

**SCHEDULE I**

**Adjustments To Convert 2015 Federal Adjusted Gross Income and Itemized Deductions To The Amounts Allowable for Wisconsin**

**2015**

Wisconsin Department of Revenue

◆ Enclose with Wisconsin Form 1 or Form 1NPR ◆

Name(s) shown on Form 1 or Form 1NPR

Your social security number

**PART I – Federal Adjusted Gross Income**  
(Read instructions before completing Schedule I)

1. Fill in your 2015 federal adjusted gross income from line 37, Form 1040 (line 21, Form 1040A) . . . . . 1 \_\_\_\_\_
2. Capital gains and losses (federal Schedule D)
  - a. Fill in any loss claimed on line 13, Form 1040, as a positive amount . . . . . 2a \_\_\_\_\_
  - b. Fill in any gain reported on line 13, Form 1040 . . . . . 2b ( \_\_\_\_\_ )
  - c. Fill in revised capital gain or (loss) from line 13 of revised Form 1040. Also include this amount on Wisconsin Schedule WD, line 29a if a gain or 29e if a loss. (attach revised Schedule D, Form 8949, and any accompanying forms and schedules) . . . . . 2c \_\_\_\_\_
  - d. Combine lines 2a, 2b, and 2c—indicate a loss by parentheses . . . . . 2d \_\_\_\_\_
3. Supplemental schedule of gains or losses (federal Forms 4797 and 4684)
  - a. Fill in any loss claimed on line 14, Form 1040, as a positive amount . . . . . 3a \_\_\_\_\_
  - b. Fill in any gain reported on line 14, Form 1040 . . . . . 3b ( \_\_\_\_\_ )
  - c. Fill in revised gain or (loss) from line 14 of revised Form 1040 (attach revised Form 4797, Form 4684, and any accompanying forms and schedules) . . . . . 3c \_\_\_\_\_
  - d. Combine lines 3a, 3b, and 3c—indicate a loss by parentheses . . . . . 3d \_\_\_\_\_
4. Combine lines 1, 2d, and 3d . . . . . 4 \_\_\_\_\_

5. Other adjustments:

Description	COL. I Amount per 2015 federal return	COL. II Amount determined under IRC in effect for Wisconsin	COL. III Difference (see line 5 instructions)
a. _____			
b. _____			
c. _____			
d. _____			
e. _____			
f. _____			
g. _____			
h. _____			

i. Total difference (combine amounts in Col. III) . . . . . 5i \_\_\_\_\_

6. Federal adjusted gross income as computed under the Internal Revenue Code in effect for Wisconsin (combine lines 4 and 5i). Fill in here and on line 1 of Wisconsin Form 1 or line 33 of Form 1NPR. (Note: The above figures must also be used to complete Columns A and B for each of the lines 1 through 31 of Form 1NPR.) . . . . . 6 \_\_\_\_\_

(See page 2 of form)

## PART II – Itemized Deductions

(Complete this part only for those federal itemized deductions which may be used in computing the Wisconsin itemized deduction credit.)

Who must complete Part II:

This part should be completed only by individuals claiming the Wisconsin itemized deduction credit. Whenever adjustments have been made in Part I, federal itemized deductions which are based on federal adjusted gross income are affected. Part II must be completed to report the difference in the amount of the deduction based on the revised federal adjusted gross income. Part II must also be completed whenever specific items require adjustment.

		<b>COL. I</b>	<b>COL. II</b>
	Description	Amount per 2015 federal return	Amount determined under IRC in effect for Wisconsin
a.	Medical expense		
b.	Contributions		
c.	Interest		

The amounts in Col. II should be used to compute the Wisconsin itemized deduction credit (Schedule 1 of Form 1 or Form 1NPR).

**Note:** If your total federal itemized deductions are limited due to your income level, use the Worksheet for Limited Itemized Deductions in the Form 1 or Form 1NPR instructions to determine the amount of contributions and interest expense to use for the Wisconsin itemized deduction credit.