Spouse's social security number

Legal first name



M.I.

IMPORTANT

social security number(s)

◀ You must enter your

.00

For year Jan. 1-Dec. 31, 2008, or other tax year

ending , 20

beginning

Complete form using BLACK INK

	COII	ipiete form using BLA	ICK I
쁘	Your	social security number	Spou
TAP			
TS	Your	legal last name	
DO NOT STAPL			
2	If a jo	oint return, spouse's legal last	name
	Curr	ent home address (number an	d etro
	Curre	ent nome address (number an	u silei
	City	or post office	
	l .	rried filing separate, fill in sponame	use's s
	Fili	ing status (Note You ca	annot
	0	n original return 🕨 S	ingle
	O		
2	0	n this return	ingle
See page 5 betore assembling return	Р	rint numbers like this	→ (
lug	1	Wisconsin income (se	e ins
IOIL		Form W-2 wages in	clude
SSe	2	Standard deduction.	See t
rea		If someone else can o	claim
	3	Subtract line 2 from li	ne 1.
e 5	4	Exemptions (Caution	
pag		a Fill in exemptions f	
ב		b Check if 65 or olde	r _
,		c Add lines 4a and 4	
	5	Subtract line 4c from	line 3
	6	Tax (see table on pag	e 10
	7	Itemized deduction cr	edit
	8	Armed forces membe	r cre
	9	Health insurance risk-	shar

Š					• USE THIS FORM TO AME	ND 2000 ONLY
00	If a jo	pint return, spouse's legal last name	Spouse's legal first name	M.I.	(See instructions)	IND 2000 UNLT.
					PART-YEAR RESIDENTS OR	NONRESIDENTS
	Curre	ent home address (number and street)			MAY NOT USE THIS FORM.	
	City	or post office	State Zip code		Special	
	,	·			conditions	
		rried filing separate, fill in spouse's social security nu name	umber above and full name here First name	IM.I.		
	Luot		T HOL HAITIO			
	Fil	ing status (Note You cannot change from j	oint to separate returns after the	due date)		
		n original return Single filing j	ed Married	Head of		
'n.	0	n this return 🕨 🔃 Single 🖳 filing j	ed Married joint — filing separate –	Head of	old Also, check here if married	
5 before assembling return	Р	rint numbers like this → 0 / 23 45	6789 <u>Not</u> like thi	s → Ø1	4 7 <u>NO</u> COI	MMAS; <u>NO</u> CENTS
ing	1	Wisconsin income (see instructions) .			1	.00
mbl		Form W-2 wages included in line 1 .		▶ _	.00	
sse	2	Standard deduction. See table on page	e 8, OR			.00
re a		If someone else can claim you (or your	r spouse) as a dependent, se	e page 2	and check here	
befo	3	Subtract line 2 from line 1. If line 2 is la	arger than line 1, fill in 0			.00
3de 5 l	4	Exemptions (Caution: see instructions a Fill in exemptions from your federal		00 4a _	.00	
See page		b Check if 65 or older You + _	Spouse = x \$2	50 4b _	. 00	
Se		c Add lines 4a and 4b			4c	.00
	5	Subtract line 4c from line 3. If line 4c is	larger than line 3, fill in 0.			.00
	6	Tax (see table on page 10)			6	.00
	7	Itemized deduction credit		7	.00	
	8	Armed forces member credit		8 _	.00	
	9	Health insurance risk-sharing plan asse	essments credit	9 _	.00	
	10	School property tax credit	`			
		a Rent paid in 2008–heat included	Find credit	from	.00	
Ø		Rent paid in 2008-heat not included	J table page Find credit		.00	
		b Property taxes paid on home in 2008	table page	7 10b _	<u>.00</u>	
PER CLIP payment here	11	Historic rehabilitation credits		11	.00	
ent	12	Working families tax credit		_		
aym	13	Film production company investment cr				
IP Di	14	Add credits on lines 7 through 13				.00
CT	15	Subtract line 14 from line 6. If line 14 is				
ER		Alternative minimum tax				.00

Form 1	x (2008) Name	SSN	Page 2 of 4
18	Amount from line 17	18	.00
	Married couple credit19		
20	Other credits from Schedule CR, line 11	.00	
21	Net income tax paid to another state 21	.00	
22	Add lines 19 through 21	22	.00
23	Subtract line 22 from 18. If line 22 is more than line 18, fill in 0	23	.00
24	Recycling surcharge	24	.00
25	Sales and use tax on out-of-state purchases		
26	Donations (decreases refund or increases amount owed)		
	a Endangered resources e Multiple sclerosis	00	
	b Packers football stadium 6 f Firefighters memorial	.00	
	c Breast cancer research	th 🖟00	
	d Veterans trust fund vers Total (add lines a th	rough g) > 26h	.00
27	Penalties on IRAs, other retirement plans, MSAs, etc0	0 x .33 = 27	.00
28	Credit repayments and other penalties	28	.00
29	Add lines 23 through 25 and 26h through 28	29	.00
30	Wisconsin income tax withheld30		
31	Wisconsin estimated tax payments for 2008		
32	Earned income credit. Number of qualifying children •		
	Federal credit	.00	
33	Farmland preservation credit		
34	Repayment credit		
35	Homestead credit (Enclose Schedule H or H-EZ)		
	Farmland tax relief credit		
	Property taxes on farmland	.00	
37	Eligible veterans and surviving spouses property tax credit		
38	Other credits from Schedule CR, line 15		
	Amount paid with 2008 return, plus additional payments	·	
	after it was filed (see instructions)		
40	Add lines 30 through 39 and fill in total40		
41	Refund from 2008 return (see instructions)		
42	Subtract line 41 from line 40 and fill in result		
43	If line 29 is less than line 42, subtract line 29 from line 42 $$. This is the AN	OUNT OF YOUR REFUND 43	.00
44	Amount to be applied to your 2009 estimated tax (see instructions) 44		
45	If line 29 plus line 44 is more than line 42, subtract line 42 from the sum of lines 29 and 44		
46	Interest charge (see instructions)	46	.00
47	TOTAL AMOUNT DUE – Pay in full with this return		.00.
48	Underpayment interest (see instructions) Exception Code →	.00	



Name(s) shown on Form 1X		Your social security number
		1 1 1
Explanation of Chan	nges to Income, Payments, and Credits	
	Explanation	
	Codes (see instructions)	
Indicate the line reference	(s) from pages 1 and 2 for which you are reporting a change and exp	plain in detail the reason for the change.
Fill in the name used on y		
(if same as name filled in on	page 1, write "Same")	
0:		
Sign here	eclare that this amended return and all attachments are true, correct, and complete	a to the hest of my knowledge and helief
Your signature	Spouse's signature (if filing jointly, BOTH must sign) Date	Daytime phone
		(
		()
Mail your Form 1X		For Department
(and make check payable) to:	Wisconsin Department of Revenue PO Box 8991	Use Only R C
	Madison WI 53708-8991	

Form 1X (2008) Name SSN Page **4 of 4**

Sch	nedule 1 - Itemized Deduction Credit				
	(Fill in completely if any item is changed. If this credit was	s not claimed on yo	ur original retur	n, enclose feder	al Schedule A.)
1	Medical and dental expenses from line 4, federal Schedule A \ldots			1	.00
2	Interest paid from line 15, federal Schedule A. Do not include intersecond home located outside Wisconsin or on a residence which is Also, do not include interest paid to purchase or hold U.S. government.	s a boat.		2	.00
3	Gifts to charity from line 19, federal Schedule A			'	
4	Add lines 1 through 3				
5	Wisconsin standard deduction from line 2 of Form 1X			·	
6	Subtract line 5 from line 4. If line 5 is more than line 4, fill in 0			·	
7	Rate of credit is .05 (5%)			'	
8	Multiply line 6 by line 7. Fill in here and on line 7 of Form 1X				
					<u> </u>
Sch	nedule 2 - Married Couple Credit When Both Spouses Are En	nployed			
Sch 1 2	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) Yo	.00	(B) You	ir spouse
1	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) Yo	.00.	(B) You	.00.
1	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) Yo	.00.	(B) You	.00
1	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) Yo	.00.	(B) You	.00.
1 2 3	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) You	.00.	(B) You	.00.
1 2 3 4	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) You 1 2 3 4	.00.	(B) You	.00.
1 2 3 4	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) You 1 2 3 4 5 5	.00.	(B) You	.00.
1 2 3 4	(Fill in if changed.) Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	(A) You 1 2 3 4 5 0, fill in \$16,000	.00		.00.

