

For the year Jan. 1-Dec. 31, 2013, or other tax year

beginning _____, 2013 ending _____, 20__.

Note

Complete form using **BLACK INK**

DO NOT STAPLE
See page 34 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 7.		Apt. no.	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 2013. <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town ▶ _____ County of ▶ _____ School district number See page 37 _____
City or post office	State	Zip code	
Filing status Check <input checked="" type="checkbox"/> below <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"/> Head of household (see page 8). Also, check here if married ... ▶			Special conditions <input type="checkbox"/>
Legal last name Legal first name M.I. If married, fill in spouse's SSN above and full name here ↑			

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 9)	1	.00	
Form W-2 wages included in line 1..... ▶		.00	
2 State and municipal interest (see page 9)	2	.00	
3 Capital gain/loss addition (see page 10)	3	.00	
4 Other additions } Fill in code number and amount, see page 10. } 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 12)	8	.00	
9 Social security adjustment (see page 12)	9	.00	
10 Capital gain/loss subtraction (see page 12)	10	.00	
11 Other subtractions } Fill in code number and amount, see page 12. } 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	<u> </u>	.00
15	Standard deduction. See table on page 45, OR ▼		15	<u> </u>	.00
	If someone else can claim you (or your spouse) as a dependent, see page 22 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	<u> </u>	.00
17 Exemptions	(Caution: See page 22)				
a	Fill in exemptions from your federal return	<u> </u> x \$700	17a	<u> </u>	.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	<u> </u> x \$250	17b	<u> </u>	.00
c	Add lines 17a and 17b		17c	<u> </u>	.00
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income		18	<u> </u>	.00
19	Tax (see table on page 38)		19	<u> </u>	.00
20	Itemized deduction credit. Enclose Schedule 1, page 4		20	<u> </u>	.00
21	Armed forces member credit (must be stationed outside U.S. See page 23)		21	<u> </u>	.00
22	School property tax credit				
a	Rent paid in 2013-heat included	<u> </u> .00	} Find credit from table page 24. . .	22a	<u> </u> .00
	Rent paid in 2013-heat not included	<u> </u> .00			
b	Property taxes paid on home in 2013	<u> </u> .00	} Find credit from table page 25. . .	22b	<u> </u> .00
23	Historic rehabilitation credits		23	<u> </u>	.00
24	Working families tax credit	} If line 14 is less than \$10,000 (\$19,000 if married filing joint), see page 25 . . .	24	<u> </u>	.00
25	Certain nonrefundable credits from line 15 of Schedule CR		25	<u> </u>	.00
26	Add credits on lines 20 through 25		26	<u> </u>	.00
27	Subtract line 26 from line 19. If line 26 is larger than line 19, fill in 0		27	<u> </u>	.00
28	Alternative minimum tax. Enclose Schedule MT		28	<u> </u>	.00
29	Add lines 27 and 28		29	<u> </u>	.00
30	Married couple credit.				
	Enclose Schedule 2, page 4	30	<u> </u>	.00	
31	Other credits from Schedule CR, line 28		31	<u> </u>	.00
32	Net income tax paid to another state.				
	Enclose Schedule OS <input type="checkbox"/>	32	<u> </u>	.00	
33	Add lines 30, 31, and 32.		33	<u> </u>	.00
34	Subtract line 33 from line 29. If line 33 is larger than line 29, fill in 0. This is your net tax		34	<u> </u>	.00
35	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 28)		35	<u> </u>	.00
	If you certify that no sales or use tax is due, check here ▶	<input type="checkbox"/>			
36	Donations (decreases refund or increases amount owed)				
a	Endangered resources	<u> </u> .00	f	Firefighters memorial	<u> </u> .00
b	Packers football stadium	<u> </u> .00	g	Military family relief	<u> </u> .00
c	Cancer research	<u> </u> .00	h	Second Harvest/Feeding Amer.	<u> </u> .00
d	Veterans trust fund	<u> </u> .00	i	Red Cross WI Disaster Relief	<u> </u> .00
e	Multiple sclerosis	<u> </u> .00	j	Special Olympics	<u> </u> .00
	Total (add lines a through j)		36k	<u> </u>	.00
37	Penalties on IRAs, retirement plans, MSAs, etc. (see page 29)	<u> </u> .00 x .33 =	37	<u> </u>	.00
38	Credit repayments and other penalties (see page 29)		38	<u> </u>	.00
39	Add lines 34, 35, 36k, 37 and 38		39	<u> </u>	.00



Name(s) shown on Form 1	Your social security number
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40	Amount from line 39	40	.00
41	Wisconsin tax withheld. Enclose withholding statements	41	.00
42	2013 estimated tax payments and amount applied from 2012 return	42	.00
43	Earned income credit. Number of qualifying children ... _____ Federal credit.00 x _____ % =	43	.00
44	Farmland preservation credit. a Schedule FC, line 18	44a	.00
	b Schedule FC-A, line 13	44b	.00
45	Repayment credit (see page 31)	45	.00
46	Homestead credit. Enclose Schedule H or H-EZ	46	.00
47	Eligible veterans and surviving spouses property tax credit	47	.00
48	Other credits from Schedule CR, line 39. Enclose Schedule CR ..	48	.00
49	Add lines 41 through 48	49	.00
50	If line 49 is larger than line 40, subtract line 40 from line 49. This is the AMOUNT YOU OVERPAID	50	.00
51	Amount of line 50 you want REFUNDED TO YOU	51	.00
52	Amount of line 50 you want APPLIED TO YOUR 2014 ESTIMATED TAX	52	.00
53	If line 49 is smaller than line 40, subtract line 49 from line 40. This is the AMOUNT YOU OWE . Paper clip payment to front of return	53	.00
54	Underpayment interest. Fill in exception code - See Sch. U _____ Also include on line 53 (see page 34)	54	.00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 34)? **Yes** Complete the following. **No**

Designee's name	Phone no. ()	Personal identification number (PIN)						
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						

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 35.

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	For Department Use Only C <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>				

Do Not Submit Photocopies



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Schedule 1 – Itemized Deduction Credit (see page 22)

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	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 27)

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 30 on page 2 of Form 1	8	_____	.00	_____	.00

Do not fill in more than \$480.

