



Complete	form using BLACK INK	For 2008 or taxable	e year beginning	, 2008,	ending	, 20
Claimant's	legal last name	Claimant's legal first name	M.I. Check bel		Claimant's s	ocial security number
Spouse's le	egal last name	Spouse's legal first name	M.I.	dividual orporation (including objects traded partnership or	Spouse's so	cial security number
Home addr	ess (number and street)		\ \\))	c treated as corporation)	▲ IMI	PORTANT A
City or post office		State Zip code Daytime		elephone number	Individuals must enter their social security number(s).	
Questio	ns Questions 1 through 7 mu	st be answered (see instr	uctions, page 4	4).		
1 a Inc	dividuals – Were you a legal re	sident of Wisconsin for all	of 2008? (If "No	o," you do not qualify.)	1a	Yes N
b Co	orporations – Were you organiz	ed under the laws of Wisc	onsin? (If "No,"	you do not qualify.)	1b	Yes N
	you been notified that you are indard?	in noncompliance with an	soil and wate	r conservation plan	2	∟ Yes ∟ N
	the 2007 property taxes for all					
	is the number of acres on which			•		ACRE
	ne farmland produce gross farn					, none
	00 during 2006, 2007, and 200				5	Yes N
	at least 35 acres of the farmla rve Program during 2008?				6	Yes N
7 If the	farmland was used by someor					
	n's name and address?					
	old Income Complete lines	_		Print numbers like th		
	ole income and dependents' far dividuals (including partners an	· · · · · · · · · · · · · · · · · · ·			<u>NO</u> C	OMMAS; <u>NO</u> CENTS
	Income from line 13 of Form				8a(1)	.0
	Spouse's income from Wisco					
	Farm income of dependents					
		Name	Birth	Date Farm Income		
					00	
					00	
	Total farm income fill in here	and on line 9a(2) above			00	
	Total farm income – fill in here a Note: If you have more than 3 d				10	
b Co	orporations – Income from Wisc				8b	.0
	· usts and Estates – Total from Ir					
	household income and adjust				_	
	preciation		-	·	9a	.0
	nfarm business losses					
	nortization					
	pital gains not taxable					
	pital loss carryforwards					
	ish public assistance, county re				_	
	ster care payments)	•	payments (do	not include		
g Ch					9f _	
h Co	ild support, maintenance paym					.0
		nents, and other support m	noney (court ord		9g	.0
i Co	ild support, maintenance paym	nents, and other support masation plans	noney (court ord	lered)	9g 9h	.0 .0
	ild support, maintenance paym intributions to deferred comper	nents, and other support masation plans	noney (court ord	lered)	9g 9h 9i	.00 .00 .00



9	9 L Fill in the amount from line 9k (page 1) here	9L	.00
	m Gain from sale of home excluded for federal tax purposes (see instructions)		
	n Nontaxable housing allowance provided to a member of the clergy		
	o Income of a nonresident or part-year resident spouse		
	10k	9p	
		9q	.00
	r IRA, SEP, and SIMPLE distributions, distributions from retirement plans, pension, annui railroad retirement, and veterans' pension or disability payments	ty, 9r	.00
	s Military compensation or cash benefits)	9s	.00
	t Nontaxable income from sources outside Wisconsin	9t	.00
	u Nontaxable income of a Native American	9u	.00
	v Rent reduction for a resident manager . \.\\ \.\.\ \.\.\.\.\.\.\.\.\.\.\.\.\	9v	.00
	w Scholarships, fellowships, and grants	9w	.00
	x Social security and SSI payments (do not include Title XX payments)		
	y Unemployment compensation	9y	.00
	z Workers' compensation and nontaxable loss of time insurance (for example, sick pay) .	9z	.00
10	TOTAL HOUSEHOLD INCOME – Add lines 9L through 9z	·	
	Credit Computation Complete lines 11 through 18, as applicable (see instructions, pages 7 t		
11	1 a Fill in the net 2008 property taxes on which this claim is based ▶ 11a b Fill in the SMALLER of the amount on line 11a or \$6,000		.00
12			
	2 Using the income amount on line 10, fill in the appropriate amount from TABLE 1 , page 15		
	3 Subtract line 12 from line 11b (if line 12 exceeds line 11b, fill in 0)	•	.00
	4 Using the amount on line 13, fill in the appropriate amount from TABLE 2 , page 16		.00
15	5 Regular Credit – Check below to indicate the percentage of credit for which you qualify:	00	
	a 100% – Fill in amount from line 14		
	b 80% – Fill in 80% of line 14 amount	.00	
	c 70% – Fill in 70% of line 14 amount	.00	
	d Multiple Percentages – From line 21 of WORKSHEET 2, page 12 15d	.00	
<u>16</u>	6 10% Special Minimum Credit – Fill in 10% of line 11b	.00	
<u>17</u>	7 Credit Based on Prior Year's Law – Fill in amount from line 11 of		
	WORKSHEET 1, page 11 – available only if your agreement was effective before 8/15/91	.00	
40		.00	
18	8 FARMLAND PRESERVATION CREDIT – Fill in the LARGEST of line 15a through 17 on line 18. Fill in the credit from line 18 on one of the following lines: line 46 of Form 1;		
	line 71 of Form 1NPR; line 23 of Form 2; or line 35 of Schedule CR	18	.00
<u></u>	Certification If applicable, check to the right of line 19 to certify both of the following (see inst	ructions nage 0):	
	9 a None of the information on my previously submitted zoning certificate has changed, and	ructions, page 9).	
	b I have notified the county land conservation committee that I intend to file a 2008 Schedul	e FC 19	
e:	Sign Here This farmland preservation credit claim and all enclosures are true, correct, and complete to		
31	This farmiand preservation credit daint and all enclosures are true, correct, and complete to	the best of my knowledge.	