CAUTION

This revised version of Schedule FC was placed on the Internet on December 7, 2007. The previous version of Schedule FC contained an error. The instructions on line 17 have been corrected to reflect that the amount to be filled in on that line is from line 11 of WORKSHEET 1.





Complete f	orm using BLACK INK	F	or 2007 or taxab	le year	beginnir	ng	, 2007,	ending_		, 20
Claimant's le	gal last name	Claimant's	legal first name	M.I.	Check I			Claimant's	s social security	number
Spouse's legal last name		Spouse's legal first name		M.I.	1 —	Individual Corporation (including publicly traded partnership or		Spouse's social security number		
Home addres	ss (number and street)					LLC treated Trust or Est	l as corporation)	▲ In	MPORTA	NT 🛦
City or post office		State Zip code				e telephone number		Individuals must enter their social security number(s).		
Question	s Questions 1 through 7 mu	ist be an	swered (see in	structio	ns, pag	ge 4).				
1 a Indi	— viduals – Were you a legal re	sident of	Wisconsin for a	all of 20	007? (If	"No," you	do not qualify.)	1a	Yes	No
b Cor	corporations – Were you organized under the laws of Wisconsin? (If "No," you do not qualify.)						1b	Yes	No	
	2 Have you been notified that you are in noncompliance with any soil and water conservation plan or standard?								∟ Yes	∟ No
3 Have t	he 2006 property taxes for all	of the fa	rmland on whic	h this	claim is	based be	en paid in full?	3	Yes	_
4 What is	s the number of acres on whi	ch this cl	aim is based?	(See ir	structio	ons, page	4.)	4		ACRES
	e farmland produce gross farm 0 during 2005, 2006, and 200							5	Yes	_ No
6 Were a	at least 35 acres of the farmla	nd on wh	nich this claim i	s base	d enroll	ed in the	Conservation		Yes	No
7 If the fa	armland was used by someor 's name and address?	ne else w	ho met the req	uireme	nt in qu	estion 5,	what is that			
Househo	Id Income Complete lines	8 through	n 10.			Print n	umbers like th	is → ()	12345	6789
	e income and dependents' fa			ons, pa	ge 4).				COMMAS; N	
a Indi	viduals (including partners an Income from line 13 of Form	d all corp	orate sharehol	ders) -						
	Spouse's income from Wisco									
(3)	Farm income of dependents	under ag	e 18 – Comple	te the v	worksh	eet below		. 8a(3)		.00
	N	lame			Bi	rth Date	Farm Income			
							.(0		
								00		
	Total farm income – fill in here	and on I	ine 8a(3) above					10		
	Note: If you have more than 3 of							0		
b Cor	porations – Income from Wise					•		8b		.00
c Trus	sts and Estates – Total from I	ncome W	orksheet on pa	ge 5 of	the ins	structions		8c		.00
9 Other I	household income and adjust	ments (s	ee instructions,	pages	5 throu	ıgh 7).				
a Dep	reciation							9a		.00
b Non	farm business losses							9b		.00
c Amo	ortization							9с		.00
d Cap	ital gains not taxable							9d		.00
e Cap	ital loss carryforwards							9е		.00
								04		00
	d support, maintenance payn									
	tributions to deferred comper									
i Don	tributions to IRAs, self-emplo									
2	letion expense and intangible lines 8 through 9j. Enter here									
- n Add	mies o tillough aj. Entel here	and off	ווווכ שב, מנ נוופ נ	op oi þ	aye z			JK		.00



9	L Fill in the amount from line 9k (page 1) here	9L
	m Gain from sale of home excluded for federal tax purposes (see instructions)	9m
	n Nontaxable housing allowance provided to a member of the clergy	9n <u>.00</u>
	o Income of a nonresident or part-year resident spouse	90
	p Interest on state and municipal bonds	9p
	q Interest on United States securities	9q
	r IRA, SEP, and SIMPLE distributions, distributions from retirement plans, pension, annuity, railroad retirement, and veterans' pension or disability payments	9r <u>.00</u>
	s Military compensation or cash benefits	9s <u>.00</u>
	t Nontaxable income from sources outside Wisconsin	9t <u>.00</u>
	u Nontaxable income of a Native American	9u <u>.00</u>
	v Rent reduction for a resident manager	9v00
	w Scholarships, fellowships, and grants	9w00
	x Social security and SSI payments (do not include Title XX payments)	9x00
	y Unemployment compensation	9y
	z Workers' compensation and nontaxable loss of time insurance (for example, sick pay)	9z <u>.00</u>
10	TOTAL HOUSEHOLD INCOME – Add lines 9L through 9z	1000
13 14 15	b Fill in the SMALLER of the amount on line 11a or \$6,000 Using the income amount on line 10, fill in the appropriate amount from TABLE 1, page 15 Subtract line 12 from line 11b (if line 12 exceeds line 11b, fill in 0) Using the amount on line 13, fill in the appropriate amount from TABLE 2, page 16 Regular Credit – Check below to indicate the percentage of credit for which you qualify: a 100% – Fill in amount from line 14	12
Ce	ertification If applicable, check to the right of line 19 to certify both of the following (see instructions,	18 .00 page 9):
19	a None of the information on my previously submitted zoning certificate has changed, andb I have notified the county land conservation committee that I intend to file a 2007 Schedule FC	19
_		
<u> </u>	Sign Here This farmland preservation credit claim and all enclosures are true, correct, and complete to the	best of my knowledge.