

For the year Jan. 1-Dec. 31, 2007,
or other tax year
beginning _____, 2007
ending _____, 20__.

**Complete
form using
BLACK INK**

DO NOT STAPLE

Your social security number 	Spouse's social security number
---------------------------------	-------------------------------------

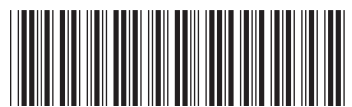
Your legal last name	Legal first name	M.I.	State election campaign fund If you want \$1 to go to the State Election Campaign Fund, check here. <input type="checkbox"/> You <input type="checkbox"/> Your spouse
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	
Home address (number and street)			Designating an amount will not change your tax or refund.
City or post office	State	Zip code	
Filing status Check <input checked="" type="checkbox"/> below			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 2007. <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town ▶ _____
<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..... ▶			County of ▶ _____
Legal last name Legal first name		M.I.	School district number See page 33 _____
Special conditions			<input type="checkbox"/>

See page 30 before assembling return








Print numbers like this → 0 1 2 3 4 5 6 7 8 9 Not like this → 0 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 9)	3 _____	.00
4 Other additions } Fill in code number and amount, see page 9. } Fill in total other additions on line 4.	<input type="text"/> _____ <input type="text"/> _____ <input type="text"/> _____ <input type="text"/> _____	4 _____ .00
5 Add the amounts in the right column for lines 1 through 4	5 _____	.00
6 State tax refund (Form 1040, line 10)	6 _____	.00
7 United States government interest	7 _____	.00
8 Unemployment compensation (see page 11)	8 _____	.00
9 Social security adjustment (see page 11)	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.	<input type="text"/> _____ <input type="text"/> _____ <input type="text"/> _____	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>	14	<u> </u>	.00
15	Standard deduction. See table on page 41, OR ▼	15	<u> </u>	15	<u> </u>	.00
	If someone else can claim you (or your spouse) as a dependent, see page 19 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>	16	<u> </u>	.00
17 Exemptions	(Caution: see page 19)					
a	Fill in exemptions from your federal return _____ x \$700	17a	<u> </u>	17a	<u> </u>	.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250	17b	<u> </u>	17b	<u> </u>	.00
c	Add lines 17a and 17b	17c	<u> </u>	17c	<u> </u>	.00
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is your taxable income	18	<u> </u>	18	<u> </u>	.00
19	Tax (see table on page 34)	19	<u> </u>	19	<u> </u>	.00
20	Itemized deduction credit. Enclose Schedule 1, page 4	20	<u> </u>	20	<u> </u>	.00
21	Armed forces member credit (must be stationed outside U.S. See page 20)	21	<u> </u>	21	<u> </u>	.00
22	School property tax credit					
a	Rent paid in 2007—heat included _____ .00	} Find credit from table page 21 ...	22a	<u> </u>	22a	<u> </u>
	Rent paid in 2007—heat not included _____ .00					
b	Property taxes paid on home in 2007 _____ .00	} Find credit from table page 22 ...	22b	<u> </u>	22b	<u> </u>
23	Historic rehabilitation credits	23	<u> </u>	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 22	24	<u> </u>	24	<u> </u>	.00
25	Add credits on lines 20 through 24	25	<u> </u>	25	<u> </u>	.00
26	Subtract line 25 from line 19. If line 25 is larger than line 19, fill in 0	26	<u> </u>	26	<u> </u>	.00
27	Alternative minimum tax. Enclose Schedule MT	27	<u> </u>	27	<u> </u>	.00
28	Add lines 26 and 27	28	<u> </u>	28	<u> </u>	.00
29	Married couple credit. Enclose Schedule 2, page 4	29	<u> </u>	29	<u> </u>	.00
30	Other credits ▶					
	a Sch. MS _____ .00	e Sch. VC (Part I) _____ .00				
	b Sch. DI _____ .00	f Sch. VC (Part II) _____ .00				
	c Sch. DC _____ .00	g Sch. IE _____ .00				
	d Sch. TC _____ .00	h Sch. OS <input type="checkbox"/> _____ .00				
	Total (add lines a through h)	30i	<u> </u>	30i	<u> </u>	.00
31	Add lines 29 and 30i	31	<u> </u>	31	<u> </u>	.00
32	Subtract line 31 from line 28. If line 31 is larger than line 28, fill in 0. This is your net tax	32	<u> </u>	32	<u> </u>	.00
33	Recycling surcharge. Enclose Schedule RS	33	<u> </u>	33	<u> </u>	.00
34	Sales and use tax due on out-of-state purchases (see page 24)	34	<u> </u>	34	<u> </u>	.00
35	Donations (decreases refund or increases amount owed)					
a	Endangered resources  _____ .00	e Multiple sclerosis  _____ .00				
b	Packers football stadium  _____ .00	f Firefighters memorial  _____ .00				
c	Breast cancer research  _____ .00	g Prostate cancer research  _____ .00				
d	Veterans trust fund  _____ .00	Total (add lines a through g)	35h	<u> </u>	35h	<u> </u>
36	Penalties on IRAs, retirement plans, MSAs, etc. (see page 25)	36	<u> </u>	36	<u> </u>	.00
37	Credit repayments and other penalties (see page 25)	37	<u> </u>	37	<u> </u>	.00
38	Add lines 32 through 34, and 35h through 37	38	<u> </u>	38	<u> </u>	.00



Name(s) shown on Form 1	Your social security number
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39 Amount from line 38.	39 _____ .00
40 Wisconsin tax withheld. Enclose withholding statements . . .	40 _____ .00
41 2007 estimated tax payments and amount applied from 2006 return	41 _____ .00
42 Earned income credit. Number of qualifying children . . ▶ _____ Federal credit . . . _____ .00 x _____ % =	42 _____ .00
43 Farmland preservation credit. Enclose Schedule FC	43 _____ .00
44 Repayment credit (see page 26)	44 _____ .00
45 Homestead credit. Enclose Schedule H or H-EZ	45 _____ .00
46 Farmland tax relief credit. Property taxes on farmland . . _____ .00 x .23 =	46 _____ .00
47 Eligible veterans and surviving spouses property tax credit	47 _____ .00
48 Enterprise zone jobs credit. Enclose Schedule EC	48 _____ .00
49 Dairy manufacturing facility investment credit. Enclose Schedule DM	49 _____ .00
50 Add lines 40 through 49	50 _____ .00
51 If line 50 is larger than line 39, subtract line 39 from line 50. This is the AMOUNT YOU OVERPAID	51 _____ .00
52 Amount of line 51 you want REFUNDED TO YOU	52 _____ .00
53 Amount of line 51 you want APPLIED TO YOUR 2008 ESTIMATED TAX	53 _____ .00
54 If line 50 is smaller than line 39, subtract line 50 from line 39. This is the AMOUNT YOU OWE . Paper clip payment to front of return	54 _____ .00
55 Underpayment interest. Also include on line 54 (see page 29) <input type="text"/> 55 _____ .00	55 _____ .00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 30)? **Yes** Complete the following. **No**

Designee's name ▶ _____ Phone no. ▶ () _____ Personal identification number (PIN) ▶

 **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 30.**

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 () _____

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

R	T	MAN	C
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>





Submit this page with Form 1 if you claim either credit.

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Schedule 1 – Itemized Deduction Credit (see page 19)

1	Medical and dental expenses from line 4, federal Schedule A. See instructions for exceptions	1	.00
2	Interest paid from line 15, federal Schedule A. Do not include interest paid on a second home located outside Wisconsin or on 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, federal Schedule A. See instructions for exceptions	3	.00
4	Add lines 1 through 3	4	.00
5	Fill in your standard deduction from line 15 on page 2 of Form 1	5	.00
6	Subtract line 5 from line 4. If line 5 is more than line 4, fill in 0	6	.00
7	Rate of credit is .05 (5%)	7	x .05
8	Multiply line 6 by line 7. Fill in here and on line 20 on page 2 of Form 1	8	.00

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 23)

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 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, 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 29 on page 2 of Form 1 8	.00	.00

Do not fill in more than \$480.