

For the year Jan. 1-Dec. 31, 2017, or other tax year

beginning _____, 2017 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 ☐					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 2017. ☐ City ☐ Village ☐ Town City, village, or town ☐
☐ Head of household (see page 12). Also, check here if married... ☐					County of ☐ School district number See page 57 ☐
If married, fill in spouse's SSN above and full name here ☐					Special conditions ☐

Use **BLACK** Ink • Print numbers like this → 0 1 2 3 4 5 6 7 8 9 Not like this → Ø 1 4 7 • **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
	_____ .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



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14	Wisconsin income from line 13	14	.00
15	Standard deduction. See table on page 55, OR ☐ If someone else can claim you (or your spouse) as a dependent, see page 30 and check here ☐	15	.00
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 2017—heat included _____ .00	} Find credit from table page 33	22a .00
	Rent paid in 2017—heat not included _____ .00		
b	Property taxes paid on home in 2017 _____ .00	Find credit from table page 34	22b .00
23	Working families tax credit (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) If you certify that no sales or use tax is due, check here ☐	34	.00
35	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)	35i	.00
36	Penalties on IRAs, retirement plans, MSAs, etc. (see page 39) _____ .00 x .33 =	36	.00
37	Other penalties (see page 40)	37	.00
38	Add lines 33, 34, 35i, 36 and 37	38	.00



Name(s) shown on Form 1		Your social security number
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39 Amount from line 38	39	.00
40 Wisconsin tax withheld. Enclose withholding statements	40	.00
41 2017 estimated tax payments and amount applied from 2016 return	41	.00
42 Earned income credit. Number of qualifying children ..		
Federal credit.	42	.00
43 Farmland preservation credit. a Schedule FC, line 17	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 40. 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 2018 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 	56	.00
Also include on line 55 (see page 46)		

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 ()
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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



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, <u>only</u> 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** ◀

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	.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.

