

Name	Social security number
------	------------------------

See the instructions for line 15 of Form 1NPR for further information on these additions and subtractions.

**Additions to Income**

<b>1</b> Income from line 21 of federal Form 1040 <i>Nonresidents</i> – fill in any other income from line 21 of federal Form 1040 that you received from Wisconsin sources. <i>Part-year and full-year residents</i> – Figure the amount of any other income from line 21 of federal Form 1040 you received while a Wisconsin resident. Add to that figure any other income you received from Wisconsin sources while a nonresident (Note: If the amount you would enter on line 1 is a negative number, enter the amount on line 31 as a positive number instead.)	<b>1</b> _____	.00
<b>2</b> Farm losses	<b>2</b> _____	.00
<b>3</b> Farmland preservation credit	<b>3</b> _____	.00
<b>4</b> Dairy and livestock farm investment credit	<b>4</b> _____	.00
<b>5</b> Enterprise zone jobs credit	<b>5</b> _____	.00
<b>6</b> Development zones credit	<b>6</b> _____	.00
<b>7</b> Dairy manufacturing facility investment credit	<b>7</b> _____	.00
<b>8</b> Dairy cooperatives credit	<b>8</b> _____	.00
<b>9</b> Technology zones credit	<b>9</b> _____	.00
<b>10</b> Film production company investment credit	<b>10</b> _____	.00
<b>11</b> Film production services credit	<b>11</b> _____	.00
<b>12</b> Manufacturing investment credit	<b>12</b> _____	.00
<b>13</b> Ethanol and biodiesel fuel pump credit	<b>13</b> _____	.00
<b>14</b> Economic development tax credit	<b>14</b> _____	.00
<b>15</b> Meat processing facility investment credit	<b>15</b> _____	.00
<b>16</b> Jobs tax credit	<b>16</b> _____	.00
<b>17</b> Woody biomass harvesting and processing credit	<b>17</b> _____	.00
<b>18</b> Food processing plant and food warehouse investment credit	<b>18</b> _____	.00
<b>19</b> Postsecondary education credit	<b>19</b> _____	.00
<b>20</b> Water consumption credit	<b>20</b> _____	.00
<b>21</b> Beginning farmer and farm asset owner credit	<b>21</b> _____	.00
<b>22</b> Community rehabilitation program credit	<b>22</b> _____	.00
<b>23</b> Biodiesel fuel production credit	<b>23</b> _____	.00
<b>24</b> Electronic medical records credit	<b>24</b> _____	.00
<b>25</b> Research expense credit	<b>25</b> _____	.00
<b>26</b> Research facilities credit	<b>26</b> _____	.00
<b>27</b> Federal net operating loss carryover (only if included on line 1 or 31 of this schedule)	<b>27</b> _____	.00
<b>28</b> Passive foreign investment company	<b>28</b> _____	.00
<b>29</b> Addition for certain expenses paid to related entities	<b>29</b> _____	.00
<b>30</b> Add lines 1 through 29. This is your total additions to income	<b>30</b> _____	.00

Now go to page 2 →



Name	Social security number
------	------------------------

**Subtractions from Income**

<b>31</b> See line 1 on page 1	<b>31</b>	.00
<b>32</b> Farm loss carryover	<b>32</b>	.00
<b>33</b> Recoveries of federal itemized deductions (only if included on line 1 or 31 of this schedule)	<b>33</b>	.00
<b>34</b> Wisconsin net operating loss carryforward	<b>34</b>	.00
<b>35</b> Medical care insurance	<b>35</b>	.00
<b>36</b> Long-term care insurance	<b>36</b>	.00
<b>37</b> Retirement income exclusion	<b>37</b>	.00
<b>38</b> Amounts not taxable by Wisconsin (only if included in column B of Form 1NPR or line 1 or 31 of this schedule)	<b>38</b>	.00
<b>39</b> Adoption expenses	<b>39</b>	.00
<b>40</b> Tuition and fee expenses	<b>40</b>	.00
<b>41</b> Contributions to a Wisconsin state-sponsored college savings program	<b>41</b>	.00
<b>42</b> Child and dependent care expenses	<b>42</b>	.00
<b>43</b> Distributions from Wisconsin state-sponsored college tuition program (only if included on line 1 or 31 of this schedule)	<b>43</b>	.00
<b>44</b> Sale of business assets or assets used in farming to a related person	<b>44</b>	.00
<b>45</b> Repayment of income previously taxed	<b>45</b>	.00
<b>46</b> Human organ donation	<b>46</b>	.00
<b>47</b> ATV corridors (only if included in column B of Form 1NPR or line 1 or 31 of this schedule)	<b>47</b>	.00
<b>48</b> Subtraction for certain expenses paid to related entities	<b>48</b>	.00
<b>49</b> Interest, rental payments, intangible expenses, and management fees, reported as income by a related entity	<b>49</b>	.00
<b>50</b> Sales of certain insurance policies (only if included in column B of Form 1NPR or line 1 or 31 of this schedule)	<b>50</b>	.00
<b>51</b> Relocated business	<b>51</b>	.00
<b>52</b> Job creation	<b>52</b>	.00
<b>53</b> Combat zone related death	<b>53</b>	.00
<b>54</b> Add lines 31 through 53. This is your total subtractions from income	<b>54</b>	.00
<b>55</b> Fill in the amount from line 30	<b>55</b>	.00
<b>56</b> If line 54 is more than line 55, subtract line 55 from line 54. Fill in here and on line 15, column B, of Form 1NPR and put a minus sign ( - ) in front of the number	<b>56</b>	.00
<b>57</b> If line 55 is more than line 54, subtract line 54 from line 55. Fill in here and on line 15, column B, of Form 1NPR	<b>57</b>	.00

