



For the year January 1 - December 31, 2014, or 2014 other tax year beginning , 2014 ending Complete form using BLACK INK M.I. **JO NOT STAPLE** Your legal last name Legal first name Your social security number M.I. If a joint return, spouse's legal last name Spouse's legal first name Spouse's social security number Apt. No. Current home address (number and street) • USE THIS FORM TO AMEND 2014 ONLY. (See instructions) City or post office Zip code PART-YEAR RESIDENTS OR NONRESIDENTS MAY NOT USE THIS FORM. If married filing separate, fill in spouse's social security number above and full name here | M.I. Special conditions 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 .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) .00 x \$700 . . **4a** a Fill in exemptions from your federal return **b** Check if 65 or older ____ You + ___ Spouse = ___ x \$250 . . **4b** .00 .00 .00 .00 .00 9 School property tax credit .00 \int Find credit from a Rent paid in 2014-heat included .00 table page 6 .. .00 Rent paid in 2014-heat not included Find credit from .00 .00 **b** Property taxes paid on home in 2014 9b ___ table page 7 .. .00 .00 11 Certain nonrefundable credits from Schedule CR, line 11 11 .00 .00 .00 .00

Page 2 of		SSN		Name	4 Form 1X	2014
.00	16			om line 15	6 Amount fi	16
				ouple credit (see instructions).		17
		·	,	dits from Schedule CR, line 34		18
						19
.00		· 		ne tax paid to another state 17 through 19		20
				ine 20 from line 16. If line 20 is		
						21
.00	· · · · • · · · · · · · · · · · · · · ·		is due, check here	l use tax on Internet, mail order, ify that no sales or use tax is du	If you cer	22
				(decreases refund or increases		23
	.00	memorial	.00 f Firefighters	gered resources	a Endang	
	.00	ily relief	00 g Military far	s football stadium	b Packer	
	.00	est/Feeding Amer	.00 h Second Har	research	c Cancer	
	.00	VI Disaster Relief	.00 i Red Cross	ns trust fund	d Veterar	
	.00	mpics Wisconsin	j Special Oly	e sclerosis	e Multiple	
.00	h j) ▶ 23k	Total (add lines a through				
.00	24	.00 x .33 = .	plans, MSAs, etc	on IRAs, other retirement plans	4 Penalties	24
.00	25		s	ayments and other penalties	5 Credit rep	25
.00	26		5	21, 22, and 23k through 25	6 Add lines	26
	.00	27		n income tax withheld	7 Wisconsi	27
	.00	28	or 2014	n estimated tax payments for 20	8 Wisconsi	28
			ualifying children	come credit. Number of qualify	9 Earned in	29
	.00	20	<u>10</u> x% = .	al00	Feder	
	.00			preservation credit. a Sched		20
					v Faiiillailu	30
	.00		chedule FC-A, line 13 .		4 5	0.4
				nt credit		
			•	ad credit (Enclose Schedule H c		32
				eterans and surviving spouses p		33
	.00	34	38	dits from Schedule CR, line 38	4 Other cre	34
	.00	35	additional payments	aid with 2014 return, plus additis filed (see instructions)	5 Amount p after it was	35
				27 through 35 and fill in total .		36
	.00	37	ctions)	om 2014 return (see instruction	7 Refund fr	37



Name(s)	shown on Form 1X	Your social security number	
	I in amount from line 26	<u> </u>	.00
	l in amount from line 38		.00
	ine 39 is less than line 40, subtract line 39 from line 40 This is the AMOUNT OVER	·	.00
42 Am	nount of line 41 you want REFUNDED TO YOU	42	.00
43 Am	mount to be applied to your 2015 estimated tax (see instructions) 43	.00	
44 If li	ine 39 plus line 43 is more than line 40, subtract line 40 from e sum of lines 39 and 43 (see instructions)	_ TAX 44	.00
45 Inte	terest charge (see instructions)	45	.00
46 TO	OTAL AMOUNT DUE – Pay in full with this return	46	.00
	nderpayment interest (see instructions) Exception Code → 47		
Expla	anation of Changes to Income, Payments, and Credits		
	Explanation		
	Codes (see instructions)		
	he name used on your 2014 return e as name filled in on page 1, write "Same")		
	here Inder penalties of law, I declare that this amended return and all attachments are true, correct, and comp	olete to the best of my knowledge	e and helief
Your sign	· · · · · · · · · · · · · · · · · · ·	Daytime phone	
J		()	
Third	Complete below to allow another person to discuss this return with the Wisconsin Dep	artment of Revenue.	
Party Designe	Designee's Phone	Personal identification number (PIN)	
•	r Form 1X ke check payable) to:	For Department Use Only	
Wiscon PO Bo	onsin Department of Revenue ox 8991 on WI 53708-8991	c	

2014 Form 1X Name SSN Page **4 of 4**

Scl	nedule 1 - Itemized Deduction Credit (Fill in completely if any item is changed. If this credit was not c	laimed on your original ret	urn, enclose	federal Schedu	ule 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 incompute to purchase a second home located outside Wisconsin or a residence was Also, do not include interest paid to purchase or hold U.S. government interest passed through from a tax-option (S) corporation that is claimed	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 di 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	х	.05
9	Multiply line 7 by line 8. Fill in here and on line 7 of Form 1X		9		.00
	nedule 2 - Married Couple Credit When Both Spouses Are Employer (Fill in if changed.)	(A) Yourself	(1	B) Your spous	е
1	Wages, salaries, tips, and other employee compensation.			3) Your spous	
_	Do NOT enter unearned income		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		00		.00
3	Combine lines 1 and 2. This is earned income	.(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		00		.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0		00		.00
6	Fill in the smaller of column (A) or (B) of line 5. If more than \$16,000, fill in	n \$16,000 6		.00	
7	Rate of credit is .03 (3.0%)	7	х	.03	
8	Multiply line 6 by line 7. Fill in here and on line 17 of Form 1X.	•		00	

