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E.	ľ	our social security number	Spouse's social security number			using BLACK INK			
DO NOT STAPLE		our legal last name	Legal first name		M.I.	Campaign fund If	you want \$3 to go to the State Fund and the Democracy Trust		
	If	a joint return, spouse's legal last name	Spouse's legal first name	е	M.I.	Fund, check here.	You Your spouse		
	:		l Aust Nin			will not change your tax or refund.			
	C	Home address (number and street). If yo	u nave a PO Box, see page 6. State	Apt. No.		Tax district Check below then fill in either the of city, village, or town and the county in whic lived at the end of 2010.			
						Ci	ty Village Town		
	Fi	iling status	,,egee						
	_	Single				County of			
	_	Married filing joint return (even if only one had income)				School district num	ber (see page 23)		
	_	Head of household	Fill in qualifying pers			Special conditions			
				ers like this →	012	23456789	NO COMMAS; NO CENTS		
	1	Wages, salaries, tips, etc	c. (see page 7)			1	.00		
ts	2	Interest (see page 8)				2	.00		
nen	3	Ordinary dividends (from	line 9a of federal Form 1040A o	r 1040)			.00.		
withholding statements	4	Capital gain distributions	(see page 8)			4	.00		
y Sta	5	Unemployment compens	ation (from worksheet, page	e 8)		5	.00.		
ding	6	Taxable IRA distributions	.00						
lou	7	Add lines 1 through 6	.00.						
with	8	IRA deduction (see page	10)		8	00			
SE			duction (see page 10)			0.0			
ENCLOSE	10	Medical care insurance of	leduction (see page 10)		10	00			
ENC	11	Add lines 8 through 10 .				11			
			e 7. This is your Wisconsin i						
	13	If your parent (or someone							
	14	Fill in the standard dedu	.00						
	4-		n amount from worksheet, p						
		Exemptions (Caution: s	e 12. If line 14 is larger than	1 line 12, fill in C)		.00		
	10		your federal return	. x \$700	16	a .00			
0		b Check if 65 or older	You + Spouse =	x \$250	16l	.00.			
Ø)				.00		
ē	17		e 15. If line 16c is larger than lir						
CLIP payment here	18		e 17 to find your tax using ta		-				
	19	Armed forces member co							
ayn	20	School property tax cred	it						
IP p		a Rent paid in 2010-heat in	ncluded	$\left(\frac{10}{1000}\right)$ Find credit fr	om	.00			
PAPER CLI		Rent paid in 2010-heat n	ot included0 ome in 20100	table page 1	ა ∠∪ : om	a			
							•		
PA	21	Working families tax cred	dit, see page 14		21	.00.			
	l .	· ·	omplete schedule on revers				•		
ō	23	Add lines 19 through 22.	This is the total of your cre	dits		23			
I-080i	24	Subtract line 23 from line	e 18. If line 23 is larger than	line 18, fill in 0	. This is	s your net tax 24	.00		

					NO COMMAS	; <u>NO</u> CENTS
25	Fill in net tax from line 24			25		.00
26	Sales and use tax due on out-of-state purchases	s (see page 15)		26		.00
27	Advance earned income credit (see page 16)			27		.00
28	Donations (decreases refund or increases amou	int owed)		_		
	a Endangered resources	f Firefighters men	norial 🔯 _	.00		
	b Packers football stadium 6	g Prostate cancer	research 🖔 _	.00		
	c Breast cancer research .00	h Military family re	lief	.00		
	d Veterans trust fund VETS .00	i Second Harves	t FEEDING	.00		
	e Multiple sclerosis MS00	Total (add line	s a through i)	> 28j_		.00
29	Add lines 25, 26, 27, and 28j			29 _		.00
30	Wisconsin income tax withheld. Enclose withhole	ding statements	30		.00	
31	2010 estimated tax payments and amount applie	ed from 2009 return	31		.00	
32	, , , , , , , , , , , , , , , , , , , ,					
	Qualifying Federal credit	.00 x % =	32		.00	
33	Homestead credit. Attach Schedule H or H-EZ .		33		.00	
34	Eligible veterans and surviving spouses property	tax credit (see page ?	17) 34		.00	
35	Add lines 30 through 34			35		.00
36	If line 35 is more than line 29, subtract line 29 from	m line 35. This is the	MOUNT YOU	OVERPAID 36		.00
37	Amount of line 36 you want REFUNDED TO YO	U		37 _		.00
38	Amount of line 36 you want applied to your 201	11 estimated tax	38		.00	
39	If line 35 is less than line 29, subtract line 35 from	m line 29. This is the	AMOUNT YO	OU OWE 39		.00
40	Underpayment interest. Fill in exception code – (See page 19)	See Sch. U →	40		00	
Th	ird Do you want to allow another person to discuss this re	eturn with the departmer	it (see page 20)?	Yes Cor	nplete the followir	ng. No
Pa	Designee's	Phone		Personal identification		
De	signee name >	no. ▶ ()	number (PIN)		
_	n below Under penalties of law, I declare that this retu					ge and belief.
Your	signature Spouse's signature (if	filing jointly, BOTH must s	sign) [Date Day (time phone	
Mail	I your return to: Wisconsin Department of Revenue	If tay due		PO Box 268, Mac	/ dison WI 53790-	0001
Mul	Wisconsin Separation of Nevertue	If homestead cred	dit claimed	PO Box 34, Madi PO Box 59, Madi	son WI 53786-0	001
	Married Couple Credi	t When Both	Spouses	Are Emplo	oyed	
	-		-	OURSELF	(B) YOUR	SPOUSE
1	Wages, salaries, tips, and other employee compeline 1 of Form 1A. Do not include deferred compe					
	scholarships and fellowships that are not reporte			.00		.00
2	IRA deduction, if any, from line 8 of Form 1A			.00		.00
	Subtract line 2 from line 1					.00
	Compare amounts in columns (A) and (B) of line smaller amount here. If more than \$16,000, fill in	3. Fill in the			.00	
5	Rate of credit is .03 (3%)					
	Multiply line 4 by line 5. Round the result and fill					
	of Form 1A	. Do NOT fill in more	than \$480	6	.00	



С	For Department Use Only				