

For the year Jan. 1-Dec. 31, 2023, or other tax year

Check here if an amended return beginning _____, 2023 ending _____, 20____.

Note

DO NOT STAPLE

See page 5 before assembling return

Your legal last name	Legal first name	M.I.	Your social security number				
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number				
Home address (number and street). If you have a PO Box, see page 12.		Apt. no.	Tax district Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2023. <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <input type="checkbox"/> _____ County of <input type="checkbox"/> _____ School district number See page 45 <input type="checkbox"/> _____				
City or post office	State	Zip code					
Filing status Check <input checked="" type="checkbox"/> below <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 60%;">Legal last name</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black;">Legal first name</td> <td style="border: 1px solid black; width: 10%;">M.I.</td> </tr> </table> <input type="checkbox"/> Head of household, NOT married (see page 13). <input type="checkbox"/> Head of household, married (see page 13). <div style="margin-left: 200px; font-size: small;"> If married, fill in spouse's SSN above and full name here <input type="checkbox"/> </div>			Legal last name		Legal first name	M.I.	Special conditions <input type="checkbox"/> _____ <input type="checkbox"/> Form 804 filed with return (see page 10)
Legal last name							
Legal first name	M.I.						

Use BLACK Ink ● **Print numbers like this** → 0 | 2 3 4 5 6 7 8 9 **Not like this** → Ø 1 4 7 ● **NO COMMAS; NO CENTS**

1 Federal adjusted gross income from Form 1040, line 11	1	.00
2 Adjustments to federal adjusted gross income from <i>Schedule I</i> , line 3 (see page 13)	2	.00
3 Add lines 1 and 2. This is your federal adjusted gross income for Wisconsin purposes	3	.00
Form W-2 wages included in line 3	<input type="checkbox"/>	.00
4 Total additions to income from Schedule AD, line 33. Include Schedule AD (see page 14) .	4	.00
5 Add lines 3 and 4	5	.00
6 Total subtractions from income from Schedule SB, line 50. Include Schedule SB (see page 14) Enter as a positive number	6	.00
7 Subtract line 6 from line 5. This is your Wisconsin income.	7	.00
8 Standard deduction. See table on page 35, OR ▼ If someone else can claim you (or your spouse) as a dependent, see page 15 and check here <input type="checkbox"/>	8	.00
9 Subtract line 8 from line 7. If line 8 is larger than line 7, fill in 0	9	.00
10 Exemptions (Caution: See page 15)		
a Fill in exemptions allowed x \$700 ..	10a	.00
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = x \$250 ..	10b	.00
c Add lines 10a and 10b	10c	.00

PAPER CLIP payment here



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11	Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxable income . . .	11	_____	.00
12	Tax (see table on page 38)	12	_____	.00
13	Itemized deduction credit. Include Schedule 1, page 4	13	_____	.00
14	Additional child and dependent care tax credit (see page 17)			
	Federal credit from Form 2441		_____	.00
			x 50% =	14 _____
15	School property tax credit			
a	Rent paid in 2023 – heat included _____	.00	} Find credit from table page 19 .	15a _____
	Rent paid in 2023 – heat not included _____	.00		
b	Property taxes paid on home in 2023 _____	.00	Find credit from table page 20 .	15b _____
16	Working families tax credit (see page 20)	16	_____	.00
17	Married couple credit. Include Schedule 2, page 4	17	_____	.00
18	Nonrefundable credits from line 34 of Schedule CR	18	_____	.00
19	Net income tax paid to another state. Include Schedule OS	19	_____	.00
20	Add lines 13 through 19	20	_____	.00
21	Subtract line 20 from line 12. If line 20 is larger than line 12, fill in 0. This is your net tax	21	_____	.00
22	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 23)	22	_____	.00
	If you certify that no sales or use tax is due, check here		_____	
23	Donations (decreases refund or increases amount owed)			
a	Endangered resources _____	.00	e Military family relief . . . . .	.00
b	Cancer research . . . . .	.00	f Second Harvest/Feeding Amer. _____	.00
c	Veterans trust fund . . . . .	.00	g Red Cross WI Disaster Relief _____	.00
d	Multiple sclerosis . . . . .	.00	h Special Olympics Wisconsin _____	.00
	Total (add lines a through h) . . .	23i	_____	.00
24	Penalties on IRAs, retirement plans, MSAs, etc. (see page 25) . . . . .	.00	x .33 =	24 _____
25	Other penalties (see page 25)	25	_____	.00
26	Add lines 21, 22, 23i, 24, and 25	26	_____	.00
27	Wisconsin tax withheld. Include withholding statements	27	_____	.00
28	2023 estimated tax payments and amount applied from 2022 return. . .	28	_____	.00
29	Earned income credit. Number of qualifying children . . .		_____	
	Federal credit. . . . .	.00	x _____ % =	29 _____
30	Farmland preservation credit. a Schedule FC, line 17.	30a	_____	.00
	b Schedule FC-A, line 13	30b	_____	.00
31	Repayment credit (see page 27)	31	_____	.00



Name(s) shown on Form 1	Your social security number
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32	Homestead credit. Include Schedule H or H-EZ	32	<u> </u>	.00
33	Eligible veterans and surviving spouses property tax credit . . .	33	<u> </u>	.00
34	Refundable credits from Schedule CR, line 40. Include Schedule CR	34	<u> </u>	.00
35	AMENDED RETURN ONLY—Amounts previously paid (see page 31)	35	<u> </u>	.00
36	Add lines 27 through 35	36	<u> </u>	.00
37	AMENDED RETURN ONLY—Amounts previously refunded (see page 31)	37	<u> </u>	.00
38	Subtract line 37 from line 36	38	<u> </u>	.00
39	If line 38 is larger than line 26, subtract line 26 from line 38. This is the AMOUNT YOU OVERPAID	39	<u> </u>	.00
40	Amount of line 39 you want REFUNDED TO YOU	40	<u> </u>	.00
41	Amount of line 39 you want APPLIED TO YOUR 2024 ESTIMATED TAX	41	<u> </u>	.00
42	If line 38 is smaller than line 26, subtract line 38 from line 26. This is the AMOUNT YOU UNDERPAID	42	<u> </u>	.00
43	Underpayment interest. Fill in exception code-See Sch. U <u> </u>	43	<u> </u>	.00
44	Add lines 42 and 43. This is the AMOUNT YOU OWE . Paper clip payment to front of return	44	<u> </u>	.00
45	Interest (see page 34)	45	<u> </u>	.00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 34)? **Yes** Complete the following. **No**

Designee's name ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; height: 20px; border: 1px solid black;"></td> <td style="width:20%; border: 1px solid black;"></td> <td style="width:20%; border: 1px solid black;"></td> <td style="width:20%; border: 1px solid black;"></td> <td style="width:20%; border: 1px solid black;"></td> </tr> </table>					

Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.

Sign here

▼ *Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.*

Your signature	Date	Daytime Phone ()	Wisconsin Identity Protection PIN (7 characters) _____
Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime Phone ()	Wisconsin Identity Protection PIN (7 characters) _____

I-010ai **Caution:** Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 34).

Mail your return to: Wisconsin Department of Revenue
If tax due.....PO Box 268, Madison WI 53790-0001
If refund or no tax due.....PO Box 59, Madison WI 53785-0001
If homestead credit claimed.....PO Box 34, Madison WI 53786-0001

Do Not Submit Photocopies



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Schedule 1 – Itemized Deduction Credit (see page 16)

1 Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions.	1	<u>.00</u>
2 Interest paid from federal Schedule A (Form 1040). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	2	<u>.00</u>
3 Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	3	<u>.00</u>
4 Casualty losses from federal Schedule A (Form 1040)	4	<u>.00</u>
5 Add lines 1 through 4	5	<u>.00</u>
6 Fill in your standard deduction from line 8 on page 1 of Form 1.	6	<u>.00</u>
7 Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0.	7	<u>.00</u>
8 Rate of credit is .05 (5%)	8	<u>x .05</u>
9 Multiply line 7 by line 8. Fill in here and on line 13 on page 2 of Form 1	9	<u>.00</u>

▶ **You must submit this page with Form 1 if you claim either of these credits** ◀

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 21)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
1 Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1	.00	.00
2 Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income 2	.00	.00
3 Combine lines 1 and 2. This is earned income. 3	.00	.00
4 Add the amounts from federal Schedule 1 (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income 4	.00	.00
5 Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 5	.00	.00
6 Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. 6	.00	.00
7 Rate of credit is .03 (3%). 7	x .03	
8 Multiply line 6 by line 7. Fill in here and on line 17 on page 2 of Form 1. 8	.00	.00

Do not fill in more than \$480.

