

1 Wisconsin income tax

1999

Form **Complete form using BLUE or BLACK INK** For the year Jan. 1-Dec. 31, 1999, or other tax year beginning _____, 1999 ending _____.

Use label or print

Your last name	First name and middle initial	You must fill in your social security number
If a joint return, spouse's last name	First name and middle initial	You must fill in spouse's social security number
Home address (number and street)		Quick Refund Do you qualify? (see page 5)
City or post office	State Zip code	

<p><input checked="" type="checkbox"/> Filing status Check only one box</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married filing joint return</p> <p><input type="checkbox"/> Married filing separate return. Fill in spouse's full name and social security number ▼</p> <p>_____</p> <p><input type="checkbox"/> Head of household (with qualifying person) Fill in qualifying person's name ▼</p> <p>_____</p>	<p><input checked="" type="checkbox"/> If you want \$1 to go to the State Election Campaign Fund, check box(es). <input type="checkbox"/> You <input type="checkbox"/> Your spouse <i>Checking the box(es) will not change your tax or refund.</i></p> <p><input checked="" type="checkbox"/> Check proper box and fill in name of city, village, or town, and the county in which you lived at the end of 1999.</p> <p><input type="checkbox"/> City } _____</p> <p><input type="checkbox"/> Village }</p> <p><input type="checkbox"/> Town }</p> <p>County of _____</p> <p>School district Fill in your school district number (see page 30) _____</p>
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1 Federal adjusted gross income (see page 6)	1		_____	.	
2 State and municipal interest (see page 6)	2		_____	.	
3 Capital gain/loss addition (see page 6)	3		_____	.	
4 Other additions (list)	4		_____	.	
5 Add lines 1 through 4	5		_____	.	
6 State tax refund (Form 1040, line 10)	6		_____	.	
7 United States government interest	7		_____	.	
8 Unemployment compensation (see page 8)	8		_____	.	
9 Social security adjustment (see page 9)	9		_____	.	
10 Capital gain/loss subtraction (see page 9)	10		_____	.	
11 Other subtractions (list)	11		_____	.	
12 Add lines 6 through 11	12		_____	.	
13 Subtract line 12 from line 5. This is your Wisconsin income	13		_____	.	
14 Tax. (See page 14) Check if from <input type="checkbox"/> Tax Table or <input type="checkbox"/> Special Tax Worksheet ...	14		_____	.	
15 Dependent credit. Fill in number of dependents (do not count yourself or spouse)	15		_____ x \$50 =	
16 Senior citizen credit (Caution: see page 15)	16		_____	.	
17 Itemized deduction credit. Attach Schedule 1, page 3 . .	17		_____	.	
18 Working families tax credit } If line 13 is less than \$10,000 (\$19,000 if married filing joint), see page 16	18		_____	.	
19 Add lines 15 through 18	19		_____	.	
20 Subtract line 19 from line 14. If line 19 is larger than line 14, fill in -0-	20		_____	.	

PAPER CLIP check or money order here





Submit this page with Form 1 if you claim either credit.

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

1 Medical and dental expenses from line 4, federal Schedule A. See instructions for exceptions	1		.
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	2		.
3 Gifts to charity from line 18, federal Schedule A. See instructions for exceptions	3		.
4 Job expenses and miscellaneous deductions from line 26, federal Schedule A. See instructions for exceptions	4		.
5 Other miscellaneous deductions from line 27, federal Schedule A. See instructions for exceptions	5		.
6 Add lines 1 through 5	6		.
7 Using Wisconsin income from line 13 on page 1, find your standard deduction from table on page 29. (If Special Tax Worksheet on page 15 used, fill in the standard deduction from line 6 of that worksheet.)	7		.
8 Subtract line 7 from line 6. If line 7 is more than line 6, fill in -0-	8		.
9 Rate of credit is .05 (5%)	9		x .05
10 Multiply line 8 by line 9. Fill in here and on line 17 on page 1	10		.

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 17)

(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	1	1
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 (If a loss, put a negative sign – in the box to the left of the loss amount.)	2	2
3 Combine lines 1 and 2. This is earned income	3	3
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 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	4	4
5 Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in -0-	5	5
6 Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$14,000, fill in \$14,000	6	6
7 Rate of credit is .025 (2.50%)	7	7
8 Multiply line 6 by line 7. Fill in here and on line 24 on page 2.	8	8

Do not fill in more than \$350.