

.00

Complete form using BLACK INK For year Jan. 1-Dec. 31, 2011, or other tax year DO NOT STAPLE **IMPORTANT** Your social security number Spouse's social security number You must enter your beginning social security number(s) ending Your legal last name Legal first name МΙ • USE THIS FORM TO AMEND 2011 ONLY. If a joint return, spouse's legal last name M.I. Spouse's legal first name (See instructions) PART-YEAR RESIDENTS OR NONRESIDENTS Current home address (number and street) Apt. No. MAY NOT USE THIS FORM. City or post office Zip code Special conditions If married filing separate, fill in spouse's social security number above and full name here Legal first name M.I. Filing status (Note You cannot change from joint to separate returns after the due date.) Married Married Head of On original return Single ___ filing joint iling separate - household Married Married Head of On this return Single → household

→ household Also, check here if married See page 5 before assembling return → filing joint Print numbers like this → 0 / 23 4 5 6 7 8 9 Not like this \rightarrow Ø147 NO COMMAS; NO CENTS .00 .00 If someone else can claim you (or your spouse) as a dependent, see page 2 and check here00 **4** Exemptions (Caution: see instructions, page 2) **a** Fill in exemptions from your federal return x \$700 . . **4a** .00 **b** Check if 65 or older You + Spouse = x \$250 . . **4b** .00 .00 .00 .00 .00 .00 9 School property tax credit •00 Find credit from a Rent paid in 2011-heat included table page 6 .. .00 Rent paid in 2011–heat not included Find credit from .00 .00 **b** Property taxes paid on home in 2011 9b ___ table page 7 .. PAPER CLIP payment here .00 11 Working families tax credit11 .00 .00 .00 .00 .00

2011	Form 1X	Name		SSN	Page 2 of 4
17	Amount 1	from line 16		17	.00
18		couple credit			
19		edits from Schedule CR, line 19	_		
20		me tax paid to another state			
21		s 18 through 20			.00
22		line 21 from line 17. If line 21 is more th			
23	Economi	c development surcharge		23	.00
24	Sales an	d use tax on Internet, mail order, or other rtify that no sales or use tax is due, che	er out-of-state purchases		.00
25		is (decreases refund or increases amou		_	
	a Endang	ered resources	f Firefighters memorial	.00	
	b Packers	football stadium (a)	g Prostate cancer research	.00	
	c Breast	cancer research 🐰00	h Military family relief	.00	
	d Veteran	s trust fund vers .00	i Feeding America	NG" .00	
	e Multiple	e sclerosis MS	j Red Cross WI Disaster Relief ■	.00	
			Total (add line	es a through j) 25k	
26	Penalties	s on IRAs, other retirement plans, MSAs	s, etc. <u>.00</u>	x .33 = 26	.00
27	Credit re	payments and other penalties		27	.00
28	Add lines	s 22 through 24 and 25k through 27		28	.00
29	Wiscons	in income tax withheld		.00	
30	Wiscons	in estimated tax payments for 2011		.00	
31		ncome credit. Number of qualifying ch	ildren •		
	Fede credit	ral : <u></u>	% = 31	.00	
32	Farmlan	d preservation credit. a Schedule FC	_		
		b Schedule FC	G-A, line 13 32b	.00.	
33	Repaym	ent credit		.00.	
34	Homeste	ead credit (Enclose Schedule H or H-E	Z) 34 _	.00.	
35	Eligible v	veterans and surviving spouses proper	ty tax credit 35 _	.00.	
36	Other cre	edits from Schedule CR, line 29		.00.	
37	Amount after it w	paid with 2011 return, plus additional p as filed <i>(see instructions)</i>	ayments 37 _	.00	
38	Add lines	s 29 through 37 and fill in total	38	.00	
		rom 2011 return (see instructions)			
		line 39 from line 38 and fill in result	-		.00



Nam	e(s) shown on Form 1X	Your social security nur	mber
41	Fill in amount from line 28	41	.00
	Fill in amount from line 40	<u></u>	
	If line 41 is less than line 42, subtract line 41 from line 42 This is the AMOUNT OVERP		
	Amount of line 43 you want REFUNDED TO YOU		
		.00	.00
	If line 41 plus line 45 is more than line 42, subtract line 42 from	.00	
40	the sum of lines 41 and 45 (see instructions)	AX 46	.00
47	Interest charge (see instructions)	47	.00
48	TOTAL AMOUNT DUE – Pay in full with this return	48	.00
49	Underpayment interest (see instructions) Exception Code → 49	.00	
E	cplanation of Changes to Income, Payments, and Credits		
	Explanation Codes (see instructions)		
	n the name used on your 2011 return ame as name filled in on page 1, write "Same")		
-	gn here		
	Under penalties of law, I declare that this amended return and all attachments are true, correct, and complete to the signature Spouse's signature (if filing jointly, BOTH must sign) Date	ne best of my knowled Daytime pho	
		()	
		For Department Use	Only
	your Form 1X make check payable) to:	To Department Ose	City
W	sconsin Department of Revenue	С	
	D Box 8991 adison WI 53708-8991		

2011 Form 1X Name SSN Page **4 of 4**

Cal	andula 4 - 16 - 15 - 1 B - 1 - 15 - 0 - 15				
SCI	nedule 1 - Itemized Deduction Credit (Fill in completely if any item is changed. If this credit was	not claimed on yo	ur original retui	rn, enclose fede	ral Schedule A.)
1	Medical and dental expenses from line 4, federal Schedule A			1	.00
2	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			2	.00
3	Gifts to charity from line 19, federal Schedule A			3	.00
4	Casualty losses from line 20, federal Schedule A, <u>only</u> if the loss is a federally-declared disaster			4	.00
5	Add lines 1 through 4			5	.00
6	Wisconsin standard deduction from line 2 of Form 1X			6	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0			7	.00
8	Rate of credit is .05 (5%)			8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 7 of Form 1X			9	.00
Scl	nedule 2 – Married Couple Credit When Both Spouses Are En	nployed			
Scl	nedule 2 - Married Couple Credit When Both Spouses Are En (Fill in if changed.)				
ScI	(Fill in if changed.) Wages, salaries, tips, and other employee compensation.	(A) Yo		(B) Yo	ur spouse
	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) Yo	ourself	(B) Yo	ur spouse
	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) Yo	.00	(B) Yo	
1	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) Yo	.00	(B) Yo	.00
1 2	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) You 1 2 3	.00	(B) Yo	.00
1 2 3 4	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) You 1 2 3	.00	(B) Yo	.00
1 2 3	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) You 1 2 3 4	.00	(B) Yo	.00
1 2 3 4	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) You 1 2 3 5 5	.00	(B) Yo	.00
1 2 3 4	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) Yo 1 2 3 4 5 0, fill in \$16,000	.00	.00	.00

