Foreign country name       Foreign province/state/county       Foreign postal code       If more than four dependents, see instructions and < here	<b>104</b>		artment of the Treasury—Internal Revenue Se S. Individual Income Ta		<b>letu</b>	(99) I <b>rn</b>	20	19	OMB No. 15	545-0074	IRS Use Only	—Do not w	vrite or staple in	n this space.
RODGER M       GRAHAM       333-00-1227         If joint return, spouse's first name and middle initial       Last name       Spouse's social socurity number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         5555 VIEW ROAD       City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).       Apt. no.       Presidential Election Campaign         City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).       Creating abox below will not drangs you.       Yereidential Election Campaign         Foreign country name       Foreign province/state/county       Foreign postal code       If more than four dependents, see instructions).         Standard       Spouse itemizes on a separate return or you were a dual-status alien       Age/Simdness       Yere born before January 2, 1955       Is blind         Dependents (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) / / gualifies for (see instructions);         (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) / / gualifies for (see instructions);         (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) / / gualified for (see	Check only	lf yo	u checked the MFS box, enter the nam	-		• ·		, <u> </u>			, <u> </u>			is
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.       Apt. no.       Precidential Election Campaign         5555 VIEW ROAD       City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).       Apt. no.       Precidential Election Campaign         GREEN BAY, WI 54313       Foreign country name       Foreign province/state/county       Foreign postal code       If more than four dependents, see instructions and / here \right foreign postal code       If more than four dependents, see instructions; see instructions;         Standard       Someone can claim:       You as a dependent       You spouse as a dependent       Code of the dependents, see instructions;       It more than four dependents, see instructions;         (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) / it qualifies for (see instructions;:         (1) First name       Last name       2a       b       Code of the dependents, sing a sparate return or you were a dual-status alien         Standard repertent interest	Your first name	and m	iddle initial	La	st nan	ne						Your so	cial security	y number
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign Check here if you, or your spouse fills pintly, ward S10 go to this fund.         City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).       Check here if you, or your spouse fills pintly, ward S10 go to this fund.         GREEN BAY, WI 54313       Foreign province/state/county       Foreign postal code       If more than four dependents, see instructions).         Standard       Soneone can claim:       You as a dependent       Your spouse is a dual-status alien         Age/Blindness       You:       Were born before January 2, 1955       Are blind       Spouse:         Observation for-       Spouse is instructions):       (2) Social security number       (3) Relationship to you       (4) / if qualifies for ise instructions;         1       Wages, salaries, tips, etc. Attach Form(s) W-2	RODGER M	[		GI	RAHA	M						333-	-00-12	27
5555 VIEW ROAD       Check here if you or yous a filling inity, ward is up to this tund.         City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).       Check here if you, or your spouse filling inity, ward is to go to this tund.         GREEN BAY, WI 54313       Foreign country name       Foreign province/state/county       Foreign postal code       If more than tour dependents, see instructions and / here >         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent          Dependents (see instructions):       (2) Social security number       (3) Relationship to you       (4) / if qualifies for (see instructions;         (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) / if qualifies for (see instructions;         (1) First name       Last name       2a       Tax-exempt interest.       2a       1       112565         3a       Qualified dividends.       3a       b       b       5b       5b         Standard       Social security benefits       5a       5a </td <td>If joint return, s</td> <td>pouse'</td> <td>s first name and middle initial</td> <td>La</td> <td>st nan</td> <td>ne</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Spouse'</td> <td>s social secu</td> <td>urity number</td>	If joint return, s	pouse'	s first name and middle initial	La	st nan	ne						Spouse'	s social secu	urity number
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).       Checking a tox below will not change you to or refund.       Onecking a tox below will not change you to or refund.       Checking a tox below will not change you to or refund.       You				e inst	tructio	ns.					Apt. no.	Check here	e if you, or your	r spouse if filing
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) / it qualifies for (see instructions):         (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) / it qualifies for (see instructions):         (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) / it qualifies for (see instructions):         (1) First name       Last name       Image: social security number       (3) Relationship to you       (4) / it qualifies for (see instructions):         (1) First name       Last name       Image: social security benefits       Image: social security benefits       Image: social security benefits       1       11565         Standard       Obditions       4a       b       Taxable amount       4b       4b       4b       4b       4c       4b       4c       4d	City, town or p	ost offic	ce, state, and ZIP code. If you have a fo	reign	addre	ss, also	o complete	spaces be	elow (see inst	tructions	).	Checking a	a box below will r	not change your
Deduction	Foreign countr	y name			F	oreign	province/st	ate/count	y	Forei	gn postal code			· · · ·
Dependents (see instructions):       (2) Social security number       (3) Relationship to you       (4) ~ if qualifies for (see instructions):         (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ~ if qualifies for (see instructions):         (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ~ if qualifies for (see instructions):         (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ~ if qualifies for (see instructions):         (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ~ if qualifies for (see instructions):         (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ~ if qualifies for (see instructions):         (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ~ if qualifies for (see instructions):         (2) Social security number       2a       Tax-exempt interest.       (2) Social security number       (2) Social security number       (3) Relationship to you         (2) Social security number       3a       Defection for-       (4) Social security number	Deduction		Spouse itemizes on a separate return or	you v	_	dual-s	status alien	·			om: 0, 1055			
(1) First name       Last name       Child tax credit       Credit for other dependents         (1) First name	-			<u>5</u>			-							)
Standard Deckuction for-       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       111565         2a       Tax-exempt interest.       2a       b       b       Taxable interest. Attach Sch. B if required       2b         3a       Qualified dividends       3a       b       D dinary dividends. Attach Sch. B if required       3b         Standard       Decduction for-       4a       b       Ordinary dividends. Attach Sch. B if required       3b         4a       IRA distributions       4a       b       Taxable amount       4d       4d         5a       Social security benefits       5a       b       Taxable amount       5b       5b         5a       Social security benefits       5a       5a       5b       5b       5b         6       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7a       7a       7a         7a       Social security benefits       5b       7a       7b       11337         9       Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       7a       7a       3a         8a dipustments to income from Schedule 1, line 22       schedule 1, line 22       8a       8b       11337         9       12200       10 <td< td=""><td>-</td><td>500 113</td><td>,</td><td></td><td>(2) 5</td><td>ocial sec</td><td>curity number</td><td>(3)</td><td>Relationship to</td><td>you</td><td>.,</td><td>•</td><td></td><td>,</td></td<>	-	500 113	,		(2) 5	ocial sec	curity number	(3)	Relationship to	you	.,	•		,
Standard Deduction for -       3a       2a       b       Taxable interest. Attach Sch. B if required b       2b         Standard Deduction for -       3a       3a       3a       3a       3a       3b       3b         Single or Married filing separately, \$12,200       IRA distributions.       4a       4a       b       Taxable amount       4d       4d         Married filing jointly or Qualifying widow(er), \$22,400       Social security benefits       5a       b       Taxable amount       5b         6       Capital gain or (loss). Attach Schedule D if required. If not required, check here       b       7a       7a         7a       Other income from Schedule 1, line 9       7a       7a       7a       7a         7b       Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       b       9       12200         b       Standard deduction or itemized deductions (from Schedule A)       9       12200       8a         9       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995 -A       10       11a       12200         b       Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-       11b       11a       12200	(1) 1101114110							-					Г	7
Standard Deduction for -       3a       2a       b       Taxable interest. Attach Sch. B if required b       2b         Standard Deduction for -       3a       3a       3a       3a       3a       3b       3b         Single or Married filing separately, \$12,200       IRA distributions.       4a       4a       b       Taxable amount       4d       4d         Married filing jointly or Qualifying widow(er), \$22,400       Social security benefits       5a       b       Taxable amount       5b         6       Capital gain or (loss). Attach Schedule D if required. If not required, check here       b       7a       7a         7a       Other income from Schedule 1, line 9       7a       7a       7a       7a         7b       Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       b       9       12200         b       Standard deduction or itemized deductions (from Schedule A)       9       12200       8a         9       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995 -A       10       11a       12200         b       Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-       11b       11a       12200														1
Standard Deduction for -       3a       2a       b       Taxable interest. Attach Sch. B if required b       2b         Standard Deduction for -       3a       3a       3a       3a       3a       3b       3b         Single or Married filing separately, \$12,200       IRA distributions.       4a       4a       b       Taxable amount       4d       4d         Married filing jointly or Qualifying widow(er), \$22,400       Social security benefits       5a       b       Taxable amount       5b         6       Capital gain or (loss). Attach Schedule D if required. If not required, check here       b       7a       7a         7a       Other income from Schedule 1, line 9       7a       7a       7a       7a         7b       Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       b       9       12200         b       Standard deduction or itemized deductions (from Schedule A)       9       12200       8a         9       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995 -A       10       11a       12200         b       Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-       11b       11a       12200														
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Standard Deduction for –       3a       Qualified dividends       3a       3a       b       Ordinary dividends. Attach Sch. B if required dubidends.		1	Wages, salaries, tips, etc. Attach Forr	n(s) W	V-2 .	·						. 1		11569
Standard Deduction for –       4a       IRA distributions.       4a       b       Taxable amount       4b         Deduction for –       c       Pensions and annuities       4c       d       Taxable amount       4d         Single or Married filing separately, \$12,200       5a       Social security benefits       5a       b       Taxable amount       4d         Married filing jointly or Qualifying widow(er), \$24,400       5a       Social security benefits       5a       b       Taxable amount       5b         Head of household, \$18,350       Capital gain or (loss). Attach Schedule 1, line 9       7a       7a       7a         Head of household, \$18,350       Subtract line 8a from line 7b. This is your adjusted gross income       8a       8a         If you checked any box under Standard       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       12200         b       Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-       11b       11b       11b		2a	Tax-exempt interest	2a				<b>b</b> Ta	xable interest	t. Attach	Sch. B if require	ed 2b		
Deduction for -       4a       b       Taxable amount       4b         • Single or Married filing separately, \$12,200       c       Pensions and annuities       4c       d       Taxable amount       4d         • Married filing jointly or Qualifying widow(er), \$224,400       5a       Social security benefits       5a       5a       5b         • Head of household, \$18,350       • Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       • • • • • • • • • • • • • • • • • • •	Chanadanad	3a	Qualified dividends	3a				<b>b</b> Or	dinary dividen	ds. Attacl	n Sch. B if requir	ed 3b		
filing separately, \$12,200       c       Pensions and annutices       4c       d       Taxable amount       4d         Married filing jointly or Qualifying widow(er), \$24,400       5a       b       Taxable amount       5b         6       Capital gain or (loss). Attach Schedule D if required. If not required, check here       b       7a         7a       7a       7a         Head of household, \$18,350       b       Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       7b       113357         If you checked any box under Standard       b       Subtract line 8a from line 7b. This is your adjusted gross income       9       122000         9       12200       10       11a       12200         b       Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-       11b       11a	Deduction for—	4a	IRA distributions	4a				<b>b</b> Ta	xable amoun	nt.		. 4b		
\$12,200       5a       Social security benefits       5a       b       Taxable amount       5b         Married filing jointly or Qualifying widow(er), \$24,400       6       Capital gain or (loss). Attach Schedule D if required. If not required, check here       •       •       6       -232         7a       7a       7a       7a         Head of household, \$18,350       b       Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       •       •       7b       11337         If you checked any box under Standard       b       Subtract line 8a from line 7b. This is your adjusted gross income       •       9       12200       8a         10       Qualified business income deduction. Attach Form 8995 or Form 8995-A       10       11a       12200         b       Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-       11b       0	<ul> <li>Single or Married filing separately</li> </ul>	с	Pensions and annuities	4c				<b>d</b> Ta	xable amoun	nt.		. 4d	1	
jointly or Qualifying widow(er), \$224,00       6       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7a         • Head of household, \$18,350       b       Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       •       7b       11337         • If you checked any box under Standard       9       Standard deduction or itemized deductions (from Schedule A)       9       12200         • 0       0.00000000000000000000000000000000000	\$12,200	5a	Social security benefits	5a				<b>b</b> Ta	xable amoun	nt.		. 5b		
\$24,400       Fa       Other income non-occledule 1, ine 9       11337         • Head of household, \$18,350       b       Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       7b       11337         • If you checked any box under Standard       b       Subtract line 8a from line 7b. This is your adjusted gross income       8a       8b       11337         • If you checked any box under Standard       9       12200       8b       11337         • If you checked any box under Standard       10       9       12200       11a         • If a dd lines 9 and 10		6	Capital gain or (loss). Attach Schedule	e D if i	require	ed. If n	ot required,	check he	re		▶[	6		-232
• Head of household, \$1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       • Model lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       • Model lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       • Model lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       • Model lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       • Model lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       • Model lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       • Model lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       • Model lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       • Model lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       • Model lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income       • Model lines for the line form       • Model lines for the line form       • Model lines       • Model lines       • Model		7a	Other income from Schedule 1, line 9									. 7a		
\$18,350       Ba       Adjustments to income from Schedule 1, line 22	Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income						► 7b		11337		
any box under Standard Deduction, see instructions.       9       12200         10       9       12200         11a       Add lines 9 and 10       10       11a       11a       12200         b       Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-       11b       11b		8a	Adjustments to income from Schedul	e 1, lir	ne 22							. 8a		
Standard       9       12200         Standard       9       12200         Deduction, see instructions.       10       10       10         Image: 10       Qualified business income deduction. Attach Form 8995 or Form 8995-A       10       10       11a         Add lines 9 and 10       10       11a	<ul> <li>If you checked</li> </ul>	b	Subtract line 8a from line 7b. This is y	our <b>a</b>	djuste	d gros	ss income					► 8b		11337
see instructions.         11a         Add lines 9 and 10         11a         11a         11a         11a         12200           b         Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-         11a         11b         0		9	Standard deduction or itemized de	ductio	ons (fr	om Scl	hedule A)			9	122	200		
11a         Add lines 9 and 10         11a         12200           b         Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-         .         .         .         .         .         11b         .		10	Qualified business income deduction	Attac	ch For	n 8995	5 or Form 8	995-A .	🗋	10				
		11a	Add lines 9 and 10									. 11a	1	12200
		b	Taxable income. Subtract line 11a fr	om lin	ne 8b.	lf zero	or less, ent	er -0				. 11k	<u>،</u>	0

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.  $\ensuremath{\text{QNA}}$ 

Form **1040** (2019)

GRAHA Form 1040 (2019	M							33	33-0	0-1227	Page <b>2</b>
	12a	Tax (see inst.) Check if any from F	orm(s): <b>1</b> 881	4 <b>2</b> 4972	3	12a					
	b	Add Schedule 2, line 3, and line						•	12b		
	13a	Child tax credit or credit for othe	er 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, ent	er -0					14		0
	15	Other taxes, including self-empl	oyment tax, from S	Schedule 2, line	10				15		0
	16	Add lines 14 and 15. This is you	r total tax						16		0
	17	Federal income tax withheld from	m Forms W-2 and	1099					17		295
• If you have a	18	Other payments and refundable	credits:								
qualifying child,	а	Earned income credit (EIC) .				18a		306			
attach Sch. EIC.	b	Additional child tax credit. Attac	h Schedule 8812			18b					
nontaxable combat pay, see	с	American opportunity credit fror	n Form 8863, line	8		18c					
instructions.	d	Schedule 3, line 14				18d					
	е	Add lines 18a through 18d. Thes	se are your <b>total o</b>	ther payments a	and refundable cred	lits .			18e		306
	19	Add lines 17 and 18e. These are	e your <b>total payme</b>	ents					19		601
Refund	20	If line 19 is more than line 16, su	btract line 16 from	n line 19. This is t	he amount you <b>over</b>	paid .			20		601
nerana	21a	Amount of line 20 you want <b>refu</b>	inded to you. If Fo	orm 8888 is attac	hed, check here .		🕨		21a		601
Direct deposit?	►b	Routing number X X X	X X X X	XX	► c Type:	Checking	Savii	ngs			
See instructions.	►d	Account number XXX	X X X X	XXXX	XXXXXX	XX					
	22	Amount of line 20 you want app	lied to your 2020	estimated tax		22					
Amount	23	Amount you owe. Subtract line	19 from line 16. F	or details on hov	v to pay, see instruct	ions .		۲	23		
You Owe	24	Estimated tax penalty (see instru	uctions)		🕨	24					
Third Party Designee	Do	you want to allow another person	n (other than your p	oaid preparer) to	discuss this return w	ith the IRS	? See instruc	tions.		Yes. Complete No	below.
(Other than paid preparer)		signee's		Phone			Personal ide		tion		
		me 🕨		no. 🕨			number (PI	/			
Sign Here		der penalties of perjury, I declare that I rect, and complete. Declaration of prep						of my kı	nowledg	e and belief, they	v are true,
11010	Yo	ur signature		Date	Your occupation					nt you an Identi IN, enter it here	
Joint return?				01/14/20	GLASS SPECIA	LIST		(see ir			
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return,	Date Spouse's occupation				ty Prot	nt your spouse ection PIN, ente			
	Ph	one no. (920) 555-555	5	Email address	NONE@TAXS	LAYERP	RO.COM				
Deid	Pre	eparer's name	Preparer's signa	ture		Date	PT	IN		Check if:	
Paid							S53	012831	L	3rd Party I	Designee
Preparer	Firm's name  PRACTICE LAB			Phone no. 202-203							loyed
Use Only	Fir	Firm's address ▶ 15 PRACTICE LAB WAY WASHINGTON DC 20005				EIN					

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form **1040** (2019)

QNA





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

	neck here if an amended return		eginning			, 2019 ending			_, 20
You You	ır legal last name	Legal first name			M.I.	Your social security nur			
	RAHAM joint return, spouse's legal last name	RODGER Spouse's legal first n	ame		M.I.	333 00 122 Spouse's social securit		iber	
B Hor	ne address (number and street). If you have 555 VIEW ROAD / or post office	a PO Box, see page 1	1. Zip code	Apt. no.		Tax district Check below ther			
	REEN BAY	WI	5432			city, village, or tow lived at the end of			in which you
õ 🗕	iling status Check ✓ below	W T	J+J-			-		Village	Town
	X_ Single					City, village, or town ▶ GREEN	NRZ	v	
	Married filing joint return	Legal <b>last</b> name						71	
ן מ ע	Married filing separate return.	Logar <b>not</b> hanto				County of BROU	WN		
	Fill in spouse's SSN above and full name here	Legal <b>first</b> name			M.I.	School district n	umb	<b>er</b> See page 60	2289
page	Head of household (see page 12) Also, check here if married ▶		in spouse's Id full name	here		Special conditions			
	se BLACK Ink    Print numbers	like this $\rightarrow 0 \mid 2$	34567	89 1	Not lik	e this $\rightarrow \emptyset 147$	•	NO COMMAS	; <u>NO</u> CENTS
1	Federal adjusted gross income (s	ee page 12)					. 1 _		11337 .00
	Form W-2 wages included in lin								
2	State and municipal interest (see								.00
3									
4	Other additions } Fill in code numl					.00	_		
	.00	.00		.00	L		4		.00
5	Add the amounts in the right colu	nn for lines 1 thro	ugh 4				5		11337.00
6	Taxable refund of state income ta (from federal Form 1040 or 1040-		line 1)	6		.0	0		
7	' United States government interes	t		7		.0	0		
8	Unemployment compensation (se	e page 16) 8				.0	0		
9	Social security adjustment (see page	age 17)		9		.0	0		
10						268.0	0		
	Other subtractions } Fill in code n	umber and amount her subtractions or	t, see page n line 11.	e 18.					
t ner	.00	.00	]	.00					
	.00	.00		11		.0	0		
2 12	Add lines 6 through 11						12		268.00
L 13	Subtract line 12 from line 5. This i	s your Wisconsin	income				. 13		11069 .00
PAPER CLIP payment here E1 51 101	0i (R. 11-19)								

2019	Form 1 Name RODGER M GRAHAM	SSN 333 00 12	
			NO COMMAS; NO CENTS
	Wisconsin income from line 13		
15	Standard deduction. See table on page 58, <b>OR</b> $\checkmark$	15 _ d check here ▶	
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0 $\ldots \ldots \ldots$		209.00
17	Exemptions (Caution: See page 32) a Fill in exemptions allowed	a700.00	
	<b>b</b> Check if 65 or older You <b>+</b> Spouse <b>=</b> x \$250 <b>17b</b>		
	c Add lines 17a and 17b		700.00
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is t	axable income . <b>18</b> _	.00
19	Tax (see table on page 51)		.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	a Rent paid in 2019-heat included6660.00 Find credit from		
	Rent paid in 2019–heat not included ∫ table page 36 . 22	<b>a</b> 160.00	
	b Property taxes paid on home in 201900 Find credit from table page 37 . 221	<b>b</b> 00	
23	Working families tax credit (see page 37) 23		
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		160.00
28	Subtract line 27 from line 19. If line 27 is larger than line 19, fill in 0. This is ye	our net tax <b>28</b>	.00
29	Sales and use tax due on internet, mail order, or other out-of-state purchase	 es (see page 40) <b>29</b>	
	If you certify that no sales or use tax is due, check here	····· • _ X _	
30	Donations (decreases refund or increases amount owed)		
	a Endangered resources e Military family relief		
	b Cancer research		
	c Veterans trust fund00 g Red Cross WI Disaster Re		
	d Multiple sclerosis		00
		through h) ▶ 30i _	
31	Penalties on IRAs, retirement plans, MSAs, etc. (see page 42)		
32	Other penalties (see page 42)		
33	Add lines 28, 29, 30i, 31 and 32		.00
34	Wisconsin tax withheld. Enclose withholding statements 34		
35	2019 estimated tax payments and amount applied from 2018 return <b>35</b>	.00	
36	Earned income credit. Number of qualifying children Federal	.00	
	credit <u>.00</u> x <u>%</u> = 36	.00	

2019	Form 1				Page	e 3 of 4
Nam	e(s) shown on Form 1		Your so	ocial secur	ity number	
RO	DGER M GRAHAM		333	00	1227	
			1	<u>NO</u> СОМ	MAS; <u>NO</u> (	CENTS
37	Farmland preservation credit. <b>a</b> Schedule FC, line 17	37a	.00			
	<b>b</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	<b>39</b> 660	.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	431056	.00			
44	AMENDED RETURN ONLY-Amounts previously refunded (see page 47)	44	.00			
45	Subtract line 44 from line 43		45		10	56.00
46	If line 45 is larger than line 33, subtract line 33 from line 45. This is the <b>AMOUNT YOU OVERPAID</b>		46		10	56.00
47	Amount of line 46 you want <b>REFUNDED TO YOU</b>		47		10	56.00
48	Amount of line 46 you want <b>APPLIED TO YOUR 2020 ESTIMATED TAX</b>	48	.00			
49	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	49			.00
50	Underpayment interest. Fill in exception code-See Sch. U Also include on line 49 (see page 49)	50	.00			
Thi Par Des		e ident		plete the fo	ollowing.	X. No

[]	Paper clip copies of your federal income tax return and schedules to this return.
Ŷ	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	d complete to the be	est of my knowledge and belief.
Your signature	Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone
		01 14 20	(920) 555-5555

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)

.00
.00
.00
.00
.00
.00
.00
c .05
.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 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 <b>1</b>	.00	.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	.00	.00
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		.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	.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
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	.00 Do not fill in more than \$480.

2019 Form 1



Wisconsin Department of Revenue Name(s) shown on Form 1 or Form 1NPR

## **Capital Gains and Losses**

◆ Enclose with Wisconsin Form 1 or 1NPR ◆

Your social security number

2019

RODG	GER M GRAHAM			333	00 1227
Part	I Short-Term Capital Gains	and Losses – Asse	ts Held One Year o	or Less	
(us	e a minus sign (-) for gative amounts)	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> 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)
<b>1a</b> Ai	mount from line 1a of Schedule D				
<b>1b</b> Ai	mount from line 1b of Schedule D	2525	5025		-2500
<b>2</b> Ai	mount from line 2 of Schedule D				
<b>3</b> Ai	mount from line 3 of Schedule D				
<u>4</u> SI	hort-term gain from Form 6252 and	short-term gain or loss	s from Forms 4684, 6	781, and 8824 <b>4</b>	
<u>5</u> No	et short-term gain or loss from partne	rships, S corporations,	estates, and trusts fro	m Schedule(s) K-1 5	
<u>6</u> A	djustment from Wisconsin Schedule	e T (see Basis Differer	nce in instructions) .	6	
<u>7</u> SI a	hort-term capital loss carryover fror negative number	n 2018 Wisconsin Scł	nedule WD, line 34. E	Enter amount as	
<u>8</u> N	et short-term capital gain or loss	. Combine lines 1a th	nrough 7 in column (h	n)	-2500
Part	II Long-Term Capital Gains a	and Losses – Asse	ts Held More Than	One Year	
(us	ote: Round all amounts e a minus sign (-) for gative amounts)	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> 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)
<b>9a</b> Ai	mount from line 8a of Schedule D				
<b>9b</b> Ai	mount from line 8b of Schedule D	2559	1259		1300
<b>10</b> Ai	mount from line 9 of Schedule D				
<b>11</b> A	mount from line 10 of Schedule D				
<u>12</u> Ga	ain from Form 4797, Part I; long-tern ss from Forms 4684, 6781, and 882	n gain from Forms 243	39 and 6252; and long	g-term gain or <b>12</b>	
<u>13</u> No	et long-term gain or loss from partner	ships, S corporations, e	estates, and trusts fror	m Schedule(s) K-1 13	
<u>14</u> Ca	apital gain distributions			14	968
<u>15</u> Ad	djustment from Wisconsin Schedule	e T (see Basis Differer	nce in instructions) .	15	
<u>15a</u> Ad	djustment from Wisconsin Schedule	e QI. Enter amount as	a negative number.	15a	a
	ong-term capital loss carryover from negative number				-2150
17 N	et long-term capital gain or loss.	Combine lines 9a th	rough 16 in column (l	h) <b>17</b>	118

Go on to Part III  $\rightarrow$ 



2019 Schedule WD Social Security Number RODGER M GRAHAM 333 00 1227 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>19</u>	Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17 $\ldots$ .	. 19			
<u>20</u>	Fill in 30% of line 19	20			
<u>21</u>	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>22</u>	Gain included in line 17. Do not include any losses in this amount $\ldots \ldots$	22			
<u>23</u>	Divide line 21 by line 22. Carry the decimal to 4 places	23	0.00	0_0	
<u>24</u>	Multiply line 19 by the decimal amount on line 23	24			
<u>25</u>	Fill in 30% of line 24	25			
<u>26</u>	Add lines 20 and 25			26	
<u>27</u>	Subtract line 26 from line 18			27	
<u>28</u>	If line 18 shows a loss, fill in the smaller of: (a) The loss on line 18,				
ali cc	<ul> <li>(b) \$500, or</li> <li>(c) When figuring whether a, b, or c is smaller, treat numbers as if they are positive. If filing Form 1, mplete Part IV. If filing Form 1NPR, fill in amount of line 27 or 28 on line 7, column B, of Form 1NPR.</li> </ul>	ne <i>(se</i>	ee instructions) .	28	500

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

29	Ad	justment (see instructions for Part IV and Schedule I adjustments)		
	<u>a</u>	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-)		
	b	Fill in gain from Part III, line 27, (if blank, fill in -0-) <b>29b</b>		
	с	If line 29b is more than 29a, subtract line 29a from line 29b. Fill in amount on line 3 of Form 1	29c	
	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>e</u>	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-) <b>29e</b>	232	
	f	Fill in loss from Part III, line 28 as a positive amount 29f	500	
	<u>g</u>	If line 29f is more than 29e, subtract line 29e from line 29f. Fill in amount on line 10 of Form 1	29g	268
	<u>h</u>	If line 29f is less than 29e, subtract line 29f from line 29e. Fill in amount on line 3 of Form 1	29h	
Pa	art '	Computation of Capital Loss Carryovers from 2019 to 2020 (Complete this part if the loss on lin	e 18 is n	nore than the loss on line 28.)
30	Fil	l in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34	30	2500
31	Fil	l in gain shown on line 17. If that line is blank or shows a loss, fill in -0	31	118
32	Su	btract line 31 from line 30	32	2382
33	Fil	l in the smaller of line 28 or line 32, treating both as positive amounts	33	500
<u>34</u>	Su	btract line 33 from line 32. This is your <b>short-term capital loss carryover</b> from 2019 to 2020 .	34	1882
35	Fil	l in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39	35	
36	Fil	l in gain shown on line 8. If that line is blank or shows a loss, fill in -0	36	
37	Su	btract line 36 from line 35	37	
38		btract line 33 from line 28, treating both as positive amounts. ( <i>Note: If you skipped es 31 through 34, fill in amount from line 28 as a positive amount.</i> )	38	
<u>39</u>	Su	btract line 38 from line 37. This is your long-term capital loss carryover from 2019 to 2020 .	39	



Name

-2382

homestead credit	i.									
Claimant's social security number	Spouse's so	cial securit	y number			Check below village, or to				,
333001227 Village, 01 town, aimant's legal last name Claimant's legal first name M.I.				ine county	y in which	you nve				
GRAHAM		RODGER M			<u>X</u> City	, Vi	illage	<sub>1</sub> Towr		
GRADAM Spouse's legal last name	Spouse's leg		ie		M.I.	City, village				
							GREEN	N BAY		
Current home address (number and street)				Apt. no	).	County of		л		
5555 VIEW ROAD							BROWI	N		
City or post office		State	Zip code	<b>`</b>		Special conditions		(See pag	ne 10)	
GREEN BAY		WI	54313	3		contantions		(000 pag	Jo 10.)	
<b>a</b> What was your age as of Deceml	ber 31, 2019? (If y	ou were ι	under 18, yo	ou do no	t qualify	for homestead	credit for 20	019.) <b>1a</b>	Fill in age	• 5
<b>b</b> What was your spouse's age as a	of December 31,	2019?.						1b	Fill in age	
<b>c</b> If you and your spouse were und	er age 62 as of D	)ecembe	er 31. 2019	. were v	ou or v	/our spouse d	isabled? .	1c	Yes	XI
<b>d</b> If you and your spouse were not o										11
income (see page 7) in 2019? (If	"No", you do not	qualify)						1d	X Yes	
Were you a legal resident of Wis	consin from 1-1-1	9 throug	Jh 12-31-19	9? (lf"N	lo," yo	u do not quali	fy.)	2	X Yes	
Were you claimed or will you be										
(If "Yes" and you were under age			-						Yes	Ľ
Are you now living in a nursing h nursing home name and address	ome? (If "Yes," in s	dicate th	ne date you	u entere	ed		and the	he ) <b>4a</b>	Yes	X
<ul> <li>If "Yes," are you receiving medication</li> </ul>	-									
	al assistance und									
		2019? (I	f "Yes," fill	in date _		; see p	ages 22 ar	nd 23.) <b>5</b>		
<b>a</b> If married for any part of 2019, di	d you and your s	2019? (I pouse m	f "Yes," fill naintain se	in date _ parate h	nomes	; see p during any pa	bages 22 ar	nd 23.) <b>5</b> ear?	Yes	ĽX
<b>a</b> If married for any part of 2019, di (If "Yes," see page 21.)	d you and your s	2019? (I pouse m	f "Yes," fill naintain se	in date _ parate h	nomes	; see p during any pa	bages 22 an	nd 23.) <b>5</b> ear?	Yes	ĽX
<b>a</b> If married for any part of 2019, di	d you and your s	2019? (I pouse m  es while	f "Yes," fill naintain se 	in date _ parate h 	nomes 	, see p during any pa	bages 22 an art of the ye  e notify	nd 23.) <b>5</b> ear? <b>6a</b>	Yes	_X_ 
<ul> <li>a If married for any part of 2019, di (If "Yes," see page 21.)</li> <li>b If you and your spouse maintaine the other of their marital property</li> </ul>	d you and your s ed separate home / income? (See p	2019? (I pouse m es while age 21)	f "Yes," fill naintain se 	in date _ parate h uring 20	nomes  19, did	during any pa	bages 22 an art of the ye  e notify	nd 23.) 5 ear? 6a 6b	Yes	 _X  <u>O</u> CEN <sup>_</sup>
If married for any part of 2019, di (If "Yes," see page 21.) If you and your spouse maintained the other of their marital property <b>nt numbers like this</b> $\rightarrow$ <b>0   2</b>	id you and your s ed separate home / income? (See p	2019? (I pouse m es while age 21)	f "Yes," fill naintain se married du <u>Not</u> lik	in date _ parate h uring 20 <b>(e this</b>	nomes 	; see p during any pa either spouse	pages 22 ar art of the ye e notify	nd 23.) <b>5</b> ear? 6a 6b <u>NO</u> CC	Yes Yes Yes DMMAS; <u>N</u>	.X. 
a If married for any part of 2019, di (If "Yes," see page 21.) b If you and your spouse maintained the other of their marital property <b>nt numbers like this</b> $\rightarrow$ <b>0</b>   2	d you and your s ed separate home v income? (See p 23456780 019 income as li	2019? (I pouse m es while age 21) <b>]</b> sted bel	f "Yes," fill naintain se married du <u>Not</u> lik low. If ma	in date _ parate h uring 20 <b>ce this</b> arried, i	nomes 19, did → ý	; see p during any pa either spouse <u>81 4 7</u> the incomes	pages 22 ar art of the ye e notify s of both s	nd 23.) <b>5</b> ear? 6a 6b <u>NO</u> CC pouses.	Yes Yes Yes Yes Yes See pages	_X_  <u>O</u> CEN s 10 to
a If married for any part of 2019, di (If "Yes," see page 21.) b If you and your spouse maintaine the other of their marital property nt numbers like this → 0   2 usehold Income Include all 20 Wisconsin income from your If you or you and your spouse	id you and your s ed separate home / income? (See p 2 3 4 5 6 7 8 9 019 income as li 2019 income ta e are not filing	2019? (I pouse m es while age 21) <b>?</b> sted bel	f "Yes," fill naintain se married du <u>Not</u> lik low. If ma n (see pag	in date _ parate h 	nomes 19, did → (¢ nclude	; see p during any pa either spouse <b>3147</b> the incomes	e notify	nd 23.) <b>5</b> ear? 6a 6b <u>NO</u> CC pouses.	Yes Yes Yes Yes Yes See pages	.X.  <u>O</u> CEN s 10 to
<ul> <li>If married for any part of 2019, did (If "Yes," see page 21.)</li> <li>If you and your spouse maintained the other of their marital property</li> <li>Int numbers like this → 0   2</li> <li>usehold Income Include all 20</li> <li>Wisconsin income from your If you or you and your spouse taxable income on lines 8a a</li> </ul>	d you and your s ed separate home y income? (See p 2 3 4 5 6 7 8 4 019 income as li 2019 income ta e are not filing nd 8b.	2019? (I pouse m es while age 21) sted bel x returr a 2019	f "Yes," fill naintain se married du <u>Not lil</u> low. If ma n (see pag Wiscons	in date _ parate h uring 20 <b>(e this</b> arried, i ge 11) . in retur	nomes 19, did 	; see p during any pa either spouse 8 1 4 7 e the incomes in Wisconsir	ages 22 ar art of the ye e notify s of both s	nd 23.) 5 ear? 6a 6b <u>NO CC</u> pouses. 7	Yes Yes Yes Yes Yes Yes Yes 1.	.X.  <u>O</u> CEN s 10 to 1069
<ul> <li>a If married for any part of 2019, di (If "Yes," see page 21.)</li> <li>b If you and your spouse maintaine the other of their marital property</li> <li>nt numbers like this → 0 / 2</li> <li>usehold Income Include all 20</li> <li>Wisconsin income from your If you or you and your spouse taxable income on lines 8a a</li> </ul>	d you and your s ed separate home y income? (See p 2 3 4 5 6 7 8 4 019 income as li 2019 income ta e are not filing nd 8b.	2019? (I pouse m es while age 21) sted bel x returr a 2019	f "Yes," fill naintain se married du <u>Not lil</u> low. If ma n (see pag Wiscons	in date _ parate h uring 20 <b>(e this</b> arried, i ge 11) . in retur	nomes 19, did 	; see p during any pa either spouse 8 1 4 7 e the incomes in Wisconsir	ages 22 ar art of the ye e notify s of both s	nd 23.) 5 ear? 6a 6b <u>NO CC</u> pouses. 7	Yes Yes Yes Yes Yes Yes Yes 1.	.X.  <u>O</u> CEN s 10 to 1069
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2019	Schedule H Name RODGER M GRAHAM	SSN 333001227	Page <b>2 of 4</b>
11 a	Enter amount from line 10 here	11a	11069 .00
b	Workers' compensation, income continuation, and loss of time insurance (	(e.g., sick pay) <b>11b</b>	.00
c	Gain from sale of home excluded for federal tax purposes (see page 14)	11c	.00
d	Other capital gains not taxable (see page 14)	11d	.00
	Net operating loss carryforward or carryback and capital loss carryforwar		
<u>f</u>	Income of nonresident spouse or part-year resident spouse; nontaxable in sources outside Wisconsin; resident manager's rent reduction; clergy hour and nontaxable Native American income	ncome from sing allowance;	
<u>g</u>	Partner's, LLC member's, and tax-option (S) corporation shareholder's dis depreciation, Section 179 expense, depletion, amortization, and intangible If none was claimed, write "None" on federal Schedule E, Part II, near the	e drilling costs.	.00
h	Car or truck depreciation (standard mileage rate) (see page 15) $\ldots \ldots$	11h	.00
į	Other depreciation, Section 179 expense, depletion, amortization, and interview of the section o	angible drilling costs <b>11i</b>	.00
j	Disqualified losses (see Schedule 4, page 4)		618.00
12 <u>a</u>	Subtotal. Add lines 11a through 11j (if less than the total of lines 13, 14a, an	d 14c, see page 16) <b>12a</b>	13837 .00
b	Number of qualifying dependents. Do not count yourself or your spouse (s	ee page 16) x \$500 = <b>12b</b>	.00
<u>c</u>	Household income. Subtract line 12b from line 12a (if \$24,680 or more, no	o credit is allowed) <b>12c</b>	
Tax	tes and/or Rent See pages 17 to 19.		
<u>A</u> (	check here if your home was located on more than one acre of land and <b>was not</b> pa	art of a farm; <b>see Schedule 1, p</b>	age 3 A
B	Check here if your home was located on more than one acre of land and <b>was</b> part o	f a farm	В
<u>c</u> (	check here if your home was used for other than personal or farm purposes while y	ou lived there in 2019; see Sche	edule 2, page 3 C
<u>D</u> (	check here if you received Wisconsin Works (W2) payments or county relief during	2019; see Schedule 3, page 3	D
<u>13</u>	Homeowners - Net 2019 property taxes on your homestead, whether pai	id or <b>not</b> 13	.00
<u>14</u>	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") 14a66	<u>560.00</u> x .20 (20%) = <b>14b</b>	1332.00
	Heat not included (8b of rent certificate is "No") <b>14c</b>	.00 x .25 (25%) = <b>14d</b>	.00
<u>15</u>	Total of lines 13, 14b, and 14d (or amount from line 6 of Schedule 3)		
	Don't delay your refund. Attach all necessary do	ocuments. See page 20.	

#### Credit Computation

16	Fill in the <b>smaller</b> of (a) amount on line 15 or (b) \$1,460	16	1332 .00
17	Using the amount on line 12c, fill in the appropriate amount from <b>Table A</b> (page 24)	17	510.00
18	Subtract line 17 from line 16 (if line 17 is more than line 16, fill in 0; no credit is allowable)	18	822.00
<u>19</u>	Homestead credit – Using the amount on line 18, fill in the credit from <b>Table B</b> (page 25)	19	660.00
	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.

0.1	Claimant's signature	Spouse's signature	Date	Daytime phone number
Sign Here	•			(920) 555-5555

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 Dep	artment U	lse Only		
С				



#### 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?	1	Yes _X_ No
<u>2</u>	Net business loss from a sole proprietorship	2	.00
<u>3</u>	Net capital loss (Include only current year capital losses on this line. Do not include any capital loss carryforward)	3	618.00
<u>4</u>	Net rental real estate and royalty loss	4	.00
<u>5</u>	Net loss from a partnership	5	.00
<u>6</u>	Net loss from a tax-option (S) corporation	6	.00
<u>7</u>	Net loss from a trust or estate	7	.00
8	Net loss from a real estate mortgage investment conduit	8	.00
<u>9</u>	Net loss from the sale of business property (not including losses from involuntary conversions) .	9	.00
<u>10</u>	Net farm loss	0	.00
<u>11</u>	Subtotal (add lines 2 through 10) 11	1	618.00
<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	2	.00
<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	3	618.00

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.

# **Rent Certificate**

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	Legal first name	M.I.	Social security number
GRAHAM	RODGER		333 00 1227
Address of rental property (property must be in Wisconsin) 5555 VIEW ROAD	City GREEN BAY	1	State Zip WI 54313
Time you actually lived at this address in 2019	From $\frac{0}{M} \frac{1}{M} \frac{0}{D} \frac{1}{D}$ 2019	То	$\frac{1}{M}\frac{2}{M}\frac{3}{D}\frac{1}{D}\frac{1}{D}$ 2019

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		Telephone num	ber
JAMES SMITH		(555) 55	55-5555
Address	City	State Zip	
555 HAPPY ST	MENASHA	WI 54	1952
1 Is the rental property a long-term care facility,	CBRF, or nursing home? 1	∕es <u>⊥x</u> No	)
2a Is the above rental property subject to property	/ taxes? 2a <u>x</u> Y	′es 🔛 No	)
b If 2a is "No" and you are a sec. 66.1201 munici that makes payments in lieu of taxes, check he			
3 Is this certificate for rent of a mobile/manufactu	ured: <b>a</b> Home? <b>3a</b> Y	∕es _x_ No	)
	<b>b</b> Home site/Lot? <b>3b</b>	′es _x_ No	)
<b>c</b> Mobile or manufactured home taxes or municipyou collected from this renter for 2019		3c	.00
<b>4a</b> Total rent collected for this rental unit for 2019 directly from a governmental agency, security		4a	6660.00
b If monthly rent paid didn't change during 2	019, enter monthly rent paid	4b	.00
c If monthly rent changed during 2019, enter rent p	aid for each month below. Do not inclu	de security de	posits or late fees.
Jan. <u>540.00</u> Feb. <u>540.00</u>	Mar. <u>540.00</u> Apr	560.00	
May <u>560.00</u> June <u>560.00</u>	July 560.00 Aug.	560.00	
Sept. <u>560.00</u> Oct. <u>560.00</u>	Nov. 560.00 Dec.	560.00	
5 Number of occupants in this rental unit – do No	OT count spouse or children under 18		5 1
6 This renter's share of total 2019 rent	• • • • • • • • • • • • • • • • • • • •	6	6660.00
7 Value of food and services provided by landlor	d (this renter's share)	7	.00
8a Rent paid for occupancy only – Subtract line 7			
<b>b</b> Was heat included in the rent?			
I certify that the information shown on this rent certification			
- i oorary macare information shown on ans rent certific	ato io true, correct, and complete to the l	ocor or my kill	mouye.

Signature (by hand) of landlord or authorized representative Date Print name (must match signature) 02/01/2020