## 2011

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NEWY

Complete DO NOT STAPLE form using BLACK INK

For the year Jan. 1-De	ec. 31, 2011
or other tax year	
beginning	, 2011
ending	, 20

Your social security number Spouse's social security number

	Your	legal last name	Legal first na	ame			M.I.	Tax district		
nır									ill in either the name of city,	
reti	If a jo	oint return, spouse's legal last name	Spouse's leg	al first nam	ie		M.I.	at the end of 2011.	the county in which you lived	
assembling return	Home	e address (number and street). If you have a	PO Box, see	page 7.		Apt. no.		City, village,	City Village Town	
emk				1-	1			or town		
	City or post office State Zip code				County of •					
34 before	Filing status Check ✓ below					School district nun	nber See page 37			
4 be	Single						Special			
ge 3	Married filing joint return					conditions				
See page		_ Married filing separate return.	Legal last nan	ne						
See		Fill in spouse's SSN above and full name here	Legal first nar	ne			M.I.	Print numbers like this → 0 / 23456789		
	A									
N	_	Head of household (see page 8). Also, check here if married							NO COMMAS; NO CENTS	
W								. Van	If Yes, enter Minnesota income	
4		Wisconsin residents working in Minnesota: Was any of your income from personal professional services performed in Minnesota while a Wisconsin resident? (See instructions)							.00	
	•	protectional controls periodined in thinnecesta thine a tribooned in testacine. (coe metablicité								
	1	Federal adjusted gross income (s							1	
		Form W-2 wages included in lin	e 1					.00		
	2	State and municipal interest (see	page 9)						2	
	3	Capital gain/loss addition (see page 2)	ge 10)						3	
	4	Other additions } Fill in code number   Fill in total other	per and amo additions o	ount, see n line 4.	page 10	).				
		.00	.00	<u> </u>	J	.00			4	
	5	Add the amounts in the right colur	nn for lines	1 throug	jh 4				5	
	6	State tax refund (Form 1040, line	10)			6		.00		
	7	7 United States government interest 7					.00			
	8	8 Unemployment compensation (see page 12)					.00			
1	9	Social security adjustment (see page 12) 9					.00			
B	10	10 Capital gain/loss subtraction (see page 12)					.00			
ere	11	Other subtractions } Fill in code r	iumber and ther subtrac	amount, tions on I	see pag ine 11.	e 13.				
nt h		.00	.00	<u> </u>	J ————	.00				
me		.00	.00			11		.00		
pay	12	Add lines 6 through 11							2 .00	
;TIP		Subtract line 12 from line 5. This i								
PAPER CLIP payment here										
APE										
4	I-010i									



2011	Form 1 Name				SSN		Page 2 of 4
						<del></del>	OMMAS; <u>NO</u> CENTS
	Wisconsin income from line 13						
15	Standard deduction. See table If someone else can claim you (						.00
16	Subtract line 15 from line 14. If	f line 15 is larger than	line 14,	fill in 0		16	.00
17	<b>Exemptions</b> (Caution: See p a Fill in exemptions from your			_ x \$700	17a	.00	
	<b>b</b> Check if 65 or older Y	′ou +Spouse =	<u> </u>	_ x \$250	17b	.00	
	c Add lines 17a and 17b					17c	.00
18	Subtract line 17c from line 16.	If line 17c is larger tha	n line 16	6, fill in 0. This	is taxable in	come 18	.00
19	Tax (see table on page 38)					19	.00
20	Itemized deduction credit. Enc	lose Schedule 1, page	e 4		. 20	.00	
21	Armed forces member credit (r	must be stationed outside	e U.S. Se	ee page 23)	. 21	.00	
22	School property tax credit a Rent paid in 2011–heat included		.00 }	Find credit from		00	
	Rent paid in 2011-heat not include			table page 24		.00	
	<b>b</b> Property taxes paid on home in 2	011	.00	Find credit from table page 25	.22b	.00	
23	Historic rehabilitation credits .				. 23	.00	
24	Working families tax credit }	If line 14 is less than \$ (\$19,000 if married filir	10,000 ng joint),	see page 25	. 24	.00	
25	Certain nonrefundable credits						
26	Add credits on lines 20 through						.00
27	Subtract line 26 from line 19. It	f line 26 is larger than	line 19,	fill in 0		27	.00
28	Alternative minimum tax. Enclo	ose Schedule MT				28	.00
29	Add lines 27 and 28					29	.00
30	Married couple credit. Enclose Schedule 2, page 4 .	30		.00			
31	Other credits from Schedule C	R, line 19 <b>31</b>		.00			
32	Net income tax paid to another Enclose Schedule OS			.00			
33	Add lines 30, 31, and 32					33	.00
34							
35	Economic development surcha						
36	Sales and use tax due on Intellifyou certify that no sales or u	rnet, mail order, or ot	ther out-	of-state purch	nases (see p	age 28) <b>36</b>	
37	Donations (decreases refund of						
	a Endangered resources	.00 f Fi	irefighters	s memorial		.00	
	<b>b</b> Packers football stadium	.00 g Pi	rostate ca	ancer research		.00	
	c Breast cancer research 🖟		lilitary fan	nily relief		.00	
	d Veterans trust fund <b>Vers</b>		eeding Ar	•	EEDING MERICA	.00	
	e Multiple sclerosis MS		_	WI Disaster Relie		.00	
		·	Т	otal (add lines	s a through j	▶ 37k	.00
38	Penalties on IRAs, retirement	olans, MSAs, etc. (see	nage 29	))	-00	x .33 = <b>38</b>	.00

.00

.00

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Name(s	s) shown on Form 1	Your :	social security number
			NO COMMAS; NO CENTS
<b>41</b> A	Amount from line 40		.00
	Visconsin tax withheld. Enclose withholding statements 42	-	
	2011 estimated tax payments and amount		
a	pplied from 2010 return	.00	
	arned income credit. Number of qualifying children		
	Federal	.00	
	Farmland preservation credit. a Schedule FC, line 18	_	
	<b>b</b> Schedule FC-A, line 13 <b>45b</b>		
40 0			
	Repayment credit (see page 31)	-	
	Homestead credit. Enclose Schedule H or H-EZ	<u> </u>	
48 E	Eligible veterans and surviving spouses property tax credit 48	.00	
<b>49</b> O	Other credits from Schedule CR, line 29. Enclose Schedule CR 49	.00	
<b>50</b> A	Add lines 42 through 49	50	.00
	f line 50 is larger than line 41, subtract line 41 from line 50. This is the <b>AMOUNT YOU OVERPAID</b>	51 _	.00
<b>52</b> A	Amount of line 51 you want <b>REFUNDED TO YOU</b>	52	.00
	Amount of line 51 you want APPLIED TO YOUR 2012 ESTIMATED TAX	.00	
	f line 50 is smaller than line 41, subtract line 50 from line 41. This is the MOUNT YOU OWE. Paper clip payment to front of return	54 _	.00
	Underpayment interest. Fill in exception code-See Sch. U <b>55</b> Also include on line 54 (see page 33)	.00	
Third	Do you want to allow another person to discuss this return with the department (see page	e 34)? <b>Yes</b> Cor	mplete the following <b>No</b>
Party	Designee's	Personal identification	
Desig	gnee name ▶ no. ▶ ( )	number (PIN	

Do Not Submit Photocopies



2011 Form 1 Name SSN Page 4 of 4

NO COMMAS; NO CENTS

## Schedule 1 – Itemized Deduction Credit (see page 22)

	nses from line 4, federal Schedule A. See instructions for	1	.00
a second home located o	, federal Schedule A. Do not include interest paid to purchase outside Wisconsin or a residence which is a boat. Also, aid to purchase or hold U.S. government securities		.00
3 Gifts to charity from line 1	19, federal Schedule A. See instructions for exceptions	3	.00
1	e 20, federal Schedule A, only if the loss is directly related to ster	4	.00
5 Add lines 1 through 4		5	.00
6 Fill in your standard dedu	uction from line 15 on page 2 of Form 1	6	.00
7 Subtract line 6 from line 5	5. If line 6 is more than line 5, fill in 0	7	.00
8 Rate of credit is .05 (5%)		8	x .05
9 Multiply line 7 by line 8. F	Fill in here and on line 20 on page 2 of Form 1	9	.00

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 27)

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 income	.00		00
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	.00		00
3	Combine lines 1 and 2. This is earned income 3	.00		00
4	Add amounts from your 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	.00		00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	.00		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 \$16,000	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 30 on page 2 of Form	n1 <b>8</b>	Do not fill in more than \$48	0.

