

1X

AMENDED return
Wisconsin
income tax



2011

Complete form using BLACK INK

For year Jan. 1-Dec. 31, 2011, or other tax year
beginning \_\_\_\_\_, 2011
ending \_\_\_\_\_, 20\_\_\_\_.

DO NOT STAPLE

Form fields for social security numbers, legal names, addresses, and marital status.

IMPORTANT
You must enter your
social security number(s)

• USE THIS FORM TO AMEND 2011 ONLY.
(See instructions)
• PART-YEAR RESIDENTS OR NONRESIDENTS
MAY NOT USE THIS FORM.

Special
conditions

Filing status (Note You cannot change from joint to separate returns after the due date.)











Filing status options: Single, Married filing joint, Married filing separate, Head of household.

See page 5 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

Table with 16 rows for tax calculations, including Wisconsin income, standard deduction, exemptions, and credits.

PAPER CLIP payment here

17	Amount from line 16	17	.00
18	Married couple credit	18	.00
19	Other credits from Schedule CR, line 19	19	.00
20	Net income tax paid to another state	20	.00
21	Add lines 18 through 20	21	.00
22	Subtract line 21 from line 17. If line 21 is more than line 17, fill in 0	22	.00
23	Economic development surcharge	23	.00
24	Sales and use tax on Internet, mail order, or other out-of-state purchases If you certify that no sales or use tax is due, check here	24	.00
25	Donations (decreases refund or increases amount owed)		
a	Endangered resources  .00	f	Firefighters memorial  .00
b	Packers football stadium  .00	g	Prostate cancer research  .00
c	Breast cancer research  .00	h	Military family relief  .00
d	Veterans trust fund  .00	i	Feeding America  .00
e	Multiple sclerosis  .00	j	Red Cross WI Disaster Relief  .00
		Total (add lines a through j)	25k .00
26	Penalties on IRAs, other retirement plans, MSAs, etc. .00 x .33 =	26	.00
27	Credit repayments and other penalties	27	.00
28	Add lines 22 through 24 and 25k through 27	28	.00
29	Wisconsin income tax withheld	29	.00
30	Wisconsin estimated tax payments for 2011	30	.00
31	Earned income credit. Number of qualifying children . . .		
	Federal credit . . . . . .00 x % =	31	.00
32	Farmland preservation credit. a Schedule FC, line 18	32a	.00
	b Schedule FC-A, line 13	32b	.00
33	Repayment credit	33	.00
34	Homestead credit (Enclose Schedule H or H-EZ)	34	.00
35	Eligible veterans and surviving spouses property tax credit	35	.00
36	Other credits from Schedule CR, line 29	36	.00
37	Amount paid with 2011 return, plus additional payments after it was filed (see instructions)	37	.00
38	Add lines 29 through 37 and fill in total	38	.00
39	Refund from 2011 return (see instructions)	39	.00
40	Subtract line 39 from line 38 and fill in result	40	.00



Name(s) shown on Form 1X	Your social security number
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<b>41</b> Fill in amount from line 28 .....	<b>41</b>	.00
<b>42</b> Fill in amount from line 40 .....	<b>42</b>	.00
<b>43</b> If line 41 is less than line 42, subtract line 41 from line 42 ..... This is the <b>AMOUNT OVERPAID</b>	<b>43</b>	.00
<b>44</b> Amount of line 43 you want REFUNDED TO YOU .....	<b>44</b>	.00
<b>45</b> Amount to be applied to your 2012 estimated tax (see instructions) ...	<b>45</b>	.00
<b>46</b> If line 41 plus line 45 is more than line 42, subtract line 42 from the sum of lines 41 and 45 (see instructions) ..... <b>ADDITIONAL TAX</b>	<b>46</b>	.00
<b>47</b> Interest charge (see instructions) .....	<b>47</b>	.00
<b>48</b> <b>TOTAL AMOUNT DUE</b> – Pay in full with this return .....	<b>48</b>	.00
<b>49</b> Underpayment interest (see instructions) Exception Code → [ ]	<b>49</b>	.00

**Explanation of Changes to Income, Payments, and Credits**

				Explanation Codes (see instructions)
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Indicate the line reference(s) from pages 1 and 2 for which you are reporting a change and explain in detail the reason for the change.

Fill in the name used on your 2011 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 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
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( )

Mail your Form 1X  
(and make check payable) to:  
  
Wisconsin Department of Revenue  
PO Box 8991  
Madison WI 53708-8991



For Department Use Only

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**Schedule 1 – Itemized Deduction Credit**

*(Fill in completely if any item is changed. If this credit was not claimed on your original return, enclose federal 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 interest paid to purchase a second home located outside Wisconsin or 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	3	.00
4	Casualty losses from line 20, federal Schedule A, <u>only</u> if the loss is directly related to 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	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

**Schedule 2 – Married Couple Credit When Both Spouses Are Employed**

*(Fill in if changed.)*

		(A) Yourself	(B) Your spouse
1	Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	1	.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
3	Combine lines 1 and 2. This is earned income	3	.00
4	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	4	.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	5	.00
6	Fill in the smaller of column (A) or (B) of line 5. If more than \$16,000, fill in \$16,000	6	.00
7	Rate of credit is .03 (3.0%)	7	<b>X</b> .03
8	Multiply line 6 by line 7. Fill in here and on line 18 of Form 1X. Do not fill in more than \$480	8	.00



9898

 VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>		
		\$		<span style="font-size: 2em; font-weight: bold;">2011</span> Form <b>1099-R</b>				
		2a Taxable amount						
PAYER'S federal identification number		RECIPIENT'S identification number		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		<b>Copy A For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2011 General Instructions for Certain Information Returns.</b>
				3 Capital gain (included in box 2a)		4 Federal income tax withheld		
\$		\$						
RECIPIENT'S name		5 Employee contributions / Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities				
\$		\$						
Street address (including apt. no.)		7 Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>		8 Other %		
City, state, and ZIP code		9a Your percentage of total distribution %		9b Total employee contributions \$				
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 State tax withheld \$		13 State/Payer's state no.		
Account number (see instructions)		15 Local tax withheld \$		16 Name of locality		17 Local distribution \$		

Form **1099-R**

Cat. No. 14436Q

Department of the Treasury - Internal Revenue Service

**Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page**

# 1A Wisconsin income tax



# 2011

Note

DO NOT STAPLE

Your social security number	Spouse's social security number
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Your legal last name	Legal first name	M.I.
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If a joint return, spouse's legal last name	Spouse's legal first name	M.I.
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Home address (number and street). If you have a PO Box, see page 6.	Apt. No.
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City or post office	State	Zip code
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**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 2011.

City, village, or town  City  Village  Town

**County of** \_\_\_\_\_

**School district number** (see page 23) \_\_\_\_\_

**Filing status**

Single

Married filing joint return (even if only one had income)

Head of household  Fill in qualifying person's name \_\_\_\_\_  
Also, check here if married.

**Special conditions**

**Complete form using BLACK INK**

Print numbers like this → 0 1 2 3 4 5 6 7 8 9

**NO COMMAS; NO CENTS**

ENCLOSE

**Wisconsin residents working in Minnesota:** Was any of your income from personal or professional services performed in Minnesota while a Wisconsin resident? (See instructions, page 7)

Yes If Yes, enter Minnesota income \_\_\_\_\_

No \_\_\_\_\_ .00

ENCLOSE withholding statements

1	Wages, salaries, tips, etc. (see page 7)	1	.00
2	Interest (see page 7)	2	.00
3	Ordinary dividends (from line 9a of federal Form 1040A or 1040)	3	.00
4	Capital gain distributions (see page 8)	4	.00
5	Unemployment compensation (from worksheet, page 8)	5	.00
6	Taxable IRA distributions, pensions, and annuities (see page 9)	6	.00
7	Add lines 1 through 6	7	.00
8	IRA deduction (see page 10)	8	.00
9	Student loan interest deduction (see page 10)	9	.00
10	Medical care insurance deduction (see page 10)	10	.00
11	Add lines 8 through 10	11	.00
12	Subtract line 11 from line 7. This is your Wisconsin income	12	.00
13	If your parent (or someone else) can claim you (or your spouse) as a dependent, check here	13	<input type="checkbox"/>
14	Fill in the <b>standard deduction</b> for your filing status from table, page 31. <b>But</b> if you checked line 13, fill in amount from worksheet, page 11	14	.00
15	Subtract line 14 from line 12. If line 14 is larger than line 12, fill in 0	15	.00
16	<b>Exemptions</b> (Caution: see page 11)		
	a Fill in exemptions from your federal return _____ x \$700 .. <b>16a</b>		.00
	b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 .. <b>16b</b>		.00
	c Add lines 16a and 16b	<b>16c</b>	.00
17	Subtract line 16c from line 15. If line 16c is larger than line 15, fill in 0. This is your taxable income	17	.00
18	Tax. Use amount on line 17 to find your tax using table, page 24	18	.00
19	Armed forces member credit (must be stationed outside U.S., see page 12)	19	.00
20	School property tax credit		
	a Rent paid in 2011—heat included _____ .00	} Find credit from table page 13 .. <b>20a</b>	.00
	Rent paid in 2011—heat not included _____ .00		
	b Property taxes paid on home in 2011 _____ .00	} Find credit from table page 14 .. <b>20b</b>	.00
21	Working families tax credit, see page 14	21	.00
22	Married couple credit. Complete schedule on reverse side	22	.00
23	Add lines 19 through 22. This is the total of your credits	23	.00
24	Subtract line 23 from line 18. If line 23 is larger than line 18, fill in 0. This is your net tax	24	.00











PAPER CLIP payment here

NO COMMAS; NO CENTS

**25** Fill in net tax from line 24 ..... **25** ..... .00

**26** Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 15) **26** ..... .00  
If you certify that no sales or use tax is due, check here

**27** Donations (decreases refund or increases amount owed)

<b>a</b> Endangered resources  ..... .00	<b>f</b> Firefighters memorial  ..... .00
<b>b</b> Packers football stadium  ..... .00	<b>g</b> Prostate cancer research  ..... .00
<b>c</b> Breast cancer research  ..... .00	<b>h</b> Military family relief  ..... .00
<b>d</b> Veterans trust fund  ..... .00	<b>i</b> Feeding America  ..... .00
<b>e</b> Multiple sclerosis  ..... .00	<b>j</b> Red Cross WI Disaster Relief  ..... .00

Total (add lines a through j) .. **27k** ..... .00

**28** Add lines 25, 26, and 27k ..... **28** ..... .00

**29** Wisconsin income tax withheld. Enclose withholding statements ..... **29** ..... .00

**30** 2011 estimated tax payments and amount applied from 2010 return ..... **30** ..... .00

**31** Earned income credit (see page 17)  
Qualifying Federal  
children ▶ \_\_\_\_\_ credit ... **.00** x \_\_\_\_\_ % = ... **31** ..... .00

**32** Homestead credit. Attach Schedule H or H-EZ ..... **32** ..... .00

**33** Eligible veterans and surviving spouses property tax credit (see page 17) **33** ..... .00

**34** Add lines 29 through 33 ..... **34** ..... .00

**35** If line 34 is more than line 28, subtract line 28 from line 34. This is the **AMOUNT YOU OVERPAID** **35** ..... .00

**36** Amount of line 35 you want **REFUNDED TO YOU** ..... **36** ..... .00

**37** Amount of line 35 you want **applied to your 2012 estimated tax** . . . . **37** ..... .00

**38** If line 34 is less than line 28, subtract line 34 from line 28. This is the **AMOUNT YOU OWE** . . **38** ..... .00

**39** Underpayment interest. Fill in exception code – See Sch. U → \_\_\_\_\_ **39** ..... .00  
(See page 19)

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 20)?  **Yes** Complete the following.  **No**

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

**Sign below** 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 ( ) \_\_\_\_\_


**Mail your return to:** Wisconsin Department of Revenue *If tax due* ..... PO Box 268, Madison WI 53790-0001  
*If homestead credit claimed* ..... PO Box 34, Madison WI 53786-0001  
*If refund or no tax due* ..... PO Box 59, Madison WI 53785-0001

**Married Couple Credit When Both Spouses Are Employed**

	(A) YOURSELF	(B) YOUR SPOUSE
<b>1</b> Wages, salaries, tips, and other employee compensation from line 1 of Form 1A. Do not include deferred compensation or scholarships and fellowships that are not reported on a W-2 . . . . <b>1</b>	.00	.00
<b>2</b> IRA deduction, if any, from line 8 of Form 1A. . . . . <b>2</b>	.00	.00
<b>3</b> Subtract line 2 from line 1 . . . . . <b>3</b>	.00	.00
<b>4</b> Compare amounts in columns (A) and (B) of line 3. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000 . . . . . <b>4</b>		.00
<b>5</b> Rate of credit is .03 (3%) . . . . . <b>5</b>		X <b>.03</b>
<b>6</b> Multiply line 4 by line 5. Round the result and fill in here and on line 22 of Form 1A. . . . . <b>Do NOT fill in more than \$480</b> <b>6</b>		.00



C *For Department Use Only*

		<b>a</b> Employee's social security number		OMB No. 1545-0008		Safe, accurate, <b>FAST! Use</b>				Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
<b>b</b> Employer identification number (EIN)				<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld					
<b>c</b> Employer's name, address, and ZIP code				<b>3</b> Social security wages		<b>4</b> Social security tax withheld					
				<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld					
				<b>7</b> Social security tips		<b>8</b> Allocated tips					
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits					
<b>e</b> Employee's first name and initial		Last name		Suff.		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12			
						<b>13</b> Statutory employee Retirement plan Third-party sick pay		<b>12b</b>			
						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12c</b>			
<b>f</b> Employee's address and ZIP code				<b>14</b> Other		<b>12d</b>					
<b>15</b> State		Employer's state ID number		<b>16</b> State wages, tips, etc.		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax	
										<b>20</b> Locality name	

Form **W-2** Wage and Tax Statement

**2011**

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
This information is being furnished to the Internal Revenue Service.