

1X AMENDED return

Wisconsin income tax



For the year January 1 – December 31, 2012, or other tax year beginning _____, 2012 ending _____, 20 _____

2012

Complete form using BLACK INK

DO NOT STAPLE

Your legal last name	Legal first name	M.I.	Your social security number
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number
Current home address (number and street)		Apt. No.	
City or post office	State	Zip code	
<div style="border: 1px solid black; padding: 5px; background-color: #e0f0ff;"> <ul style="list-style-type: none"> USE THIS FORM TO AMEND 2012 ONLY. (See instructions) PART-YEAR RESIDENTS OR NONRESIDENTS MAY NOT USE THIS FORM. </div>			
If married filing separate, fill in spouse's social security number above and full name here Legal last name Legal first name M.I.			Special conditions <input type="checkbox"/>

Filing status (Note You cannot change from joint to separate returns after the due date.)

On original return ▶ Single Married filing joint Married filing separate Head of household

On this return ▶ Single Married filing joint Married filing separate Head of household ▶ Also, check here if married

See page 5 before assembling return

	Print numbers like this → 0 1 2 3 4 5 6 7 8 9	Not like this → Ø 1 4 7	NO COMMAS; NO CENTS
1 Wisconsin income (see instructions)	1		.00
Form W-2 wages included in line 100
2 Standard deduction. See table on page 8, OR ▼	2		.00
If someone else can claim you (or your spouse) as a dependent, see page 2 and check here . . ▶ <input type="checkbox"/>			
3 Subtract line 2 from line 1. If line 2 is larger than line 1, fill in 0	3		.00
4 Exemptions (Caution: see instructions, page 2)			
a Fill in exemptions from your federal return _____ x \$700 . . 4a	4a		.00
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 . . 4b	4b		.00
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	5		.00
6 Tax (see table on page 10)	6		.00
7 Itemized deduction credit (see instructions)	7		.00
8 Armed forces member credit	8		.00
9 School property tax credit			
a Rent paid in 2012–heat included _____ .00	}	Find credit from table page 6 ..	9a .00
Rent paid in 2012–heat not included _____ .00			
b Property taxes paid on home in 2012 _____ .00		Find credit from table page 7 ..	9b .00
10 Historic rehabilitation credits	10		.00
11 Working families tax credit	11		.00
12 Certain nonrefundable credits from Schedule CR, line 8	12		.00
13 Add credits on lines 7 through 12	13		.00
14 Subtract line 13 from line 6. If line 13 is more than line 6, fill in 0	14		.00
15 Alternative minimum tax	15		.00
16 Add lines 14 and 15	16		.00

PAPER CLIP payment here

17	Amount from line 16	17	<u>.00</u>
18	Married couple credit (see instructions)	18	<u>.00</u>
19	Other credits from Schedule CR, line 21	19	<u>.00</u>
20	Net income tax paid to another state	20	<u>.00</u>
21	Add lines 18 through 20	21	<u>.00</u>
22	Subtract line 21 from line 17. If line 21 is more than line 17, fill in 0	22	<u>.00</u>
23	Economic development surcharge	23	<u>.00</u>
24	Sales and use tax on Internet, mail order, or other out-of-state purchases	24	<u>.00</u>
	If you certify that no sales or use tax is due, check here		<input type="checkbox"/>
25	Donations (decreases refund or increases amount owed)		
a	Endangered resources	f	Firefighters memorial
b	Packers football stadium	g	Military family relief
c	Cancer research	h	Second Harvest/Feeding Amer.
d	Veterans trust fund	i	Red Cross WI Disaster Relief
e	Multiple sclerosis	j	Special Olympics
		Total (add lines a through j)	25k <u>.00</u>
26	Penalties on IRAs, other retirement plans, MSAs, etc.	26	<u>.00</u> x .33 = <u>.00</u>
27	Credit repayments and other penalties	27	<u>.00</u>
28	Add lines 22 through 24 and 25k through 27	28	<u>.00</u>
29	Wisconsin income tax withheld	29	<u>.00</u>
30	Wisconsin estimated tax payments for 2012	30	<u>.00</u>
31	Earned income credit. Number of qualifying children		<input type="checkbox"/>
	Federal credit		<u>.00</u> x <u> </u> % = 31 <u>.00</u>
32	Farmland preservation credit.	a	Schedule FC, line 18 32a <u>.00</u>
		b	Schedule FC-A, line 13 32b <u>.00</u>
33	Repayment credit	33	<u>.00</u>
34	Homestead credit (Enclose Schedule H or H-EZ)	34	<u>.00</u>
35	Eligible veterans and surviving spouses property tax credit	35	<u>.00</u>
36	Other credits from Schedule CR, line 32	36	<u>.00</u>
37	Amount paid with 2012 return, plus additional payments after it was filed (see instructions)	37	<u>.00</u>
38	Add lines 29 through 37 and fill in total	38	<u>.00</u>
39	Refund from 2012 return (see instructions)	39	<u>.00</u>
40	Subtract line 39 from line 38 and fill in result	40	<u>.00</u>



Name(s) shown on Form 1X	Your social security number
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41 Fill in amount from line 28	41	_____ .00
42 Fill in amount from line 40	42	_____ .00
43 If line 41 is less than line 42, subtract line 41 from line 42 This is the AMOUNT OVERPAID	43	_____ .00
44 Amount of line 43 you want REFUNDED TO YOU	44	_____ .00
45 Amount to be applied to your 2013 estimated tax (see instructions) ...	45	_____ .00
46 If line 41 plus line 45 is more than line 42, subtract line 42 from the sum of lines 41 and 45 (see instructions) ADDITIONAL TAX	46	_____ .00
47 Interest charge (see instructions)	47	_____ .00
48 TOTAL AMOUNT DUE – Pay in full with this return	48	_____ .00
49 Underpayment interest (see instructions) Exception Code → .. _____	49	_____ .00

Explanation of Changes to Income, Payments, and Credits

<input style="width:30px; height:20px;" type="text"/>	<input style="width:30px; height:20px;" type="text"/>	<input style="width:30px; height:20px;" type="text"/>	<input style="width:30px; height:20px;" type="text"/>	Explanation Codes (see instructions)
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Indicate the line reference(s) from pages 1 and 2 for which you are reporting a change and explain in detail the reason for the change.

Fill in the name used on your 2012 return
(if same as name filled in on page 1, write "Same") _____

Sign here

▼ Under penalties of law, I declare that this amended 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
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Mail your Form 1X
(and make check payable) to:

Wisconsin Department of Revenue
PO Box 8991
Madison WI 53708-8991



For Department Use Only

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Schedule 1 – Itemized Deduction Credit*(Fill in completely if any item is changed. If this credit was not claimed on your original return, enclose federal Schedule A.)*

1	Medical and dental expenses from line 4 of federal Schedule A	1	<u>.00</u>
2	Interest paid from line 15 of federal Schedule A. Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities	2	<u>.00</u>
3	Gifts to charity from line 19 of federal Schedule A	3	<u>.00</u>
4	Casualty losses from line 20 of federal Schedule A, <u>only</u> if the loss is directly related to a federally-declared disaster	4	<u>.00</u>
5	Add lines 1 through 4	5	<u>.00</u>
6	Wisconsin standard deduction from line 2 of Form 1X	6	<u>.00</u>
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	7	<u>.00</u>
8	Rate of credit is .05 (5%)	8	<u>X .05</u>
9	Multiply line 7 by line 8. Fill in here and on line 7 of Form 1X	9	<u>.00</u>

Schedule 2 – Married Couple Credit When Both Spouses Are Employed*(Fill in if changed.)*

		(A) Yourself	(B) Your spouse
1	Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	1 <u>.00</u>	<u>.00</u>
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 self-employment or earned income	2 <u>.00</u>	<u>.00</u>
3	Combine lines 1 and 2. This is earned income	3 <u>.00</u>	<u>.00</u>
4	Add the amounts from federal Form 1040, lines 24, 28 and 32, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18) pension plans included in line 36, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to your or your spouse's income	4 <u>.00</u>	<u>.00</u>
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	5 <u>.00</u>	<u>.00</u>
6	Fill in the smaller of column (A) or (B) of line 5. If more than \$16,000, fill in \$16,000	6 <u>.00</u>	<u>.00</u>
7	Rate of credit is .03 (3.0%)	7 <u>X .03</u>	<u>.03</u>
8	Multiply line 6 by line 7. Fill in here and on line 18 of Form 1X. Do not fill in more than \$480	8 <u>.00</u>	<u>.00</u>

