Wisconsin income tax

2012

Complete form using **BLACK INK**

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning ______, 2012 ending _

00	Your	legal last name	Legal first na	ame			M.I.	Your social security num	ber	
ye 34 before assembling return	If a jo	oint return, spouse's legal last name	Spouse's legal first name				M.I.	Spouse's social security	number	
		ome address (number and street). If you have a PO Box, see page 7. ity or post office State Zip code					Apt. no. Tax district Check below then fill in either the name of village, or town and the county in which you li at the end of 2012.			
		Filing status Check ✓ below Single Married filing joint return Married filing separate return. Legal last name						City, village, or town County of		
See page		Fill in spouse's SSN above and full name here	Legal first nar	me			M.I.	School district nu	mber See page 37	
Se		Head of household (see page 8). Also, check here if married						Special conditions		
	Print numbers like this → 0 1 23 4 5 6 7 8 9 Not like						is →	Ø147	NO COMMAS; NO	CENTS
	1	1 Federal adjusted gross income (see page 9)								.00
	2	2 State and municipal interest (see page 9)							2	.00
	3								3	.00
	4 Other additions } Fill in code number and amour Fill in total other additions on li			ount, see n line 4.	nt, see page 10. ine 4.					
		.00	.00	<u> </u>	J ———	.00		.00	4	.00
	5	Add the amounts in the right colun	nn for lines	រ 1 throuថ្	gh 4				5	.00
	6	Taxable refund of state income tax	(from For	m 1040,	line 10)	6		.0	<u>0</u>	
	7	United States government interest				7		.0	<u>0</u>	
	8	Unemployment compensation (see	e page 12)			8		.0	<u>)</u>	
	9	Social security adjustment (see pa	ge 12)			9		.0	<u>)</u>	
Ú	10	Capital gain/loss subtraction (see	page 12)			10		.0	<u>)</u>	
here &	11	Other subtractions } Fill in code no	btractions Fill in code number and amount, see page 12.							
		.00								
ent		.00						.0	0	
aym	12	Add lines 6 through 11							- 12	.00
IP p		Subtract line 12 from line 5. This is								.00
PAPER CLIP payment here	I-010i		•			II WIWI II WII				



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					NO COMMAS; NO CENTS
14	Wisconsin income from line 13			14	
	Standard deduction. See table on page 45, Ol If someone else can claim you (or your spouse) a	R ▼		15	.00.
16	Subtract line 15 from line 14. If line 15 is larger			·	00.
17	Exemptions (Caution: See page 22) a Fill in exemptions from your federal return		x \$700 17	/a00	
	b Check if 65 or older You + Spoo	use =	x \$250 17	d'bd	
	c Add lines 17a and 17b				.00
18	Subtract line 17c from line 16. If line 17c is larg	er than line	16, fill in 0. This is	taxable income 18	
19	Tax (see table on page 38)			19	
20	Itemized deduction credit. Enclose Schedule 1	, page 4		.00	
21	Armed forces member credit (must be stationed	outside U.S. S	See page 22) 2	1	
22	School property tax credit a Rent paid in 2012–heat included	.00			
	Rent paid in 2012–heat not included		(2a <u>.00</u>	
	b Property taxes paid on home in 2012	.00	Find credit from table page 25 2 2	2b .00	
23	Historic rehabilitation credits			3 .00	
24	Working families tax credit } If line 14 is less t (\$19,000 if marrie	han \$10,000 ed filing joint), see page 25 2 4	4 .00	
25	Certain nonrefundable credits from line 8 of Sc	hedule CR	2	5	
26	26 Add credits on lines 20 through 25				
27	Subtract line 26 from line 19. If line 26 is larger	than line 19	9, fill in 0	27	.00
28	Alternative minimum tax. Enclose Schedule M	Т		28	00
29	Add lines 27 and 28			29	00
30	Married couple credit. Enclose Schedule 2, page 4	0	.00		
31	Other credits from Schedule CR, line 21 3	1	. 00		
32	Net income tax paid to another state. Enclose Schedule OS	2	.00		
33	Add lines 30, 31, and 32			33	.00
34	Subtract line 33 from line 29. If line 33 is larger	than line 29	9, fill in 0. This is y	our net tax 34	.00.
35	Economic development surcharge. Enclose S	chedule ED	S	35	.00
36	Sales and use tax due on Internet, mail order, If you certify that no sales or use tax is due, ch	or other ou	t-of-state purchas	ses (see page 28) 36	.00
37	Donations (decreases refund or increases amo				
	a Endangered resources00	f Firefigh	ters memorial	00	
	b Packers football stadium	g Military	family relief	00	
	c Cancer research	h Second	Harvest/Feeding A	.00 Amer.	
	d Veterans trust fund00	i Red Cro	oss WI Disaster R	elief00	
	e Multiple sclerosis <u>.00</u>	j Special	Olympics	00	
			Total (add lines a	through j) ▶ 37k	.00
38	Penalties on IRAs, retirement plans, MSAs, etc	c. (see page 2	29)	.00 x .33 = 38	.00.
39	Credit repayments and other penalties (see pa	ge 29)		39	.00
40	Add lines 34 through 36, and 37k through 39.			40	.00

2012 Form 1 Page 3 of 4 Name(s) shown on Form 1 Your social security number NO COMMAS; NO CENTS **41** Amount from line 40..... .00 .00 **42** Wisconsin tax withheld. Enclose withholding statements **42** 43 2012 estimated tax payments and amount .00 44 Earned income credit. Number of qualifying children . . . Federal .00 .00 x % = **44** .00 **45** Farmland preservation credit. **a** Schedule FC, line 18 **45a** b Schedule FC-A, line 13 45b_ .00 .00 .00 47 Homestead credit. Enclose Schedule H or H-EZ...... 47 .00 **48** Eligible veterans and surviving spouses property tax credit **48** .00 49 Other credits from Schedule CR, line 32. Enclose Schedule CR . . 49 .00 **50** Add lines 42 through 49 **51** If line 50 is larger than line 41, subtract line 41 from line 50. .00 .00 53 Amount of line 51 you want APPLIED TO YOUR 2013 ESTIMATED TAX 53 54 If line 50 is smaller than line 41, subtract line 50 from line 41. This is the .00 AMOUNT YOU OWE. Paper clip payment to front of return54 55 Underpayment interest. Fill in exception code-See Sch. U , , 55 Also include on line 54 (see page 34) **Third** Do you want to allow another person to discuss this return with the department (see page 34)? Yes Complete the following. No **Party** Personal Designee's Phone identification Designee name no. ▶ (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 34. Sign here

Your signature	Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone		
			()	
I-010ai					
Mail your return to:	Wisconsin Department of Revenue	For Department Use Only			
If tax due	PO Box 268, Madison WI 53790-0001	C			
If refund or no tax due	PO Box 59, Madison WI 53785-0001				
If homostood gradit claimed	PO Roy 24 Madison WI 52796 0001				

Do Not Submit Photocopies



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NO COMMAS; NO CENTS

.00

.00

.00

Schedule 1 – Itemized Deduction Credit (see page 22) 1 Medical and dental expenses from line 4 of federal Schedule A. See instructions for exceptions 1 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

4	federally-declared disaster	4	.00
5	Add lines 1 through 4	5	.00

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

4

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 1	.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 2	.00	
3	Combine lines 1 and 2. This is earned income	.00	00
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	.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 1	8	.00 Do not fill in more than \$480
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