

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 STEVEN P	Last name BRAGG	Your social security number 331-00-1227
If joint return, spouse's first name and middle initial MARY B	Last name BRAGG	Spouse's social security number 330-00-1111
Home address (number and street). If you have a P.O. box, see instructions. 123 MORRIS STREET		Presidential Election Campaign 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
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). GREEN BAY, WI 54313		
Foreign country name	Foreign province/state/county	Foreign postal code

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.

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1 15611
2a Tax-exempt interest	2a	2b
3a Qualified dividends	3a	3b
4a IRA distributions	4a	4b
c Pensions and annuities	4c	4d
5a Social security benefits	5a 2108	5b
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here		6 60
7a Other income from Schedule 1, line 9		7a 5100
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income		7b 20771
8a Adjustments to income from Schedule 1, line 22		8a
b Subtract line 8a from line 7b. This is your adjusted gross income		8b 20771
9 Standard deduction or itemized deductions (from Schedule A)	9 25700	
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10		11a 25700
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b 0

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	0
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0
16	Add lines 14 and 15. This is your total tax	16	0
17	Federal income tax withheld from Forms W-2 and 1099	17	661
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	46
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	46
19	Add lines 17 and 18e. These are your total payments	19	707

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

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	707																
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	707																
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X								
X	X	X	X	X	X	X	X	X	X										
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
22	Amount of line 20 you want applied to your 2020 estimated tax	22																	

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
24	Estimated tax penalty (see instructions)	24	

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. **No**

(Other than paid preparer) 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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	01/23/20	SUBSTITUTE TEACHER	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	01/23/20	UNEMPLOYED	<input type="text"/>
Phone no. (920) 555-1212	Email address NONE@TAXSLAYERPRO.COM		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
		01/23/20	S53012831	<input type="checkbox"/> 3rd Party Designee
Firm's name PRACTICE LAB		Phone no. 202-202-2022		<input type="checkbox"/> Self-employed
Firm's address 15 PRACTICE LAB WAY WASHINGTON DC 20005		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

See page 5 before assembling return

Your legal last name BRAGG	Legal first name STEVEN	M.I. P	Your social security number 331 00 1227
If a joint return, spouse's legal last name BRAGG	Spouse's legal first name MARY	M.I. B	Spouse's social security number 330 00 1111
Home address (number and street). If you have a PO Box, see page 11. 123 MORRIS STREET		Apt. no.	Tax district 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 checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town GREEN BAY
City or post office GREEN BAY	State WI	Zip code 54313	
Filing status Check <input checked="" type="checkbox"/> below <input type="checkbox"/> Single <input checked="" 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="text"/>			County of BROWN
<input type="checkbox"/> Head of household (see page 12). Also, check here if married... <input type="checkbox"/>		Legal last name <input type="text"/> Legal first name <input type="text"/> M.I. <input type="text"/>	
If married, fill in spouse's SSN above and full name here <input type="text"/>			School district number See page 60 2289
Special conditions <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**

1	Federal adjusted gross income (see page 12)	1	20771 .00
	Form W-2 wages included in line 1		15611.00
2	State and municipal interest (see page 13)	2	.00
3	Capital gain/loss addition (see page 14)	3	.00
4	Other additions } Fill in code number and amount, see page 14. } 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	20771 .00
6	Taxable refund of state income tax (from federal Form 1040 or 1040-SR, Schedule 1 , line 1)	6	.00
7	United States government interest	7	.00
8	Unemployment compensation (see page 16)	8	3714 .00
9	Social security adjustment (see page 17)	9	.00
10	Capital gain/loss subtraction (see page 17)	10	18 .00
11	Other subtractions } Fill in code number and amount, see page 18. } Fill in total other subtractions on line 11.		
	<u>01</u> 281.00 ..... .00 ..... .00		
	..... .00 ..... .00	11	281 .00
12	Add lines 6 through 11	12	4013 .00
13	Subtract line 12 from line 5. This is your Wisconsin income	13	16758 .00

PAPER CLIP payment here



NO COMMAS; NO CENTS

14	Wisconsin income from line 13	14	<u>16758.00</u>
15	Standard deduction. See table on page 58, OR <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	<u>20110.00</u>
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	<u>.00</u>
17	Exemptions (Caution: See page 32)		
a	Fill in exemptions allowed <u>2</u> x \$700	17a	<u>1400.00</u>
b	Check if 65 or older <input checked="" type="checkbox"/> You + <input type="checkbox"/> Spouse = <u>1</u> x \$250	17b	<u>250.00</u>
c	Add lines 17a and 17b	17c	<u>1650.00</u>
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income	18	<u>.00</u>
19	Tax (see table on page 51)	19	<u>.00</u>
20	Itemized deduction credit. Enclose Schedule 1, page 4	20	<u>.00</u>
21	Armed forces member credit (must be stationed outside U.S. See page 34)	21	<u>.00</u>
22	School property tax credit		
a	Rent paid in 2019—heat included <u>.00</u> } Find credit from table page 36	22a	<u>.00</u>
	Rent paid in 2019—heat not included <u>.00</u> }		
b	Property taxes paid on home in 2019 <u>.00</u> Find credit from table page 37	22b	<u>.00</u>
23	Working families tax credit (see page 37)	23	<u>.00</u>
24	Married in couple credit. Enclose Schedule 2, page 4	24	<u>.00</u>
25	Nonrefundable credits from line 34 of Schedule CR	25	<u>.00</u>
26	Net income tax paid to another state. Enclose Schedule OS ... <input type="checkbox"/>	26	<u>.00</u>
27	Add lines 20 through 26	27	<u>.00</u>
28	Subtract line 27 from line 19. If line 27 is larger than line 19, fill in 0. This is your net tax	28	<u>.00</u>
29	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	<u>.00</u>
30	Donations (decreases refund or increases amount owed)		
a	Endangered resources <u>.00</u>	e	Military family relief <u>.00</u>
b	Cancer research <u>.00</u>	f	Second Harvest/Feeding Amer. <u>.00</u>
c	Veterans trust fund <u>.00</u>	g	Red Cross WI Disaster Relief <u>.00</u>
d	Multiple sclerosis <u>.00</u>	h	Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) ... <input checked="" type="checkbox"/>	30i	<u>.00</u>
31	Penalties on IRAs, retirement plans, MSAs, etc. (see page 42) ... <u>.00</u> x .33 =	31	<u>.00</u>
32	Other penalties (see page 42)	32	<u>.00</u>
33	Add lines 28, 29, 30i, 31 and 32	33	<u>.00</u>
34	Wisconsin tax withheld. Enclose withholding statements	34	<u>397.00</u>
35	2019 estimated tax payments and amount applied from 2018 return	35	<u>.00</u>
36	Earned income credit. Number of qualifying children ... <input checked="" type="checkbox"/> Federal credit ... <u>.00</u> x <u> </u> % =	36	<u>.00</u>



Name(s) shown on Form 1		Your social security number
STEVEN P & MARY B BRAGG		331 00 1227
NO COMMAS; NO CENTS		
37 Farmland preservation credit. a Schedule FC, line 17	37a _____	.00
	b Schedule FC-A, line 13	37b _____ .00
38 Repayment credit (see page 44)	38 _____	.00
39 Homestead credit. Enclose Schedule H or H-EZ.	39 _____	140.00
40 Eligible veterans and surviving spouses property tax credit . . .	40 _____	.00
41 Refundable credits from Schedule CR, line 40. Enclose Schedule CR	41 _____	.00
42 AMENDED RETURN ONLY—Amounts previously paid (see page 47)	42 _____	.00
43 Add lines 34 through 42	43 _____	537.00
44 AMENDED RETURN ONLY—Amounts previously refunded (see page 47)	44 _____	.00
45 Subtract line 44 from line 43	45 _____	537.00
46 If line 45 is larger than line 33, subtract line 33 from line 45. This is the AMOUNT YOU OVERPAID	46 _____	537.00
47 Amount of line 46 you want REFUNDED TO YOU	47 _____	537.00
48 Amount of line 46 you want APPLIED TO YOUR 2020 ESTIMATED TAX	48 _____	.00
49 If line 45 is smaller than line 33, subtract line 45 from line 33. This is the AMOUNT YOU OWE . Paper clip payment to front of return	49 _____	.00
50 Underpayment interest. Fill in exception code—See Sch. U _____ Also include on line 49 (see page 49)	50 _____	.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) ▶				
		<table border="1" style="width:100%; height:20px; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></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 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 23 20	(920) 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)

1	Medical and dental expenses from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions.	1	<u>.00</u>
2	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	2	<u>.00</u>
3	Gifts to charity from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	3	<u>.00</u>
4	Casualty losses from federal Schedule A (Form 1040 or 1040-SR).	4	<u>.00</u>
5	Add lines 1 through 4	5	<u>.00</u>
6	Fill in your standard deduction from line 15 on page 2 of Form 1	6	<u>.00</u>
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0.	7	<u>.00</u>
8	Rate of credit is .05 (5%)	8	<u>x .05</u>
9	Multiply line 7 by line 8. Fill in here and on line 20 on page 2 of Form 1	9	<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
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
	15611 .00	
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 2	.00
	.00	
3	Combine lines 1 and 2. This is earned income. 3	.00
	15611 .00	
4	Add the amounts from federal Form 1040 or 1040-SR, Schedule 1 , 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. 4	.00
	.00	
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 5	.00
	15611 .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 24 on page 2 of Form 1. 8	.00
		Do not fill in more than \$480.



Name(s) shown on Form 1 or Form 1NPR

Your social security number

STEVEN P & MARY B BRAGG

331 00 1227

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
1a Amount from line 1a of Schedule D				
1b Amount from line 1b of Schedule D	69	143		-74
2 Amount from line 2 of Schedule D				
3 Amount from line 3 of Schedule D				
4 Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824 . . .				4
5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)				6
7 Short-term capital loss carryover from 2018 Wisconsin Schedule WD, line 34. Enter amount as a negative number				7
8 Net short-term capital gain or loss. Combine lines 1a through 7 in column (h)				8 -74

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

Note: Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
9a Amount from line 8a of Schedule D				
9b Amount from line 8b of Schedule D	293	159		134
10 Amount from line 9 of Schedule D				
11 Amount from line 10 of Schedule D				
12 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from Forms 4684, 6781, and 8824				12
13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				13
14 Capital gain distributions				14
15 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)				15
15a Adjustment from Wisconsin Schedule QI. Enter amount as a negative number				15a
16 Long-term capital loss carryover from 2018 Wisconsin Schedule WD, line 39. Enter amount as a negative number				16
17 Net long-term capital gain or loss. Combine lines 9a through 16 in column (h)				17 134

Go on to Part III →



Name STEVEN P & MARY B BRAGG	Social Security Number 331 00 1227
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Part III Summary of Parts I and II (see instructions) - use a minus sign (-) for negative amounts.

18 Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28) . . .	18	<u>60</u>
19 Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17	19	<u>60</u>
20 Fill in 30% of line 19	20	<u>18</u>
21 Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26	21	<u> </u>
22 Gain included in line 17. Do not include any losses in this amount	22	<u> </u>
23 Divide line 21 by line 22. Carry the decimal to 4 places	23	<u>0 . 0 0 0 0</u>
24 Multiply line 19 by the decimal amount on line 23	24	<u> </u>
25 Fill in 30% of line 24	25	<u> </u>
26 Add lines 20 and 25	26	<u>18</u>
27 Subtract line 26 from line 18	27	<u>42</u>
28 If line 18 shows a loss, fill in the smaller of:	(a) The loss on line 18, (b) \$500, or (c) Wisconsin ordinary income (see instructions) .	28 <u> </u>

Note: When figuring whether a, b, or c is smaller, treat all numbers as if they are positive. If filing Form 1, complete Part IV. If filing Form 1NPR, fill in amount from line 27 or 28 on line 7, column B, of Form 1NPR.

Part IV Computation of Wisconsin Adjustment to Income (Do not complete this part if you are filing on Form 1NPR)

29 Adjustment (see instructions for Part IV and Schedule I adjustments)		
a Fill in gain from line 6 of federal Form 1040 or 1040-SR, or gain from line 2f of Schedule I, if filed (if a loss, fill in -0-)	29a	<u>60</u>
b Fill in gain from Part III, line 27, (if blank, fill in -0-)	29b	<u>42</u>
c If line 29b is more than 29a, subtract line 29a from line 29b. Fill in amount on line 3 of Form 1	29c	<u> </u>
d If line 29b is less than 29a, subtract line 29b from line 29a. Fill in amount on line 10 of Form 1	29d	<u>18</u>
e Fill in loss from line 6 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 4c of Schedule I, if filed (if a gain, fill in -0-)	29e	<u> </u>
f Fill in loss from Part III, line 28 as a positive amount	29f	<u> </u>
g If line 29f is more than 29e, subtract line 29e from line 29f. Fill in amount on line 10 of Form 1	29g	<u> </u>
h If line 29f is less than 29e, subtract line 29f from line 29e. Fill in amount on line 3 of Form 1	29h	<u> </u>

Part V Computation of Capital Loss Carryovers from 2019 to 2020 (Complete this part if the loss on line 18 is more than the loss on line 28.)

30 Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34	30	<u> </u>
31 Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0-	31	<u> </u>
32 Subtract line 31 from line 30	32	<u> </u>
33 Fill in the smaller of line 28 or line 32, treating both as positive amounts	33	<u> </u>
34 Subtract line 33 from line 32. This is your short-term capital loss carryover from 2019 to 2020	34	<u> </u>
35 Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39	35	<u> </u>
36 Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0-	36	<u> </u>
37 Subtract line 36 from line 35	37	<u> </u>
38 Subtract line 33 from line 28, treating both as positive amounts. (Note: If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.)	38	<u> </u>
39 Subtract line 38 from line 37. This is your long-term capital loss carryover from 2019 to 2020	39	<u> </u>



Claimant's social security number 331001227		Spouse's social security number 330001111		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 checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <input checked="" type="checkbox"/> GREEN BAY County of <input checked="" type="checkbox"/> BROWN
Claimant's legal last name BRAGG		Claimant's legal first name STEVEN	M.I. P	
Spouse's legal last name BRAGG		Spouse's legal first name MARY	M.I. B	
Current home address (number and street) 123 MORRIS STREET			Apt. no.	
City or post office GREEN BAY		State WI	Zip code 54313	Special conditions <input type="checkbox"/> (See page 10.)

For questions 1a through 1d, see pages 4 and 10 of the instructions.

- 1a** What was your age as of December 31, 2019? (If you were under 18, you do not qualify for homestead credit for 2019.) **1a** Fill in age
- b** What was your spouse's age as of December 31, 2019? **1b** Fill in age
- c** If you and your spouse were under age 62 as of December 31, 2019, were you or your spouse disabled? **1c** Yes No
- d** If you and your spouse were not disabled, and under age 62, did you or your spouse have positive earned income (see page 7) in 2019? (If "No", you do not qualify) **1d** Yes No
- 2** Were you a legal resident of Wisconsin from 1-1-19 through 12-31-19? (If "No," you do not qualify.) **2** Yes No
- 3** Were you claimed or will you be claimed as a dependent on someone else's 2019 federal income tax return? (If "Yes" and you were under age 62 on December 31, 2019, you do not qualify.) **3** Yes No
- 4a** Are you now living in a nursing home? (If "Yes," indicate the date you entered _____ and the nursing home name and address _____) **4a** Yes No
- b** If "Yes," are you receiving medical assistance under Title XIX? (If both 4a and 4b are "Yes," you do not qualify.) **4b** Yes No
- 5** Did you become married or divorced in 2019? (If "Yes," fill in date _____; see pages 22 and 23.) **5** Yes No
- 6a** If married for any part of 2019, did you and your spouse maintain separate homes during any part of the year? (If "Yes," see page 21.) **6a** Yes No
- b** If you and your spouse maintained separate homes while married during 2019, did either spouse notify the other of their marital property income? (See page 21) **6b** Yes No

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

Household Income Include all 2019 income as listed below. If married, include the incomes of both spouses. See pages 10 to 17.

- 7** Wisconsin income from your 2019 income tax return (see page 11) **7** 16758.00
- 8** If you or you and your spouse **are not filing** a 2019 Wisconsin return, fill in Wisconsin **taxable** income on lines 8a and 8b.
 - a** Wages .00 + Interest .00 + Dividends .00 = ... **8a** .00
 - b** Other taxable income. Attach a schedule listing each income item (see page 11) **8b** .00
 - c** Medical and long-term care insurance subtraction. Enter as a negative number **8c** .00
- 9 Nontaxable household income. Do not include amounts filled in on line 7, 8a, or 8b.**
 - a** Unemployment compensation. **9a** 3714.00
 - b** Social security, federal **and** state SSI, SSI-E, SSD, and CTS payments. Include Medicare premium deductions (see page 12) **9b** 2108.00
 - c** Railroad retirement benefits. Include Medicare premium deductions **9c** .00
 - d** Pensions and annuities, including IRA, SEP, SIMPLE, and qualified plan distributions (see page 13) **9d** .00
 - e** Contributions to deferred compensation plans (see box 12 of wage statements, and page 13) **9e** .00
 - f** Contributions to IRA, self-employed SEP, SIMPLE, and qualified plans **9f** .00
 - g** Interest on United States securities (e.g., U.S. Savings Bonds) and state and municipal bonds **9g** .00
 - h** Scholarships, fellowships, grants (see page 13), and military compensation or cash benefits **9h** .00
 - i** Child support, maintenance payments, and other support money (court ordered) **9i** .00
 - j** Wisconsin Works (W2), county relief, kinship care, and other cash public assistance (see page 14) **9j** .00
- 10** Add lines 7 through 9j. Enter here and on line 11a, at the top of page 2 **10** 22580.00



11 a	Enter amount from line 10 here	11a	<u>22580</u>	<u>.00</u>
b	Workers' compensation, income continuation, and loss of time insurance (e.g., sick pay)	11b		<u>.00</u>
c	Gain from sale of home excluded for federal tax purposes (see page 14)	11c		<u>.00</u>
d	Other capital gains not taxable (see page 14)	11d	<u>18</u>	<u>.00</u>
e	Net operating loss carryforward or carryback and capital loss carryforward (see page 14)	11e		<u>.00</u>
f	Income of nonresident spouse or part-year resident spouse; nontaxable income from sources outside Wisconsin; resident manager's rent reduction; clergy housing allowance; and nontaxable Native American income	11f		<u>.00</u>
g	Partner's, LLC member's, and tax-option (S) corporation shareholder's distributive share of depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs. If none was claimed, write "None" on federal Schedule E, Part II, near the entity's name	11g		<u>.00</u>
h	Car or truck depreciation (standard mileage rate) (see page 15)	11h		<u>.00</u>
i	Other depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs	11i		<u>.00</u>
j	Disqualified losses (see Schedule 4, page 4)	11j	<u>74</u>	<u>.00</u>
12 a	Subtotal. Add lines 11a through 11j (if less than the total of lines 13, 14a, and 14c, see page 16)	12a	<u>22672</u>	<u>.00</u>
b	Number of qualifying dependents. Do not count yourself or your spouse (see page 16) ____ x \$500 =	12b		<u>.00</u>
c	Household income. Subtract line 12b from line 12a (if \$24,680 or more, no credit is allowed)	12c	<u>22672</u>	<u>.00</u>

Taxes and/or Rent See pages 17 to 19.

A	Check here if your home was located on more than one acre of land and was not part of a farm; see Schedule 1, page 3	A	<input type="checkbox"/>
B	Check here if your home was located on more than one acre of land and was part of a farm	B	<input type="checkbox"/>
C	Check here if your home was used for other than personal or farm purposes while you lived there in 2019; see Schedule 2, page 3	C	<input type="checkbox"/>
D	Check here if you received Wisconsin Works (W2) payments or county relief during 2019; see Schedule 3, page 3	D	<input type="checkbox"/>
13	Homeowners – Net 2019 property taxes on your homestead, whether paid or not	13	<u>2586</u> <u>.00</u>
14	Renters–Rent from your rent certificate(s), line 8a (or Shared Living Expenses Schedule). See pages 17 to 19.		
	Heat included (8b of rent certificate is "Yes")	14a	<u>.00</u> x .20 (20%) = 14b <u>.00</u>
	Heat not included (8b of rent certificate is "No")	14c	<u>.00</u> x .25 (25%) = 14d <u>.00</u>
15	Total of lines 13, 14b, and 14d (or amount from line 6 of Schedule 3)	15	<u>2586</u> <u>.00</u>

Don't delay your refund. Attach all necessary documents. See page 20.

Credit Computation

16	Fill in the smaller of (a) amount on line 15 or (b) \$1,460	16	<u>1460</u>	<u>.00</u>
17	Using the amount on line 12c, fill in the appropriate amount from Table A (page 24)	17	<u>1288</u>	<u>.00</u>
18	Subtract line 17 from line 16 (if line 17 is more than line 16, fill in 0 ; no credit is allowable)	18	<u>172</u>	<u>.00</u>
19	Homestead credit – Using the amount on line 18, fill in the credit from Table B (page 25)	19	<u>140</u>	<u>.00</u>

If filing a Wisconsin income tax return, fill in your homestead credit (line 19) on line 39 of Form 1 or line 64 of Form 1NPR.

Under penalties of law, I declare this homestead credit claim and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign Here 	Claimant's signature	Spouse's signature	Date	Daytime phone number
				(920) 555-1212

Mail to:
 Wisconsin Department of Revenue
 PO Box 34
 Madison WI 53786-0001



DON'T file this claim **UNLESS** a rent certificate or property tax bill (or closing statement) is included.

For Department Use Only

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Schedule 4 Disqualified Losses

Complete this schedule if you had any disqualified losses. Disqualified losses are losses indicated on lines 2-10 below (see the instructions for line 11j on page 15). Disqualified losses are required to be added back to household income for homestead credit purposes. A disqualified loss does not include net gains from the sale or exchange of capital or business assets or net profits. **Enter all amounts as positive numbers.**

<u>1</u>	If your primary income was from farming, did the farm generate less than \$250,000 in gross receipts in 2019?	<u>1</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(if yes, do not complete this schedule. Your net losses do not have to be added back.)		
<u>2</u>	Net business loss from a sole proprietorship	<u>2</u>	<u> .00</u>
<u>3</u>	Net capital loss (Include only current year capital losses on this line. Do not include any capital loss carryforward)	<u>3</u>	<u> 74.00</u>
<u>4</u>	Net rental real estate and royalty loss	<u>4</u>	<u> .00</u>
<u>5</u>	Net loss from a partnership	<u>5</u>	<u> .00</u>
<u>6</u>	Net loss from a tax-option (S) corporation	<u>6</u>	<u> .00</u>
<u>7</u>	Net loss from a trust or estate	<u>7</u>	<u> .00</u>
<u>8</u>	Net loss from a real estate mortgage investment conduit	<u>8</u>	<u> .00</u>
<u>9</u>	Net loss from the sale of business property (not including losses from involuntary conversions)	<u>9</u>	<u> .00</u>
<u>10</u>	Net farm loss	<u>10</u>	<u> .00</u>
<u>11</u>	Subtotal (add lines 2 through 10)	<u>11</u>	<u> 74.00</u>
<u>12</u>	Amount of depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs reported on lines 11g, 11h, and 11i which is included on lines 2 through 10 above	<u>12</u>	<u> .00</u>
<u>13</u>	Total (Subtract line 12 from line 11). If zero or less, enter 0 (zero). Fill in here and on line 11j of Schedule H	<u>13</u>	<u> 74.00</u>

Note Homeowners Age 65 or Older

The **Property Tax Deferral Loan Program** provides loans to help individuals age 65 or older pay their property taxes. Qualified applicants may participate even if they receive homestead credit. For more information, contact the Wisconsin Housing and Economic Development Authority at (608) 266-7884 (Madison), (414) 227-4039 (Milwaukee), or 1-800-755-7835.



2019 Property Tax Bill / Closing Statement and Sale of Home Information

Claimant purchased home during 2019:

Enter the dates occupied during 2019 ▶ From: _____ To: _____
mo / day mo / day

Claimant sold home during 2019:

Enter the dates occupied during 2019 ▶ From: _____ To: _____
mo / day mo / day

SECTION 1 Tax Bill Information for Your Home (If more than one tax bill, see Section 2)

- 1 Year on property tax bill (must be 2019 property tax bill) 2019
- 2 Name of owner(s) as shown on property tax bill _____
STEVEN AND MARY BRAGG
- 3 Type of owner(s) (check only one box) If box 3b is checked, answer 3b1, 3b2 (and 3b3 when applicable)
 - a Self and/or spouse, include life estate, lease, or use by self and/or spouse (e.g. ET UX, ET UM, HW, WF, LE, L EST, LF TEN, LU, LC, VNE)
 - b Self and/or spouse AND OTHERS (e.g., ET AL, multiple owners names)
 - 3b1 Enter your ownership percentage _____ %
 - 3b2 Enter amount of 2019 net property taxes you paid or will pay . . . \$ _____ .00
 - 3b3 If all of the other owner(s) occupied your home during 2019, check box
 - c Trust (e.g., TR, TRSE, TRS, TRST, UDT)
 - d Estate (e.g., EST)
 - e Partnership
 - f Corporation, Subchapter S Corporation, or Limited Liability Company
 - g Other If Other, fill in owner(s) type _____
- 4 Address of property 123 MORRIS ST, GREEN BAY, WI 54313
- 5 Assessed value of land \$ 20900.00
- 6 Assessed value of improvements \$ 97100.00
- 7 Number of acres of land (include decimals) 0.25
- 8 Property taxes (without special assessments/charges and before first dollar credit and lottery/gaming credit) . . \$ 2697.00
- 9 Sum of first dollar credit and lottery/gaming credit \$ 111.00
- 10 Net property taxes after sum of first dollar credit and lottery/gaming credit \$ 2586.00

SECTION 2 Additional Tax Bill Information for Adjoining Property

	Tax Bill 2	Tax Bill 3	Tax Bill 4	Tax Bill 5	Tax Bill 6
1 Number of acres of land (include decimals)	0.00	0.00	0.00	0.00	0.00
2 Assessed value of land . . . . .	.00	.00	.00	.00	.00
3 Assessed value of improvements . . . . .	.00	.00	.00	.00	.00
4 Net taxes (without special assessments/charges and after first dollar credit). . . . .	.00	.00	.00	.00	.00

SECTION 3 Closing Statement and Sale of Home Information

- 1 Date home was sold. / /
- 2 Name of seller(s) as shown on closing statement _____
- 3 Type of seller(s) (check only one box) If box 3b is checked, answer 3b1 (and 3b2 when applicable)
 - a Self and/or spouse
 - b Self and/or spouse AND OTHERS 3b1 Enter your ownership percentage _____ %
 3b2 If all of the other owner(s) occupied your home before it was sold, check box
 - c Other If Other, fill in seller(s) type _____
- 4 Address of home sold _____
- 5 Property taxes allocated to seller(s) on closing statement. \$.00
- 6 Selling price of home (do not include personal property items you sold with your home) \$.00
- 7 Expense of sale (commissions, advertising, attorney fees, etc.) \$.00
- 8 Adjusted basis of home sold (purchase price, improvements, etc.) \$.00