Farmland preservation credit

if an **2023**

Include with Wisconsin Form 1, 1NPR, 2, 4, 4T, or 6

Check here if an amended Schedule FC ▶ ___

Legal name(s) shown on Form 1, 1NPR, 2, 4, 4T, or 6	Social Security Number or FEIN

Caution: Schedule FC may only be filed if you are subject to a farmland preservation agreement entered into prior to July 1, 2009. See "Which Schedule to File" on page 2 of the instructions.



	00		VVIII	cri Schedule to File on page 2 of the instructions.					
2	Fa	armland Preservation Agreement Contract Number (see instructions).							
		а		b c c	ı	- —			
	Questions Questions 1 through 7 must be answered (see instructions).								
	1	а	Indi	 viduals – Were you a legal resident of Wisconsin for all of 2023	3? (If "No," you	ı do not qualify)	. 1a	Yes	No
		b	Cor	porations – Were you organized under the laws of Wisconsin?	(If "No," you d	o not qualify)	. 1b	Yes	No
	2	W	ere y	ou notified of noncompliance with any soil and water conserva	ation plan or s	tandard?	. 2	Yes	No
	3	Н	ave tl	ne 2022 property taxes for all of the farmland on which this cla	im is based b	een paid in full?	. 3	Yes	No
	4	W	hat is	the number of whole acres on which this claim is based? (Se	e instructions)		. 4	•	ACRES
	5			farmland produce gross farm profits of at least \$6,000 during 0 during 2021, 2022, and 2023 combined?			. 5	Yes	 No
	6			t least 35 acres of the farmland on which this claim is based e					
		R	eserv	e Program during 2023?			. 6	Yes	No
	7			armland was used by someone else who met the requirement i	•	what is that			
	_			's name and address?					
	Ho	ous	sehol	Complete lines 8 through 10.	Print	numbers like this			
JĽ	8	8 Taxable income and dependents' farm income (see instructions).				NO	COMMAS; N	IO CENTS	
return		a Individuals (including partners and all corporate shareholders) – (1) Income from line 7 of Form 1 (Form 1NPR filers see instructions)				8a(1)		.00	
ä		(2) Spouse's income from Wisconsin income tax return (if married filing separately) 8				8a(2)		.00	
behind Wisconsin tax		(3) Farm income of dependents under age 18 – Complete the worksheet below				_			
Sons				Name	Birth Date	Farm Income			
/isc						.00			
>						.00			
hin				Total farm income – fill in here and on line 8a(3) above		.00			
				Note: If you have more than 3 dependents with farm income, include	a separate scl	nedule.			
Б		b	Cor	porations – Income from Wisconsin Form 4 or 6 (see instruction	ns)		8b		.00
пle		С	Trus	ts and Estates – Total from the Income Worksheet located in t	he instruction	s	8c		.00
chedule 6		0	ther I	nousehold income and adjustments (see instructions).					
Sch		а	Dep	reciation			9a		.00
		b	Non	farm business losses			9b		.00
CLIP		С	Amo	ortization			9с		.00
H		d	Сар	ital gains not taxable			9d		.00
PAPER		е	Сар	ital loss carryforwards and net operating loss carrybacks			9e		.00
٦		f	Cas	h public assistance, county relief, and WI Works payments (do	not include fo	ster care payments) 9 f		.00
		g	Chil	d support, maintenance payments, and other support money (court ordered)		_		
	2-23)	h		tributions to deferred compensation plans			_		
	I-025 (R. 12-23)	i		tributions to IRAs, self-employed SEP, SIMPLE, and qualified			_		
	I-025	j		lines 8 through 9i. Enter here and on line 9k, at the top of page			_		.00

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2023 Schedule FC	Name
SSN or FEIN	



9	k	Fill in the amount from line 9j (page 1) here	9k	.00
	L	Depletion expense and intangible drilling costs	9L	.00
	m	Gain from sale of home excluded for federal tax purposes (see instructions)	9m	.00
	n	Nontaxable housing allowance provided to a member of the clergy	9n	.00
	0	Income of a nonresident or part-year resident spouse	90	.00
	р	Interest on state and municipal bonds	9p	.00
	q	Interest on United States securities	9q	.00
	r	IRA, SEP, and SIMPLE distributions, distributions from retirement plans, pension, annuity, railroad retirement, and veterans' pension or disability payments	9r	.00
	s	Military compensation or cash benefits	9s	.00
	t	Nontaxable income from sources outside Wisconsin	9t	.00
	u	Nontaxable income of a Native American	9u	.00
	v	Rent reduction for a resident manager	9v	.00
	w	Scholarships, fellowships, and grants	9w	.00
	X	Social security, federal and state SSI, SSI-E, SSD, and CTS payments. Include Medicare premium deductions. (Do not include Title XX payments)	9x	.00
	у	Unemployment compensation.	•	
	z	Workers' compensation and nontaxable loss of time insurance (for example, sick pay)	9z	.00
10	TC	OTAL HOUSEHOLD INCOME – Add lines 9k through 9z	0	.00
0	1	** O - manufaction O - manufact Employed At the manufact AT		
		it Computation Complete lines 11 through 17, as applicable (see instructions).		
<u>11</u>		Fill in the net 2023 property taxes on which this claim is based ▶ 11a		0.0
		Fill in the SMALLER of the amount on line 11a or \$6,000.	'	.00
		sing the amount on line 10, fill in the appropriate amount from TABLE 1 , in the instructions		.00
		ubtract line 12 from line 11b (if line 12 exceeds line 11b, fill in 0)		
		sing the amount on line 13, fill in the appropriate amount from TABLE 2 , in the instructions 1		.00
<u>15</u>		egular Credit – Check below to indicate the percentage of credit for which you qualify:		
		80% – Fill in 80% of line 14 amount		
	b	Multiple Percentages – line 21 of WORKSHEET 1 , in the instructions 15b		
16	10	9% Special Minimum Credit – Fill in 10% of line 11b 16 .00		
	th lin	ARMLAND PRESERVATION CREDIT – Fill in the LARGEST of line 15a rough 16 on line 17. Fill in the credit from line 17 on line 30a of Form 1, le 61a of Form 1NPR, line 14a of Form 2, Part III, line 13 of Form 6, or form 4 or 4T) line 45a of Schedule CR	17	.00
_	_			
Ce	rti	ification If applicable, check the box to the right of line 18 to certify both of the following (see instr	ructions):	
18		None of the information on my previously submitted farmland preservation agreement has changed, and I have notified the County Land Conservation Committee that I intend to file a 2023 Schedule FC > 1	8	

Under penalties of law, I declare that this farmland preservation credit claim and all enclosures are true, correct, and complete to the best of my knowledge and belief.

Sign .	Claimant's signature	Date
here		