

For the year Jan. 1-Dec. 31, 2019, or other tax year

Check here if an amended return beginning _____, 2019 ending _____, 20____.

DO NOT STAPLE
See page 5 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.	Tax district Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2019. <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <input type="checkbox"/> _____ County of <input type="checkbox"/> _____ School district number See page 60 <input type="checkbox"/> _____
City or post office	State	Zip code	
Filing status Check <input checked="" type="checkbox"/> below			Special conditions <input type="checkbox"/>
<input type="checkbox"/> Single			
<input type="checkbox"/> Married filing joint return			
<input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/>			
<input type="checkbox"/> Head of household (see page 12). Also, check here if married... <input type="checkbox"/>		<input type="checkbox"/> If married, fill in spouse's SSN above and full name here <input type="checkbox"/>	

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 100
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 federal Form 1040 or 1040-SR, Schedule 1 , line 1)	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 18. } Fill in total other subtractions on line 11.		.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 58, OR ▼		15	_____	.00
	If someone else can claim you (or your spouse) as a dependent, see page 32 and check here ▶	<input type="checkbox"/>			
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 32)				
a	Fill in exemptions allowed	_____ x \$700	17a	_____	.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> 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 51)		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 34)		21	_____	.00
22	School property tax credit				
a	Rent paid in 2019—heat included	_____ .00	} Find credit from table page 36 .	22a	_____ .00
	Rent paid in 2019—heat not included	_____ .00			
b	Property taxes paid on home in 2019	_____ .00	Find credit from table page 37 .	22b	_____ .00
23	Working families tax credit (see page 37)		23	_____	.00
24	Married couple credit. Enclose Schedule 2, page 4		24	_____	.00
25	Nonrefundable credits from line 34 of Schedule CR		25	_____	.00
26	Net income tax paid to another state. Enclose Schedule OS ... <input type="checkbox"/>		26	_____	.00
27	Add lines 20 through 26		27	_____	.00
28	Subtract line 27 from line 19. If line 27 is larger than line 19, fill in 0. This is your net tax		28	_____	.00
29	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 40)		29	_____	.00
	If you certify that no sales or use tax is due, check here ▶	<input type="checkbox"/>			
30	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) ... ▶		30i	_____	.00
31	Penalties on IRAs, retirement plans, MSAs, etc. (see page 42) . . . _____ .00 x .33 =		31	_____	.00
32	Other penalties (see page 42)		32	_____	.00
33	Add lines 28, 29, 30i, 31 and 32		33	_____	.00
34	Wisconsin tax withheld. Enclose withholding statements		34	_____	.00
35	2019 estimated tax payments and amount applied from 2018 return ...		35	_____	.00
36	Earned income credit. Number of qualifying children ... ▶ _____				
	Federal credit. ... _____ .00 x _____ % =		36	_____	.00




Name(s) shown on Form 1		Your social security number
NO COMMAS; NO CENTS		
37 Farmland preservation credit. a Schedule FC, line 17	37a _____	.00
	b Schedule FC-A, line 13	37b _____ .00
38 Repayment credit (see page 44)	38 _____	.00
39 Homestead credit. Enclose Schedule H or H-EZ.	39 _____	.00
40 Eligible veterans and surviving spouses property tax credit . . .	40 _____	.00
41 Refundable credits from Schedule CR, line 40. Enclose Schedule CR	41 _____	.00
42 AMENDED RETURN ONLY—Amounts previously paid (see page 47)	42 _____	.00
43 Add lines 34 through 42	43 _____	.00
44 AMENDED RETURN ONLY—Amounts previously refunded (see page 47)	44 _____	.00
45 Subtract line 44 from line 43	45 _____	.00
46 If line 45 is larger than line 33, subtract line 33 from line 45. This is the AMOUNT YOU OVERPAID	46 _____	.00
47 Amount of line 46 you want REFUNDED TO YOU	47 _____	.00
48 Amount of line 46 you want APPLIED TO YOUR 2020 ESTIMATED TAX	48 _____	.00
49 If line 45 is smaller than line 33, subtract line 45 from line 33. This is the AMOUNT YOU OWE . Paper clip payment to front of return	49 _____	.00
50 Underpayment interest. Fill in exception code—See Sch. U _____ Also include on line 49 (see page 49)	50 _____	.00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 50)? **Yes** Complete the following. **No**

Designee's name ▶ _____ Phone no. ▶ () _____ Personal identification number (PIN) ▶

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 **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 5.**

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



Schedule 1 – Itemized Deduction Credit (see page 33)

1	Medical and dental expenses from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions.	1	.00
2	Interest paid from federal Schedule A (Form 1040 or 1040-SR). 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 federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	3	.00
4	Casualty losses from federal Schedule A (Form 1040 or 1040-SR)	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 38)

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
2	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040 or 1040-SR), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income 2	.00
3	Combine lines 1 and 2. This is earned income. 3	.00
4	Add the amounts from federal Form 1040 or 1040-SR, Schedule 1 , lines 11, 15, and 19, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18)(D) pension plans, included in line 22, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income 4	.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 5	.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 24 on page 2 of Form 1. 8	.00

Do not fill in more than \$480.

