016	Form 1NPR	Paper clip a copy of your to tax return and schedules		SS	SN			Page 4 of 4
Re	fund or Amount Y	ou Owe						
77	If line 76 is more	than line 64, subtract line 64 fr	om line 76. This is	s the AMOU I	NT OVER	PAID 7	7	.00
78	Amount of line 77	you want REFUNDED TO YOU	J			7	8	.00
	•	to be APPLIED TO YOUR 201						
	•	nan line 64, subtract line 76 fro					0	.00
81	Underpayment int	erest. Fill in exception code -	see Sch. U →	. 81		.00		
	Also include on lir	ne 80 (see page 37).	L					
Γhi	ird Do you want to	allow another person to discuss this	return with the depa	rtment (see na	ige 38)?	Yes Con	nolete the f	following No
	rtv			(000 pc				
	Designee's Signee name	3	Phone no. ▶ ()	i	Personal dentification number (PIN	, •	
						•	,	
	Vour signature	declare that this return and all atta	Spouse's signatu					edge and belief. Date
	re Tour signature		o produce o organica	(.,, = =	201 0.g,		. • • • • • • • • • • • • • • • • • • •
ICI	16							
/lail	•	consin Department of Revenue						
	(if tax is due) PO Box 268	(if refund or a PO Box 59	,					
	Madison WI 5379		VI 53785-0001					
20	bodulo 4 Wi	acanain Itamizad Dad	Luction Cradi	4 / P	44 : 1			
)		sconsin Itemized Ded I expenses from line 4, federal					1	.00
<u>-</u>		lines 10-12 and 14, federal Scl						
<u>-</u>		m line 19, federal Schedule A.						
<u>.</u> l		om line 20, federal Schedule A.					·	.00
-		disaster					4	.00
5	Add lines 1 throug	h 4					5	.00
a	Wisconsin standar	d deduction from Form 1NPR,	line 36c		6a		.00	
b	Ratio from Form 1	NPR, line 34			6b			
c	Multiply line 6a by	ratio on line 6b. Fill in the resu	Ilt on line 6c				6c	
•		om line 5. If line 6c is more tha	·	-				
3		5 (5%)						
)	Multiply line 7 by li	ne 8. Fill in here and on line 4	l of Form 1NPR .				9	.00
Sc	hedule 2 – Ma	rried Couple Credit N	lav be claimed only	when both s	oouses hav	e earned in	come tax	able by Wisconsin.
		ps, etc., included in column B				YOURSELF) YOUR SPOUSE
÷	Do not include def	erred compensation (even tho	ugh reported on a	W-2) or				
	,	ps or fellowships not reported			1		.00	.00.
2		from self-employment from fed , Schedule K-1 (Form 1065), a						
		ned income included in colum			2		.00	.00
3		nd 2. This is your total Wiscon			3		.00	.00
4	Add amounts on F	orm 1NPR, lines 18, 22, 26, ar	nd 30, column B. F	-ill in the	-			
_	•	tments that apply to your or yo	•		4		.00	.00.
		m line 3. This is your qualified			5		.00	.00
6		unt in columns (A) and (B) of li re. If more than \$16,000, fill in				6		.00
7		3 (3%)					х.	
		ne 7. Round the result and fill i						
	Do not fill in more					8		.00

