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

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|--|-----------|-----|
| <u>1</u> Other income (see instructions). List type and amount _____ | 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> Manufacturing investment credit | 6 | .00 |
| <u>7</u> Economic development tax credit | 7 | .00 |
| <u>8</u> Jobs tax credit | 8 | .00 |
| <u>9</u> Community rehabilitation program credit | 9 | .00 |
| <u>10</u> Research expense credit | 10 | .00 |
| <u>11</u> Manufacturing/Agriculture credit | 11 | .00 |
| <u>12</u> Business development credit | 12 | .00 |
| <u>13</u> Electronics and information technology manufacturing zone credit | 13 | .00 |
| <u>14</u> Employee college savings account contribution credit | 14 | .00 |
| <u>15</u> Federal net operating loss deduction (only if included in line 1 above) | 15 | .00 |
| <u>16</u> Excess distribution from a passive foreign investment company | 16 | .00 |
| <u>17</u> Expenses paid to or incurred with related entities | 17 | .00 |
| <u>18</u> Nonqualified distributions from Edvest and Tomorrow's Scholar college savings account | 18 | .00 |
| <u>19</u> Nonqualified distributions from ABLE accounts | 19 | .00 |
| <u>20</u> Expenses for moving business outside Wisconsin or the United States (see instructions) | 20 | .00 |
| <u>21</u> Add lines 1 through 20. Enter this amount on Form 1NPR, line 15, column B | 21 | .00 |

Now go to page 2 →



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Part II - Subtractions from Income

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| 22 Other adjustments (see instructions). List type and amount _____ | 22 | .00 |
| 23 Farm loss carryover | 23 | .00 |
| 24 Recoveries of federal itemized deductions (only if included on line 1 of this schedule) | 24 | .00 |
| 25 Wisconsin net operating loss deduction | 25 | .00 |
| 26 Medical care insurance | 26 | .00 |
| 27 Long-term care insurance | 27 | .00 |
| 28 Retirement income subtraction | 28 | .00 |
| 29 Amounts not taxable by Wisconsin (only if included in column B of Form 1NPR or line 1 of this schedule) List type and amount _____ | 29 | .00 |
| 30 Adoption expenses | 30 | .00 |
| 31 Tuition and fee expenses | 31 | .00 |
| 32 Contributions to a Wisconsin state-sponsored college savings program | 32 | .00 |
| 33 Child and dependent care expenses | 33 | .00 |
| 34 Sale of business assets or assets used in farming to a related person | 34 | .00 |
| 35 Repayment of income previously taxed | 35 | .00 |
| 36 Human organ donation | 36 | .00 |
| 37 Contributions to ABLE accounts | 37 | .00 |
| 38 U.S. Olympic subtraction (see instructions, page 11) | 38 | .00 |
| 39 AmeriCorps education awards | 39 | .00 |
| 40 Expenses paid to related entities | 40 | .00 |
| 41 Income from a related entity | 41 | .00 |
| 42 Sales of certain insurance policies (only if included in column B of Form 1NPR or line 1 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 of this schedule) | 45 | .00 |
| 46 Distributions of certain earnings from Wisconsin state-sponsored college tuition programs | 46 | .00 |
| 47 Add lines 22 through 46. Enter this amount on Form 1NPR, line 28, column B | 47 | .00 |

