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|--|---------------------------|---------------------------------|----------|--|
| Claimant's social security number | | Spouse's social security number | | 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. <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <input type="checkbox"/> County of <input type="checkbox"/> |
| Claimant's legal last name | Legal first name | M.I. | | |
| Spouse's legal last name | Spouse's legal first name | M.I. | | |
| Current home address (number and street) | | | Apt. no. | |
| City or post office | State | Zip code | | Special conditions <input type="checkbox"/> (See page 9.) |

- 1a** What was your age as of December 31, 2017? (If you were under 18, you do not qualify for homestead credit for 2017.) **1a** Fill in age
- b** What was your spouse's age as of December 31, 2017? **1b** Fill in age
- c** If you or your spouse were under age 62 as of December 31, 2017, were you or your spouse disabled? **1c** Yes No
- d** If you or your spouse were not disabled, and under age 62, did you or your spouse have any earned income (see page 7) in 2017? (If "No", you do not qualify) **1d** Yes No
- 2** Were you a legal resident of Wisconsin from 1-1-17 through 12-31-17? (If "No," you do not qualify.) **2** Yes No
- 3** Were you claimed or will you be claimed as a dependent on someone else's 2017 federal income tax return? (If "Yes" and you were under age 62 on December 31, 2017, you do not qualify.) **3** Yes No
- 4a** Are you now living in a nursing home? (If "Yes," indicate the date you entered _____ and the nursing home name and address _____) **4a** Yes No
- b** If "Yes," are you receiving medical assistance under Title XIX? (If both 4a and 4b are "Yes," you do not qualify.) **4b** Yes No
- 5** Did you become married or divorced in 2017? (If "Yes," fill in date _____; see page 20.) **5** Yes No
- 6a** If married for any part of 2017, did you and your spouse maintain separate homes during any part of the year? (If "Yes," see page 19.) **6a** Yes No
- b** If you and your spouse maintained separate homes while married during 2017, did either spouse notify the other of their marital property income? (See page 19) **6b** Yes No

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

Household Income Include all 2017 income as listed below. If married, include the incomes of both spouses. See pages 9 to 14.

7 Wisconsin income from your 2017 income tax return (see page 9) **7** _____ .00

8 If you or you and your spouse **are not filing** a 2017 Wisconsin return, fill in Wisconsin **taxable** income on lines 8a and 8b.

a Wages _____ .00 + Interest _____ .00 + Dividends _____ .00 = **8a** _____ .00

b Other taxable income. Attach a schedule listing each income item (see page 10) **8b** _____ .00

9 Nontaxable household income. Do not include amounts filled in on line 7, 8a, or 8b.

a Unemployment compensation. **9a** _____ .00

b Social security, federal **and** state SSI, SSI-E, SSD, and CTS payments. Include Medicare premium deductions (see page 11) **9b** _____ .00

c Railroad retirement benefits. Include Medicare premium deductions **9c** _____ .00

d Pensions and annuities, including IRA, SEP, SIMPLE, and qualified plan distributions (see page 11) **9d** _____ .00

e Contributions to deferred compensation plans (see box 12 of wage statements, and page 12) **9e** _____ .00

f Contributions to IRA, self-employed SEP, SIMPLE, and qualified plans **9f** _____ .00

g Interest on United States securities (e.g., U.S. Savings Bonds) and state and municipal bonds **9g** _____ .00

h Scholarships, fellowships, grants (see page 12), and military compensation or cash benefits **9h** _____ .00

i Child support, maintenance payments, and other support money (court ordered) **9i** _____ .00

j Wisconsin Works (W2), county relief, kinship care, and other cash public assistance (see page 12) **9j** _____ .00

10 Add lines 7 through 9j. Enter here and on line 11a, at the top of page 2 **10** _____ .00



| | | | | |
|-------------|---|------------|-------|-----|
| 11 a | Enter amount from line 10 here | 11a | _____ | .00 |
| b | Workers' compensation, income continuation, and loss of time insurance (e.g., sick pay) | 11b | _____ | .00 |
| c | Gain from sale of home excluded for federal tax purposes (see page 12) | 11c | _____ | .00 |
| d | Other capital gains not taxable (see page 13) | 11d | _____ | .00 |
| e | Net operating loss carryforward or carryback and capital loss carryforward (see page 13) | 11e | _____ | .00 |
| f | Income of nonresident spouse or part-year resident spouse; nontaxable income from sources outside Wisconsin; resident manager's rent reduction; clergy housing allowance; and nontaxable Native American income | 11f | _____ | .00 |
| g | Partner's, LLC member's, and tax-option (S) corporation shareholder's distributive share of depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs. If none was claimed, write "None" on federal Schedule E, Part II, near the entity's name | 11g | _____ | .00 |
| h | Car or truck depreciation (standard mileage rate) (see page 13) | 11h | _____ | .00 |
| i | Other depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs | 11i | _____ | .00 |
| 12 a | Subtotal. Add lines 11a through 11i (if less than the total of lines 13, 14a, and 14c, see page 14) | 12a | _____ | .00 |
| b | Number of qualifying dependents. Do not count yourself or your spouse (see page 14) _____ x \$500 = | 12b | _____ | .00 |
| c | Household income. Subtract line 12b from line 12a (if \$24,680 or more, no credit is allowed) | 12c | _____ | .00 |

Taxes and/or Rent See pages 14 to 17.

- A** Check here if your home was located on more than one acre of land and **was not** part of a farm; **see Schedule 1, page 3** **A**
- B** Check here if your home was located on more than one acre of land and **was** part of a farm **B**
- C** Check here if your home was used for other than personal or farm purposes while you lived there in 2017; **see Schedule 2, page 3** **C**
- D** Check here if you received Wisconsin Works (W2) payments or county relief during 2017; **see Schedule 3, page 3** **D**

| | | | | |
|-----------|--|------------|-------------------------|----------------------|
| 13 | Homeowners – Net 2017 property taxes on your homestead, whether paid or not | 13 | _____ | .00 |
| 14 | Renters— Rent from your rent certificate(s), line 8a (or Shared Living Expenses Schedule). See pages 15 to 17. | | | |
| | Heat included (8b of rent certificate is "Yes") | 14a | _____ .00 x .20 (20%) = | 14b _____ .00 |
| | Heat not included (8b of rent certificate is "No") | 14c | _____ .00 x .25 (25%) = | 14d _____ .00 |
| 15 | Total of lines 13, 14b, and 14d (or amount from line 6 of Schedule 3) | 15 | _____ | .00 |

Don't delay your refund. Attach all necessary documents. See pages 17 to 18.

Credit Computation

| | | | | |
|-----------|---|-----------|-------|-----|
| 16 | Fill in the smaller of (a) amount on line 15 or (b) \$1,460 | 16 | _____ | .00 |
| 17 | Using the amount on line 12c, fill in the appropriate amount from Table A (page 21) | 17 | _____ | .00 |
| 18 | Subtract line 17 from line 16 (if line 17 is more than line 16, fill in 0 ; no credit is allowable) | 18 | _____ | .00 |
| 19 | Homestead credit – Using the amount on line 18, fill in the credit from Table B (page 22) | 19 | _____ | .00 |

If filing a Wisconsin income tax return, fill in your homestead credit (line 19) on line 31 of Form 1A; line 45 of Form 1; or line 70 of Form 1NPR. You cannot file Form WI-Z with a homestead credit claim.

Under penalties of law, I declare this homestead credit claim and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign Here

Claimant's signature

Spouse's signature

Date

Daytime phone number

()

Mail to:
 Wisconsin Department of Revenue
 PO Box 34
 Madison WI 53786-0001



DON'T file this claim **UNLESS** a rent certificate or property tax bill (or closing statement) is included.

For Department Use Only

C



Schedule 1 Allowable Taxes – Home on More Than One Acre of Land

- Homeowners: Complete this schedule if your home was on more than one acre of land and was not part of a farm...
Renters: If your home was on more than one acre of land and was not part of a farm, do not complete Schedule 1...
Do not complete this schedule if your home was part of a farm...
If you wish to use a different method to prorate your property taxes...

Table with 9 rows for Schedule 1 calculations, including assessed value of land, acres, improvements, and net property taxes.

Schedule 2 Allowable Taxes/Rent – Home Used Partly for Purposes Other Than Farm or Personal Use

- Complete this schedule if your homestead (as defined on page 7 of the instructions) was not part of a farm but was used partly for purposes other than personal use...
"Other uses" include part business or rental use where a deduction is allowed or allowable for tax purposes...

Table with 3 rows for Schedule 2 calculations, including net 2017 property taxes/rent amount and percentage of homestead used.

Schedule 3 Taxes/Rent Reduction – Wisconsin Works (W2) or County Relief Recipients

Complete this schedule if, for any month of 2017, you received a) Wisconsin Works (W2) payments of any amount, or b) county relief payments of \$400 or more.

Example: You received Wisconsin Works payments for 4 months in 2017. Rent paid for 2017 was \$4,500, and heat was included.

Table for Example calculation showing line items: 20% of rent paid, Monthly rent, Number of months no Wisconsin Works received, and Reduced rent.

In this example, "600" would be filled in on line 15 of Schedule H.

Table with 6 rows for Schedule 3 calculations, including homeowners and renters property tax reductions.

Note Homeowners Age 65 or Older

The Property Tax Deferral Loan Program provides loans to help individuals age 65 or older pay their property taxes. Qualified applicants may participate even if they receive homestead credit.

