CAUTION:

The 2019 Schedule H may not be filed prior to January 1, 2020

Wisconsin ∟ homestead credit	t			Check an ame		rn ▶ 2(019	
Claimant's social security number	Spouse's social securit	ty number		village		n fill in either the name of and the county in which y		
Claimant's legal last name	Claimant's legal first na	ime	M.	I.	ena oi 2018	9.		
					(City Village	Town	
Spouse's legal last name	Spouse's legal first nam	s legal first name		1 2	City, village, or town			
Current home address (number and street)			Apt. no.	County	of >			
City or post office	State	Zip code		Specia condit		(See page 10.)		

		-	•					City	'illage	Town
	Spc	ouse's legal last name	Spouse's legal first nar	ne		M.I.	City, village, or town		ago	10#11
	Cur	urrent home address (number and street)				<u> </u>).				
							County of			
	City	y or post office	State	Zip code			Special	(0	40.)	
ons.							conditions	(See pa	ge 10.)	
instructi	1a	What was your age as of December 31,	2019? (If you were	under 18, yo	ou do no	t qualify	for homestead cre	edit for 2019.) 1a	Fill in age	•
e ins	<u>b</u>	What was your spouse's age as of Dece	ember 31, 2019? .					1b	Fill in age	•
ofth	<u>c</u>	If you and your spouse were under age	62 as of December	er 31, 2019	, were y	ou or y	our spouse disa	bled? 1c	Yes	No
and 10		If you and your spouse were not disable							Vos	No
4		income (see page 7) in 2019? (If "No", y Were you a legal resident of Wisconsin								No
ď	_								163	No
ee	_	Were you claimed or will you be claimed as a dependent on someone else's 2019 federal income tax return? (If "Yes" and you were under age 62 on December 31, 2019, you do not qualify.)								
<u>d</u>		Are you now living in a nursing home? (nursing home name and address	(If "Yes," indicate t	he date you	u entere	ed		and the 1 4a	Yes	No
ongh		If "Yes," are you receiving medical assis								No
la thr	_	Did you become married or o								No
`n -	- 6а	If married for any part of 2019, did you a (If "Yes," see page 21.)	and your spouse n	naintain se	parate h	nomes	during any part of	of the year?		No
or que:	b	If you and your spouse maintained sepa the other of their marital property incom	arate homes while	married du	uring 20	19, did	l either spouse n	otify		, No
Pı		t numbers like this → 0 / 23 4							OMMAS; NO	
		sehold Income Include all 2019 inc								
7		Wisconsin income from your 2019 i								
8		If you or you and your spouse are not filing a 2019 Wisconsin return, fill in Wisconsin taxable income on lines 8a and 8b.								
	a	Wages00 + Interes	est	.00 +	Divide	ends _	.0	<u>00</u> = 8a _		.00
	b	Other taxable income. Attach a sci	hedule listing ea	ch income	e item ((see p	age 11)	8b _		.00
	<u>c</u>	Medical and long-term care insurar	nce subtraction.	Enter as a	a negat	ive nu	ımber	8c _		.00
9)	Nontaxable household income. Do not include amounts filled in on line 7, 8a, or 8b.								
	<u>a</u>	Unemployment compensation								.00
		Social security, federal and state S Include Medicare premium deduction						9b _		.00
	<u>c</u>	Railroad retirement benefits. Includ	le Medicare pren	nium dedı	uctions			9с _		.00
	<u>d</u>	Pensions and annuities, including If	RA, SEP, SIMPL	E, and qu	alified	plan d	istributions (see	e page 13) 9d _		.00
	<u>e</u>	Contributions to deferred compens	ation plans (see	box 12 of	wage	staten	nents, and page	e 13) 9e _		.00
	f	Contributions to IRA, self-employed	d SEP, SIMPLE,	and quali	fied pla	ans		9f _		.00
	g	g Interest on United States securities (e.g., U.S. Savings Bonds) and state and municipal bonds						onds 9g _		.00
	h	h Scholarships, fellowships, grants (see page 13), and military compensation or cash benefits						efits 9h _		.00
	į	i Child support, maintenance payments, and other support money (court ordered)						9i _		.00
	į	Wisconsin Works (W2), county relie	f, kinship care, a	nd other o	ash pu	blic as	ssistance (see p	age 14) 9j		.00
								10		.00



201	9 Schedule H	Name		SSN		Page 2 of 4
11 8	a Enter amou	nt from line 10 here			. 11a	.00
	b Workers' co	mpensation, income con	tinuation, and loss of time insurance	(e.g., sick pay)	. 11b	.00
	c Gain from s	ale of home excluded for	federal tax purposes (see page 14)		. 11c	.00
	d Other capita	al gains not taxable (see p	page 14)		. 11d	.00
	e Net operatin	ng loss carryforward or ca	arryback and capital loss carryforwa	rd (see page 14)	. 11e	.00
1			rt-year resident spouse; nontaxable i			
			manager's rent reduction; clergy hou		. 11f	.00
,			otion (S) corporation shareholder's di			
			depletion, amortization, and intangibl federal Schedule E, Part II, near the		110	.00
			nileage rate) (see page 15)			
			ense, depletion, amortization, and int			
i	-		page 4)			
12	-		if less than the total of lines 13, 14a, ar			
	_		o not count yourself or your spouse (
	_		from line 12a (if \$24,680 or more, n			
	_		·			
		See pages 17 to 19		ant of a famous and Calcadul	. 4 2	•
_			ore than one acre of land and was not poore than one acre of land and was part			
_			er than personal or farm purposes while y			
_			ks (W2) payments or county relief during			
13			axes on your homestead, whether pa			
14			te(s), line 8a (or Shared Living Expense			.00
		-	Yes") 14a			.00
			e is "No") 14c			
15						
<u>15</u>	Total of liftes	5 13, 14b, and 14d (or am	ount from line 6 of Schedule 3)		15	.00
		Don't delay you	ur refund. Attach all necessary d	ocuments. See page 2	0.	
	edit Computat					.00
16		• •	ne 15 or (b) \$1,460			
17	_		he appropriate amount from Table A			
18		·	17 is more than line 16, fill in 0; no	•		
<u>19</u>		_	nt on line 18, fill in the credit from Ta	,		.00
		sconsin income tax retu Form 1NPR.	rn, fill in your homestead credit (line	e 19) on line 39 of Form 1	1	
Und	er penalties of la	aw, I declare this homestead	credit claim and all attachments are true, c	correct, and complete to the l	best of my kn	owledge and belief.
Sig	Claimant'	s signature	Spouse's signature	Date Day	time phone nu	mber
Hei				()	
				For Department Use Only	/	
	l to: /isconsin Depar	rtment of Revenue	DON'T file this claim UNLESS a	C		
Р	O Box 34 ladison WI 537	SIC	rent certificate or property tax bill (or closing statement) is included.			



_					
S	chedule 1 Allowable Taxes – Home on More T	han	One Acre of Land		
	meowners: Complete this schedule if your home		Assessed value of land (from tax bill) \dots	1	.00
	as on more than one acre of land and was not part of farm (as defined on page 7 of the instructions). Claim	2	Number of acres of land	2	
only the property taxes on one acre of land and the buildings on it.		3	Divide line 1 by line 2	3	.00
		4	Assessed value of improvements		00
	enters: If your home was on more than one acre of land		(from tax bill)		.00
	nd was not part of a farm, do not complete Schedule 1, ut see exception 4 under "Exceptions: Homeowners	<u>5</u>	Add line 3 and line 4	5	.00
	nd/or Renters" (page 19) for instructions.	<u>6</u>	Add line 1 and line 4 (total assessed value)	6	.00
	o not complete this schedule if your home was part a farm. You may claim the property taxes on up to	7	Divide line 5 by line 6 (carry the decimal to four places)	7	
12	20 acres of land adjoining your home and all improveents on those 120 acres.	8	Net 2019 property taxes (see instructions for line 13 of Schedule H, on page 17)	8	.00
	you wish to use a different method to prorate your operty taxes, attach to Schedule H your computation	9	Multiply line 8 by line 7. Fill in here and on line 13 of Schedule H or line 1 of		
	allowable property taxes.		Schedule 2 or 3 below	9	.00
S	chedule 2 Allowable Taxes/Rent – Home Used	l Pa	rtly for Purposes Other Than Farm or	r Personal Use	
	omplete this schedule if your homestead (as defined	<u>1</u>	Net 2019 property taxes/rent or		
	n page 7 of the instructions) was not part of a farm but as used partly for purposes other than personal use		amount from line 9 of Schedule 1 (see pages 17 to 19)	1	.00
W	hile you lived there in 2019. Only the personal portion	2	, , ,	'	
of	of your property taxes/rent may be claimed.		Percentage of homestead used solely for personal purposes	2	%
• "Other uses" include part business or rental use where a deduction is allowed or allowable for tax purposes, and a separate unit occupied by others rent free.		3	Multiply line 1 by line 2. Fill in here and		
		2	on line 13, 14a, or 14c of Schedule H,		
S	ee paragraph 3 under "Exceptions: Homeowners		or on line 1 or 2 of Schedule 3 below	3	.00
	nd/or Renters" (page 19) for examples and additional formation.				
S	chedule 3 Taxes/Rent Reduction - Wisconsin	ı Wo	orks (W2) or County Relief Recipients	<u> </u>	
_	nplete this schedule if, for any month of 2019, you		Homeowners – fill in the net 2019		
received a) Wisconsin Works (W2) payments of any amount, or b) county relief payments of \$400 or more. If you received		<u>-</u>	property taxes on your homestead or the		
			amount from line 3 of Schedule 2	1	.00
	se payments for all 12 months of 2019, do not complete edule H; you do not qualify for homestead credit.	2	Renters – if heat was included, fill in		
			20% (.20), or if heat was not included, fill in 25% (.25), of rent from line 8a of the		
	Imple: You received Wisconsin Works payments for onths in 2019. Rent paid for 2019 was \$4,500, and		rent certificate(s) or line 3 of Schedule 2	2	.00
heat was included.		3	Add line 1 and line 2; fill in the smaller of a) the total of lines 1 and 2, or b) \$1,460	3	.00
Lin		4	Divide line 3 by 12	4	.00
2	20% of rent paid (\$4,500 x .20) \$900 Monthly rent (\$900 ÷ 12) \$ 75	5	Number of months in 2019 for which you		
4 5	Number of months no Wisconsin Works	_	did not receive a) any Wisconsin Works		
J	received		(W2) payments, or b) county relief payments of \$400 or more	5	
6	Reduced rent (\$75 x 8 months) \$600	6	Multiply line 4 by line 5. Fill in here and	-	
In t	his example, "600" would be filled in on line 15 of	<u> </u>	on line 15 of Schedule H. Do not fill in		
Schedule H.			line 13 or 14	6	.00



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.**

1	If your primary income was from farming, did the farm generate less than \$250,000 in gross receipts in 2019?	1	, Yes	, No
	(if yes, do not complete this schedule. Your net losses do not have to be added back.)			
<u>2</u>	Net business loss from a sole proprietorship	2		.00
3	Net capital loss (Include only current year capital losses on this line. Do not include any capital loss carryforward)	3		.00
4	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
9	Net loss from the sale of business property (not including losses from involuntary conversions) .	9		.00
10	Net farm loss	10		.00
<u>11</u>	Subtotal (add lines 2 through 10)	11		.00
12	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	12		.00
13	Total (Subtract line 12 from line 11). If zero or less, enter 0 (zero). Fill in here and on line 11j	13		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.

