## **1A** Wisconsin income tax

1995

| Your    | last name   | First name and middle initial        | Social security number                   | QUICK RI                       | FFUND                                 |
|---------|---|--------------------------------------|--|--------------------------------|---------------------------------------|
|         |   |                                      |  | 1                              | / (see page 3)? If so, fill in the    |
| If a jo | oint return, spouse's last name                                       | First name and middle initial        | Social security number                   | amount from line               | 25 less any amount on line 27         |
|         |   |                                      |  | affix your label, a            | and mail your return to: Quick        |
| Hom     | e address (number and street)   | 701100                               |  | Refulld, P.O. Box              | 38, Madison, WI 53787-0001.           |
|         |   | OUR C                                | OPY                                      |                                |                                       |
| City    | or post office  |                                      | State Zip code                           | Check proper box               | and fill in name of city, village, or |
|         |   |                                      |  | town, and the coul<br>of 1995. | nty in which you lived at the end     |
| If you  | u want \$1 to go to the State Election                                | You Chec                             | king the box(es) will not                | City of                        |                                       |
|         | paign Fund, check box(es).  |                                      | ge your tax or refund.                   | Village of                     |                                       |
| Filin   | g Single  | <u> </u>                             | School district number (see page         |                                |                                       |
| statu   | US Married filing is interesture (a) on                               | if only one had income)              |  |                                | -                                     |
| (check  | KOIIIY 🔛  | iying person). Fill in qualifying pe | erson's name                             |                                |                                       |
|         | Tread of fredeeries (with quality                                     |                                      |  |                                |                                       |
|         | me earned in Minnesota. Was any o                                     | _                                    | If yes, fill in the                      | You                            | Spouse                                |
|         | personal or professional services per                                 |                                      |  |                                | •                                     |
| Minn    | esota while a Wisconsin resident? (Se                                 | ee page 4) No                        | income: \$                               | •                              | _ \$                                  |
| 1       | Wages, salaries, tips, etc. (from line                                | 7 of federal Form 1040A or           | 1040 or line 1 of Form 1040              | EZ)                            | 1 .                                   |
| 2       | Interest (from line 8a of federal Form                                |                                      |  | •                              |                                       |
| 3       | Dividends (from line 9 of federal For                                 |                                      |  |                                |                                       |
|         | Unemployment compensation – total                                     |                                      |  |                                |                                       |
| 4b      |   |                                      |  |                                |                                       |
| 5       | IRA distributions, pensions and ann                                   |                                      |  |                                |                                       |
| 6       | Add lines 1 through 3, 4b and 5                                       | •                                    | , , <del>,</del> ,                       |                                |                                       |
| 7       | IRA deduction (from line 15c of fede                                  |                                      |  |                                |                                       |
| 8       | Subtract line 7 from line 6. This is yo                               |                                      |  |                                |                                       |
| 9       | If your parent (or someone else) car                                  |                                      |  |                                |                                       |
| 10      | Tax (Find the tax for amount on line                                  |                                      |  |                                |                                       |
| 11      | Dependent credit (do <b>not</b> count you                             |                                      |  | go 10)                         |                                       |
| • • •   | First names of dependents   |                                      | =  |                                |                                       |
|         | Fill in number of dependents  |                                      |  |                                |                                       |
| 12      | Senior citizen credit (see page 6)                                    |                                      |  |                                |                                       |
| 13      |   | ncluded Fir                          |  | •                              |                                       |
| 10      |   |                                      | ole, page 7 13                           | a .                            |                                       |
|         | tax credit b. Property taxes paid on ho                               |                                      |  |                                |                                       |
| 14      | Married couple credit. Complete sch                                   |                                      |  |                                |                                       |
| 15      | Add lines 11 through 14. This is the                                  |                                      |  |                                |                                       |
| 16      | Subtract line 15 from line 10. If line                                |                                      |  |                                |                                       |
| 17      | Sales and use tax due on out-of-sta                                   |                                      |  |                                |                                       |
| 18      | Endangered Resources Donation (                                       | decreases refund or increase         | es amount owed)                          | <b>~</b>                       | 18                                    |
| 19      | Add lines 16, 17, and 18  |                                      |  |                                |                                       |
| 20      | Wisconsin income tax withheld. Atta                                   |                                      |  |                                |                                       |
| 21      | 1995 estimated tax payments and a                                     |                                      |  |                                |                                       |
| 22      | Earned income credit (see page 9)                                     | anount applied from 100 110          | 21                                       | -                              |                                       |
|         | Number of qualifying children   | Federal credit                       | - x % = 22                               | ,                              |                                       |
| 23      | Homestead credit. Attach Schedule                                     | H                                    | 23                                       |                                |                                       |
| 24      | Add lines 20 through 23   |                                      |  |                                | 24                                    |
| 25      | If line 24 is larger than line 19, subtr                              |                                      |  |                                | - ·                                   |
| 26      | If line 24 is smaller than line 19, sub                               |                                      |  |                                |                                       |
| 27      | Amount of line 25 to be applied to y                                  |                                      |  |                                |                                       |
|         |   |                                      | Il attachments are true, correct, a      |                                |                                       |
|         |   |                                      | pouse's signature (if filing jointly, E  |                                | Date                                  |
| Y OUI   | r signature   | Sį                                   | oodoo o oignature (ii iiiiliy jointly, t | 2011 must sign)                | Date                                  |
| Mail    | Vous soturn to: Wiggensin Denortmant of 5                             | Pavanua                              | ED                                       | artment Line Only              |                                       |
|         | your return to: Wisconsin Department of F                             |                                      | R  |                                | APC                                   |
| If ho   | mestead credit claimed. P.O. Box 34, Ma                               | adison, WI 53786-0001                |  |                                |                                       |
|         | und or no tax due P.O. Box 59, Ma<br>ick refund claimed See "QUICK RE |                                      |  |                                |                                       |
|         |   |                                      | 1 1                                      |                                | 1 1 1                                 |

|            | Unemployment Compensation  |                       |  |  |  |
|------------|--|-----------------------|--|--|--|
| Ch         | ck one box   |                       |  |  |  |
|            | a. Married filing a joint return — write \$18,000 on line H below.   |                       |  |  |  |
|            | <ul> <li>Married not filing a joint return and lived with your spouse at any time during the year<br/>below.</li> </ul>          | r—write -0- on line H |  |  |  |
|            | c. Married not filing a joint return and DID NOT live with your spouse at any time during the year—write \$12,0 on line H below. |                       |  |  |  |
|            | d. Single— write \$12,000 on line H below.   |                       |  |  |  |
| ١.         | Fill in total unemployment compensation from Form(s) 1099-G.   |                       |  |  |  |
|            | Also fill in this amount on line 4a of Form 1A   | Α                     |  |  |  |
| 3.         | Fill in the amount of any 1995 unemployment compensation payments repaid in 1995   | В                     |  |  |  |
| ).         | Subtract line B from line A. Fill in the result  | c                     |  |  |  |
| ).         | Add lines 7, 8a, 9, 10b, and 11b of federal Form 1040A;  |                       |  |  |  |
|            | lines 7, 8a, 9, 15b, and 16b of Form 1040; or lines 1 and 2 of Form 1040EZ   | D                     |  |  |  |
| ≣.         | Add lines C and D. Fill in the total   | E                     |  |  |  |
| =.         | Fill in the IRA deduction, if any, from line 15c of federal Form 1040A or lines 23a and 23b                                      |                       |  |  |  |
|            | of Form 1040   | F                     |  |  |  |
| <b>3</b> . | Subtract line F from line E. Fill in the result  | G                     |  |  |  |
| ١.         | Fill in \$18,000 if you checked box a, or  |                       |  |  |  |
|            | -0- if you checked box b, or   |                       |  |  |  |
|            | \$12,000 if you checked box c or d   | н                     |  |  |  |
|            | Subtract line H from line G. If zero or less, fill in -0- here and on line 4b of Form 1A and                                     |                       |  |  |  |
|            | do not complete lines J and K  | Ι                     |  |  |  |
|            | Divide the amount on line I by 2. Fill in the result   | J                     |  |  |  |
| ,<br>      | Fill in the smaller of line C or J. Also fill in this amount on line 4b of Form 1A   | К                     |  |  |  |
|            | Married Couple Credit When Both Spouses Are Er   | mploved               |  |  |  |
| (W         | nen completing this schedule, be sure to fill in your income in column (A) and your spouse's                                     |                       |  |  |  |
|            | Wages, salaries, tips, and other employe compensation from (A) YOURSELF  | (B) YOUR SPOUSE       |  |  |  |
|            | line 1 of Form 1A. Do not include interest, dividends, scholarships and fellowships (unless reported on a W-2),                  |                       |  |  |  |
|            | pensions, or unemployment compensation   |                       |  |  |  |
| )          | IRA deduction, if any, from line 7 of Form 1A  |                       |  |  |  |
|            |  |                       |  |  |  |
| }<br>1     | Subtract line 2 from line 1  |                       |  |  |  |
| ļ          | Fill in the smaller amount here. If more than \$15,000, fill in \$15,000   |                       |  |  |  |
|            |  | V 02                  |  |  |  |
| 5          | Rate of credit is .02 (2%)   | X .02                 |  |  |  |
|            | Multiply line 4 by line 5. Fill in here and on line 14 on reverse side.  |                       |  |  |  |