

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 GAIL	Last name HUDSON	Your social security number 022-00-0121
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. 628 SCHOOL AVE		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). SHEBOYGAN, WI 53083		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
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.

1 Wages, salaries, tips, etc. Attach Form(s) W-2					1	31916
2a Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required		2b	147
3a Qualified dividends	3a		b Ordinary dividends. Attach Sch. B if required		3b	
4a IRA distributions	4a		b Taxable amount		4b	
c Pensions and annuities	4c		d Taxable amount		4d	
5a Social security benefits	5a		b Taxable amount		5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here				<input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9					7a	
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income					7b	32063
8a Adjustments to income from Schedule 1, line 22					8a	
b Subtract line 8a from line 7b. This is your adjusted gross income					8b	32063
9 Standard deduction or itemized deductions (from Schedule A)			9	12200		
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A			10			
11a Add lines 9 and 10					11a	12200
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-					11b	19863

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

QNA

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ **Attach to Form 1040 or 1040-SR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2019
Attachment
Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR

GAIL HUDSON

Your social security number

022-00-0121

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	430
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	430

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	8	
9	Section 965 net tax liability installment from Form 965-A	9	0
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	0

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71478U

Schedule 2 (Form 1040 or 1040-SR) 2019

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 HUDSON	Legal first name GAIL	M.I.	Your social security number 022 00 0121
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 11. 628 SCHOOL AVE		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 <input checked="" type="checkbox"/> SHEBOYGAN
City or post office SHEBOYGAN	State WI	Zip code 53083	
Filing status Check <input checked="" type="checkbox"/> below			County of <input checked="" type="checkbox"/> SHEBOYGAN School district number See page 60 5271
<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 <input type="checkbox"/>			
Legal last name		M.I.	
Legal first name		M.I.	
<input type="checkbox"/> Head of household (see page 12). Also, check here if married... <input type="checkbox"/>			Special conditions <input type="checkbox"/>
If married, fill in spouse's SSN above and full name here <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	32063	.00
	Form W-2 wages included in line 1		31916	.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	32063	.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	125	.00
8	Unemployment compensation (see page 16)	8		.00
9	Social security adjustment (see page 17)	9		.00
10	Capital gain/loss subtraction (see page 17)	10		.00
11	Other subtractions } Fill in code number and amount, see page 18. } Fill in total other subtractions on line 11.			
	<u>01</u> 2010 .00 _____ .00 _____ .00			
	_____ .00 _____ .00	11	2010	.00
12	Add lines 6 through 11	12	2135	.00
13	Subtract line 12 from line 5. This is your Wisconsin income	13	29928	.00

PAPER CLIP payment here



I-010i (R. 11-19)

NO COMMAS; NO CENTS

14	Wisconsin income from line 13	14	29928.00
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	9169.00
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	20759.00
17	Exemptions (Caution: See page 32)		
a	Fill in exemptions allowed <u>1</u> x \$700	17a	700.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	17b	.00
c	Add lines 17a and 17b	17c	700.00
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income	18	20059.00
19	Tax (see table on page 51)	19	872.00
20	Itemized deduction credit. Enclose Schedule 1, page 4	20	.00
21	Armed forces member credit (must be stationed outside U.S. See page 34)	21	.00
22	School property tax credit		
a	Rent paid in 2019—heat included <u>.00</u> } Find credit from table page 36	22a	167.00
	Rent paid in 2019—heat not included <u>5500.00</u> }		
b	Property taxes paid on home in 2019 <u>.00</u> Find credit from table page 37	22b	.00
23	Working families tax credit (see page 37)	23	.00
24	Married in couple credit. Enclose Schedule 2, page 4	24	.00
25	Nonrefundable credits from line 34 of Schedule CR	25	.00
26	Net income tax paid to another state. Enclose Schedule OS <input type="checkbox"/>	26	.00
27	Add lines 20 through 26	27	167.00
28	Subtract line 27 from line 19. If line 27 is larger than line 19, fill in 0. This is your net tax	28	705.00
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 type="checkbox"/>	29	5.00
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)	30i	.00
31	Penalties on IRAs, retirement plans, MSAs, etc. (see page 42) <u>.00</u> x .33 =	31	.00
32	Other penalties (see page 42)	32	.00
33	Add lines 28, 29, 30i, 31 and 32	33	710.00
34	Wisconsin tax withheld. Enclose withholding statements	34	450.00
35	2019 estimated tax payments and amount applied from 2018 return	35	.00
36	Earned income credit. Number of qualifying children <input type="checkbox"/>		
	Federal credit <u>.00</u> x <u> </u> % =	36	.00



Name(s) shown on Form 1 GAIL HUDSON		Your social security number 022 00 0121
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 _____	.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 _____	<u>450.00</u>
44 AMENDED RETURN ONLY—Amounts previously refunded (see page 47)	44 _____	.00
45 Subtract line 44 from line 43	45 _____	<u>450.00</u>
46 If line 45 is larger than line 33, subtract line 33 from line 45. This is the AMOUNT YOU OVERPAID	46 _____	.00
47 Amount of line 46 you want REFUNDED TO YOU	47 _____	.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 _____	<u>260.00</u>
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) ▶

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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 28 20	(920) 458-3131

I-010ai

Mail your return to: Wisconsin Department of Revenue
If tax duePO Box 268, Madison WI 53790-0001
If refund or no tax duePO Box 59, Madison WI 53785-0001
If homestead credit claimedPO 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	<u>.00</u>
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	<u>.00</u>
3	Combine lines 1 and 2. This is earned income. 3	<u>.00</u>
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	<u>.00</u>
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 5	<u>.00</u>
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	<u>.00</u>
7	Rate of credit is .03 (3%). 7	<u>x .03</u>
8	Multiply line 6 by line 7. Fill in here and on line 24 on page 2 of Form 1. 8	<u>.00</u>

Do not fill in more than \$480.



CLIENT: GAIL HUDSON 022-00-0121

Medical Care Insurance – Worksheet 1 – Self-Employed Persons	
1. Amount you paid for medical care insurance in 2019 while you were self-employed	1. _____
2. Self-employed health insurance deduction from line 16 of federal Schedule 1 (Form 1040 or 1040-SR)	2. _____
3. Amount of medical care insurance deducted on federal Schedule C or F for your employee spouse	3. _____
4. Amount of premium tax credit allowed on your 2019 federal return (line 9 of federal Schedule 3 (Form 1040 or 1040-SR))	4. _____
5. Add lines 2, 3, and 4	5. _____
6. Subtract line 5 from line 1	6. _____
7. Amount of advance premium tax credit you were required to repay (line 2 of federal Schedule 2 (Form 1040 or 1040-SR))	7. _____
8. Add lines 6 and 7	8. _____
9. Net earnings from a trade or business**	9. _____
10. Fill in the smaller of line 8 or 9 here and on line 11 of Form 1. This is your subtraction for medical care insurance.	10. _____
* Do not include any amounts deducted for long-term care insurance.	
** Net earnings from a trade or business means income from self-employment, including ordinary income from a trade or business as reported on Form 4797, line 18b, and less the deductible part of self-employment tax. The total earnings from a trade or business of both spouses are included. Do not include losses from a trade or business. If the net earnings are zero or less, enter 0 (zero).	

Complete Worksheet 2 if you are (1) an employee or (2) a person who had no employer and were not self-employed.

Medical Care Insurance – Worksheet 2 – Others	
1. Amount you paid in 2019 for medical care insurance	1. _____ 1580
2. Amount of premium tax credit allowed on your 2019 federal return (line 9 of federal Schedule 3 (Form 1040 or 1040-SR))	2. _____
3. Subtract line 2 from line 1	3. _____ 1580
4. Amount of advance premium tax credit you were required to repay (line 2 of federal Schedule 2 (Form 1040 or 1040-SR))	4. _____ 430
5. Add line 3 and line 4	5. _____ 2010
6. Fill in the amount from line 5 of Form 1 <u>less</u> the amounts on lines 6 - 10 and <u>less</u> all amounts that will be included on line 11 without considering the subtraction for medical care insurance. If zero or less, enter 0 (zero)	6. _____ 31938
7. Fill in the smaller of line 5 or 6. This is your subtraction for medical care insurance	7. _____ 2010