



| 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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