Tab to navigate within form. Use mouse to check applicable boxes, press spacebar or press Enter.

Save Print Clear

1 Wisconsin income tax

2015

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning _____, 2015 ending _____, 20____.

Note Check here if an amended return ▶ ☐

DO NOT STAPLE

See page 6 before assembling return

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

Home address (number and street). If you have a PO Box, see page 11. | Apt. no.

City or post office | State | Zip code

Filing status Check ✓ below

- ☐ Single
- ☐ Married filing joint return
- ☐ Married filing separate return. Fill in spouse's SSN above and full name here ▶
  - Legal **last** name
  - Legal **first** name | M.I.
- ☐ Head of household (see page 12). Also, check here if married... ▶ ☐ If married, fill in spouse's SSN above and full name here

Tax district

Check below then fill in either the name of city, village, or town and the county in which you lived at the end of 2015.

☐ City ☐ Village ☐ Town

City, village, or town ▶ _____

County of ▶ _____

School district number See page 57 _____

Special conditions ☐ _____

Use BLACK Ink ● **Print numbers like this →** 0 1 23456789 **Not like this →** Ø147 ● **NO COMMAS; NO CENTS**

1	Federal adjusted gross income (see page 12)	1	.00
	Form W-2 wages included in line 1 ▶		.00
2	State and municipal interest (see page 13)	2	.00
3	Capital gain/loss addition (see page 14)	3	.00
4	Other additions } Fill in code number and amount, see page 14. Fill in total other additions on line 4.		____ .00
	____ .00 ____ .00 ____ .00 ____ .00	4	.00
5	Add the amounts in the right column for lines 1 through 4	5	.00
6	Taxable refund of state income tax (from Form 1040, line 10)	6	.00
7	United States government interest	7	.00
8	Unemployment compensation (see page 16)	8	.00
9	Social security adjustment (see page 17)	9	.00
10	Capital gain/loss subtraction (see page 17)	10	.00
11	Other subtractions } Fill in code number and amount, see page 17. Fill in total other subtractions on line 11.		
	____ .00 ____ .00 ____ .00		
	____ .00 ____ .00	11	.00
12	Add lines 6 through 11	12	.00
13	Subtract line 12 from line 5. This is your Wisconsin income	13	.00

PAPER CLIP payment here

I-010i

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NO COMMAS; NO CENTS

14 Wisconsin income from line 13 . . . . . **14** .00

15 Standard deduction. See table on page 55, **OR** ▼ . . . . . **15** .00
If someone else can claim you (or your spouse) as a dependent, see page 30 and check here ▶ ☐

16 Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0 . . . . . **16** .00

17 **Exemptions** (Caution: See page 30)

a Fill in exemptions from your federal return _____ x $700 . . **17a** .00

b Check if 65 or older ☐ You + ☐ Spouse = _____ x $250 . . **17b** .00

c Add lines 17a and 17b . . . . . **17c** .00

18 Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income . **18** .00

19 Tax (see table on page 48) . . . . . **19** .00

20 Itemized deduction credit. Enclose Schedule 1, page 4 . . . . . **20** .00

21 Armed forces member credit (must be stationed outside U.S. See page 31) . . **21** .00

22 School property tax credit

a Rent paid in 2015–heat included .00
Rent paid in 2015–heat not included .00
} Find credit from table page 33 . . **22a** .00

b Property taxes paid on home in 2015 .00 Find credit from table page 34 . . **22b** .00

23 Working families tax credit } If line 14 is less than $10,000 and if married filing separate, see page 35 . . **23** .00

24 Certain nonrefundable credits from line 11 of Schedule CR . . . . . **24** .00

25 Add credits on lines 20 through 24 . . . . . **25** .00

26 Subtract line 25 from line 19. If line 25 is larger than line 19, fill in 0 . . . . . **26** .00

27 Alternative minimum tax. Enclose Schedule MT . . . . . **27** .00

28 Add lines 26 and 27 . . . . . **28** .00

29 Married couple credit.
Enclose Schedule 2, page 4 . . . . . **29** .00

30 Other credits from Schedule CR, line 35 . . **30** .00

31 Net income tax paid to another state.
Enclose Schedule OS . . . . . ☐ **31** .00

32 Add lines 29, 30, and 31 . . . . . **32** .00

33 Subtract line 32 from line 28. If line 32 is larger than line 28, fill in 0. This is your net tax . . . . . **33** .00

34 Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 38) **34** .00
If you certify that no sales or use tax is due, check here . . . . . ▶ ☐

35 Donations (decreases refund or increases amount owed)

a Endangered resources .00
b Cancer research 00
c Veterans trust fund 00
d Multiple sclerosis 00
e Military family relief 00
f Second Harvest/Feeding Amer. .00
g Red Cross WI Disaster Relief .00
h Special Olympics Wisconsin .00

Total (add lines a through h) . . . ▶ **35i** .00

36 Penalties on IRAs, retirement plans, MSAs, etc. (see page 39) . . .00 x .33 = **36** .00

37 Credit repayments and other penalties (see page 40) . . . . . **37** .00

38 Add lines 33, 34, 35i, 36 and 37 . . . . . **38** .00

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Name(s) shown on Form 1	Your social security number

NO COMMAS; NO CENTS

39	Amount from line 38	**39**		.00
40	Wisconsin tax withheld. Enclose withholding statements	**40**	.00	
41	2015 estimated tax payments and amount applied from 2014 return	**41**	.00	
42	Earned income credit. Number of qualifying children ▶ ____ Federal credit. ____ .00 x ____ % =	**42**	.00	
43	Farmland preservation credit. **a** Schedule FC, line 18	**43a**	.00	
	b Schedule FC-A, line 13	**43b**	.00	
44	Repayment credit (see page 42)	**44**	.00	
45	Homestead credit. Enclose Schedule H or H-EZ	**45**	.00	
46	Eligible veterans and surviving spouses property tax credit	**46**	.00	
47	Other credits from Schedule CR, line 38. Enclose Schedule CR	**47**	.00	
48	AMENDED RETURN ONLY–Amounts previously paid (see page 44)	**48**	.00	
49	Add lines 40 through 48	**49**	.00	
50	AMENDED RETURN ONLY–Amounts previously refunded (see page 44)	**50**	.00	
51	Subtract line 50 from line 49	**51**		.00
52	If line 51 is larger than line 39, subtract line 39 from line 51. This is the **AMOUNT YOU OVERPAID**	**52**		.00
53	Amount of line 52 you want **REFUNDED TO YOU**	**53**		.00
54	Amount of line 52 you want **APPLIED TO YOUR 2016 ESTIMATED TAX**	**54**	.00	
55	If line 51 is smaller than line 39, subtract line 51 from line 39. This is the **AMOUNT YOU OWE**. Paper clip payment to front of return	**55**		.00
56	Underpayment interest. Fill in exception code - See Sch. U ____ Also include on line 55 (see page 46)	**56**	.00	

Third Party Designee Do you want to allow another person to discuss this return with the department *(see page 47)*? ☐ **Yes** Complete the following. ☐ **No**

Designee's 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 6.

Sign here

Under penalties of law, I declare that this 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
			( )

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

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NO COMMAS; NO CENTS

Schedule 1 – Itemized Deduction Credit (see page 30)

1	Medical and dental expenses from line 4 of federal Schedule A. See instructions for exceptions	1	.00
2	Interest paid from lines 10-12 and 14 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 and interest from a tax-option (S) corporation if claimed as a subtraction	2	.00
3	Gifts to charity from line 19 of federal Schedule A. See instructions for exceptions	3	.00
4	Casualty losses from line 20 of federal Schedule A, only if the loss is directly related to a federally-declared disaster	4	.00
5	Add lines 1 through 4	5	.00
6	Fill in your standard deduction from line 15 on page 2 of Form 1	6	.00
7	Subtract line 6 from line 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. 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

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Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 36)

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	.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	.00
3	Combine lines 1 and 2. This is earned income	3 .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	4 .00	.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	5 .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 29 on page 2 of Form 1	8	.00

Do not fill in more than $480.

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