



1 Wisconsin income tax

Complete form using **BLACK INK**

For the year Jan. 1-Dec. 31, 2003, or other tax year beginning _____, 2003 ending _____, 20__.

2003

Use label or print

Your legal last name	Legal first name and middle initial	You must fill in your social security number
If a joint return, spouse's legal last name	Spouse's legal first name and middle initial	You must fill in spouse's social security number
Home address (number and street)		State election campaign fund If you want \$1 to go to the State Election Campaign Fund, check <input checked="" type="checkbox"/> box(es). ▼
City or post office	State Zip code	

State election campaign fund

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.

Filing status Check box

Single

Married filing joint return

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

Head of household (see page 6). Also, check here if married

Tax district Check proper box and fill in name of city, village, or town, and the county in which you lived at the end of 2003

City } _____
 Village } _____
 Town } _____

County of _____

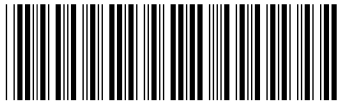
School district
Fill in your school district number (see page 38) _____

See page 27 before assembling return

1	Federal adjusted gross income (see page 7)	1	.00
	W-2 wages included in line 100
2	State and municipal interest (see page 7)	2	.00
3	Capital gain/loss addition (see page 7)	3	.00
4	Other additions (list) _____	4	.00
5	Add the amounts in the right column for lines 1 through 4	5	.00
6	State tax refund (Form 1040, line 10)	6	.00
7	United States government interest	7	.00
8	Unemployment compensation (see page 9)	8	.00
9	Social security adjustment (see page 9)	9	.00
10	Capital gain/loss subtraction (see page 10)	10	.00
11	Other subtractions (list) _____	11	.00
12	Add lines 6 through 11	12	.00
13	Subtract line 12 from line 5. This is your Wisconsin income.	13	.00

PAPER CLIP check or money order here





14	Wisconsin income from line 13	14	_____	.00
15	Standard deduction. See table on page 30, OR ▼	15	_____	.00
	If someone else can claim you (or your spouse) as a dependent, see page 17 and check box <input type="checkbox"/>			
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	_____	.00
17	Deduction for exemptions (from line 6 of Exemption Worksheet on page 17)	17a	_____	.00
	b Fill in number of dependents (do not count yourself or your spouse) . . . ▶ _____			
	c If you (or your spouse if filing joint) were age 65 or over, check appropriate box(es) ▶ <input type="checkbox"/> You <input type="checkbox"/> Spouse			
18	Subtract line 17a from line 16. If line 17a is larger than line 16, fill in 0. This is your taxable income	18	_____	.00
19	Tax (see table on page 31)	19	_____	.00
20	Itemized deduction credit. Attach Schedule 1, page 4	20	_____	.00
21	Armed forces member credit } (must be stationed outside U.S. See page 18)	21	_____	.00
22	School property tax credit			
	a Rent paid in 2003—heat included _____ .00	} Find credit from table page 19	22a	_____ .00
	Rent paid in 2003—heat not included _____ .00			
	b Property taxes paid on home in 2003 _____ .00	} Find credit from table page 20	22b	_____ .00
23	Working families tax credit } If line 14 is less than \$10,000 (\$19,000 if married filing joint), see page 20	23	_____	.00
24	Add lines 20 through 23	24	_____	.00
25	Subtract line 24 from line 19. If line 24 is larger than line 19, fill in 0	25	_____	.00
26	Alternative minimum tax. Attach Schedule MT	26	_____	.00
27	Add lines 25 and 26	27	_____	.00
28	Married couple credit. Attach Schedule 2, page 4	28	_____	.00
29	Manufacturer's sales tax credit. Attach Schedule MS	29	_____	.00
30	Add lines 28 and 29	30	_____	.00
31	Subtract line 30 from line 27. If line 30 is larger than line 27, fill in 0. This is your net tax	31	_____	.00
32	Recycling surcharge. Attach Schedule RS	32	_____	.00
33	Packers football stadium donation (decreases refund or increases amount owed)	33	_____	.00
34	Sales and use tax due on out-of-state purchases (see page 22)	34	_____	.00
35	Endangered resources donation (decreases refund or increases amount owed)	35	_____	.00
36	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 22)	36	_____ .00 x .33 = _____	.00
37	Add lines 31 through 36	37	_____	.00



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

Schedule 1 – Itemized Deduction Credit (see page 17)

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	Add lines 1 through 3	4	.
5	Fill in your standard deduction from line 15 on page 2	5	.
6	Subtract line 5 from line 4. If line 5 is more than line 4, fill in 0	6	.
7	Rate of credit is .05 (5%)	7	x .05
8	Multiply line 6 by line 7. Fill in here and on line 20 on page 2	8	.

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 21)

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 employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	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	2	.	.
3	Combine lines 1 and 2. This is earned income	3	.	.
4	Add amounts from your federal Form 1040, lines 24 and 30, plus repayment of supplemental unemployment benefits, employee expenses of qualified performing artists and fee-basis state or local government officials, and contributions to secs. 403(b) and 501(c)(18) pension plans included in line 33, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income	4	.	.
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	5	.	.
6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000	6	.	.
7	Rate of credit is .03 (3%)	7	x .03	
8	Multiply line 6 by line 7. Fill in here and on line 28 on page 2	8	.	Do not fill in more than \$480.