## AMENDED return Wisconsin



.00

Complete form using BLACK INK For year Jan. 1-Dec. 31, 2011, or other tax year DO NOT STAPLE Your social security number Spouse's social security number **IMPORTANT** 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. M.I. If a joint return, spouse's legal last name 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 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 here ... .00 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 .00 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 credit .......11 .00 .00 .00 .00 .00 

2011	Form 1X	Name			SSN		Page 2 Of 4
4-		· ' 10				47	00
17		from line 16					.00
18		couple credit					
19		edits from Schedule CR,					
20		me tax paid to another s					
21						21	
						22	
						23	
24	Sales an	d use tax on Internet, ma rtify that no sales or use t	il order, or ot tax is due, ch	her out-of-state purch eck here	ases	<b>24</b>	.00
25	Donation	s (decreases refund or in	ncreases amo	ount owed)	<b>₽</b>		
	<b>a</b> Endang	ered resources	.00	f Firefighters memori	al 👺 _	.00	
	<b>b</b> Packers	s football stadium 🥥	.00	g Prostate cancer res	earch 🕌	.00	
	c Breast	cancer research 🐰	.00	h Military family relief	N. A. ST.	.00	
	d Veteran	s trust fund 💆 <b>VETS</b>	.00	i Feeding America	FEED NG AMERICA	.00	
	e Multiple	e sclerosis sclerosis	.00	j Red Cross WI Disast	er Relief 井	.00	
				Total	(add lines a thr	ough j) <b>25k</b>	.00
26	Penalties	s on IRAs, other retireme	nt plans, MSA	As, etc.	.00 x .33 =	= 26	.00
27	Credit re	payments and other pena	alties			27	.00
28	Add lines	s 22 through 24 and 25k	through 27			28	.00
29	Wiscons	in income tax withheld .			29	.00	
30		in estimated tax paymen					
		ncome credit. Number o					
	Fede	ral				00	
		t		% =	-		
32	Farmlan	d preservation credit. a					
		b	Schedule F	C-A, line 13	32b	.00	
33	Repaym	ent credit			33	.00	
34	Homeste	ead credit (Enclose Sche	dule H or H-l	EZ)	34	.00	
35	Eligible \	veterans and surviving sp	oouses prope	erty tax credit	35	.00	
36	Other cre	edits from Schedule CR,	line 29		36	.00	
37	Amount after it w	paid with 2011 return, pluas filed <i>(see instruction</i> s	us additional	payments	37	.00	
38	Add lines	s 29 through 37 and fill ir	n total		38	.00	
39	Refund f	rom 2011 return (see ins	structions)		39	.00	
40	Subtract	line 39 from line 38 and	fill in result			40	.00



Nam	e(s) shown on Form 1X	Your social security number	
41	Fill in amount from line 28	41	.00
	Fill in amount from line 40		.00
	If line 41 is less than line 42, subtract line 41 from line 42 This is the AMOUNT OVERPA		.00
	Amount of line 43 you want REFUNDED TO YOU	·	.00
		.00	.00
		.00	
46	If line 41 plus line 45 is more than line 42, subtract line 42 from the sum of lines 41 and 45 (see instructions)	X 46	.00
47	Interest charge (see instructions)	47	.00
48	TOTAL AMOUNT DUE – Pay in full with this return	48	.00
		.00	
Ex	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")		
Sig	n here	to hoot of my knowledge and	holiof
our s	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	Daytime phone	Deliel.
		( )	
	your Form 1X make check payable) to:	For Department Use Only	
W	sconsin Department of Revenue D Box 8991 adison WI 53708-8991	С	

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

Sc	nedule 1 – Itemized Deduction Credit				
	(Fill in completely if any item is changed. If this credit was	not claimed on	your original retur	n, enclose feder	al Schedule A.)
1	Medical and dental expenses from line 4, federal Schedule A			1	.00
2	Interest paid from line 15, federal Schedule A. Do not include interest a second home located outside Wisconsin or a residence which is a Also, do not include interest paid to purchase or hold U.S. government.	a boat.			.00
3	Gifts to charity from line 19, federal Schedule A			3	.00
4	Casualty losses from line 20, federal Schedule A, only 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 $\dots$			7	.00
8	Rate of credit is .05 (5%)			8	<b>x</b> .05
9	Multiply line 7 by line 8. Fill in here and on line 7 of Form 1X			9	.00
Sc	nedule 2 - Married Couple Credit When Both Spouses Are Em (Fill in if changed.)			(D) V	
1 2	(Fill in if changed.)  Wages, salaries, tips, and other employee compensation.  Do NOT enter unearned income	(A)	Yourself .00	(B) You	ur spouse
1	(Fill in if changed.)  Wages, salaries, tips, and other employee compensation.  Do NOT enter unearned income	(A)	.00.	(B) You	
1	(Fill in if changed.)  Wages, salaries, tips, and other employee compensation.  Do NOT enter unearned income	(A) 1	.00.	(B) You	.00
1 2	(Fill in if changed.)  Wages, salaries, tips, and other employee compensation.  Do NOT enter unearned income	(A) 1 2 3	.00.	(B) You	.00
1 2	(Fill in if changed.)  Wages, salaries, tips, and other employee compensation.  Do NOT enter unearned income	(A) 1 2 3 4	.00.	(B) You	.00
1 2 3 4	(Fill in if changed.)  Wages, salaries, tips, and other employee compensation.  Do NOT enter unearned income	(A) 1 2 3 4 5	.00.	(B) You	.00
1 2 3 4 5	(Fill in if changed.)  Wages, salaries, tips, and other employee compensation.  Do NOT enter unearned income	(A)  1  2  3  4  5  0, fill in \$16,000	.00		.00

