

Paper clip a copy of your federal income tax return and schedules to this return.

SSN

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 47)? **Yes** Complete the following. **No**

Designee's name ▶ _____ Phone no. ▶ (_____)

Personal identification number (PIN) ▶

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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.

Sign here ▶ Your signature _____ Date _____ Wisconsin Identity Protection PIN (7 characters) _____

Sign here ▶ Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____ Wisconsin Identity Protection PIN (7 characters) _____

Caution: Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 47).

Mail your return to: Wisconsin Department of Revenue

<p><i>(if payment enclosed)</i></p> <p>PO Box 268 Madison WI 53790-0001</p>	<p><i>(if refund or no payment enclosed)</i></p> <p>PO Box 59 Madison WI 53785-0001</p>
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Schedule 1 – Wisconsin Itemized Deduction Credit (see line 40 instructions)

1 Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions	1		.00
2 Interest paid from federal Schedule A (Form 1040). See instructions for exceptions	2		.00
3 Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions	3		.00
4 Casualty losses from federal Schedule A (Form 1040)	4		.00
5 Add lines 1 through 4	5		.00
6 Wisconsin standard deduction from Form 1NPR, line 34c	6		.00
7 Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero)	7		.00
8 Rate of credit is .05 (5%)	8	x .05	
9 Multiply line 7 by line 8	9		.00
10 Wisconsin income ratio from Form 1NPR, line 32	10	.	
11 Multiply line 9 by line 10. Fill in here and on line 40 of Form 1NPR	11		.00

Schedule 2 – Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

		(A) YOURSELF	(B) YOUR SPOUSE
1 Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR. Do not include deferred compensation (even though reported on a W-2) or taxable scholarships or fellowships not reported on a W-2	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 included in column B on Form 1NPR	2	.00	.00
3 Combine lines 1 and 2. This is your total Wisconsin earned income	3	.00	.00
4 Add amounts on Form 1NPR, lines 18, 22, 26, and 28, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income	4	.00	.00
5 Subtract line 4 from line 3. This is your qualified earned income	5	.00	.00
6 Compare the amount 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. Round the result and fill in here and on line 48 of Form 1NPR. Do not fill in more than \$480.	8		.00

