

Name	Social security number
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**Part I - Additions to Income**

<u>1</u> Other income (see instructions). List type and amount _____	<b>1</b>	.00
<u>2</u> Farmland preservation credit . . . . .	<b>2</b>	.00
<u>3</u> Enterprise zone jobs credit . . . . .	<b>3</b>	.00
<u>4</u> Development zones credit . . . . .	<b>4</b>	.00
<u>5</u> Capital investment credit . . . . .	<b>5</b>	.00
<u>6</u> Manufacturing investment credit . . . . .	<b>6</b>	.00
<u>7</u> Economic development tax credit . . . . .	<b>7</b>	.00
<u>8</u> Jobs tax credit . . . . .	<b>8</b>	.00
<u>9</u> Community rehabilitation program credit . . . . .	<b>9</b>	.00
<u>10</u> Research expense credit . . . . .	<b>10</b>	.00
<u>11</u> Manufacturing/Agriculture credit . . . . .	<b>11</b>	.00
<u>12</u> Business development credit . . . . .	<b>12</b>	.00
<u>13</u> Electronics and information technology manufacturing zone credit . . . . .	<b>13</b>	.00
<u>14</u> Employee college savings account contribution credit . . . . .	<b>14</b>	.00
<u>15</u> Federal net operating loss deduction (only if included in line 1 above) . . . . .	<b>15</b>	.00
<u>16</u> Passive foreign investment company . . . . .	<b>16</b>	.00
<u>17</u> Addition for certain expenses paid to related entities . . . . .	<b>17</b>	.00
<u>18</u> Distributions from Edvest and Tomorrow's Scholar accounts . . . . .	<b>18</b>	.00
<u>19</u> Addition for difference in federal and Wisconsin basis of assets . . . . .	<b>19</b>	.00
<u>20</u> Distributions from ABLE accounts . . . . .	<b>20</b>	.00
<u>21</u> Business moving expenses (see instructions) . . . . .	<b>21</b>	.00
<u>22</u> Add lines 1 through 21. Enter this amount on Form 1NPR, line 15, column B . . . . .	<b>22</b>	.00

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**Part II - Subtractions from Income**

<b>23</b> Other adjustments (see instructions). List type and amount _____	<b>23</b>	.00
<b>24</b> Farm loss carryover . . . . .	<b>24</b>	.00
<b>25</b> Recoveries of federal itemized deductions (only if included on line 1 of this schedule) . . . . .	<b>25</b>	.00
<b>26</b> Wisconsin net operating loss deduction . . . . .	<b>26</b>	.00
<b>27</b> Medical care insurance . . . . .	<b>27</b>	.00
<b>28</b> Long-term care insurance . . . . .	<b>28</b>	.00
<b>29</b> Retirement income exclusion . . . . .	<b>29</b>	.00
<b>30</b> Amounts not taxable by Wisconsin (only if included in column B of Form 1NPR or line 1 of this schedule) List type and amount _____	<b>30</b>	.00
<b>31</b> Adoption expenses . . . . .	<b>31</b>	.00
<b>32</b> Tuition and fee expenses . . . . .	<b>32</b>	.00
<b>33</b> Contributions to a Wisconsin state-sponsored college savings program . . . . .	<b>33</b>	.00
<b>34</b> Child and dependent care expenses . . . . .	<b>34</b>	.00
<b>35</b> Sale of business assets or assets used in farming to a related person . . . . .	<b>35</b>	.00
<b>36</b> Repayment of income previously taxed . . . . .	<b>36</b>	.00
<b>37</b> Human organ donation . . . . .	<b>37</b>	.00
<b>38</b> ABLE accounts . . . . .	<b>38</b>	.00
<b>39</b> U.S. Olympic subtraction (see instructions, page 11) . . . . .	<b>39</b>	.00
<b>40</b> Subtraction for certain expenses paid to related entities . . . . .	<b>40</b>	.00
<b>41</b> Interest, rental payments, intangible expenses, and management fees, reported as income by a related entity . . . . .	<b>41</b>	.00
<b>42</b> Sales of certain insurance policies (only if included in column B of Form 1NPR or line 1 of this schedule) . . . . .	<b>42</b>	.00
<b>43</b> Combat zone related death . . . . .	<b>43</b>	.00
<b>44</b> Private school tuition . . . . .	<b>44</b>	.00
<b>45</b> Physician or psychiatrist grant (only if included in column B of Form 1NPR or line 1 of this schedule) . . . . .	<b>45</b>	.00
<b>46</b> Distributions from Wisconsin state-sponsored college tuition programs . . . . .	<b>46</b>	.00
<b>47</b> Subtraction for difference in federal and Wisconsin basis of assets . . . . .	<b>47</b>	.00
<b>48</b> Add lines 23 through 47. Enter this amount on Form 1NPR, line 29, column B . . . . .	<b>48</b>	.00

