

# 1 Wisconsin income tax

# 1998

Form For the year Jan. 1 - Dec. 31, 1998, or other tax year beginning \_\_\_\_\_, 1998 ending \_\_\_\_\_, 19 \_\_\_\_\_

Use label or print	Your last name	First name and middle initial	Your social security number	<b>QUICK REFUND</b> Do you qualify (see page 5)?
	If a joint return, spouse's last name	First name and middle initial	Spouse's social security number	
	Home address (number and street)			<b>▲ IMPORTANT ▲</b> You must enter your social security number(s)
	City or post office, state, zip code			

**Filing status**

Check only **one** box

Single

Married filing joint return

Married filing separate return. Fill in spouse's full name and social security number ▼

\_\_\_\_\_

Head of household (with qualifying person)  
Fill in qualifying person's name ▼

\_\_\_\_\_

If you want \$1 to go to the **State Election Campaign Fund**, check box(es).  You  Your spouse

*Checking the box(es) will not change your tax or refund.*

**Illinois wages**

Were any of your wages earned in Illinois? (See page 5)  Yes  No

If yes, fill in amount of Illinois wages

You \$ \_\_\_\_\_

Spouse \$ \_\_\_\_\_

<b>Income</b>	1 Federal adjusted gross income (see page 6) . . . . .	<b>1</b> _____
	2 State and municipal interest (see page 6) . . . . .	<b>2</b> _____
	3 Capital gain/loss adjustment (see page 7) . . . . .	<b>3</b> _____
	4 Other additions (list) . . . . .	<b>4</b> _____
	5 Add lines 1 through 4 . . . . .	<b>5</b> _____
	6 State income tax refund (Form 1040, line 10) . . . . .	<b>6</b> _____
	7 United States government interest . . . . .	<b>7</b> _____
	8 Unemployment compensation (see page 8) . . . . .	<b>8</b> _____
	9 Social security (see page 8) . . . . .	<b>9</b> _____
	10 Capital gain/loss adjustment (see page 9) . . . . .	<b>10</b> _____
	11 Other subtractions (list) . . . . .	<b>11</b> _____
	12 Add lines 6 through 11 . . . . .	<b>12</b> _____
	13 Subtract line 12 from line 5. This is your Wisconsin income . . . . .	<b>13</b> _____
<b>Tax computation</b>	14 Tax. (See page 14) Check if from <input type="checkbox"/> Tax Table or <input type="checkbox"/> Special Tax Worksheet . . .	<b>14</b> _____
	15 Dependent credit. Fill in number of dependents (do <b>not</b> count yourself or spouse) _____ x \$50 = . . . . .	<b>15</b> _____
	16 Senior citizen credit (Caution: see page 14) . . . . .	<b>16</b> _____
	17 Wisconsin itemized deduction credit. Complete Schedule 1 on page 3 .	<b>17</b> _____
	18 School property tax credit	
	a. Rent paid in 1998 – heat included . . . . .	_____
	Rent paid in 1998 – heat not included . . . . .	_____
	Find credits from table, page 16 . . . . .	▶ <b>18a</b> _____
	b. Property taxes paid on home in 1998 . . . . .	_____
Find credit from table, page 17 . . . . .	▶ <b>18b</b> _____	
19 Working families tax credit . . . . .	<b>19</b> _____	
20 Add lines 15 through 19 . . . . .	<b>20</b> _____	
21 Subtract line 20 from line 14. If line 20 is larger than line 14, fill in -0- . . . . .	<b>21</b> _____	

Tax computation (cont'd.)	22	Amount from line 21	22	_____	.
	23	Alternative minimum tax. Attach Schedule MT	23	_____	.
	24	Add lines 22 and 23.	24	_____	.
	25	Married couple credit. Complete Schedule 2 on page 3	25	_____	.
	26	Manufacturer's sales tax credit. Attach Schedule MS	26	_____	.
Additions to tax	27	Add lines 25 and 26.	27	_____	.
	28	Subtract line 27 from line 24. If line 27 is larger than line 24, fill in -0-. This is your net tax	28	_____	.
	29	Temporary recycling surcharge (see page 19). <input type="checkbox"/> Check if surcharge computed on worksheet. If worksheet not used, fill in nonfarm net business income _____ x .002173 =	29	_____	.
	30	Sales and use tax due on out-of-state purchases (see page 20)	30	_____	.
	31	Endangered resources donation (decreases refund or increases amount owed) . . . . .  31	31	_____	.
Payments and credits Attach withholding statements here	32	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 21) _____ x .33 =	32	_____	.
	33	Add lines 28 through 32	33	_____	.
	34	Wisconsin income tax withheld. Attach withholding statements . . . . .	34	_____	.
	35	1998 estimated tax payments and amount applied from 1997 return .	35	_____	.
	36	Earned income credit. Qualifying children _____ Federal credit _____ x _____ % =	36	_____	.
Refund or amount due	37	Farmland preservation credit. Attach Schedule FC	37	_____	.
	38	Net income tax paid to another state (see page 22)	38	_____	.
	39	Homestead credit. Attach Schedule H	39	_____	.
	40	Farmland tax relief credit. Property taxes on farmland _____ x .10 =	40	_____	.
	41	Add lines 34 through 40	41	_____	.
Tax district	42	If line 41 is larger than line 33, subtract line 33 from line 41. This is the amount <b>OVERPAID</b> .	42	_____	.
	43	Amount of line 42 you want <b>REFUNDED TO YOU</b> .	43	_____	.
	44	Amount of line 42 you want <b>APPLIED TO YOUR 1999 ESTIMATED TAX</b>	44	_____	.
Sign your return	45	If line 41 is smaller than line 33, subtract line 41 from line 33. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return . . . . .	45	_____	.

Check proper box and fill in name of municipality and the county in which you lived at the end of 1998.

City } \_\_\_\_\_ County of \_\_\_\_\_  
 Village } \_\_\_\_\_  
 Town } \_\_\_\_\_ School district number \_\_\_\_\_  
 (see page 32) \_\_\_\_\_

**Attach a copy of your federal income tax return and schedules to this return**

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 \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_

Mail your return to: Wisconsin Department of Revenue

If tax due ..... P.O. Box 268, Madison, WI 53790-0001

If refund or no tax due ..... P.O. Box 59, Madison, WI 53785-0001

If quick refund claimed ..... P.O. Box 38, Madison, WI 53787-0001

If homestead credit claimed ..... P.O. Box 34, Madison, WI 53786-0001

For Department Use Only								
R	M	Y	T	MAN	D	A	P	C

Name(s) shown on Form 1	Your social security number       
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**Schedule 1 – Wisconsin Itemized Deduction Credit (see page 15)**

1 Medical and dental expenses from line 4, federal Schedule A. See instructions for exceptions. . . . .	<b>1</b>	. . . . .	.
2 Interest paid from line 14, federal Schedule A. Do not include interest paid on a second home located outside Wisconsin or on a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities . . . . .	<b>2</b>	. . . . .	.
3 Gifts to charity from line 18, federal Schedule A. See instructions for exceptions . . . . .	<b>3</b>	. . . . .	.
4 Job expenses and miscellaneous deductions from line 26, federal Schedule A. See instructions for exceptions . . . . .	<b>4</b>	. . . . .	.
5 Other miscellaneous deductions from line 27, federal Schedule A. See instructions for exceptions . . .	<b>5</b>	. . . . .	.
6 Add lines 1 through 5. . . . .	<b>6</b>	. . . . .	.
7 Using Wisconsin income from line 13 on page 1, find your standard deduction from table on page 31. (If Special Tax Worksheet on page 14 used, fill in the standard deduction from line 6 of that worksheet.) . . .	<b>7</b>	. . . . .	.
8 Subtract line 7 from line 6. If line 7 is more than line 6, fill in -0- . . . . .	<b>8</b>	. . . . .	.
9 Rate of credit is .05 (5%) . . . . .	<b>9</b>	. . . . .	<b>x .05</b>
10 Multiply line 8 by line 9. Fill in here and on line 17 on page 1 . . . . .	<b>10</b>	. . . . .	.

**Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 18)**

(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 employe compensation. Do NOT enter interest, dividends, pensions, unemployment compensation, or other unearned income . . . . .	<b>1</b> . . . . .	. . . . .
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 . . . . .	<b>2</b> . . . . .	. . . . .
3 Combine lines 1 and 2. This is earned income . . . . .	<b>3</b> . . . . .	. . . . .
4 Add amounts from your federal Form 1040, lines 23 and 29, plus repayment of supplemental unemployment benefits, employe expenses of qualified performing artists and of fee-basis state or local government officials, and contributions to Section 501(c)(18) pension plans included in line 32, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to your or your spouse's income . . . . .	<b>4</b> . . . . .	. . . . .
5 Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in -0- . . . . .	<b>5</b> . . . . .	. . . . .
6 Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$14,010, fill in \$14,010 . . . . .	<b>6</b> . . . . .	. . . . .
7 Rate of credit is .0217 (2.17%) . . . . .	<b>7</b> . . . . .	<b>x .0217</b>
8 Multiply line 6 by line 7. Fill in here and on line 25 on page 2. Do not fill in more than \$304 . . . . .	<b>8</b> . . . . .	. . . . .