

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

Check here if an amended return beginning _____, 2019 ending _____, 20____.

Note
DO NOT STAPLE
See page 5 before assembling return

Your legal last name PINCHER	Legal first name PENNY	M.I.	Your social security number 500 00 1111
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. 611 WATER 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 SHEBOYGAN
City or post office SHEBOYGAN	State WI	Zip code 53081	
Filing status 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			County of SHEBOYGAN School district number See page 60 5271
<input type="checkbox"/> Head of household (see page 12). Also, check here if married... <input type="checkbox"/>			
Legal last name Legal first name M.I.		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	.00
	Form W-2 wages included in line 100
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	.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	.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.		.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



NO COMMAS; NO CENTS

14	Wisconsin income from line 13		14		.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		10860.00
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0		16		.00
17	Exemptions (Caution: See page 32)				
a	Fill in exemptions allowed	1 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		.00
19	Tax (see table on page 51)		19		.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	.00	} Find credit from table page 36	22a	110.00
	Rent paid in 2019—heat not included	3600.00			
b	Property taxes paid on home in 2019	.00	Find credit from table page 37	22b	.00
23	Working families tax credit (see page 37)		23		.00
24	Married 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		26		.00
27	Add lines 20 through 26		27		110.00
28	Subtract line 27 from line 19. If line 27 is larger than line 19, fill in 0. This is your net tax		28		.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 checked="" type="checkbox"/>		29		.00
30	Donations (decreases refund or increases amount owed)				
a	Endangered resources	.00	e	Military family relief	.00
b	Cancer research	.00	f	Second Harvest/Feeding Amer.	.00
c	Veterans trust fund	.00	g	Red Cross WI Disaster Relief	.00
d	Multiple sclerosis	.00	h	Special Olympics Wisconsin	.00
	Total (add lines a through h)		30i		.00
31	Penalties on IRAs, retirement plans, MSAs, etc. (see page 42)	.00 x .33 =	31		.00
32	Other penalties (see page 42)		32		.00
33	Add lines 28, 29, 30i, 31 and 32		33		.00
34	Wisconsin tax withheld. Enclose withholding statements		34		.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	.00 x	36		.00



Name(s) shown on Form 1		Your social security number	
PENNY PINCHER		500 00 1111	
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	292.00
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	292.00
44	AMENDED RETURN ONLY—Amounts previously refunded (see page 47)	44	.00
45	Subtract line 44 from line 43	45	292 .00
46	If line 45 is larger than line 33, subtract line 33 from line 45. This is the AMOUNT YOU OVERPAID	46	292 .00
47	Amount of line 46 you want REFUNDED TO YOU	47	292 .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="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </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 14 20	(920) 731-1212

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

Do Not Submit Photocopies



NO COMMAS; NO CENTS

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>	<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>	<u>.00</u>
3	Combine lines 1 and 2. This is earned income. 3	
	<u>.00</u>	<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>	<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>	<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.



WI Direct Deposit Information

PENNY PINCHER

500-00-1111

Account Type: Checking
Routing Number: 075000019
Account Number: 108710000
Deposit Amount: 292

11 a	Enter amount from line 10 here	11a	<u>14185</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>.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>.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>14185</u>	<u>.00</u>
b	Number of qualifying dependents. Do not count yourself or your spouse (see page 16) <u> </u> 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>14185</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> </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> </u> <u>.00</u> x .20 (20%) = 14b <u> </u> <u>.00</u>
	Heat not included (8b of rent certificate is "No")	14c	<u> </u> <u>3600.00</u> x .25 (25%) = 14d <u> </u> <u>900</u> <u>.00</u>
15	Total of lines 13, 14b, and 14d (or amount from line 6 of Schedule 3)	15	<u> </u> <u>900</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> </u> <u>900</u> <u>.00</u>
17	Using the amount on line 12c, fill in the appropriate amount from Table A (page 24)	17	<u> </u> <u>540</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> </u> <u>360</u> <u>.00</u>
19	Homestead credit – Using the amount on line 18, fill in the credit from Table B (page 25)	19	<u> </u> <u>292</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) 731-1212

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

C

--	--	--	--	--



Rent Certificate

2019

Wisconsin Department of Revenue

NOTE:

- Attach to Schedule H or H-EZ
- Alterations (whiteouts, erasures, etc.) or errors **void** this rent certificate.
- Only attach rent certificate if filing a homestead credit claim



■ Renter (Claimant) – Enter Social Security Number AFTER your landlord fills in section below and signs.

Legal last name PINCHER	Legal first name PENNY	M.I.	Social security number 500 00 1111	
Address of rental property (property must be in Wisconsin) 611 WATER STREET		City SHEBOYGAN	State WI	Zip 53081

Time you actually lived at this address in 2019 **From** 0 1 0 1 **2019** **To** 1 2 3 1 **2019**
M M D D M M D D

Do NOT sign your rent certificate.

If your landlord won't sign, complete fields above and below and lines 1 to 8, attach rent verification (see instructions), and check here.

■ Landlord or Authorized Representative

Name of property owner SHEBOYGAN HOUSING AUTHORITY		Telephone number (920) 451-8888	
Address 613 WATER STREET	City SHEBOYGAN	State WI	Zip 53081

- 1** Is the rental property a long-term care facility, CBRF, or nursing home? **1** Yes No
- 2a** Is the above rental property subject to property taxes? **2a** Yes No
- b** If 2a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check here **2b**
- 3** Is this certificate for rent of a mobile/manufactured: **a** Home? **3a** Yes No
b Home site/Lot? **3b** Yes No
- c** Mobile or manufactured home taxes or municipal permit fees you collected from this renter for 2019 **3c** _____ .00
- 4a** Total rent collected for this rental unit for 2019 – do NOT include amounts received directly from a governmental agency, security deposits, or late fees **4a** 3600.00
- b** If monthly rent paid didn't change during 2019, enter monthly rent paid **4b** 300.00
- c** If monthly rent changed during 2019, enter rent paid for each month below. Do not include security deposits or late fees.
- | | | | |
|------------------|-----------------|-----------------|-----------------|
| Jan. <u>.00</u> | Feb. <u>.00</u> | Mar. <u>.00</u> | Apr. <u>.00</u> |
| May <u>.00</u> | June <u>.00</u> | July <u>.00</u> | Aug. <u>.00</u> |
| Sept. <u>.00</u> | Oct. <u>.00</u> | Nov. <u>.00</u> | Dec. <u>.00</u> |
- 5** Number of occupants in this rental unit – do NOT count spouse or children under 18 **5** 1
- 6** This renter's share of total 2019 rent **6** 3600.00
- 7** Value of food and services provided by landlord (this renter's share) **7** .00
- 8a** Rent paid for occupancy only – Subtract line 7 from line 6 **8a** 3600.00
- b** Was heat included in the rent? **8b** Yes No

■ I certify that the information shown on this rent certificate is true, correct, and complete to the best of my knowledge.

Signature (by hand) of landlord or authorized representative	Date 01/03/2020	Print name (must match signature)
--	--------------------	-----------------------------------