



Check here if an amended return

DO NOT STAPLE

<small>Your legal last name</small>	<small>Legal first name</small>	<small>M.I.</small>	<small>Your social security number</small>
<small>If a joint return, spouse's legal last name</small>	<small>Spouse's legal first name</small>	<small>M.I.</small>	<small>Spouse's social security number</small>
<small>Home address (number and street). If you have a PO Box, see page 6.</small>		<small>Apt. No.</small>	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. <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <input type="checkbox"/>
<small>City or post office</small>	<small>State</small>	<small>Zip code</small>	
Filing status			County of <input type="checkbox"/>
<input type="checkbox"/> Single			School district number (see page 23) <input type="text"/>
<input type="checkbox"/> Married filing joint return (even if only one had income)			Special conditions <input type="checkbox"/>
<input type="checkbox"/> Head of household <small>Fill in qualifying person's name ▼</small>			
<small>Also, check here if married. <input type="checkbox"/></small>			

Use BLACK Ink ● **Print numbers like this → 0 1 2 3 4 5 6 7 8 9** Not like this → 0147 ● **NO COMMAS; NO CENTS**

ENCLOSE withholding statements

1	Wages, salaries, tips, etc. (see page 7)	1	.00
2	Interest (see page 7)	2	.00
3	Ordinary dividends (from line 9a of federal Form 1040A or 1040)	3	.00
4	Capital gain distributions (see page 8)	4	.00
5	Unemployment compensation (from worksheet, page 8)	5	.00
6	Taxable IRA distributions, pensions, and annuities (see page 8)	6	.00
7	Add lines 1 through 6	7	.00
8	IRA deduction (see page 10)	8	.00
9	Student loan interest deduction (see page 10)	9	.00
10	Medical care insurance deduction (see page 10)	10	.00
11	Add lines 8 through 10	11	.00
12	Subtract line 11 from line 7. This is your Wisconsin income	12	.00
13	If your parent (or someone else) can claim you (or your spouse) as a dependent, check here <input type="checkbox"/>	13	<input type="checkbox"/>
14	Fill in the standard deduction for your filing status from table, page 31. But if you checked line 13, fill in amount from worksheet, page 11	14	.00
15	Subtract line 14 from line 12. If line 14 is larger than line 12, fill in 0	15	.00
16 Exemptions	(Caution: see page 11)		
a	Fill in exemptions from your federal return <input type="checkbox"/> x \$700 ..	16a	.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250 ..	16b	.00
c	Add lines 16a and 16b	16c	.00
17	Subtract line 16c from line 15. If line 16c is larger than line 15, fill in 0. This is your taxable income	17	.00
18	Tax. Use amount on line 17 to find your tax using table, page 24	18	.00
19	Armed forces member credit (must be stationed outside U.S., see page 11)	19	.00
20	School property tax credit		
a	Rent paid in 2015—heat included <input type="text"/> .00 } Find credit from table page 12 ..	20a	.00
	Rent paid in 2015—heat not included <input type="text"/> .00 }		
b	Property taxes paid on home in 2015 <input type="text"/> .00 } Find credit from table page 13 ..	20b	.00
21	Married couple credit. Complete schedule on reverse side	21	.00
22	Add lines 19 through 21. This is the total of your credits	22	.00
23	Subtract line 22 from line 18. If line 22 is larger than line 18, fill in 0. This is your net tax ..	23	.00

PAPER CLIP payment here

24 Fill in net tax from line 23 **24** _____ .00

25 Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 14) **25** _____ .00
 If you certify that no sales or use tax is due, check here

26 Donations (decreases refund or increases amount owed)

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

Total (add lines a through h) ... **26i** _____ .00

27 Add lines 24, 25, and 26i **27** _____ .00

28 Wisconsin income tax withheld. Enclose withholding statements **28** _____ .00

29 2015 estimated tax payments and amount applied from 2014 return ... **29** _____ .00

30 Earned income credit (see page 16)
 Qualifying Federal
 children credit .. _____ .00 x _____ % = .. **30** _____ .00

31 Homestead credit. Attach Schedule H or H-EZ **31** _____ .00

32 Eligible veterans and surviving spouses property tax credit (see page 16) **32** _____ .00

33 **AMENDED RETURN ONLY** – amount previously paid (see page 18) **33** _____ .00

34 Add lines 28 through 33 **34** _____ .00

35 **AMENDED RETURN ONLY** – amount previously refunded (see page 18) **35** _____ .00

36 Subtract line 35 from line 34 **36** _____ .00

37 If line 36 is more than line 27, subtract line 27 from line 36. This is the **AMOUNT YOU OVERPAID** .. **37** _____ .00

38 Amount of line 37 you want **REFUNDED TO YOU** **38** _____ .00

39 Amount of line 37 you want **applied to your 2016 estimated tax** **39** _____ .00

40 If line 36 is less than line 27, subtract line 36 from line 27. This is the **AMOUNT YOU OWE** .. **40** _____ .00

41 Underpayment interest. Fill in exception code – See Sch. U → _____ **41** _____ .00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 20)? **Yes** Complete the following. **No**

Designee's name <input type="checkbox"/>	Phone no. <input type="checkbox"/> (<input type="checkbox"/>)	Personal identification number (PIN) <input type="checkbox"/>
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Sign below 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 (<input type="checkbox"/>) _____
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Mail your return to: *If tax due.....* PO Box 268, Madison WI 53790-0001 *If refund or no tax due....* PO Box 59
 Wisconsin Department of Revenue *If homestead credit claimed...* PO Box 34, Madison WI 53786-0001 Madison WI 53785-0001

Married Couple Credit When Both Spouses Are Employed		(A) YOURSELF	(B) YOUR SPOUSE
1 Wages, salaries, tips, and other employee compensation from line 1 of Form 1A. Do not include deferred compensation or scholarships and fellowships that are not reported on a W-2.	1	_____ .00	_____ .00
2 IRA deduction, if any, from line 8 of Form 1A.....	2	_____ .00	_____ .00
3 Subtract line 2 from line 1.....	3	_____ .00	_____ .00
4 Compare amounts in columns (A) and (B) of line 3. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000.....	4	_____ .00	_____ .00
5 Rate of credit is .03 (3%)	5	_____ x	.03
6 Multiply line 4 by line 5. Round the result and fill in here and on line 21 of Form 1A	6	_____ Do NOT fill in more than \$480	_____ .00

