

Complete form using **BLACK INK**

Note

DO NOT STAPLE

Your social security number		Spouse's social security number	
Your legal last name		Legal first name	M.I.
If a joint return, spouse's legal last name		Spouse's legal first name	M.I.
Home address (number and street). If you have a PO Box, see page 6.			Apt. No.
City or post office		State	Zip code

Filing status

Single

Married filing joint return (even if only one had income)

Head of household Fill in qualifying person's name

Also, check here if married.

State election campaign fund
If you want \$1 to go to the State Election Campaign Fund, check here. You Your spouse
Designating an amount will not change your tax or refund.

Tax district Check below then fill in either the name of city, village, or town and the county in which you lived at the end of 2009.

City Village Town

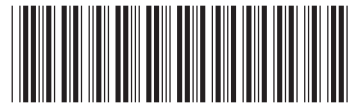
City, village, or town

County of

School district number (see page 23)

Special conditions

Print numbers like this → 0 1 2 3 4 5 6 7 8 9 **NO COMMAS; NO CENTS**



1	Wages, salaries, tips, etc. (see page 7)	1	_____	.00
2	Interest (see page 7)	2	_____	.00
3	Ordinary dividends (from line 9a of federal Form 1040A or 1040)	3	_____	.00
4	Capital gain distributions (see page 8)	4	_____	.00
5	Unemployment compensation (from worksheet, page 8)	5	_____	.00
6	Taxable IRA distributions, pensions, and annuities (see page 8)	6	_____	.00
7	Add lines 1 through 6	7	_____	.00
8	IRA deduction (see page 10)	8	_____	.00
9	Student loan interest deduction (see page 10)	9	_____	.00
10	Medical care insurance deduction (see page 10)	10	_____	.00
11	Add lines 8 through 10	11	_____	.00
12	Subtract line 11 from line 7. This is your Wisconsin income	12	_____	.00
13	If your parent (or someone else) can claim you (or your spouse) as a dependent, check here	13	<input type="checkbox"/>	
14	Fill in the standard deduction for your filing status from table, page 31. But if you checked line 13, fill in amount from worksheet, page 11	14	_____	.00
15	Subtract line 14 from line 12. If line 14 is larger than line 12, fill in 0	15	_____	.00
16	Exemptions (Caution: see page 11)			
	a Fill in exemptions from your federal return _____ x \$700	16a	_____	.00
	b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250	16b	_____	.00
	c Add lines 16a and 16b	16c	_____	.00
17	Subtract line 16c from line 15. If line 16c is larger than line 15, fill in 0. This is your taxable income	17	_____	.00
18	Tax. Use amount on line 17 to find your tax using table, page 24	18	_____	.00
19	Armed forces member credit (must be stationed outside U.S., see page 12)	19	_____	.00
20	School property tax credit			
	a Rent paid in 2009—heat included _____ .00	} Find credit from table page 13 ..	20a	_____ .00
	Rent paid in 2009—heat not included _____ .00			
	b Property taxes paid on home in 2009 _____ .00	} Find credit from table page 14 ..	20b	_____ .00
21	Working families tax credit, see page 14	21	_____	.00
22	Married couple credit. Complete schedule on reverse side	22	_____	.00
23	Add lines 19 through 22. This is the total of your credits	23	_____	.00
24	Subtract line 23 from line 18. If line 23 is larger than line 18, fill in 0. This is your net tax	24	_____	.00

ENCLOSE withholding statements

PAPER CLIP payment here










25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40

25 Fill in net tax from line 24 **25** **.00**

26 Sales and use tax due on out-of-state purchases (see page 15) **26** **.00**

27 Advance earned income credit (see page 16) **27** **.00**

28 Donations (decreases refund or increases amount owed)

a Endangered resources 00	f Firefighters memorial 00
b Packers football stadium 00	g Prostate cancer research 00
c Breast cancer research 00	h Military family relief 00
d Veterans trust fund 00	i Second Harvest 00
e Multiple sclerosis 00	Total (add lines a through i) 28j00

29 Add lines 25, 26, 27, and 28j **29** **.00**

30 Wisconsin income tax withheld. Enclose withholding statements **30** **.00**

31 2009 estimated tax payments and amount applied from 2008 return ... **31** **.00**

32 Earned income credit (see page 17)
Qualifying children ▶ Federal credit ... **.00** x % = ... **32** **.00**

33 Homestead credit. Attach Schedule H or H-EZ **33** **.00**

34 Eligible veterans and surviving spouses property tax credit **34** **.00**

35 Add lines 30 through 34 **35** **.00**

36 If line 35 is more than line 29, subtract line 29 from line 35. This is the **AMOUNT YOU OVERPAID** **36** **.00**

37 Amount of line 36 you want **REFUNDED TO YOU** **37** **.00**

38 Amount of line 36 you want **applied to your 2010 estimated tax** **38** **.00**

39 If line 35 is less than line 29, subtract line 35 from line 29. This is the **AMOUNT YOU OWE** ... **39** **.00**

40 Underpayment interest. Fill in exception code – See Sch. U → [] **40** **.00**
(See page 19)

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 20)? **Yes** Complete the following. **No**

Designee's name ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶	[] [] [] [] [] [] [] [] [] []
-------------------	-----------------	--	---

Sign below 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.

Your signature	Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone ()
----------------	--	------	-------------------

Mail your return to: Wisconsin Department of Revenue

If tax due PO Box 268, Madison WI 53790-0001
 If homestead credit claimed PO Box 34, Madison WI 53786-0001
 If refund or no tax due PO Box 59, Madison WI 53785-0001

Married Couple Credit When Both Spouses Are Employed

	(A) YOURSELF	(B) YOUR SPOUSE
1 Wages, salaries, tips, and other employee compensation from line 1 of Form 1A. Do not include deferred compensation or scholarships and fellowships that are not reported on a W-2 1	.00	.00
2 IRA deduction, if any, from line 8 of Form 1A. 2	.00	.00
3 Subtract line 2 from line 1 3	.00	.00
4 Compare amounts in columns (A) and (B) of line 3. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000 4		.00
5 Rate of credit is .03 (3%) 5		X .03
6 Multiply line 4 by line 5. Round the result and fill in here and on line 22 of Form 1A. Do NOT fill in more than \$480 6		.00



R	T	MAN	C			
---	---	-----	---	--	--	--

For Department Use Only