

For the year Jan. 1-Dec. 31, 2013, or other tax year

beginning _____, 2013 ending _____, 20____.

Complete form using BLACK INK

Note

DO NOT STAPLE

See page 34 before assembling return

Form fields for personal information: Your legal last name, Legal first name, M.I., Your social security number, Spouse's legal last name, Spouse's legal first name, M.I., Spouse's social security number, Home address, Apt. no., City or post office, State, Zip code, Filing status (Single, Married filing joint return, Married filing separate return, Head of household), Tax district, City, village, or town, County of, School district number, Special conditions.

Print numbers like this -> 0 1 2 3 4 5 6 7 8 9 Not like this -> Ø 1 4 7 NO COMMAS; NO CENTS

Table with 3 columns: Line number, Description, Amount. Rows include Federal adjusted gross income (1), State and municipal interest (2), Capital gain/loss addition (3), Other additions (4), Add the amounts in the right column for lines 1 through 4 (5), Taxable refund of state income tax (6), United States government interest (7), Unemployment compensation (8), Social security adjustment (9), Capital gain/loss subtraction (10), Other subtractions (11), Add lines 6 through 11 (12), Subtract line 12 from line 5. This is your Wisconsin income (13).

PAPER CLIP payment here

I-010i



Name(s) shown on Form 1	Your social security number
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NO COMMAS; NO CENTS

40	Amount from line 39	40	.00
41	Wisconsin tax withheld. Enclose withholding statements	41	.00
42	2013 estimated tax payments and amount applied from 2012 return	42	.00
43	Earned income credit. Number of qualifying children ... _____ Federal credit.00 x _____ % =	43	.00
44	Farmland preservation credit. a Schedule FC, line 18	44a	.00
	b Schedule FC-A, line 13	44b	.00
45	Repayment credit (see page 31)	45	.00
46	Homestead credit. Enclose Schedule H or H-EZ	46	.00
47	Eligible veterans and surviving spouses property tax credit	47	.00
48	Other credits from Schedule CR, line 39. Enclose Schedule CR ..	48	.00
49	Add lines 41 through 48	49	.00
50	If line 49 is larger than line 40, subtract line 40 from line 49. This is the AMOUNT YOU OVERPAID	50	.00
51	Amount of line 50 you want REFUNDED TO YOU	51	.00
52	Amount of line 50 you want APPLIED TO YOUR 2014 ESTIMATED TAX	52	.00
53	If line 49 is smaller than line 40, subtract line 49 from line 40. This is the AMOUNT YOU OWE . Paper clip payment to front of return	53	.00
54	Underpayment interest. Fill in exception code - See Sch. U _____ Also include on line 53 (see page 34)	54	.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)						
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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 35.

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	Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone ()
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I-010ai

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	For Department Use Only <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">C</td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				C					
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Do Not Submit Photocopies



Schedule 1 – Itemized Deduction Credit (see page 22)

1	Medical and dental expenses from line 4 of federal Schedule A. See instructions for exceptions	1	_____	.00
2	Interest paid from lines 10-12 and 14 of federal Schedule A. 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	2	_____	.00
3	Gifts to charity from line 19 of federal Schedule A. See instructions for exceptions	3	_____	.00
4	Casualty losses from line 20 of federal Schedule A, <u>only</u> if the loss is directly related to a federally-declared disaster	4	_____	.00
5	Add lines 1 through 4	5	_____	.00
6	Fill in your standard deduction from line 15 on page 2 of Form 1	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 20 on page 2 of Form 1	9	_____	.00

▶ **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 27)

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 Form 1040, lines 24, 28 and 32, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18) pension plans, included in line 36, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to your 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 30 on page 2 of Form 1	8	_____	.00	_____	.00

Do not fill in more than \$480.

