DO NOT STAPLE

PAPER CLIP withholding statements here

## Nonresident & part-year resident

## Wisconsin income tax

Check here
if this is an
amended
return .

For the year Jan. 1-Dec. 31, 2007,

beginning:\_

turn		_	_	en	ding		, 20_
Your	soc	ial	security	numbe	r	Spouse's social se	curity num

Your legal last name Legal first name

City or post office Filing status	Special	State	Zip code	
Home address (number and street)	·			
If a joint return, spouse's legal last name	Spouse's	s legal first	name	M.I.

City of post office	State	Zip code	at the end of 2007 or before leaving Wisconsin (non-residents leave blank).	
Filing status	Special			City Village Town
Single	Conditions	s		City, village,
Married filing joint return (even if o	ncome)		or town •	
Married filing separate return.	Legal			County of ▶

State election campaign fund

School district number (see page 39)

.00

Fund, check here.

Tax district

If you want \$1 to go to the State Election Campaign

\_ You

Designating an amount will not change your tax or refund.

Check below then fill in either the name of Wisconsin city, village, or town, and the county in which you lived

, Your spouse

.00

.00

.00

.00

.00

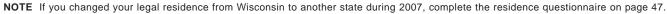
Married filing separate return.	Legal last name
Fill in spouse's SSN above and full name here	Legal first name

Head of household (with qualifying	person) (see page 8).		
Also, check here if married.			

## Resident status Check the status that applies \_ Full-year resident of Wisconsin

Nonresident of Wisconsin; resident of _	(2-letter postal abbreviation of state

Part-year resident of Wisconsin from _	to	to (m	onth/day)
----------------------------------------	----	-------	-----------



Non	resident of Wisconsin; resident of (2-letter postal al	obreviation of sta	ate)	
Part	t-year resident of Wisconsin from to	/	_ (month/day)	
ПОИ	<b>TE</b> If you changed your legal residence from Wisconsin to anot	her state during 20	007, complete the residence	ce questionnaire on page 47
Income	Print numbers like this → 0 1 23 45 6789	NO COMMAS NO CENTS	A. Federal column	B. Wisconsin column
mcome				

.00 .00 .00 Tayable refunds credits or offsets of state and local income tayes

(from federal Form 1040, line 10)	4	.00	Not taxable
Alimony received (from federal Form 1040, line 11)		.00	

.00 .00 .00 .00

.00 .00 .00 .00

0

10	Pensions and annuities (see page 13)	10 _	.00	.0
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			

	(from federal Form 1040, line 17)	.00	.00.
12	Farm income or (loss) (from federal Form 1040, line 18)	.00	.00
13	Unemployment compensation (see page 14)	00	OC.

13	Unemployment compensation (see page 14)	13	.00	.00
14	Social security benefits (see page 15)	14	.00	.00
15	Other income (see pages 15-21)	15	.00	.00

I-050i

PAPER CLIP check or money order here

Adj	Adjustments to Income A. Federal column		B. Wisconsin column	
17	Educator expenses (see page 21)	Not deductible	for Wisconsin	
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 21)		.00.	
19	Health savings account deduction (see page 21) 19	Not deductible for Wisconsin		
20	Moving expenses (see page 21)	.00	.00	
21	One-half of self-employment tax (from federal Form 1040, line 27) 21	.00	.00	
22	Self-employed SEP, SIMPLE, and qualified plans (see page 21) 22	.00	.00	
23	Self-employed health insurance deduction (see page 22) 23	.00	.00	
24	Penalty on early withdrawal of savings (from federal Form 1040, line 30) 24	.00	.00	
25	Alimony paid (from federal Form 1040, line 31a)	.00	.00	
26	IRA deduction (see page 22)	.00	.00	
27	Student loan interest deduction (see page 22)	.00	.00	
28	Tuition and fees deduction (see page 22)	Not deductible	for Wisconsin	
29	Domestic production activities deduction (see page 22)		.00	
30	Other adjustments included in federal Form 1040, line 36 (list type and amount) 30	.00	.00.	
31	Total adjustments to income. Add lines 17 through 30	.00	.00	
Adj	usted Gross Income	г		
32	Wisconsin income. Subtract line 31, column B from line 16, column B . 32		.00	
33	Federal income. Subtract line 31, column A from line 16, column A 33	.00		
34	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 1.00. (See page 23) 34			
Тах	Computation			
	Fill in the <b>larger</b> of Wisconsin income from line 32, column B or federal income column A. <b>But</b> , if Wisconsin income from line 32 is zero or less, fill in 0 (zero)		.00.	
36a	If you (or your spouse) can be claimed as a dependent on anyone else's return, and see the "Exception" in the instructions for line 36c on page 23	, check here	a	
36b	Aliens (see page 23 to determine if you must check line 36b)		<b>b</b>	
360	Find the standard deduction for amount on line ${\bf 33}$ using table on page ${\bf 37}\dots$		.00	
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)		.00	
38	<b>Exemptions</b> (Caution: see page 23)  a Fill in exemptions from your federal return x \$700 . 38a	.00		
	<b>b</b> Check if 65 or older You <b>+</b> Spouse = x \$250 . <b>38b</b>	.00		
	c Add lines 38a and 38b		.00	
39	Subtract line 38c from line 37. If line 38c is more than line 37, fill in 0 (zero)		.00	
40	Tax (see table on page 40)		.00	
41	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) 41	.00		
42	School property tax credits (part-year and full-year residents only)			
	a Rent paid in 2007–heat included Find credit from table page 25 42a	.00		
	Rent paid in 2007–heat not included Find credit from			
	b Property taxes paid on home in 2007 table page 26 42b		.00	
43	Add credits on lines 41, 42a, and 42b			
44	Subtract line 43 from line 40. If line 43 is more than line 40, fill in 0 (zero)			
45	Fill in ratio from line 34			
40	Multiply line 44 by ratio on line 45		.00	



Nam	e(s) shown on Form 1NPR	Your social secui	ity number
			1
47	Fill in amount from line 46	47	.00
48	Armed forces member credit. (Full-year Wisconsin residents only) 48	.00	
49	Historic rehabilitation credits		
50	Working families tax credit. (Full-year Wisconsin residents only)	.00	
51	Add lines 48, 49, and 50		.00
52	Subtract line 51 from line 47. If line 51 is more than line 47, fill in 0 (zero)		.00
53	Alternative minimum tax. Enclose Schedule MT		.00
54	Add lines 52 and 53	54	.00
55	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR) 55	.00	
56	Other <b>a</b> Sch. MS <b>.</b> 00 <b>e</b> Sch. VC (Part I) <b>.</b> 00		
	credits b Sch. DI f Sch. VC (Part II)		
	© Sch. DC		
	<b>d</b> Sch. TC <b>h</b> Sch. OS		
	Total (add lines a through h)	.00	
57		57	.00
58	Subtract line 57 from line 54. If line 57 is more than line 54, fill in 0 (zero). This is your ne	t tax <b>58</b>	.00
59	Recycling surcharge. Enclose Schedule RS	<u> </u>	.00
60	Sales and use tax due on out-of-state purchases (see page 28)		.00
61	Donations (decreases refund or increases amount owed)		
	a Endangered resources e Multiple sclerosis	.00	
	<b>b</b> Packers football stadium <b>6 f</b> Firefighters memorial	.00	
	c Breast cancer research g Prostate cancer research	.00	
	<b>d</b> Veterans trust fund <b>vers</b> Total (add lines a through g)	→ 61h	.00
62	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 29) ▶00	x .33 = <b>62</b>	.00
63	Credit repayments and other penalties (see page 29)	63	.00
64	Add lines 58 through 63	64	.00
Pav	yments and Credits		
65	·	.00	
66	2007 Wisconsin estimated tax paid and amount applied from 2006 return 66	.00	
67	Earned income credit. (Full-year Wisconsin residents only)		
	Number of qualifying children		
	Federal credit	.00	
68	Farmland preservation credit. (Full-year Wisconsin residents only) 68	.00	
69	Repayment credit	.00	
70	Homestead credit. (Full-year Wisconsin residents only)	.00	
71	Farmland tax relief credit. (Full-year Wisconsin residents only)	00	
70	Fill in property taxes on farmland	.00	
72		.00	
73	Enterprise zone jobs credit	<u>.00</u> .00	
74 75	Dairy manufacturing facility investment credit		.00
13	Aud IIII03 00 IIII0ugii 74	/ /	.00

Re	efund or Amount You Owe				
76	If line 75 is more than line 64, subtract line 64 from line 75 This is the AN	MOUNT	YOU OVERPAID	76	.00
	Amount of line 76 you want REFUNDED TO YOU			77	.00
78			.0	)	
79	If line 75 is less than line 64, subtract line 75 from line 64 This is the		OUNT YOU OWE	79	.00
		80	.0.		
L				_	
Th	ird Do you want to allow another person to discuss this return with the department (	see page	e 34)? Yes	Complete	the following. No
	rty Designee's Phone		Personal identifica	ion .	
De	no. ▶ ( )		number (	PIN)	
Una Sig				est of my	knowledge and belief.  Date
Mail	I your return to: Wisconsin Department of Revenue	F	or Department Use	Only	
	if tax is due) (if refund or no tax due)		R T MAI	N C	; [
	PO Box 268 PO Box 59 Madison WI 53790-0001 Madison WI 53785-0001	Γ			
	Wadisult WI 33790-0001 Wadisult WI 33703-0001	L			
1. 2. 3. 4. 5a. 5b.	Medical and dental expenses from line 4, federal Schedule A. See instructions for except Interest paid from line 15, federal Schedule A. See instructions for except Gifts to charity from line 19, federal Schedule A. See instructions for except Add lines 1 through 3	ctions for tions	or exceptions	. 1 . 2 . 3 . 4 00 . 5c . 6	.00 .00 .00 .00 .00 .00 x .05
Sc	hedule 2 - Married Couple Credit May be claimed only when	n hoth s	nouses have earn	ed incom	e tavable by Wisconsin
	Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR. Do not include deferred compensation (even though reported on a W-2) taxable scholarships or fellowships not reported on a W-2	or	(A) YOURS		(B) YOUR SPOUSE
2.	Net profit or loss from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable se employment or earned income included in column B on Form 1NPR			.00	.00
3.	Combine lines 1 and 2. This is your total Wisconsin earned income	_	_	.00	.00
4.	Add amounts on Form 1NPR, lines 18, 22, 26, and 30, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income	ne 4		.00	.00
5.	Subtract line 4 from line 3. This is your qualified earned income	5		.00	.00
6.	Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000		6 _		.00
7.	Rate of credit is .03 (3%)		7 _		x .03
8.	Multiply line 6 by line 7. Round the result and fill in here and on line 55 of Do not fill in more than \$480				.00

