## Schedule AR

## **Explanation of Amended Return**

Wisconsin
Department of Revenue

File with Amended Form 1, 1CNS, 1CNP, 1NPR, 2, 3, 4, 4T, 5S, 6, PW-1, or X-NOL or Schedule H or H-EZ

2022

2000	,	
Your name (if an estate, decedent's name)		Social security number
Spouse's name if filing a joint amended return		Spouse's social security number
Estate's or trust's legal name		Estate's or trust's federal EIN
Entity name		Identifying number
		<u> </u>

## **Explanation of Changes on the Amended Return**

If you are amending your return for any of the reasons below, place a check mark in the space indicated.

Check here  ▼		Check here  ▼	Check here  ▼
01	Dependent change	05 Interest/dividends change	13 Net business loss
option (S) change  Also chec  02a  02b	Pass-through entity (partnership, taxoption (S) corporation, estate, or trust) change  Also check if apply (see instructions):	06 Filing status change	14 Tax credits
		07 Wisconsin modifications to federal income	15 Federal audit
	O2a Claim for overpayment or credit under s. 71.745(2)(b)	08 Exempt pensions	16 Federal amended return
	or (3)(b), Wis. Stats.	09 Repayment of income previously taxed	17 Adding or removing members of combined group
	O2b Amend for election under s. 71.745(8), Wis. Stats.	10 Apportionment percentage	18 IRA change
	02c Nonresident Schedule K-1 income allocation	Non-unitary income/ separate accounting	19 P.L. 86-272
03	Form W-2 / 1099 change		20 Other
04	Tuition expense subtraction	12 Protective claim	
Indicat the cha	te the line reference(s) from the form or sca ange.	hedule for which you are reporting a cha	ange and explain in detail the reason for

Include Schedule AR and all supporting documentation with your amended return. Do not include your original return and schedules. **CAUTION:** Schedule AR must be filed with one of the amended forms or schedules listed on the top of this schedule.

