

2010

.00

Your	nplete form using BL social security number	Spouse's social sec	urity number		IPORTA		-	l-Dec. 31, 2010, or other tax y
				You r				, 2010
Your	legal last name		Legal first na		,	M.I.	ending	, 20
If o is	a joint return, spouse's legal last name Spouse's			s legal first name M.I.		M.I.		M TO AMEND 2010 ONLY
li a ju	onit return, spouse's legal la	striame	Spouse's leg	ai iii St iiaiii	le	IVI.I.	(See instructions)	
Curre	ent home address (number	and street)				Apt. No.	MAY NOT USE TH	DENTS OR NONRESIDENT: HIS FORM.
City	or post office			State	Zip code		Special	
If ma	ırried filing separate, fill in sp	ouso's social socurity	number above	and full na	mo horo		conditions	
	name	odde a accidi accumy	First name	and full flat	ine nere	M.I.		
Fili	ing status (Note You	cannot change from	joint to sepa	rate retur	ns after	he due date.)		
O	n original return 🕨 📖	Single Mari	ried ∟ioint ∟	Married	d eparate	Head of	F old	
0	n this return	Mar	ried	Married	4	Head of	f	
O	III tilis retuili	Single filing	j joint ட	→ filing se	eparate		old Also, check her	e if married
1 2	rint numbers like thi	s → 012345	6789	<u> </u>	lot like	this $\rightarrow \emptyset$	147	NO COMMAS; NO CENTS
1	Wisconsin income (	see instructions)					1	ı <u> </u>
	Form W-2 wages	included in line 1					.00	<u>)</u>
2	Standard deduction	2						
	If someone else car	·						
3	Subtract line 2 from	line 1. If line 2 is	larger than	line 1, fi	ll in 0 .			3
4	Exemptions (Cautional Fill in exemptions				Х	\$700 <b>4a</b>	.00	)
	<b>b</b> Check if 65 or old	der You +	Spou	se =	X	\$250 <b>4b</b>	.00	)
							4	Ic
5	Subtract line 4c from	n line 3. If line 4c	is larger tha	an line 3.	, fill in 0			5
7	Itemized deduction							
8	Armed forces memb					_		-
	School property tax					· · · · · · · · · · · · · · · ·	.00	<u>'</u>
9	concorproperty tax	orount						
9	a Rent paid in 2010-h	neat included		.00		edit from		
9	a Rent paid in 2010-h Rent paid in 2010-h	_			> table n	edit from age 6 <b>9a</b> _	.00	
9	•	neat not included		.00	table p	age 6 <b>9a</b> _		-
	Rent paid in 2010-h	neat not included on home in 2010		.00	table p Find cr table p	edit from age 7 <b>9b</b> _	.00	<u> </u>
	Rent paid in 2010–h  b Property taxes paid  Historic rehabilitatio	neat not included on home in 2010 n credits		.00	table p Find cr table p	age 6 <b>9a</b> _ edit from age 7 <b>9b</b>	.00.	<u>)</u>
	Rent paid in 2010–h  b Property taxes paid  Historic rehabilitatio  Working families tax	neat not included on home in 2010 n credits		.00	Find cr table p	age 6 9a _ edit from age 7 9b10 _	.00. 00.	
	Rent paid in 2010–h  b Property taxes paid h  Historic rehabilitatio  Working families tax  Certain nonrefundat	neat not included on home in 2010 n credits	chedule CR	.00 .00 , line 5	Find cr table p	age 6 . 9a _ edit from age 7 . 9b	.00. 00. 00.	
	Rent paid in 2010–r  b Property taxes paid of Historic rehabilitation. Working families taxe Certain nonrefundate. Add credits on lines.	neat not included on home in 2010 n credits c credit ble credits from Sc 7 through 12	chedule CR	.00 .00	fable p Find cr table p	age 6 . 9a _ edit from age 7 . 9b	.00 .00 .00	
10 11 12 13 14	Rent paid in 2010–h  b Property taxes paid of Historic rehabilitation. Working families taxed Certain nonrefundate Add credits on lines. Subtract line 13 from	neat not included on home in 2010 n credits c credit ole credits from Sc 7 through 12 n line 6. If line 13	chedule CR	.00 .00 , line 5	fill in 0	age 6 . 9a _ edit from age 7 . 9b	.00 .00 .00	

orm 1	X (2010)	Name				SSN		Page 2 Of 4
		from line 16					-	.00
18		couple credit						
19		edits from Schedule CR, lin						
20		me tax paid to another state						00
21		s 18 through 20						
22		line 21 from line 17. If line 2						
23		g surcharge						
		d use tax on out-of-state pu						
25		earned income credit					25	.00
26		is (decreases refund or increases			refighters memorial		.00	
		gered resources			_			
		s football stadium		_	rostate cancer researc		.00	
			.00			*33	.00	
	<b>d</b> Veterar	ns trust fund <b>VETS</b>		i Se	econd Harvest FE	EDÏNG" ERICA	.00	
	<b>e</b> Multiple	e sclerosis	.00	٦	Total (add lines a thr	ough i)	> 26j	.00
27	Penalties	s on IRAs, other retirement	olans, MSAs	s, etc.		<u>)</u> x .33 =	27	.00
28	Credit re	payments and other penalti	es				28	.00
29	Add lines	s 22 through 25 and 26j thre	ough 28				29	.00
30	Wiscons	in income tax withheld			30		.00	
31	Wiscons	in estimated tax payments	for 2010		31		.00	
32		ncome credit. Number of q	ualifying chi	ildren .				
	Fede credit		00 <sub>x</sub>		_% = 32		.00	
33		d preservation credit. a S						
		•			e 13 <b>. 33</b>		.00	
34	Repayme	ent credit		•			.00	
35		ead credit (Enclose Schedu					.00	
36		veterans and surviving spou					.00	
37	-	edits from Schedule CR, lin		-			.00	
38		paid with 2010 return, plus						
-		as filed (see instructions)					.00	
39	Add lines	s 30 through 38 and fill in to	otal		39		.00	
40	Refund f	rom 2010 return (see instru	ıctions)		40		.00	
41	Subtract	line 40 from line 39 and fill	in result				41	.00



Name(s) shown on Form 1X	Your social security number	
42. Fill in amount from line 20.	42	00
<b>42</b> Fill in amount from line 29		
43 Fill in amount from line 41		
44 If line 42 is less than line 43, subtract line 42 from line 43 This		.00
45 Amount to be applied to your 2011 estimated tax (see instructions,	45	
46 If line 42 plus line 45 is more than line 43, subtract line 43 from the sum of lines 42 and 45	ADDITIONAL TAX 46	.00
47 Interest charge (see instructions)	47	.00
48 TOTAL AMOUNT DUE – Pay in full with this return	48	.00
<b>49</b> Underpayment interest (see instructions) Exception Code →	49	
Explanation of Changes to Income, Payments, and Cr	redits	
Explanation Codes (see instructions)		
Indicate the line reference(s) from pages 1 and 2 for which you are rep	enting a change and avalain in detail the recease for	r the change
Fill in the name used on your 2010 return (if same as name filled in on page 1, write "Same")		
Sign here		
Under penalties of law, I declare that this amended return and all attachments a	are true, correct, and complete to the best of my knowledge a	and belief.
Your signature Spouse's signature (if filing jointly, BOTH	<u> </u>	
	( )	
Mail your Form 1X	For Department Use Only	/
(and make check payable) to:	С	
Wisconsin Department of Revenue PO Box 8991 Madison WI 53708-8991		
Widaison W1 557 00-033 1		

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Form 1X (2010) Name SSN Page **4 of 4** 

Scl	hedule 1 - Itemized Deduction Credit (Fill in completely if any item is changed. If this credit was	s not claimed on yo	our original retu	rn, enclose fede	ral Schedule A.)
1	Medical and dental expenses from line 4, federal Schedule A			1	.00
2	Interest paid from line 15, federal Schedule A. Do not include inter a second home located outside Wisconsin or a residence which is Also, do not include interest paid to purchase or hold U.S. government.	a boat.		2	.00
3	Gifts to charity from line 19, federal Schedule A			3	.00
4	Casualty losses from line 20, federal Schedule A, <u>only</u> if the loss is a federally-declared disaster			4	.00
5	Add lines 1 through 4			5	.00
6	Wisconsin standard deduction from line 2 of Form 1X			6	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 $\dots$			7	.00
8	Rate of credit is .05 (5%)			8	<b>X</b> .05
9	Multiply line 7 by line 8. Fill in here and on line 7 of Form 1X			9	.00
	(Fill in if changed )	nployed			
		1			
- 1	(Fill in if changed.)  Wages salaries tips and other employee compensation		ourself	(B) Yo	ur spouse
1	(Fill in if changed.)  Wages, salaries, tips, and other employee compensation.  Do NOT enter unearned income	(A) Yo	ourself .00		ur spouse
2	Wages, salaries, tips, and other employee compensation.  Do NOT enter unearned income	(A) Yo			-
	Wages, salaries, tips, and other employee compensation.  Do NOT enter unearned income	(A) Yo	.00.		.00
2	Wages, salaries, tips, and other employee compensation.  Do NOT enter unearned income	(A) Yo	.00.		.00
2	Wages, salaries, tips, and other employee compensation.  Do NOT enter unearned income  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  Combine lines 1 and 2. This is earned income  Fill in the amounts from your 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 of Form 1040, and any disability income exclusion claimed for Wisconsin	(A) Yo	.00.		.00
2	Wages, salaries, tips, and other employee compensation.  Do NOT enter unearned income	(A) You 1 2 3 4	.00.		.00
3 4	Wages, salaries, tips, and other employee compensation.  Do NOT enter unearned income	(A) You 1 2 3 4 5 5	.00.		.00
2 3 4	Wages, salaries, tips, and other employee compensation.  Do NOT enter unearned income  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  Combine lines 1 and 2. This is earned income  Fill in the amounts from your 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 of Form 1040, and any disability income exclusion claimed for Wisconsin  Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	(A) You 1 2 3 5 0, fill in \$16,000	.00		.00

