

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning \_\_\_\_\_, 2015 ending \_\_\_\_\_, 20\_\_\_\_.

Check here if this is an amended return [ ] Complete form using BLACK INK

DO NOT STAPLE

Form fields for name, M.I., and social security numbers for individual and spouse.

Form fields for home address, city, state, zip code, and tax district information.

Filing status and special conditions section with checkboxes for Single, Married, etc.

Form fields for tax district name, city/village/town, county, and school district number.



Resident status section with checkboxes for You and Spouse, and options for Full-year, Nonresident, or Part-year resident.

Note: Complete residence questionnaire, page 51.

PAPER CLIP withholding statements here

PAPER CLIP check or money order here

Table with 4 columns: Income, NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows 1-16 listing various income types and amounts.

| <b>Adjustments to Income</b> |  | A. Federal column            | B. Wisconsin column      |
|------------------------------|--|------------------------------|--------------------------|
| <b>17</b>                    | Reserved (federal deduction for educator expenses) . . . . .   | .00                          | .00                      |
| <b>18</b>                    | Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 23) . . . . .  | .00                          | .00                      |
| <b>19</b>                    | Health savings account deduction (see page 23) . . . . .   | .00                          | .00                      |
| <b>20</b>                    | Moving expenses (see page 23) . . . . .  | .00                          | .00                      |
| <b>21</b>                    | Deductible part of self-employment tax (see page 23) . . . . .   | .00                          | .00                      |
| <b>22</b>                    | Self-employed SEP, SIMPLE, and qualified plans (see page 23) . . . . .   | .00                          | .00                      |
| <b>23</b>                    | Self-employed health insurance deduction (see page 23) . . . . .   | .00                          | .00                      |
| <b>24</b>                    | Penalty on early withdrawal of savings (see page 23) . . . . .   | .00                          | .00                      |
| <b>25</b>                    | Alimony paid (see page 23) . . . . .   | .00                          | .00                      |
| <b>26</b>                    | IRA deduction (see page 24) . . . . .  | .00                          | .00                      |
| <b>27</b>                    | Student loan interest deduction (see page 24) . . . . .  | .00                          | .00                      |
| <b>28</b>                    | Reserved (federal tuition and fees deduction) . . . . .  | Not deductible for Wisconsin |                          |
| <b>29</b>                    | Domestic production activities deduction (see page 24) . . . . .   | Not deductible for Wisconsin |                          |
| <b>30</b>                    | Other adjustments included in Form 1040, line 36 (see page 24) (list type and amount) . . . . .  | .00                          | .00                      |
| <b>31</b>                    | Total adjustments to income. Add lines 17 through 30 . . . . .   | .00                          | .00                      |
| <b>Adjusted Gross Income</b> |  |                              |                          |
| <b>32</b>                    | Wisconsin income. Subtract line 31, column B from line 16, column B . . . . .  |                              | .00                      |
| <b>33</b>                    | Federal income. Subtract line 31, column A from line 16, column A . . . . .  | .00                          |                          |
| <b>34</b>                    | Divide line 32 by line 33. Carry the decimal to four places. If amount on line 32 is more than amount on line 33, fill in 1.0000. (See page 24) . . . . .  | _____ . _____                |                          |
| <b>Tax Computation</b>       |  |                              |                          |
| <b>35</b>                    | Fill in the <b>larger</b> of Wisconsin income from line 32, column B or federal income from line 33, column A. <b>But</b> , if Wisconsin income from line 32 is zero or less, fill in 0 (zero) . . . . . | <b>35</b>                    | .00                      |
| <b>36a</b>                   | If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 36c on page 25 . . . . .                                  | <b>36a</b>                   | <input type="checkbox"/> |
| <b>36b</b>                   | Aliens (see page 25 to determine if you must check line 36b) . . . . .   | <b>36b</b>                   | <input type="checkbox"/> |
| <b>36c</b>                   | Find the standard deduction for amount on line 33 using table on page 41 . . . . .   | <b>36c</b>                   | .00                      |
| <b>37</b>                    | Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero) . . . . .   | <b>37</b>                    | .00                      |
| <b>38</b>                    | Exemptions (Caution: see page 25)  |                              |                          |
| <b>a</b>                     | Fill in exemptions from your federal return _____ x \$700 . . . . .  | <b>38a</b>                   | .00                      |
| <b>b</b>                     | Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 . . . . .  | <b>38b</b>                   | .00                      |
| <b>c</b>                     | Add lines 38a and 38b . . . . .  | <b>38c</b>                   | .00                      |
| <b>39</b>                    | Subtract line 38c from line 37. If line 38c is more than line 37, fill in 0 (zero) . . . . .   | <b>39</b>                    | .00                      |
| <b>40</b>                    | Tax (see table on page 44) . . . . .   | <b>40</b>                    | .00                      |
| <b>41</b>                    | Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) . . . . .   | <b>41</b>                    | .00                      |
| <b>42</b>                    | School property tax credits (part-year and full-year residents only)   |                              |                          |
| <b>a</b>                     | Rent paid in 2015—heat included _____ .00 } Find credit from table page 27 . . . . .   | <b>42a</b>                   | .00                      |
|                              | Rent paid in 2015—heat not included _____ .00 }  |                              |                          |
| <b>b</b>                     | Property taxes paid on home in 2015 _____ .00 } Find credit from table page 28 . . . . .   | <b>42b</b>                   | .00                      |
| <b>43</b>                    | Add credits on lines 41, 42a, and 42b . . . . .  | <b>43</b>                    | .00                      |
| <b>44</b>                    | Subtract line 43 from line 40. If line 43 is more than line 40, fill in 0 (zero) . . . . .   | <b>44</b>                    | .00                      |
| <b>45</b>                    | Fill in ratio from line 34 . . . . .   | <b>45</b>                    | _____ . _____            |
| <b>46</b>                    | Multiply line 44 by ratio on line 45 . . . . .   | <b>46</b>                    | .00                      |



| Name(s) shown on Form 1NPR  |  | Your social security number               |
|-----------------------------|--|---|
| <b>47</b>                   | Fill in amount from line 46  | <b>47</b> .00                             |
| <b>48</b>                   | Armed forces member credit. (Full-year Wisconsin residents only)   | <b>48</b> .00                             |
| <b>49</b>                   | Working families tax credit. (Full-year Wisconsin residents only)  | <b>49</b> .00                             |
| <b>50</b>                   | Certain nonrefundable credits from line 11 of Schedule CR  | <b>50</b> .00                             |
| <b>51</b>                   | Add lines 48 through 50  | <b>51</b> .00                             |
| <b>52</b>                   | Subtract line 51 from line 47. If line 51 is more than line 47, fill in 0 (zero)   | <b>52</b> .00                             |
| <b>53</b>                   | Alternative minimum tax. Enclose Schedule MT   | <b>53</b> .00                             |
| <b>54</b>                   | Add lines 52 and 53  | <b>54</b> .00                             |
| <b>55</b>                   | Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)   | <b>55</b> .00                             |
| <b>56</b>                   | Other credits from Schedule CR, line 35. Enclose Schedule CR   | <b>56</b> .00                             |
| <b>57</b>                   | Net income tax paid to another state. Enclose Schedule OS  | <b>57</b> .00                             |
| <b>58</b>                   | Add lines 55, 56, and 57   | <b>58</b> .00                             |
| <b>59</b>                   | Subtract line 58 from line 54. If line 58 is more than line 54, fill in 0 (zero). This is your net tax   | <b>59</b> .00                             |
| <b>60</b>                   | Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 31)<br>If you certify that no sales or use tax is due, check here | <b>60</b> .00                             |
| <b>61</b>                   | Donations (decreases refund or increases amount owed)  |   |
|                             | <b>a</b> Endangered resources .00  | <b>e</b> Military family relief .00       |
|                             | <b>b</b> Cancer research .00   | <b>f</b> Second Harvest/Feeding Amer. .00 |
|                             | <b>c</b> Veterans trust fund .00   | <b>g</b> Red Cross WI Disaster Relief .00 |
|                             | <b>d</b> Multiple sclerosis .00  | <b>h</b> Special Olympics Wisconsin .00   |
|                             | Total (add lines a through h)  | <b>61i</b> .00                            |
| <b>62</b>                   | Penalties on IRAs, other retirement plans, MSAs, etc. (see page 32)  | <b>62</b> .00 x .33 = .00                 |
| <b>63</b>                   | Credit repayments and other penalties (see page 32)  | <b>63</b> .00                             |
| <b>64</b>                   | Add lines 59 through 63  | <b>64</b> .00                             |
| <b>Payments and Credits</b> |  |   |
| <b>65</b>                   | Wisconsin income tax withheld. Enclose readable withholding statements   | <b>65</b> .00                             |
| <b>66</b>                   | 2015 Wisconsin estimated tax paid and amount applied from 2014 return  | <b>66</b> .00                             |
| <b>67</b>                   | Earned income credit. (Full-year Wisconsin residents only)<br>Number of qualifying children<br>Federal credit  | <b>67</b> .00                             |
| <b>68</b>                   | Farmland preservation credit. <b>a.</b> Schedule FC, line 18   | <b>68a</b> .00                            |
|                             | <b>b.</b> Schedule FC-A, line 13   | <b>68b</b> .00                            |
| <b>69</b>                   | Repayment credit   | <b>69</b> .00                             |
| <b>70</b>                   | Homestead credit. (Full-year Wisconsin residents only)   | <b>70</b> .00                             |
| <b>71</b>                   | Eligible veterans and surviving spouses property tax credit  | <b>71</b> .00                             |
| <b>72</b>                   | Refundable credits from Schedule CR, line 38   | <b>72</b> .00                             |
| <b>73</b>                   | AMENDED RETURN ONLY – amount previously paid (see page 36)   | <b>73</b> .00                             |
| <b>74</b>                   | Add lines 65 through 73  | <b>74</b> .00                             |
| <b>75</b>                   | AMENDED RETURN ONLY – amounts previously refunded (see page 36)  | <b>75</b> .00                             |
| <b>76</b>                   | Subtract line 75 from line 74  | <b>76</b> .00                             |



Refund or Amount You Owe

Table with 2 columns: Line number and Amount. Rows include 77 (Amount Overpaid), 78 (Amount Refunded to You), 79 (Amount Applied to Tax), 80 (Amount You Owe), and 81 (Underpayment interest).

Third Party Designee section. Includes fields for Designee's name, Phone no., and Personal identification number (PIN).

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. Includes signature lines for You, Spouse, and Date.

Mail your return to: Wisconsin Department of Revenue. (if tax is due) PO Box 268, Madison WI 53790-0001. (if refund or no tax due) PO Box 59, Madison WI 53785-0001.

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 41 instructions)

Table for Schedule 1 with 2 columns: Line number and Amount. Rows include 1-9 detailing medical expenses, interest, gifts, and casualty losses.

Schedule 2 - Married Couple Credit. May be claimed only when both spouses have earned income taxable by Wisconsin.

Table for Schedule 2 with 3 columns: Line number, (A) YOURSELF, and (B) YOUR SPOUSE. Rows include 1-8 detailing wages, self-employment, and credit rate.

