



APLE	Ň	Your social security number Spo	ouse's socia	l security number						
DO NOT STAPLE	ľ	our legal last name		Legal first name		M.I.	State election campaign fund			
NO		a joint return, spouse's legal last name		spouse's legal first nan	ne	M.I.	If you want \$1 to go to the State Election Cam Fund, check box(es).			
DO	"	a joint rotain, opodoo o logar laot name		poulo o logar mot han		101.1.	Checking the box(es) will not change your tax or r			
	F	lome address (number and street)		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 2006.			
	C	tity or post office State Zip code					Fill in name City Village Town of city, village, or town ►			
		ing status								
] Single					County of			
	Г	Arried filing joint return (even if only one had income)					School district Fill in your			
	Г	Head of household Fill in qualifying person's name					school district number (see page 24)			
		Also, check here if married.	ck here if married.				Special conditions			
	1	Wages, salaries, tips, etc. (s	ee page	4)	1		.00			
	2	Interest (see page 4)			2		.00			
ents	3	Ordinary dividends (from line	9a of fede	eral Form 1040A c	or 1040) 3		.00.			
eme	4	Capital gain distributions (se	e page 5)	4		.00			
statements	5	Unemployment compensation	n (from v	vorksheet, page	5) 5		.00			
withholding :	6	Taxable IRA distributions, per social security benefits (see					.00			
lohi	7	Add lines 1 through 6		.00						
with	8	IRA deduction (see page 7)		.00						
	9	Student loan interest deduct	on (see)		.00					
ENCLOSE	10	Add lines 8 and 9			10	.00				
ENC	11	Subtract line 10 from line 7.	This is yo	11	.00					
	12	If your parent (or someone el	se) can c	claim you (or you	ur spouse) as a	depen	ndent, check here 🕨 12 🗌			
	13	Fill in the standard deduction	on for you	ur filing status fr	e 16. B	But if				
		-					13	.00		
		Subtract line 13 from line 11					.00			
	15				15a	.00				
		b Fill in number of depende				You Spouse				
		c If you (or your spouse if fi		-			00			
0				-		-	your taxable income 16	.00		
\mathscr{N}	17							.00		
ere		Armed forces member credit	(must be s	18	.00					
payment here	19	School property tax credit a Rent paid in 2006-heat include	h	om						
nen		Rent paid in 2006-heat not inclu		a00						
oayı										
CLIP F	20	b Property taxes paid on home in					b00			
PAPER CL	20 21	Working families tax credit, s Married couple credit. Comp								
								.00		
PA										
	23	Subtract line 22 from line 17	. ii iine Zz	∠ is larger than I	110 17 , 101 100 .	. 1115 15	s your net tax 23	.00		

24	Fill in net tax from line 23	24 .00
25		
26		-
	•Endangered resources a .00 •Multiple sclerosis e .00	
	•Packers football stadium 🕒 b00 •Firefighters memorial 🔯 f00	
	•Breast cancer research 🕅 c00 •Prostate cancer research 🕅 g00	
	•Veterans trust fund *vers d Total (add lines a through g)	26h
27	Add lines 24, 25, and 26h	.00
28	Wisconsin income tax withheld. Enclose withholding statements 28	00
29	2006 estimated tax payments and amount applied from 2005 return . 29	00
30	Earned income credit (see page 12)	
	Qualifying Federal	00
31		00
32		00
33		33 .00
	If line 33 is more than line 27, subtract line 27 from line 33. This is the AMOUNT YOU OVERPAID	
	Amount of line 34 you want REFUNDED TO YOU	
	Amount of line 34 you want applied to your 2007 estimated tax 36	
	If line 33 is less than line 27, subtract line 33 from line 27. This is the AMOUNT YOU OWE	
		00
Thi	TC Do you want to allow another person to discuss this return with the department (see page 14)?	s Complete the following.
Par		ation
Siq	In below 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.
	r signature Spouse's signature (if filing jointly, BOTH must sign	, ,
Mai	il your return to: Wisconsin Department of Revenue If tax due PO Box 268, M If homestead credit claimed PO Box 34, Ma If refund or no tax due PO Box 59, Ma	adison WI 53786-0001
	Married Couple Credit When Both Spouses Are Em	

			(A) TOUR	SELF	(B) 100r	C SPUUSE
1	Wages, salaries, tips, and other employee compensation from line 1 of Form 1A. Do not include deferred compensation or scholarships and fellowships that are not reported on a W-2	1		.00		.00
2	IRA deduction, if any, from line 8 of Form 1A	2		.00		.00
3	Subtract line 2 from line 1	3		.00		.00
4	Compare amounts in columns (A) and (B) of line 3. Fill in the smaller amount here. If more than $16,000, \text{ fill in } 16,000$	4	-		.00	
5	Rate of credit is .03 (3%)	5	-		× .03	
6	Multiply line 4 by line 5. Round the result and fill in here and on line 21 on reverse side	6	Do not fill in more than \$480		.00	
			R T	MAN D	A C	



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