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| Name | Social security number |
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See the instructions for line 15 of Form 1NPR for further information on the additions and subtractions that may be necessary to compute Wisconsin income.

Additions to Income

| | | |
|---|-----------------|-----|
| <u>1</u> Income from line 7 of federal Form 1040 <i>Nonresidents</i> – fill in any other income from line 7 of federal Form 1040 that you received from Wisconsin sources. <i>Part-year and full-year residents</i> – Figure the amount of any other income from line 7 of federal Form 1040 you received while a Wisconsin resident. Add to that figure any other income you received from Wisconsin sources while a nonresident (Note: If the amount you would enter on line 1 is a negative number, enter the amount on line 23 as a positive number instead.) | 1 _____ | .00 |
| <u>2</u> Farmland preservation credit | 2 _____ | .00 |
| <u>3</u> Enterprise zone jobs credit | 3 _____ | .00 |
| <u>4</u> Development zones credit | 4 _____ | .00 |
| <u>5</u> Capital investment credit | 5 _____ | .00 |
| <u>6</u> Technology zones credit | 6 _____ | .00 |
| <u>7</u> Manufacturing investment credit | 7 _____ | .00 |
| <u>8</u> Economic development tax credit | 8 _____ | .00 |
| <u>9</u> Jobs tax credit | 9 _____ | .00 |
| <u>10</u> Community rehabilitation program credit | 10 _____ | .00 |
| <u>11</u> Research expense credit | 11 _____ | .00 |
| <u>12</u> Manufacturing / Agriculture credit | 12 _____ | .00 |
| <u>13</u> Business development credit | 13 _____ | .00 |
| <u>14</u> Electronics and information technology manufacturing zone credit | 14 _____ | .00 |
| <u>15</u> Employee college savings account contribution credit | 15 _____ | .00 |
| <u>16</u> Federal net operating loss carryover (only if included on line 1 or 23 of this schedule) | 16 _____ | .00 |
| <u>17</u> Passive foreign investment company | 17 _____ | .00 |
| <u>18</u> Addition for certain expenses paid to related entities | 18 _____ | .00 |
| <u>19</u> Distributions from Edvest and Tomorrow's Scholar accounts | 19 _____ | .00 |
| <u>20</u> Addition for difference in federal and Wisconsin basis of assets | 20 _____ | .00 |
| <u>21</u> ABLE accounts | 21 _____ | .00 |
| <u>22</u> Add lines 1 through 21. This is your total addition to income | 22 _____ | .00 |

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Subtractions from Income

| | | |
|---|-----------|-----|
| 23 See line 1 on page 1 | 23 | .00 |
| 24 Farm loss carryover | 24 | .00 |
| 25 Recoveries of federal itemized deductions (only if included on line 1 or 23 of this schedule) | 25 | .00 |
| 26 Wisconsin net operating loss carryforward | 26 | .00 |
| 27 Medical care insurance | 27 | .00 |
| 28 Long-term care insurance | 28 | .00 |
| 29 Retirement income exclusion | 29 | .00 |
| 30 Amounts not taxable by Wisconsin (only if included in column B of Form 1NPR or line 1 or 23 of this schedule) | 30 | .00 |
| 31 Adoption expenses | 31 | .00 |
| 32 Tuition and fee expenses | 32 | .00 |
| 33 Contributions to a Wisconsin state-sponsored college savings program | 33 | .00 |
| 34 Child and dependent care expenses | 34 | .00 |
| 35 Sale of business assets or assets used in farming to a related person | 35 | .00 |
| 36 Repayment of income previously taxed | 36 | .00 |
| 37 Human organ donation | 37 | .00 |
| 38 ABLE accounts | 38 | .00 |
| 39 U.S. Olympic subtraction (see Form 1NPR instructions, page 33) | 39 | .00 |
| 40 Subtraction for certain expenses paid to related entities | 40 | .00 |
| 41 Interest, rental payments, intangible expenses, and management fees, reported as income by a related entity | 41 | .00 |
| 42 Sales of certain insurance policies (only if included in column B of Form 1NPR or line 1 or 23 of this schedule) | 42 | .00 |
| 43 Combat zone related death | 43 | .00 |
| 44 Private school tuition | 44 | .00 |
| 45 Physician or psychiatrist grant (only if included in column B of Form 1NPR or line 1 or 23 of this schedule) | 45 | .00 |
| 46 Subtraction for difference in federal and Wisconsin basis of assets | 46 | .00 |
| 47 Add lines 23 through 46. This is your total subtraction from income | 47 | .00 |
| 48 Fill in the amount from line 22 | 48 | .00 |
| 49 If line 47 is more than line 48, subtract line 48 from line 47. Fill in here and on line 15, column B, of Form 1NPR and put a minus sign (-) in front of the number | 49 | .00 |
| 50 If line 48 is more than line 47, subtract line 47 from line 48. Fill in here and on line 15, column B, of Form 1NPR | 50 | .00 |

