Filing Status Single Married filing jointy Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (OW) If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ► Your social security number Your first name and middle initial Last name Your social security number JANE VETERAN 355 - [00 -][1111 If join return, spouse's first name and middle initial Last name Spouse's social security number JONE Status Apt. no. Desketel First, crypur spous fifte, status, and 2P code. If you have a foreign address, also complete spaces below (see instructions). Deskete First, crypur spous fifte, status, and 2P code. If you have a foreign province/state/county Foreign postal code If mesting a stoc betwing into child and c	104		artment of the Treasury—Internal Revenue Ser S. Individual Income Ta		eturn		201	OMB No. 1545	-0074 IRS Use Onl	y—Do n	ot write o	r staple in this s	space.
JANE VETERAN 355-00-11111 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street), If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). MAUTPACA, WI 54981 Presidential Election Campaign Foreign country name Foreign province/state/country Foreign postal code If more than four dependents, see instructions is are rinkin. You spouse as a dependent Beduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: You spouse as a dependent If ist name Last name (2) Social security number (3) Relationship to you (4) / if qualifies for (see instructions): (1) First name Last name Image: salaries, tips, etc. Attach Form(s) W-2 Image: salaries, tips, etc. Attach Form(s) W-2 </td <td>Check only</td> <td>lf yo</td> <td>u checked the MFS box, enter the nam</td> <td>-</td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>,,,,,</td> <td></td>	Check only	lf yo	u checked the MFS box, enter the nam	-	•							,,,,,	
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street), If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 5555 43RD STREET Drek keer if you, or your spouse if filing City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Apt. no. WAUPACA, WI 54981 Foreign province/state/county Foreign postal code If more than four dependents, see instructions and / here } Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see instructions and / here } Standard Sopuse temizes on a separate return or you were a dual-status alien Age/Blindness You: Yees born before January 2, 1955 Is blind Dependents (see instructions): (1) First name Last name (2) Social security number (3) Helationship to you (4) / if qualifies for (see instructions): (1) First name Last name 2a 1 2b 680 Standard beduction for dependents 2a 1 2b 680 Standard to poly of theign dependent 2a 1 </td <td>Your first name</td> <td>and m</td> <td>iddle initial</td> <td>Last</td> <td>name</td> <td></td> <td></td> <td></td> <td></td> <td>Your</td> <td>r social</td> <td>security num</td> <td>ıber</td>	Your first name	and m	iddle initial	Last	name					Your	r social	security num	ıber
Home address fumber and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your spouse If filing pintly, want 35 to go to fils fund. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Check iner if you, or your spouse if filing pintly, want 35 to go to fils fund. WAUPACA, WI 54981 Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see instructions and / here > Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Ware born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind Dependents (see instructions): (1) First name (3) Relationship to you (4) If qualifies for (see instructions): (1) First name Last name Image: Spouse is filling Image: Spouse is filling Image: Spouse is filling Standard Image: Spouse is the spouse You: Ware spouse You: Ware spouse Image: Spouse is discussed is spouse Image: Spouse is spouse Image: Spouse is spouse Image: Spouse is discussed is spouse is spouse is spous	JANE			VE	TERA	Ν				35	5-00)-1111	
5555 43RD STREET Check here fyou, or your spouse filling ports, want \$3 to go to this fund. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Checking tox this und.	lf joint return, s	pouse's	s first name and middle initial	Last	name					Spoι	ise's so	cial security n	umber
WAUPACA, WI 54981 tax or refund. You Standard line and refund. Foreign country name Foreign province/state/county Foreign postal code If more than four dependents. see instructions and / here > Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind Dependents (see instructions): (2) Social security number (3) Relationship to you (4) / if qualifies for (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) / if qualifies for (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) / if qualifies for (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) / if qualifies for (see instructions): (2) Social security number (3) Relationship to you (4) / if qualifies for (see instructions): (2) (3) Relationship to you (4) / if qualifies for (see instructions): (2) (2) (2) (4) If a qualifies dividendes 3a 10.990 <td>5555 43</td> <td>BRD</td> <td>STREET</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Check jointly,</td> <td>here if yo want \$3 t</td> <td>ou, or your spous to go to this func</td> <td>se if filing d.</td>	5555 43	BRD	STREET							Check jointly,	here if yo want \$3 t	ou, or your spous to go to this func	se if filing d.
Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind Age/Blindness You: Were born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind Dependents (see instructions): (2) Social security number (3) Relationship to you (4) ✓ If qualifies for (see instructions): Credit for other dependents (1) First name Last name (2) Social security number (3) Relationship to you (4) ✓ If qualifies for (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) ✓ If qualifies for (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) ✓ If qualifies for (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) ✓ If qualifies for (see instructions): (1) First name Last name 2a Tax-exempt interest. 1 2a 50 38 Qualified dividends 4a 10				reign ad	udress,	aisc	o complete st	aces below (see instruc	cuons).		0		0,
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Image: Standard Deduction for- Last name Child tax credit Credit for other dependents 1 Wages, salaries, tips, etc. Attach Form(s) W-2	Age/Blindness	You:	Were born before January 2, 195	5	Are bli	ind	Spouse:	Was born before	e January 2, 1955	Is	blind		
2a Tax-exempt interest. 2a b Taxable interest. Attach Sch. B if required 2b 680 3a Qualified dividends 3a 1090 b Ordinary dividends. Attach Sch. B if required 3b 1090 4a IRA distributions. 4a b ordinary dividends. Attach Sch. B if required 4b 4b 5ingle or Married filing jointly or Qualifying widow(en, \$22,00 5a Social security benefits 5a 16960 b Taxable amount 4d 4d 4d 6 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here b 7a 7a 7a 14 add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income in Schedule 1, line 22 5b 5b 8a 1770 8a Adjustments to income from Schedule 1, line 22 5b 8b 1770 8a 9 Standard deduction or itemized deductions (from Schedule A) 9 12200 10 11a 12200	•	see ins	,		2) Socia	l sec	urity number	(3) Relationship to you		•	,	,	endents
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2a Tax-exempt interest. 2a b Taxable interest. Attach Sch. B if required 2b 680 3a Qualified dividends 3a 1090 b Ordinary dividends. Attach Sch. B if required 3b 1090 4a IRA distributions. 4a b ordinary dividends. Attach Sch. B if required 4b 4b 5ingle or Married filing jointly or Qualifying widow(en, \$22,00 5a Social security benefits 5a 16960 b Taxable amount 4d 4d 4d 6 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here b 7a 7a 7a 14 add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income in Schedule 1, line 22 5b 5b 8a 1770 8a Adjustments to income from Schedule 1, line 22 5b 8b 1770 8a 9 Standard deduction or itemized deductions (from Schedule A) 9 12200 10 11a 12200													
Standard Deduction for - 3a Qualified dividends		1	Wages, salaries, tips, etc. Attach Forr	n(s) W-	2						1		
Standard Deduction for - 4a IRA distributions. 4a b 4b • Single or Married filing separately, \$12,200 5a Social security benefits 4c b 4d 4d • Married filing jointly or Qualifying widewich, separately, \$24,400 5a 16960 b Taxable amount 4d • Head of household, \$12,300 b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income 7a 7a • Head of household, \$18,350 b Adjustments to income from Schedule 1, line 9 5b 7b 1770 • If you checked any box under Standard 9 12200 8a 10 10 8b 1770 • It dualities and the united interval of household, \$100 10 Qualified business income deduction. Attach Form 8995 or Form 8995-A 10 11a 12200		2a	Tax-exempt interest	2a				b Taxable interest. A	Attach Sch. B if requi	red	2b		680
Deduction for- 4a IRA distributions. 4a b Taxable amount 4b • Single or Married filing separately, \$12,200 c Pensions and annuities 4c d Taxable amount 4d • Married filing jointly or Qualifying widow(er), \$22,400 5a Social security benefits 5a 16960 b Taxable amount 5b • Head of household, \$18,350 • Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income • • 7a • Head of household, \$18,350 • B Adjustments to income from Schedule 1, line 22 • • 8a • If you checked any box under Standard 9 12200 8b 1770 • 9 12200 10 11a 12200		3a	Qualified dividends	3a			1090	b Ordinary dividends.	Attach Sch. B if requi	ired	3b		1090
filing separately, \$12,200 C Pensions and annutices 4C 4C 4d • Married filing jointly or Qualifying widow(er), \$24,400 5a 16960 b Taxable amount 5b • Head of household, \$18,350 6 Capital gain or (loss). Attach Schedule 1, line 9 7a 7a • Head of household, \$18,350 8a Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income 7b 1770 • If you checked any box under Standard 9 12200 8a • If you checked any box under Standard 10 9 12200 • It a Add lines 9 and 10 Attach Form 8995 or Form 8995-A 10		4a	IRA distributions	4a				b Taxable amount			4b		
\$12,200 5a Social security benefits 5a 16960 b Taxable amount 5b • Married filing jointly or Qualifying widow(er), \$24,400 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here • • 6 • Head of household, \$18,350 b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income • • 7b 1770 • If you checked any box under Standard deduction, see instructions. 9 12200 8a 10 10 • If a Add lines 9 and 10 11a 12200		с	Pensions and annuities	4c				d Taxable amount			4d		
jointly or Qualifying widow(er), \$224,400 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 • Head of household, \$18,350 b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income 7 7 • If you checked any box under Standard 9 Standard deduction or itemized deductions (from Schedule A) 9 12200 • Ita Add lines 9 and 10 Attach Form 8995 or Form 8995-A 10 11 12200		5a	Social security benefits	5a			16960	b Taxable amount			5b		
widow(er), \$24,400 7a 7a • Head of household, \$18,350 • Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income • • • • • • • • • • • • • • • • • • •		6	Capital gain or (loss). Attach Schedule	D if required. If not required, check here					6				
• Head of household, \$18,350 b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income • • • • • • • • • • • • • • • • • • •	widow(er),	7a	Other income from Schedule 1, line 9								7a		
\$18,350 ba Adjustments to income from schedule 1, ine 22		b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	l 7a. Th	is is you	ur to	otal income			►	7b		1770
 If you checked any box under Standard Subtract line 8a from line 7b. This is your adjusted gross income Standard deduction or itemized deductions (from Schedule A) Qualified business income deduction. Attach Form 8995 or Form 8995-A Add lines 9 and 10 Add lines 9 and 10 		8a	Adjustments to income from Schedul	e 1, line	22.						8a		
Standard 9 12200 Standard 9 12200 Deduction, see instructions. 10 10 10 11a Add lines 9 and 10 10 11a	1	b	Subtract line 8a from line 7b. This is y	our adj	usted g	gros	s income			►	8b		1770
Deduction, see instructions. 10 10 10 11a Add lines 9 and 10 Add lines 0 Add lines 0 Add lines 0		9	Standard deduction or itemized de	duction	is (from	Sch	nedule A) .	9	12	200			
11a Add lines 9 and 10 11a 12200	Deduction,	10	Qualified business income deduction.	Attach	Form 8	3995	or Form 899	5-A 10)				
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- . . . 11b 0	See instructions.	11a	Add lines 9 and 10								11a	1	2200
		b	Taxable income. Subtract line 11a fr	om line	8b. lf ze	ero	or less, enter	-0	<u></u>		11b		0

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. $\ensuremath{\text{QNA}}$

Form **1040** (2019)

Page 7		3!	5	5	- (0	0	-	1	1	1	1	Daga	2
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VETER Form 1040 (2019	AN							35	5-0	0-11	111 _{Pa}	age 2
	12a	Tax (see inst.) Check if any from Fo	orm(s): 1 881	4 2 4972	3	12a						
	b	Add Schedule 2, line 3, and line						•	12b			
	13a	Child tax credit or credit for othe	r dependents .			13a						
	b	Add Schedule 3, line 7, and line	13a and enter the	total				►	13b			
	14	Subtract line 13b from line 12b.	If zero or less, ent	er -0					14			0
	15	Other taxes, including self-emplo	oyment tax, from S	Schedule 2, line	10				15			0
	16	Add lines 14 and 15. This is your	total tax						16			0
	17	Federal income tax withheld fror	n Forms W-2 and	1099					17			
If you have a	18	Other payments and refundable	credits:									
qualifying child,	а	Earned income credit (EIC) .				18a NO						
attach Sch. EIC. • If you have	b	Additional child tax credit. Attacl	h Schedule 8812			18b						
nontaxable	с	American opportunity credit fron	n Form 8863, line	8		18c						
combat pay, see instructions.	d	Schedule 3, line 14				18d						
	е	Add lines 18a through 18d. Thes	e are your total o	ther payments a	and refundable cred	lits			18e			
	19	Add lines 17 and 18e. These are	your total payme	ents				►	19			
Refund	20	If line 19 is more than line 16, su	btract line 16 from	n line 19. This is t	he amount you over	paid			20			
nerana	21a	Amount of line 20 you want refu	nded to you. If Fo	orm 8888 is attac	hed, check here .		🕨		21a			
Direct deposit?	►b	Routing number X X X	X X X X	XX	► c Type:	Checking	Savii	ngs				
See instructions.	►d	Account number XXX	XXXX	XXXX	XXXXX	XX						
	22	Amount of line 20 you want app	lied to your 2020	estimated tax	🕨	22						
Amount	23	Amount you owe. Subtract line	19 from line 16. F	or details on hov	v to pay, see instruct	ions			23			
You Owe	24	Estimated tax penalty (see instru	ictions)		🕨	24						
Third Party Designee	Do	you want to allow another person	(other than your p	baid preparer) to	discuss this return w	ith the IRS?	See instruc	tions.		Yes. Corr No	ıplete be	elow.
(Other than		signee's		Phone			Personal id		ion			
paid preparer)		ne 🕨		no. 🕨			number (Pli	/				
Sign Here		ler penalties of perjury, I declare that I rect, and complete. Declaration of prepa						of my kn	owledge	e and belie	of, they are	e true,
пеге	Yo	ur signature		Date	Your occupation			1		nt you an		
	Ν			01/15/20	DETIDED			Protec		N, enter i	t here	
Joint return? See instructions.	Sn	Spouse's signature. If a joint return, both must sign.						`	,	nt your sp		
Keep a copy for your records.	Spouse's signature. It a joint return, both must sign.		Date	Date Spouse's occupation				y Prote	ection PIN			
	Phone no. (555) 555-1212						Email address	(000 11	,			
		eparer's name	Z Preparer's signa			Date	PT	IN		Check if		
Paid						Duit				_	Party Des	sianee
Preparer						Phone re		215221		=	f-employ	•
Use Only		m's name PRACTICE L		TON DO 20005			202-202-	Firm's			y	
	Firm's address ▶ 15 practice lab way washington DC 20005											

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form **1040** (2019)

QNA





For the year Jan. 1-Dec. 31, 2019, or other tax year

2019

Hate	Che	eck here if an amended return	▶					. 31, 2019, of ot , 2019 end		•	, 20
Ľ	Your	legal last name	Legal first na	ame			M.I.	Your social security	number		
OT STAPL		TERAN pint return, spouse's legal last name	JANE Spouse's leg	gal first nai	me		M.I.	355 00 11 Spouse's social sec		mber	
DO NOT	55	e address (number and street). If you have	a PO Box, se			Apt. no.		Tax district Check below th			
turn		or post office UPACA		State WI	Zip cod			city, village, or t lived at the end			'in which you
ıg re	Fil	ing status Check ✓ below		-	-			1 _	_ City	Village	e X Town
nbliı	ĽX	Single						City, village, or town DAY	TON		
ISSEI	L	_ Married filing joint return	Legal last r	name				-			
ore á	L	_ Married filing separate return. Fill in spouse's SSN above	Legal first r	name			M.I.	County of ▶ <u>₩</u>	AUPAC	LA	
5 bef		and full name here						School district	numt	Der See page 6	0 <u>6195</u>
e page 5 before assembling return	L	_ Head of household (see page 12) Also, check here if married ▶		ried, fill in above and	spouse's full name	here		Special conditions			
See	Us	e BLACK Ink Print numbers	like this $ ightarrow$	0123	4567	789	<u>Not</u> lik	e this $\rightarrow \emptyset 147$	٠	<u>NO</u> COMMA	S; <u>NO</u> CENTS
	1	Federal adjusted gross income (s	ee page 12	2)					1		1770.00
		Form W-2 wages included in lin									
	2	State and municipal interest (see	page 13)						2		.00
	3	Capital gain/loss addition (see pa	ge 14)						3		.00
	4	Other additions } Fill in code num Fill in total other	ber and am additions o	ount, see on line 4.	e page 14	4.	L	.00			
		.00	.00)	J	.00	L	.00.	4		.00
	5	Add the amounts in the right colu	mn for lines	s 1 throu	gh 4..				5		1770.00
	6	Taxable refund of state income ta (from federal Form 1040 or 1040-		dule 1 , lir	ne 1) .	6			.00		
	7	United States government interes	t			7		680	.00		
	8	Unemployment compensation (se	e page 16)			8			.00		
	9	Social security adjustment (see page 1)	age 17)			9			.00		
~	10	Capital gain/loss subtraction (see							.00		
Ŋ	11	Other subtractions } Fill in code n	umber and her subtrac	amount, tions on l	see pag line 11.	le 18.					
it here		01 _ 1090.00	.00)	J	.00					
men		.00	.00	<u>)</u> 		11		1090	.00		
, pay	12	Add lines 6 through 11							12		1770.00
ССІР	13	Subtract line 12 from line 5. This i	s your Wis	consin in	ncome .				13		.00
PAPER CLIP payment here	I-010	i (R. 11-19)									

2019	Form 1 Name JANE VETERAN	SSN 355 00 1	
			<u>NO</u> COMMAS; <u>NO</u> CENTS
14	Wisconsin income from line 13		.00
15	Standard deduction. See table on page 58, OR v	15 I check here ▶	10860.00
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0		.00
	Exemptions (Caution: See page 32) a Fill in exemptions allowed		
	b Check if 65 or older You + Spouse = x \$250 17b		
	c Add lines 17a and 17b	17c	700.00
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is ta	axable income . 18	.00
19	Tax (see table on page 51)		.00
20	Itemized deduction credit. Enclose Schedule 1, page 4 20	.00	
21	Armed forces member credit (must be stationed outside U.S. See page 34) . 21	.00	
22	a Rent paid in 2019-heat included .00		
	Rent paid in 2019–heat not included find credit from Sector 22a	.00	
	b Property taxes paid on home in 2019 .00 Find credit from table page 37 . 22b		
23	Working families tax credit (see page 37) 23	.00	
24	Married couple credit. Enclose Schedule 2, page 4 24	.00	
25	Nonrefundable credits from line 34 of Schedule CR 25	.00	
26	Net income tax paid to another state. Enclose Schedule OS 26	.00	
27	Add lines 20 through 26		.00
28	Subtract line 27 from line 19. If line 27 is larger than line 19, fill in 0. This is yo		
29	Sales and use tax due on internet, mail order, or other out-of-state purchase. If you certify that no sales or use tax is due, check here	s (see page 40) 29	
30	Donations (decreases refund or increases amount owed)		
	a Endangered resources .00 e Military family relief		
	b Cancer research	ner00	
	c Veterans trust fund00 g Red Cross WI Disaster Rel	ief .00	
	d Multiple sclerosis	in00	
	Total (add lines a th	nrough h) 🕨 30i	.00
31	Penalties on IRAs, retirement plans, MSAs, etc. (see page 42)	.00 x .33 = 31	.00
32	Other penalties (see page 42)	32	.00
33	Add lines 28, 29, 30i, 31 and 32	33	.00
34	Wisconsin tax withheld. Enclose withholding statements	.00	
35	2019 estimated tax payments and amount applied from 2018 return 35	.00	
36	Earned income credit. Number of qualifying children Federal credit	.00	



:019	Form 1			Page 3 of
Nam	e(s) shown on Form 1		Your s	social security number
JA	NE VETERAN		355	5 00 1111
				NO COMMAS; NO CENTS
37	Farmland preservation credit. a Schedule FC, line 17	37a	.00	
	b Schedule FC-A, line 13	37b	.00	
38	Repayment credit (see page 44)	38	.00	
39	Homestead credit. Enclose Schedule H or H-EZ	39	.00	
40	Eligible veterans and surviving spouses property tax credit	40 209"	7.00	
	Refundable credits from Schedule CR, line 40. Enclose Schedule CR		.00	
42	AMENDED RETURN ONLY-Amounts previously paid (see page 47)	42	.00	
43	Add lines 34 through 42	43 209	7.00	
	AMENDED RETURN ONLY—Amounts previously refunded (see page 47)			
	Subtract line 44 from line 43			2097.0
46	If line 45 is larger than line 33, subtract line 33 from line 45. This is the AMOUNT YOU OVERPAID		46 _	2097.0
47	Amount of line 46 you want REFUNDED TO YOU		47 _	2097.0
48	Amount of line 46 you want APPLIED TO YOUR 2020 ESTIMATED TAX	48	.00	
49	If line 45 is smaller than line 33, subtract line 45 from line 33. This is the AMOUNT YOU OWE . Paper clip payment to front of r	return	49 _	.0
50	Underpayment interest. Fill in exception code-See Sch. U Also include on line 49 (see page 49)	50	.00	

T THIN G	Do you want to allow another person to also			ne ionowing.	
Party Design	Designee's name	Phone no. 🕨	Personal identification number (PIN)		

Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.

Sign here

Under penalties of law, I	declare that this return and all attachments are true, correct, and	complete to the be	st of my knowledge and belief.
Your signature	Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone
		01 15 20	(555) 555-1212

I-010a	
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Mail your return to:	Wisconsin Department of Revenue
If tax due	PO Box 268, Madison WI 53790-0001
If refund or no tax due	PO Box 59, Madison WI 53785-0001
If homestead credit claimed	PO Box 34, Madison WI 53786-0001

Do Not Submit Photocopies



<u>1</u> Medical and dental expenses from federal Schedule A (Form 1040 or See instructions for exceptions.		.00
Interest paid from federal Schedule A (Form 1040 or 1040-SR). Do not to purchase a second home located outside Wisconsin or a residence do not include interest paid to purchase or hold U.S. government secure a tax-option (S) corporation if claimed as a subtraction	which is a boat. Also, Irities and interest from	.00
<u>3</u> Gifts to charity from federal Schedule A (Form 1040 or 1040-SR). See in	structions for exceptions 3	.00
4 Casualty losses from federal Schedule A (Form 1040 or 1040-SR)	4	.00
5 Add lines 1 through 4		.00
6 Fill in your standard deduction from line 15 on page 2 of Form 1	6	.00
7 Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0		.00
8 Rate of credit is .05 (5%)		x .05
You must submit this page with Form 1 if you Schedule 2 – Married Couple Credit When Both Spouses When completing this schedule, be sure to fill in your income in column	Are Employed (see p	age 38)
_	(A) YOURSELF	(B) SPOUSE
 Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1_ 	.00	.00
2 Net profit or (loss) from self-employment from federal Schedules		
 C, C-EZ, and F (Form 1040 or 1040-SR), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income 2_ 	.00	.00

.00 .00 4 Add the amounts from federal Form 1040 or 1040-SR, Schedule 1, lines 11, 15, and 19, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18)(D) pension plans, included in line 22, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or .00 .00 5 Subtract line 4 from line 3. This is qualified earned income. .00 .00 If less than zero, fill in 0 5 Compare the amounts in columns (A) and (B) of line 5. 6 .00 Fill in the smaller amount here. If more than \$16,000, fill in \$16,000..... 6 _ x.03 Do not fill in .00 more than \$480.



Schedule 1 – Itemized Deduction Credit (see page 33)

2019 Form 1

NO COMMAS; NO CENTS