.00
<b>47</b>	Amount of line 46 you want <b>REFUNDED TO YOU</b> . . . . .	<b>47</b>	2097.00
<b>48</b>	Amount of line 46 you want <b>APPLIED TO YOUR 2020 ESTIMATED TAX</b> . . . . .	<b>48</b>	.00
<b>49</b>	If line 45 is smaller than line 33, subtract line 45 from line 33. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return . . . . .	<b>49</b>	.00
<b>50</b>	Underpayment interest. Fill in exception code—See Sch. U _____ Also include on line 49 (see page 49)	<b>50</b>	.00

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 50)?  **Yes** Complete the following.  **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
		<input style="width:40px; height:20px;" type="text"/>

**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 5.**

**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
		01 15 20	(555) 555-1212

I-010ai

Mail your return to: Wisconsin Department of Revenue  
 If tax due.....PO 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

**Do Not Submit Photocopies**



**Schedule 1 – Itemized Deduction Credit (see page 33)**

<b>1</b>	Medical and dental expenses from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions. . . . .	<b>1</b>	<u>.00</u>
<b>2</b>	Interest paid from federal Schedule A (Form 1040 or 1040-SR). 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 and interest from a tax-option (S) corporation if claimed as a subtraction . . . . .	<b>2</b>	<u>.00</u>
<b>3</b>	Gifts to charity from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	<b>3</b>	<u>.00</u>
<b>4</b>	Casualty losses from federal Schedule A (Form 1040 or 1040-SR). . . . .	<b>4</b>	<u>.00</u>
<b>5</b>	Add lines 1 through 4 . . . . .	<b>5</b>	<u>.00</u>
<b>6</b>	Fill in your standard deduction from line 15 on page 2 of Form 1 . . . . .	<b>6</b>	<u>.00</u>
<b>7</b>	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0. . . . .	<b>7</b>	<u>.00</u>
<b>8</b>	Rate of credit is .05 (5%) . . . . .	<b>8</b>	<u><b>x .05</b></u>
<b>9</b>	Multiply line 7 by line 8. Fill in here and on line 20 on page 2 of Form 1 . . . . .	<b>9</b>	<u>.00</u>

▶ **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 38)**

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
<b>1</b>		
1 Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	<u>.00</u>	<u>.00</u>
<b>2</b>		
2 Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040 or 1040-SR), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income . . . . .	<u>.00</u>	<u>.00</u>
<b>3</b>		
3 Combine lines 1 and 2. This is earned income. . . . .	<u>.00</u>	<u>.00</u>
<b>4</b>		
4 Add the amounts from federal Form 1040 or 1040-SR, <b>Schedule 1</b> , lines 11, 15, and 19, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18)(D) pension plans, included in line 22, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income. . . . .	<u>.00</u>	<u>.00</u>
<b>5</b>		
5 Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 . . . . .	<u>.00</u>	<u>.00</u>
<b>6</b>		
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. . . . .	<u>.00</u>	<u>.00</u>
<b>7</b>		
7 Rate of credit is .03 (3%). . . . .	<u><b>x .03</b></u>	
<b>8</b>		
8 Multiply line 6 by line 7. Fill in here and on line 24 on page 2 of Form 1. . . . .	<u>.00</u>	<u>.00</u>

Do not fill in more than \$480.

