

**SCHEDULE I**

Wisconsin  
Department of Revenue

**Adjustments To Convert 2015 Federal  
Adjusted Gross Income and Itemized Deductions  
To The Amounts Allowable for Wisconsin**

◆ Enclose with Wisconsin Form 1 or Form 1NPR ◆

**2015**

Name(s) shown on Form 1 or Form 1NPR

Your social security number

**PART I – Federal Adjusted Gross Income**

(Read instructions before completing Schedule I)

1. Fill in your 2015 federal adjusted gross income from line 37, Form 1040 (line 21, Form 1040A) ..... 1 \_\_\_\_\_
2. Capital gains and losses (federal Schedule D)
  - a. Fill in any loss claimed on line 13, Form 1040, as a positive amount ..... 2a \_\_\_\_\_
  - b. Fill in any gain reported on line 13, Form 1040 ..... 2b ( \_\_\_\_\_ )
  - c. Fill in revised capital gain or (loss) from line 13 of revised Form 1040.  
Also include this amount on Wisconsin Schedule WD, line 29a if a gain  
or 29e if a loss. (attach revised Schedule D, Form 8949, and any  
accompanying forms and schedules) ..... 2c \_\_\_\_\_
  - d. Combine lines 2a, 2b, and 2c—indicate a loss by parentheses ..... 2d \_\_\_\_\_
3. Supplemental schedule of gains or losses (federal Forms 4797 and 4684)
  - a. Fill in any loss claimed on line 14, Form 1040, as a positive amount ..... 3a \_\_\_\_\_
  - b. Fill in any gain reported on line 14, Form 1040 ..... 3b ( \_\_\_\_\_ )
  - c. Fill in revised gain or (loss) from line 14 of revised Form 1040 (attach revised  
Form 4797, Form 4684, and any accompanying forms and schedules) ..... 3c \_\_\_\_\_
  - d. Combine lines 3a, 3b, and 3c—indicate a loss by parentheses ..... 3d \_\_\_\_\_
4. Combine lines 1, 2d, and 3d ..... 4 \_\_\_\_\_
5. Other adjustments:

	COL. I	COL. II	COL. III
	Amount	Amount	
Description	per 2015	determined under	Difference
	federal return	IRC in effect	(see line 5
		for Wisconsin	instructions)
a. _____			
b. _____			
c. _____			
d. _____			
e. _____			
f. _____			
g. _____			
h. _____			

- i. Total difference (combine amounts in Col. III) ..... 5i \_\_\_\_\_
6. Federal adjusted gross income as computed under the Internal Revenue Code in effect for Wisconsin  
(combine lines 4 and 5i). Fill in here and on line 1 of Wisconsin Form 1 or line 33 of Form 1NPR.  
(Note: The above figures must also be used to complete Columns A and B for each of the lines 1  
through 31 of Form 1NPR.) ..... 6 \_\_\_\_\_

(See page 2 of form)

## PART II – Itemized Deductions

(Complete this part only for those federal itemized deductions which may be used in computing the Wisconsin itemized deduction credit.)

Who must complete Part II:

This part should be completed only by individuals claiming the Wisconsin itemized deduction credit. Whenever adjustments have been made in Part I, federal itemized deductions which are based on federal adjusted gross income are affected. Part II must be completed to report the difference in the amount of the deduction based on the revised federal adjusted gross income. Part II must also be completed whenever specific items require adjustment.

7. Adjustments:

		<b>COL. I</b>	<b>COL. II</b>
		Amount per 2015 federal return	Amount determined under IRC in effect for Wisconsin
	Description		
a.	Medical expense		
b.	Contributions		
c.	Interest		

The amounts in Col. II should be used to compute the Wisconsin itemized deduction credit (Schedule 1 of Form 1 or Form 1NPR).

**Note:** If your total federal itemized deductions are limited due to your income level, use the Worksheet for Limited Itemized Deductions in the Form 1 or Form 1NPR instructions to determine the amount of contributions and interest expense to use for the Wisconsin itemized deduction credit.