		S. Individual Income Ta						,				
Filing Status Check only		• _ • • • •	_		• ·		Head of househ	· · · —		. ,	. ,	
one box.		u checked the MFS box, enter the nam Id but not your dependent.	ne ot sp	oouse.	If you	I Checked the	HOH or QW box, ente	r the child's name if	the qua	lifying pe	rson is	
Your first name			Las	t name	,				Yours	social se	curitv n	umber
GAIL	and m			DSOI						-00-		
	oouse's	first name and middle initial		t name					-			y number
Home address	(numbe	r and street). If you have a P.O. box, se	ee instr	uctions	s.			Apt. no.		lential El		
628 SCH	IOOL	AVE								ere if you, /ant \$3 to g		ouse if filing und
		e, state, and ZIP code. If you have a fo	oreign a	lddress	s, also	o complete sp	aces below (see instru	ctions).	Checking	g a box bel		change your
SHEBOY	,	WI 53083						1	tax or ref	und.	You	Spouse
Foreign country	/ name			For	reign	province/stat	e/county	Foreign postal code		e than for struction:		
Otom dourd	0		-1 4		V				566 11	Struction		
Standard Deduction		eone can claim: 📋 You as a depend				spouse as a	aependent					
		Spouse itemizes on a separate return o	r you w	/ere a c	juai-s	status allen						
Age/Blindness	You:	Were born before January 2, 195	55	Are k	olind	Spouse:	Was born befor	e January 2, 1955	🔄 ls k	olind		
Dependents (see ins	,		(2) Soc	ial sec	urity number	(3) Relationship to you		•	for (see in	,	
(1) First name		Last name				1		Child tax c	redit	Credit	or other d	ependents
	1	Wasse colorize time ato Attach For	(a))//	0						1		31916
	і 2а	Wages, salaries, tips, etc. Attach For Tax-exempt interest	n(s) w 2a	-2.	• •	· · · ·	b Taxable interest. <i>A</i>		· –	1 2b		147
	2a 3a	Qualified dividends	3a				 b Ordinary dividends. 	•		b b		
Standard Deduction for—	4a	IRA distributions	4a				b Taxable amount	Attach Con. D in requi		lb		
Single or Married	c	Pensions and annuities	4c				d Taxable amount			d		
filing separately, \$12,200	5a	Social security benefits	5a				b Taxable amount		. 5	ib		
 Married filing jointly or Qualifying 	6	Capital gain or (loss). Attach Schedul	e D if r	equirec	d. If n	ot required, c	heck here			6		
widow(er), \$24,400	7a	Other income from Schedule 1, line 9).						. 7	'a		
Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and	d 7a. Tł	nis is ye	our to	otal income			▶ 7	'b		32063
household, \$18,350	8a	Adjustments to income from Schedu	le 1, lin	e 22					. 8	Ba		
 If you checked 	b	Subtract line 8a from line 7b. This is	your ad	ljusted	gros	s income				b		32063
any box under Standard	9	Standard deduction or itemized de	ductio	ns (fror	m Scł	nedule A) .	9	12	200			
Deduction, see instructions.	10	Qualified business income deduction	. Attacl	h Form	8995	5 or Form 899	5-A)				10005
	11a	Add lines 9 and 10								1a		12200 19863
	b	Taxable income. Subtract line 11a fr		01-14						1b		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2019)

QNA

12a Tax (see inst.) Check if any from Form(s): 1 6814 2 4972 3 12a 2191 2621 13a Child tax cerdit or cerdit for orbit for other dependents 13a 12b 2621 14 Subtract line 13b from line 12b. if zero or less, enter -0 13a 14 2621 15 Other taxes, including active mployment tax. 15 0 0 16 Add Schedule 2, line 10 15 0 0 17 Federal income tax withheid from Form W-2 and 1099 FORM 1099 17 2700 18 Other payments and refundable credits: 18a 18b 18c 18c 190 Add lines 17 and 18c. These are your total other payments and refundable credits: 18e 18c 18c 191 Add lines 17 and 18c. These are your total other payments and refundable credits: 19 20 79 20 Thine 19is more than line 16, subtract line 16 from line 19. This is the amount you overpaid 20 79 21a Amount of line 20 you award line 02 you award line 12m award	HUDSC Form 1040 (2019	N						0	22-(0-0121 _{Page}
13a Child tax oredit for other dependents 13a 14 Subtract line 31b form line 20, it are or less, enter -0 13b 15 Other taxes, including self-employment tax, from Schedule 2, line 10 14 2.621 15 Other taxes, including self-employment tax, from Schedule 2, line 10 16 2.621 16 Add lines 14 and 15. This is your total tax 16 2.621 17 Foderal income tax withheld from Forms W-2 and 1099 FORM 1099 17 2.7000 17 Proderal income tax withheld from Forms W-2 and 1099 FORM 1099 17 2.7000 18 Bale Bale 18 18 18 18 18 Child tax oredit (C) Bale 18 18 18 18 19 Add lines 13 trons link and refundable credits: 18 18 18 18 18 18 18 18 18 19 2700 20 The deposit? Add lines 13 trons link and refundable credits: 18 18 18 18 18 19 2700 21 And dines 134 trons link 12, kix X X X X X X X X X X X X X X X X X X X			()	.,		3	12a			262
14 Subtract line 13b from line 12b. If zero or less, enter -0- 14 2621 15 Other taxes, including self-employment tax, from Schedule 2, line 10 15 0 15 Add lines 14 and 15. This is your total tax 16 2621 17 Federal income tax withheld from Forms W-2 and 1099 FORM 1099 17 2700 14 2621 17 2700 15 Other payments and refundable credits: 18a 17 2700 16 Add lines 17 and 16e. These are your total other payments and refundable credits: 18a 18a 18a 19 Add lines 17 and 16e. These are your total other payments and refundable credits: 19 2700 21a Amount of line 20 you want refundable to you. If Form 888 is attached, check here 19 21a 79 21a Amount pls more than 10e. fls. subtract line 19 form line 16. For details on how to pay, see instructions. 22 23 24 Amount you owe. Subtract line 19 form line 16. For details on how to pay, see instructions. 24 24 25 Amount you owe. Subtract line 19 form line 16. For details on how to pay, see instructions. 24 24 24 Contrumere X X X X X X		13a	Child tax credit or credit for othe	er dependents .			13a			
1 Other taxes, including self-employment tax, from Schedule 2, line 10 1 1 1 0 16 Add lines 14 and 15. This is your total tax 17 Federal income tax withheld from Forms W-2 and 1099 18 0 19 Other payments and refundable credits: ausing on hid, and child tax credit. Attach Schedule 812 18a 18a <										262
16 Add lines 14 and 15. This is your total tax is 2021				,					<u> </u>	-
17 Federal income tax withheld from Forms W-2 and 1099 FORM 1099 17 2700 19 Other payments and refundable credits: 18a 17 2700 analyting child, atten 580. EC. Deargements and refundable credits: 18b 17 2700 orditions of the structure Deargements and refundable credits: 18a 18b 17 2700 orditations. Deargements and refundable credits: account and the Sta through 18d. These are your total other payments and refundable credits: 18d 18d 19 Add lines 13a through 18d. These are your total payments: 19 2700 20 79 20 79 21a Account number X								• •		262
• If you have a qualifying child, attach Schedule 3, line 14 a Earned income credit (EIC) a • If you have a contractable contact in the schedule 4812 isb isb isb • If you have a contractable contact in the schedule 4812 isb isb isb • If you have a contractable contact in the schedule 4812 isb isb isb • If you have a contractable contact in the schedule 4812 isb isb isb • If you have a contractable contact in the schedule 4812 isb isb isb • If you have a contractable contact in the schedule 4812 isb isb isb • If you have a contractable contact in the schedule 4812 isb isb isb • Add lines 13 and 18e. These are your total other payments and refundable credits isb isb isb • Add lines 17 and 18e. These are your total payments isb isb isb isb • Be instructions. • Add lines 10 and 18e. These are your total payments isb isb isb • Mount of line 20 you want refunded to you. If Form 1888 is attache, check here • Isb					_					270
Inverse all control intervents a Earned income credit (E(C) 18a Inverse Statuse b Additional child tax credit. Attach Schedule 8812 18b Inverse Statuse b Additional child tax credit. Attach Schedule 8812 18b Inverse Status b Additional child tax credit. Attach Schedule 8812 18b Inverse Status b Additional child tax credit. Attach Schedule 8812 18b Inverse Status b Add lines 17 and 18a. These are your total other payments and refundable credits 18d Inverse Status file 19 27000 If Ine 19 is more than line 16, subtract line 16 from line 16. These are your total payments 20 79 If Ine 19 is more than line 16, subtract line 19 from line 16. For details on how to pay, see instructions. 23 79 If A Amount you ove. Subtract line 19 from line 16. For details on how to pay, see instructions. 23 23 Add one 20 ou want of all actions). 24 24 24 24 If Payment Divou want tapplied to your 2020 estimated tax 24 24 24 If Intel Payments name b Phone Personal identification No Otype										
attach Sch. ElC. b Additional child tax credit. Attach Schedule 8812 18b instructions. c American opportunity credit from Form 8863, line 8 18d account gave, see instructions. c Additional child tax credit. Attach Schedule 8812 18b e Add lines 18a through 18d. These are your total other payments and refundable credits 18d 18d e Add lines 17a mongh 18d. These are your total payments 19 2700 Prefund 20 T/9 21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here 20 79 Za Amount of line 20 you want applied to you. 2020 estimated tax > 22 21a 79 Zein anount of line 20 you want applied to you. 2020 estimated tax > 22 22 24 Amount You owe. Subtract line 19 from line 16. For details on how to pay see instructions. > 23 24 24 Third Party Designee Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. > 23 No Gother than paid preparel Designee's Phone no. (Personal identification number (PIN) No Joint return? Seinstructions, in a gother than thave examined this return	qualifying child,						18a			
and an adder control c American opportunity credit from Form 8863, line 8 18c contract citys, see control Add lines 17 and 18a. These are your total other payments and refundable credits 18d 19 Add lines 17 and 18a. These are your total other payments and refundable credits 19 2700 Refund 20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid 20 79 21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here 21a 79 24 Acount number X <			()				18b			
combat pay, see instructions. d Schedule 3, line 14 18d e Add lines 18 a through 18d. These are your total other payments and refundable credits 18e 19 Add lines 17 and 18e. These are your total payments 19 2700 20 79 21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here 20 79 21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here 21a 79 21a Amount of line 20 you want applied to your 2020 estimated tax 22 2 2 Amount X	nontaxable									
19 Add lines 17 and 18e. These are your total payments > 19 2700 Refund 20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid 20 79 Direct deposit? > b Routing number X X X X X Y		d					18d			
Refund 20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid		е	Add lines 18a through 18d. Thes	se are your total o	ther payments a	and refundable cred	lits	. 🕨	18e	
Herrund 21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here		19	Add lines 17 and 18e. These are	your total payme	ents			. 🕨	19	270
21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here	Refund	20	If line 19 is more than line 16, su	Ibtract line 16 from	n line 19. This is t	he amount you over	paid		20	7
See instructions. ► d Account number X	neruna	21a	21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here						21a	7
Image: bit d Account number X		►b	Routing number XXXX	X X X X	XX	► c Type:	Checking	Savings		
Amount You Owe 23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions Listimated tax penalty (see instructions). Listimated tax penalty (see instructio	See instructions.	►d	Account number XXX	X X X X	XXXX	XXXXX	XX			
You Owe 24 Estimated tax penalty (see instructions) ≥ 24 Third Party Designee Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. (Other than paid preparer) Designee's name ▶ Phone name ▶ Personal identification no. ▶ Yes. Complete below. Sign Here Under penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. If the IRS sent you an Identify Protection PIN, enter it here (see inst.) Joint return? Spouse's signature. If a joint return, both must sign. Date Your occupation If the IRS sent you repouse an Identity Protection PIN, enter it here (see inst.) Your records. Phone no. (920) 458-3131 Email address NONE@TAXSLAYERPRO.COM Preparer's name Preparer's signature Date PTIN Check if: 01/28/20 Sign2831 Grad Party Designee Firm's name ▶ PRACTICE LAB Phone no. 202-202-2022 Self-employed		22	Amount of line 20 you want app	lied to your 2020	estimated tax		22			
Third Party Designee Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. (Other than paid preparer) Designee's name ▶ Phone name ▶ Phone no. ▶ Personal identification number (PIN) ▶ Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Joint return? See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Your occupation If the IRS sent you an Identify Protection PIN, enter it here (see inst.) Phone no. (920) 458-3131 Email address NONE@TAXSLAYERPRO.COM Preparer's name Preparer's signature Date PTIN 01/28/20 Check if: 01/28/20 Paid Preparer's name Preparer's signature Date PTIN 01/28/20 Check if: 3rd Party Designee Firm's name ▶ PRACTICE LAB Phone no. 202-202-2022 Self-employed Self-employed	Amount	23	Amount you owe. Subtract line	19 from line 16. F	or details on hov	v to pay, see instruct	ions	. ►	23	
Designee Designee's name Phone no. Phone no. Personal identification of preparer is signature Designee's name Personal identification of preparer is signature Personal identification of which preparer has any knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Joint return? Spouse's signature. If a joint return, both must sign. Date Your occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Joint return? Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (920) 458-3131 Email address NONE@TAXSLAYERPRO.COM Preparer's name Preparer's signature Date P1/28/20 s53012831 3rd Party Designee Firm's name ▶ PRACTICE LAB Phone no. 202-202-2022 Self-employed Self-employed Self-employed	You Owe	24	Estimated tax penalty (see instru	uctions)		🕨	24			
paid preparer) name ▶ no. ▶ number (PIN) ▶ Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Joint return? See instructions. Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (920) 458-3131 Email address NONE@TAXSLAYERPRO.COM Preparer's name Preparer's signature Date PTIN Check if: 01/28/20 3rd Party Designee Firm's name ▶ PRACTICE LAB Phone no. 202-202-2022 Self-employed Self-employed		Do	you want to allow another person	n (other than your p	oaid preparer) to	discuss this return w	ith the IRS? See ins	tructions.		
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Joint return? Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Joint return? Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (920) 458-3131 Email address NONE@TAXSLAYERPRO.COM Preparer Preparer's name Preparer's signature Date PTIN Check if: 01/28/20 Firm's name ▶ PRACTICE LAB Phone no. 202-202-2022 Self-employed Self-employed			0						ation	
Your signature Date Your occupation If the IRS sent you an Identity Joint return? See instructions. Nonse instructions Nonse instruction If the IRS sent you an Identity Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Vour records. Phone no. (920) 458-3131 Email address NONE@TAXSLAYERPRO.COM Paid Preparer's name Preparer's signature Date PTIN Check if: 01/28/20 s53012831 im 3rd Party Designee Firm's name ▶ PRACTICE LAB Phone no. 202-202-2022 Self-employed	Sign	Und	der penalties of perjury, I declare that I		return and accomp		tatements, and to the I	best of my l	knowledg	e and belief, they are true
Joint return? See instructions. See instructions. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (920) 458-3131 Email address NONE@TAXSLAYERPRO.COM Preparer Date Preparer's name Preparer's signature Date PTIN Check if: 01/28/20 s53012831 Grave and preparer Grave and preparer Self-employed Vision of the second secon	nere	Yo	our signature		Date	Your occupation				
Keep a copy for your records. Phone no. (920) 458-3131 Email address NONE@TAXSLAYERPRO.COM Paid Preparer Use Only Preparer's name Preparer's signature Date 01/28/20 PTIN s53012831 Check if: 3rd Party Designee Firm's name ► PRACTICE LAB Phone no. 202-202-2022 Self-employed	Joint return?				01/28/20	RESTAURANT MANA	GER	(see	inst.)	
Preparer Preparer's name Preparer's signature Date PTIN Check if: 01/28/20 s53012831 □ 3rd Party Designee Firm's name ► PRACTICE LAB Phone no. 202-202-2022 □ Self-employed	Keep a copy for	Spouse's signature. If a joint return, both must sign.		Date			Ident	ity Prote		
Paid 01/28/20 □ 3rd Party Designee Preparer Image: State		Ph	ione no. (920) 458-313	1	Email address	NONE@TAXSI	LAYERPRO.CO) M		
Preparer 01/28/20 s53012831 □ 3rd Party Designee Use Only Firm's name ► PRACTICE LAB Phone no. 202-202-2022 □ Self-employed	Deid			Preparer's signa	ture		Date	PTIN		Check if:
Preparer Firm's name ► PRACTICE LAB Phone no. 202-202-2022 Self-employed							01/28/20	35301283	1	3rd Party Designe
		Fir	m's name ► PRACTICE L	AB			· · · · · · · · · · · · · · · · · · ·			Self-employed
		Fir	m's address ► 15 PRACTICE LA	AB WAY WASHING	TON DC 20005				s EIN 🕨	. –

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

Form **1040** (2019)

QNA

SCHEDULE 2

QNA

(Form 1040 or 1040-SR) Department of the Treasury

Additional Taxes

OMB No. 1545-0074 201

9

► Attach to Form 1040 or 1040-SR.

	Department of the Treasury Internal Revenue Service Attach to Form 1040 or 1040-SR. Go to www.irs.gov/Form1040 for instructions and the latest information. Content of the Treasury Content of the Treasury			Attachment Sequence No. 02	
Name(s) shown on Form 10	40 or 1040-SR	Your s	social security number	
GAI	L HUDSON		022-	-00-0121	
Par	il Tax				
1	Alternative mir	imum tax. Attach Form 6251		1	
2	Excess advance	e premium tax credit repayment. Attach Form 8962	. 1	2 430	
3	Add lines 1 an	d 2. Enter here and include on Form 1040 or 1040-SR, line 12b		3 430	
Part	Other T	axes			
4	Self-employme	ent tax. Attach Schedule SE	. 4	4	
5	Unreported so	cial security and Medicare tax from Form: \mathbf{a} \square 4137 \mathbf{b} \square 8919		5	
6		on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Forr		6	
7a	Household em	ployment taxes. Attach Schedule H	. 7	'a	
b	Repayment of	first-time homebuyer credit from Form 5405. Attach Form 5405 if required	. 7	'b	
8	Taxes from:	a 🗌 Form 8959 🛛 b 🗌 Form 8960			
	c 🗌 Instructio	ons; enter code(s)	1	8	
9	Section 965 ne	et tax liability installment from Form 965-A 9	0		
10	Add lines 4 th	rough 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SF	٦,		
	line 15		. 1	I O 0	
For Pa	aperwork Reduct	on Act Notice, see your tax return instructions. Cat. No. 71478U Schedule	e 2 (Fo	rm 1040 or 1040-SR) 2019	





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

2019

H You	ır legal last name	Legal first name	M.I.	Your social security numb	er
בן	JDSON	GAIL		022 00 0121	
lf a	joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security n	number
S Hor	me address (number and street). If you hav	e a PO Box, see page 11. Apt. no).	Tax district	
	28 SCHOOL AVE	State Zip code			ill in either the name of the and the county in which you
SI	HEBOYGAN	WI 53083		lived at the end of 2	
Fi	iling status Check 🗸 below	· ·		X_ Cit	y Village Town
	X_ Single			City, village,	
	Married filing joint return	Legal last name		or town SHEBOY	GAN
	Married filing separate return.	Legal last name		County of ▶ SHEBC	DYGAN
	Fill in spouse's SSN above and full name here	Legal first name	M.I.	School district num	nber See page 60 <u>5 2 7 1</u>
_	Head of household (see page 1 Also, check here if married	2). If married, fill in spouse's ↓ SSN above and full name here		Special conditions	
U	se BLACK Ink	s like this $\rightarrow 0 \mid 23456789$	<u>Not</u> lik		NO COMMAS; NO CENTS
1	Federal adjusted gross income	see page 12)			32063.00
		ine 1			·
2		e page 13)			2.00
2		age 14)			
4		nber and amount, see page 14. er additions on line 4.			
	.00	.000	0	.00	.00
5	Add the amounts in the right col	umn for lines 1 through 4			5 32063.00
6	Taxable refund of state income t (from federal Form 1040 or 1040	ax)-SR, Schedule 1 , line 1)	6	.00	
7	United States government intere	st	7	125.00	
8	Unemployment compensation (s	ee page 16)	88	.00	
9		page 17)			
10	Capital gain/loss subtraction (se	e page 17) 1	0	.00	
11	Other subtractions Fill in code	number and amount, see page 18. other subtractions on line 11.			
	01 2010.00	.00 .00	<u>0</u>		
	.00	.00 1	1	2010.00	
12	2 Add lines 6 through 11				2 <u>2135</u> .00
13	Subtract line 12 from line 5. This	is your Wisconsin income		1	3 29928 .00
 -01	0i (R. 11-19)				

2019	Form 1	NameGAIL HUDSON	SSN 022 00	0121 Page 2 of 4
				NO COMMAS; NO CENTS
14	Wisconsir	n income from line 13	1	4 29928.00
15	Standard If someone	deduction. See table on page 58, OR ▼		5 9169.00
16		ne 15 from line 14. If line 15 is larger than line 14, fill in 0		
	Exemption	ns (Caution: See page 32) xemptions allowed 1 x \$700 17a _		
		if 65 or older You +Spouse = x \$250 … 17b		
		es 17a and 17b		700.00
18	Subtract li	ne 17c from line 16. If line 17c is larger than line 16, fill in 0. This is tax	kable income . 1	8 20059.00
19	Tax (see t	able on page 51)	1	9 872.00
20	Itemized of	deduction credit. Enclose Schedule 1, page 4	.0	0
21		ces member credit (must be stationed outside U.S. See page 34) . 21		—
22	School pr a Rent paid	operty tax credit d in 2019-heat included00		_
	Rent paid	t in 2019-heat included .00 Find credit from table page 36 . 22a	167.0	<u>0</u>
	b Property	taxes paid on home in 201900 Find credit from table page 37 . 22b .		
23		amilies tax credit (see page 37)		<u>0</u>
24	Married c	ouple credit. Enclose Schedule 2, page 4	.0	<u>0</u>
25	Nonrefund	dable credits from line 34 of Schedule CR	.0	<u>0</u>
26	Net incom	e tax paid to another state. Enclose Schedule OS 26 _	.0	<u>0</u>
27		20 through 26		
28	Subtract l	ine 27 from line 19. If line 27 is larger than line 19, fill in 0. This is you	r net tax 2	8 705.00
29	Sales and	l use tax due on internet, mail order, or other out-of-state purchases ify that no sales or use tax is due, check here	(see page 40) 2	
30		s (decreases refund or increases amount owed)		
	a Endang	ered resources00 e Military family relief	0	0
		research	-	0
	c Veterar	s trust fund00 g Red Cross WI Disaster Relie	ef .0	0
	d Multiple	e sclerosis	n0	<u>0</u>
		Total (add lines a thr	rough h) 🕨 3	0i00
31	Penalties	on IRAs, retirement plans, MSAs, etc. (see page 42)	<u>.00</u> x .33 = 3	.00
32	Other per	alties (see page 42)	3	200
33	Add lines	28, 29, 30i, 31 and 32	3	3 710.00
34	Wisconsir	n tax withheld. Enclose withholding statements $\ldots \ldots$ 34 _	450.0	<u>0</u>
35	2019 estir	nated tax payments and amount applied from 2018 return $$ 35 $_{-}$.0	<u>0</u>
36	Federal	come credit. Number of qualifying children	0	0
	credit	.00 x% =	.0	



2019	Form 1				Pa	ge 3 of 4
Name	(s) shown on Form 1		Your soc	cial secu	rity number	r
GA	IL HUDSON		022	00	0121	
			N	<u>o</u> con	1MAS; <u>NC</u>	<u>)</u> CENTS
37	Farmland preservation credit. a Schedule FC, line 17 3	7a0	0			
	b Schedule FC-A, line 13 3	7b0	0			
38	Repayment credit (see page 44) 3	80	0			
39	Homestead credit. Enclose Schedule H or H-EZ	90	0			
40	Eligible veterans and surviving spouses property tax credit 4	0	0			
41	Refundable credits from Schedule CR, line 40. Enclose Schedule CR 4	.0	0			
42	AMENDED RETURN ONLY-Amounts previously paid (see page 47)	2 0	0			
43	Add lines 34 through 42 4	3 450.0	0			
	AMENDED RETURN ONLY-Amounts previously refunded (see page 47)		0			
45	Subtract line 44 from line 43		45			450.00
	If line 45 is larger than line 33, subtract line 33 from line 45. This is the AMOUNT YOU OVERPAID		46			.00
47	Amount of line 46 you want REFUNDED TO YOU		47			.00
	Amount of line 46 you want APPLIED TO YOUR 2020 ESTIMATED TAX	80	0			
	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 re	eturn	49			260.00
50	Underpayment interest. Fill in exception code-See Sch. U 5 Also include on line 49 (see page 49)	00	0			

inira	Do you want to allow another person to disc	uss this return with the department (see page 50)?	Yes Complete the	following.	 NO
Party Design	Designee's 1 €€ 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	l complete to	o the b	est of my knowledge and belief.
Your signature	Spouse's signature (if filing jointly, BOTH must sign)	Date		Daytime phone
		01 28	20	(920) 458-3131

I-010ai

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



Schedule 1 – Itemized Deduction Credit (see page 33)	
1 Medical and dental expenses from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions. 1	.00
2 Interest paid from federal Schedule A (Form 1040 or 1040-SR). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also,	

SSN 022 00 0121

Page 4 of 4

NO COMMAS; NO CENTS

	do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction .	200
3	Gifts to charity from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	300
4	Casualty losses from federal Schedule A (Form 1040 or 1040-SR)	400
5	Add lines 1 through 4	500
6	Fill in your standard deduction from line 15 on page 2 of Form 1	600
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	700
8	Rate of credit is .05 (5%)	8 X .05
9	Multiply line 7 by line 8. Fill in here and on line 20 on page 2 of Form 1	900

You must submit this page with Form 1 if you claim either of these credits

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 38)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
1 Taxable wages, salaries, tips, and other employee compensation Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned inco		.00
2 Net profit or (loss) from self-employment from federal Schedule C, C-EZ, and F (Form 1040 or 1040-SR), Schedule K-1 (Form 10 and any other taxable self-employment or earned income	65),	.00
3 Combine lines 1 and 2. This is earned income	3	.00
4 Add the amounts from federal Form 1040 or 1040-SR, Schedu lines 11, 15, and 19, plus repayment of supplemental unemploy benefits, and contributions to secs. 403(b) and 501(c)(18)(D) pe plans, included in line 22, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you your spouse's income	rment ension J or	.00
5 Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	500	.00
6 Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16	s,000 6	.00
7 Rate of credit is .03 (3%)	7	x .03
8 Multiply line 6 by line 7. Fill in here and on line 24 on page 2 of	Form 1 8	.00 Do not fill in more than \$480.

NameGAIL HUDSON

2019 Form 1



zero or less, enter 0 (zero).

Medical Care Insurance – Worksheet 1 – Self-Employed Persons				
1.	. Amount you paid for medical care insurance in 2019 while you were self-employed			
2.	2. Self-employed health insurance deduction from line 16 of federal Schedule 1 (Form 1040 or 1040-SR) 2			
3.	Amount of medical care insurance deducted on federal Schedule C or F for your employee spouse			
4.	 Amount of premium tax credit allowed on your 2019 federal return (line 9 of federal Schedule 3 (Form 1040 or 1040-SR)			
5.	5. Add lines 2, 3, and 45.			
6.	5. Subtract line 5 from line 16			
7.	 Amount of advance premium tax credit you were required to repay (line 2 of federal Schedule 2 (Form 1040 or 1040-SR)			
8.	. Add lines 6 and 7			
9.). Net earnings from a trade or business **			
10.	 Fill in the smaller of line 8 or 9 here and on line 11 of Form 1. This is your subtraction for medical care insurance			
+	* Do not include any amounts deducted for long-term care insurance.			
**	** Net earnings from a trade or business means income from self-employment, including ordinary income business as reported on Form 4797, line 18b, and less the deductible part of self-employment tax. The tota a trade or business of both spouses are included. Do not include losses from a trade or business. If the n	I earnings from		

Complete Worksheet 2 if you are (1) an employee or (2) a person who had no employer and were not self-employed.

Medical Care Insurance – Worksheet 2 – Others			
1. Amount you paid in 2019 for medical care insurance	1	1580	
2. Amount of premium tax credit allowed on your 2019 federal return (line 9 of federal Schedule 3 (Form 1040 or 1040-SR)	2		
3. Subtract line 2 from line 1	3	1580	
4. Amount of advance premium tax credit you were required to repay (line 2 of federal Schedule 2 (Form 1040 or 1040-SR)	4	430	
5. Add line 3 and line 4	5	2010	
6. Fill in the amount from line 5 of Form 1 less the amounts on lines 6 - 10 and less all amounts that will be included on line 11 without considering the subtraction for medical care insurance.			
If zero or less, enter 0 (zero)	6	31938	
7. Fill in the smaller of line 5 or 6. This is your subtraction for medical care insurance	7	2010	