2009

DO NOT STAPLE

Complete form using BLACK INK

For the year Jan.	1-Dec.	31,	2009
or other tax year			
beginning		,	2009
ending			20

our social security number	Spouse's social security number
1 1	1 1
I I	1 1

	Your	egal last name Legal first name			M.I.	State election campa	ign fund			
								he State Election Campaign		
	If a jo	oint return, spouse's legal last name	Spouse's leg	Spouse's legal first name M.I.			M.I.	Fund, check here. You Your spouse		
	Home	Home address (number and street). If you have a PO Box, see page 8.				Apt. no.		Designating an amount will not change your or refund.		
	City o	or post office	State Zip code				Tax district Check below then fill in either the name of city,			
	Filing status Check ✓ below Single					at the end of 2009.	e county in which you lived ity Town			
4	Married filing joint return						City, village, or town			
assembling return	<u> </u>	_ Married filing separate return. Fill in spouse's SSN above and full name here	Legal	. _			M.I.	County of ►School district number See page 37		
		_ Head of household (see page 8). Also, check here if married	\wedge			•	Special conditions	er See page 37		
ass	Pri	int numbers like this → 0 / 2	34567	89	<u>Not</u> lik	e this →	Ø1	47	NO COMMAS; NO CENTS	
fore	1	Federal adjusted gross income (s	see page 9)						.00	
34 before		Form W-2 wages included in li	ine 1				.00			
	2 State and municipal interest (see page 9)					.00				
See page	3	Capital gain/loss addition (see pa							.00	
Se	4	Other additions Fill in code nur	nber and am er additions o	ount, see on line 4.	page 10	0.		.00		
]	.00		.004	.00	
	5	Add the amounts in the right colu	mn for lines	1 throug	gh 4			5	.00	
	6	State tax refund (Form 1040, line	10)			6		.00		
	7	United States government interes	st			7		.00		
		Unemployment compensation (se								
	9	Social security adjustment (see p	age 12)			9		.00		
Ø	10	10 Capital gain/loss subtraction (see page 12)						.00		
a	11	Other subtractions Fill in code	number and other subtrac	amount,	see page line 11.	e 13.				
her			.00.							
nen		.00	.00			11		.00		
payr	12	Add lines 6 through 11							.00	
TIP,		Subtract line 12 from line 5. This								
RC			•							
PAPER CLIP payment here	I-010i									



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	· · · · · · ·			,		NO COMMAS; NO CENTS
14	Wisconsin income from line 13				14	.00
	Standard deduction See table on page 45 OR				15	
	If someone else can claim you (or your spouse) as a de	epende	ent, see page 21	and chec	k here	
16	Subtract line 15 from line 14. If line 15 is larger than	line 1	4, fill in 0		16 .	.00
17	Exemptions (Caution: See page 22) a Fill in exemptions from your federal return		x \$700	17a	.00	
	b Check if 65 or older You + Spouse =					
	c Add lines 17a and 17b					.00
18	Subtract line 17c from line 16. If line 17c is larger tha				•	00
19	Tax (see table on page 38)					
20	Itemized deduction credit. Enclose Schedule 1, page					
21	Armed forces member credit (must be stationed outside					
22	School property tax credit					
	a Rent paid in 2009–heat included	.00	Find credit from	22a	.00	
	Rent paid in 2009–heat not included		Find credit from			
	b Property taxes paid on home in 2009	.00	table page 25	.22b		
23	Historic rehabilitation credits	 10 000		. 23	.00	
24	Working families tax credit } If line 14 is less than \$ (\$19,000 if married filing)	ig joint), see page 25	. 24	.00.	
25	Certain nonrefundable credits from line 3 of Schedul	e CR		. 25	.00	
26	Add credits on lines 20 through 25				26	
1	Subtract line 26 from line 19. If line 26 is larger than				-	
28	Alternative minimum tax. Enclose Schedule \ensuremath{MT}				28	
29	Add lines 27 and 28				29	.00.
30	Married couple credit. Enclose Schedule 2, page 4	30		.00		
31	Other credits from Schedule CR, line 15	31		.00		
32	Net income tax paid to another state.			00		
	Enclose Schedule OS	32		.00		
33	Add lines 30, 31, and 32				•	
34	Subtract line 33 from line 29. If line 33 is larger than	line 2	9, fill in 0. This i	is your ne	et tax 34	
35	Recycling surcharge. Enclose Schedule RS				-	
36	Sales and use tax due on out-of-state purchases (se				-	
37	Advance earned income credit (see page 28)				37	.00.
38	Donations (decreases refund or increases amount o	•		r S A	00	
	a Endangered resources f			(7)		
	b Packers football stadium 6 g		900000		.00	
	c Breast cancer research					
			d Harvest			.00
			•	• ,		
39	Penalties on IRAs, retirement plans, MSAs, etc. (see					
40	Credit repayments and other penalties (see page 29				-	
41	Add lines 34 through 37, and 38j through 40				41	.00

Photocopies

	Name	SSN	- 4-54
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NO COMMAS; NO CENTS Schedule 1 - Itemized Deduction Credit (see page 22) 1 Medical and dental expenses from line 4, federal Schedule A. See instructions for .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, .00 .00 Casualty losses from line 20, federal Schedule A, only if the loss is directly related to .00 .00 .00 6 Fill in your standard deduction from line 15 on page 2 of Form 1 6 .00 x .05 .00

You must submit this page with Form 1 if you claim either of these credits



Schedule 2 - Married Couple Credit When Both Spouses Are Employed (see page 26)

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
Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	.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	.00	
3 Combine lines 1 and 2. This is earned income 3	.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	5,000 6	.00
7 Rate of credit is .03 (3%)	7	x .03
8 Multiply line 6 by line 7. Fill in here and on line 30 on page 2 of	Form 1 8	Do not fill in more than \$480.

