



# 1 Wisconsin income tax

Complete form using **BLACK INK**

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning \_\_\_\_\_, 2004 ending \_\_\_\_\_, 20\_\_.

# 2004

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)		<b>State election campaign fund</b> If you want \$1 to go to the State Election Campaign Fund, check <input checked="" type="checkbox"/> box(es). <input type="checkbox"/> You <input type="checkbox"/> Your spouse  <i>Checking the box(es) will not change your tax or refund.</i>
City or post office	State      Zip code	
<b>Filing status</b> Check <input checked="" type="checkbox"/> box <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here _____ <input type="checkbox"/> Head of household (see page 6). Also, check here if married <input type="checkbox"/>		<b>Tax district</b> Check <input checked="" type="checkbox"/> proper box and fill in name of city, village, or town, and the county in which you lived at the end of 2004 <input type="checkbox"/> City      } _____ <input type="checkbox"/> Village      } _____ <input type="checkbox"/> Town        } _____ <b>County of</b> _____  <b>School district</b> Fill in your school district number (see page 38) _____

See page 27 before assembling return

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

PAPER CLIP check or money order here

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<b>14</b>	Wisconsin income from line 13.....	<b>14</b>	_____	<b>.00</b>
<b>15</b>	Standard deduction. See table on page 30, <b>OR</b> ▼ If someone else can claim you (or your spouse) as a dependent, see page 17 and check box <input type="checkbox"/>	<b>15</b>	_____	<b>.00</b>
<b>16</b>	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0 .....	<b>16</b>	_____	<b>.00</b>
<b>17</b>	Deduction for exemptions (from line 6 of Exemption Worksheet on page 17) .....	<b>17a</b>	_____	<b>.00</b>
	<b>b</b> Fill in number of dependents (do not count yourself or your spouse).....▶ _____			
	<b>c</b> 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			
<b>18</b>	Subtract line 17a from line 16. If line 17a is larger than line 16, fill in 0. This is your taxable income .....	<b>18</b>	_____	<b>.00</b>
<b>19</b>	Tax (see table on page 31) .....	<b>19</b>	_____	<b>.00</b>
<b>20</b>	Itemized deduction credit. Attach Schedule 1, page 4.....	<b>20</b>	_____	<b>.00</b>
<b>21</b>	Armed forces member credit (must be stationed outside U.S. See page 18)	<b>21</b>	_____	<b>.00</b>
<b>22</b>	School property tax credit			
	<b>a</b> Rent paid in 2004–heat included _____ <b>.00</b>	} Find credit from table page 19 ....	<b>22a</b>	_____ <b>.00</b>
	Rent paid in 2004–heat not included _____ <b>.00</b>			
	<b>b</b> Property taxes paid on home in 2004 _____ <b>.00</b>	} Find credit from table page 20 ....	<b>22b</b>	_____ <b>.00</b>
<b>23</b>	Working families tax credit } If line 14 is less than \$10,000 (\$19,000 if married filing joint), see page 20 .....	<b>23</b>	_____	<b>.00</b>
<b>24</b>	Add lines 20 through 23 .....	<b>24</b>	_____	<b>.00</b>
<b>25</b>	Subtract line 24 from line 19. If line 24 is larger than line 19, fill in 0 .....	<b>25</b>	_____	<b>.00</b>
<b>26</b>	Alternative minimum tax. Attach Schedule MT.....	<b>26</b>	_____	<b>.00</b>
<b>27</b>	Add lines 25 and 26 .....	<b>27</b>	_____	<b>.00</b>
<b>28</b>	Married couple credit. Attach Schedule 2, page 4 .....	<b>28</b>	_____	<b>.00</b>
<b>29</b>	Manufacturer’s sales tax credit. Attach Schedule MS .....	<b>29</b>	_____	<b>.00</b>
<b>30</b>	Dairy investment credit. Attach Schedule DI .....	<b>30</b>	_____	<b>.00</b>
<b>31</b>	Add lines 28, 29 and 30 .....	<b>31</b>	_____	<b>.00</b>
<b>32</b>	Subtract line 31 from line 27. If line 31 is larger than line 27, fill in 0. This is your net tax .....	<b>32</b>	_____	<b>.00</b>
<b>33</b>	Recycling surcharge. Attach Schedule RS .....	<b>33</b>	_____	<b>.00</b>
<b>34</b>	Packers football stadium donation (decreases refund or increases amount owed) ...	<b>34</b>	_____	<b>.00</b>
<b>35</b>	Sales and use tax due on out-of-state purchases (see page 22) .....	<b>35</b>	_____	<b>.00</b>
<b>36</b>	Endangered resources donation (decreases refund or increases amount owed) ...	<b>36</b>	_____	<b>.00</b>
<b>37</b>	Breast cancer research donation (decreases refund or increases amount owed) .....	<b>37</b>	_____	<b>.00</b>
<b>38</b>	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 22).....	<b>.00</b>	x .33 =	<b>38</b> _____ <b>.00</b>
<b>39</b>	Add lines 32 through 38 .....	<b>39</b>	_____	<b>.00</b>

Line



Name(s) shown on Form 1		Your social security number	
<b>40</b>	Amount from line 39	<b>40</b>	.00
<b>41</b>	Wisconsin tax withheld. Attach withholding statements	<b>41</b>	.00
<b>42</b>	2004 estimated tax payments and amount applied from 2003 return	<b>42</b>	.00
<b>43</b>	Earned income credit. Qualifying children <input type="checkbox"/> Federal credit . . . . . <b>43</b>		.00
<b>44</b>	Farmland preservation credit. Attach Schedule FC	<b>44</b>	.00
<b>45</b>	Net income tax paid to another state (see page 24)	<b>45</b>	.00
<b>46</b>	Homestead credit. Attach Schedule H or H-EZ	<b>46</b>	.00
<b>47</b>	Farmland tax relief credit. Property taxes on farmland . . . . . <b>47</b>		.00
<b>48</b>	Add lines 41 through 47	<b>48</b>	.00
<b>49</b>	If line 48 is larger than line 40, subtract line 40 from line 48. This is the <b>AMOUNT YOU OVERPAID</b>	<b>49</b>	.00
<b>50</b>	Amount of line 49 you want <b>REFUNDED TO YOU</b>	<b>50</b>	.00
<b>51</b>	Amount of line 49 you want <b>APPLIED TO YOUR 2005 ESTIMATED TAX</b>	<b>51</b>	.00
<b>52</b>	If line 48 is smaller than line 40, subtract line 48 from line 40. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return	<b>52</b>	.00
<b>53</b>	Underpayment interest. Also include on line 52	<b>53</b>	.00

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**Attach (paper clip) copies of your federal income tax return and schedules.**

**Assemble your return (pages 1-4) and withholding statements in the order listed on page 27.**

### Sign here

**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 ..... PO Box 268, Madison WI 53790-0001

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

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

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R	M	Y	T	MAN	D	A	P	C		
		04								



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	_____	<b>x .05</b>
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 (except expenses of reservists), 25, and 32, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18) pension plans included in line 35, 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	_____	<b>x .03</b>	_____	.
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.