

1X AMENDED return

Wisconsin income tax



For the year January 1 – December 31, 2013, or other tax year beginning _____, 2013 ending _____, 20 _____

2013

Complete form using BLACK INK

DO NOT STAPLE

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
Current home address (number and street)		Apt. No.	
City or post office	State	Zip code	
<div style="border: 1px solid black; padding: 5px; background-color: #e0f0ff;"> <ul style="list-style-type: none"> USE THIS FORM TO AMEND 2013 ONLY. (See instructions) PART-YEAR RESIDENTS OR NONRESIDENTS MAY NOT USE THIS FORM. </div>			
If married filing separate, fill in spouse's social security number above and full name here Legal last name Legal first name M.I.			Special conditions <input type="checkbox"/>

Filing status (Note You cannot change from joint to separate returns after the due date.)

On original return ▶ Single Married filing joint Married filing separate Head of household

On this return ▶ Single Married filing joint Married filing separate Head of household ▶ Also, check here if married

See page 5 before assembling return

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
1 Wisconsin income (see instructions)	1	_____ .00
Form W-2 wages included in line 1		_____ .00
2 Standard deduction. See table on page 8, OR ▼	2	_____ .00
If someone else can claim you (or your spouse) as a dependent, see page 2 and check here . . ▶		_____
3 Subtract line 2 from line 1. If line 2 is larger than line 1, fill in 0	3	_____ .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 <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 . . 4b		_____ .00
c Add lines 4a and 4b	4c	_____ .00
5 Subtract line 4c from line 3. If line 4c is larger than line 3, fill in 0	5	_____ .00
6 Tax (see table on page 10)	6	_____ .00
7 Itemized deduction credit (see instructions)	7	_____ .00
8 Armed forces member credit	8	_____ .00
9 School property tax credit		
a Rent paid in 2013–heat included _____ .00	} Find credit from table page 6 ..	9a _____ .00
Rent paid in 2013–heat not included _____ .00		
b Property taxes paid on home in 2013 _____ .00	} Find credit from table page 7 ..	9b _____ .00
10 Historic rehabilitation credits	10	_____ .00
11 Working families tax credit	11	_____ .00
12 Certain nonrefundable credits from Schedule CR, line 15	12	_____ .00
13 Add credits on lines 7 through 12	13	_____ .00
14 Subtract line 13 from line 6. If line 13 is more than line 6, fill in 0	14	_____ .00
15 Alternative minimum tax	15	_____ .00
16 Add lines 14 and 15	16	_____ .00

PAPER CLIP payment here

17	Amount from line 16	17	.00
18	Married couple credit (see instructions)	18	.00
19	Other credits from Schedule CR, line 28	19	.00
20	Net income tax paid to another state	20	.00
21	Add lines 18 through 20	21	.00
22	Subtract line 21 from line 17. If line 21 is more than line 17, fill in 0	22	.00
23	Sales and use tax on Internet, mail order, or other out-of-state purchases	23	.00
	If you certify that no sales or use tax is due, check here		
24	Donations (decreases refund or increases amount owed)		
a	Endangered resources	.00	
b	Packers football stadium	.00	
c	Cancer research	.00	
d	Veterans trust fund	.00	
e	Multiple sclerosis	.00	
f	Firefighters memorial	.00	
g	Military family relief	.00	
h	Second Harvest/Feeding Amer.	.00	
i	Red Cross WI Disaster Relief	.00	
j	Special Olympics	.00	
	Total (add lines a through j)	24k	.00
25	Penalties on IRAs, other retirement plans, MSAs, etc.	.00 x .33 =	25 .00
26	Credit repayments and other penalties	26	.00
27	Add lines 22, 23, and 24k through 26	27	.00
28	Wisconsin income tax withheld	28	.00
29	Wisconsin estimated tax payments for 2013	29	.00
30	Earned income credit. Number of qualifying children		
	Federal credit	.00 x % =	30 .00
31	Farmland preservation credit. a Schedule FC, line 18	31a	.00
	b Schedule FC-A, line 13	31b	.00
32	Repayment credit	32	.00
33	Homestead credit (Enclose Schedule H or H-EZ)	33	.00
34	Eligible veterans and surviving spouses property tax credit	34	.00
35	Other credits from Schedule CR, line 39	35	.00
36	Amount paid with 2013 return, plus additional payments after it was filed (see instructions)	36	.00
37	Add lines 28 through 36 and fill in total	37	.00
38	Refund from 2013 return (see instructions)	38	.00
39	Subtract line 38 from line 37 and fill in result	39	.00



Name(s) shown on Form 1X	Your social security number
--------------------------	-----------------------------

40 Fill in amount from line 27	40	.00
41 Fill in amount from line 39	41	.00
42 If line 40 is less than line 41, subtract line 40 from line 41 This is the AMOUNT OVERPAID	42	.00
43 Amount of line 42 you want REFUNDED TO YOU	43	.00
44 Amount to be applied to your 2014 estimated tax (see instructions) ...	44	.00
45 If line 40 plus line 44 is more than line 41, subtract line 41 from the sum of lines 40 and 44 (see instructions) ADDITIONAL TAX	45	.00
46 Interest charge (see instructions)	46	.00
47 TOTAL AMOUNT DUE – Pay in full with this return	47	.00
48 Underpayment interest (see instructions) Exception Code → ..	48	.00

Explanation of Changes to Income, Payments, and Credits

				Explanation Codes (see instructions)
--	--	--	--	--------------------------------------

Indicate the line reference(s) from pages 1 and 2 for which you are reporting a change and explain in detail the reason for the change.

Fill in the name used on your 2013 return
(if same as name filled in on page 1, write "Same") _____

Sign here

Under penalties of law, I declare that this amended 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
----------------	--	------	---------------

()

Mail your Form 1X
(and make check payable) to:

Wisconsin Department of Revenue
PO Box 8991
Madison WI 53708-8991



For Department Use Only

C			

Schedule 1 – Itemized Deduction Credit

(Fill in completely if any item is changed. If this credit was not claimed on your original return, enclose federal Schedule A.)

1	Medical and dental expenses from line 4 of federal Schedule A	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	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	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

Schedule 2 – Married Couple Credit When Both Spouses Are Employed

(Fill in if changed.)

	(A) Yourself	(B) Your spouse		
1	Wages, salaries, tips, and other employee compensation. Do NOT enter 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	Fill in the smaller of column (A) or (B) of line 5. If more than \$16,000, fill in \$16,000	6		.00
7	Rate of credit is .03 (3.0%)	7	X	.03
8	Multiply line 6 by line 7. Fill in here and on line 18 of Form 1X. Do not fill in more than \$480	8		.00

