

.00

Complete form using BLACK INK STAPLE For year Jan. 1-Dec. 31, 2011, or other tax year **IMPORTANT** Your social security number Spouse's social security number You must enter your beginning social security number(s) DO NOT Your legal last name Legal first name МТ • USE THIS FORM TO AMEND 2011 ONLY. If a joint return, spouse's legal last name M.I. Spouse's legal first name (See instructions) PART-YEAR RESIDENTS OR NONRESIDENTS Current home address (number and street) Apt. No. MAY NOT USE THIS FORM. City or post office Zip code Special conditions If married filing separate, fill in spouse's social security number above and full name here Legal first name Filing status (Note You cannot change from joint to separate returns after the due date.) Married Married Head of On original return
Single filing joint filing separate - household Married Married Head of On this return Single → household

→ household Also, check here if married See page 5 before assembling return **⊿filin**g j<mark>o</mark>int Print numbers like this → 0123456789 Not like this → Ø147 NO COMMAS; NO CENTS .00 .00 If someone else can claim you (or your spouse) as a dependent, see page 2 and check here00 **4** Exemptions (Caution: see instructions, page 2) .00 **a** Fill in exemptions from your federal return x \$700 . . **4a b** Check if 65 or older You + Spouse = x \$250 . . **4b** .00 .00 .00 .00 .00 .00 9 School property tax credit •00 Find credit from a Rent paid in 2011-heat included table page 6 .. .00 Rent paid in 2011–heat not included Find credit from .00 .00 **b** Property taxes paid on home in 2011 9b ___ table page 7 .. PAPER CLIP payment here .00 11 Working families tax credit11 .00 .00 .00 .00 .00

Page 2 of 4	N	Form 1X Name	2011
00	17	Amount from line 16	17
.00	.00		
	.00		18 19
	.00		20
.00			21
	21		22
	23		23
	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	
		Donations (decreases refund or increases amount owed)	25
		a Endangered resources .00 Firefighters memorial	
	.00	b Packers football stadium .00 (g Prostate cancer research	
	.00	c Breast cancer research .00 h Military family relief	
		d Veterans trust fund vers .00 i Feeding America	
	.00	e Multiple sclerosis j Red Cross WI Disaster Relief ■	
.00	through j) > 25k	Total (add line	
.00	3 = 26	Penalties on IRAs, other retirement plans, MSAs, etc00	26
.00		Credit repayments and other penalties	27
.00	28	Add lines 22 through 24 and 25k through 27	28
	.00	Wisconsin income tax withheld	29
	.00	Wisconsin estimated tax payments for 2011	30
		Earned income credit. Number of qualifying children •	31
	.00	Federal credit	
		Farmland preservation credit. a Schedule FC, line 18	32
		b Schedule FC-A, line 13	
		Repayment credit	33
	.00	Homestead credit (Enclose Schedule H or H-EZ)	34
			35
			36
		- Amount paid with 2011 return, plus additional payments	37
	.00	after it was filed (see instructions) 37	
		Add lines 29 through 37 and fill in total	
	.00	Refund from 2011 return (see instructions)	39
.00	40	Subtract line 39 from line 38 and fill in result	40



Nam	ne(s) shown on Form 1X	Your social security number	
41	Fill in amount from line 28	41	.00
42	Fill in amount from line 40	42	.00
43	If line 41 is less than line 42, subtract line 41 from line 42 This is the AMOUNT OVERP.	AID 43	.00
44	Amount of line 43 you want REFUNDED TO YOU	44	.00
45	Amount to be applied to your 2012 estimated tax (see instructions) 45	.00	
46	If line 41 plus line 45 is more than line 42, subtract line 42 from the sum of lines 41 and 45 (see instructions)	AX 46	.00
47	Interest charge (see instructions)	47	.00
48	TOTAL AMOUNT DUE - Pay in full with this return	48	.00
49	Underpayment interest (see instructions) Exception Code →	.00	
E	xplanation of Changes to Income, Payments, and Credits		
ſ	Explanation		
	Codes (see instructions)		
Ind	dicate 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 i	n the name used on your 2011 return		
(if sa	ame as name filled in on page 1, write "Same")		
٥.			
-	gn here		
	 Under penalties of law, I declare that this amended return and all attachments are true, correct, and complete to t Spouse's signature (if filing jointly, BOTH must sign) Date	he best of my knowledge an Daytime phone	nd belief.
201	Species and surface (in initial grants).	24, priorio	
		()	
Mail	your Form 1X	For Department Use Only	
and	make check payable) to:	С	
	isconsin Department of Revenue D Box 8991		
	adison WI 53708-8991		

2011 Form 1X Name SSN Page **4 of 4**

Scl	nedule 1 - Itemized Deduction Credit (Fill in completely if any item is changed. If this credit was	s not elaimed on yo	our original return,	enclose federal S	Schedule A.)
		1///	,		,
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 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.			.00
•		Securities	/ \		
3	Gifts to charity from line 19, federal Schedule A				.00
4	Casualty losses from line 20, federal Schedule A, only if the loss is a federally-declared disaster	directly related to	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		/ 			
۵	Multiply line 7 by line 8. Fill in here and on line 7 of Form 1X				
9	widitiply life 7 by life 6. Figure 12 and of this 7 bir of 11 12		g		
Sch 1	nedule 2 - Married Couple Credit When Both Spouses Are Em (Fill in if changed.) Wages, salaries, tips, and other employee compensation.		ourself	(B) Your sp	pouse
Ċ	Do NOT enter 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	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		.00
_		•	.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	Fill in the smaller of column (A) or (B) of line 5. If more than \$16,000	0, fill in \$16,000	6	.00	
7	Rate of credit is .03 (3.0%)		7	x .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	



9191	☐ VOID ☐ CORREC	TED		
PAYER'S name, street address, city, s	state, ZIP code, and telephone no.	1a Total ordinary dividends	OMB No. 1545-0110	
		\$ 1b Qualified dividends	2011	Dividends and Distributions
		\$	Form 1099-DIV	
		2a Total capital gain distr.	2b Unrecap. Sec. 125	Gopy A
		\$	\$	— For
PAYER'S federal identification number	RECIPIENT'S identification number	2c Section 1202 gain	2d Collectibles (28%)	
		\$	\$	File with Form 1096.
RECIPIENT'S name		3 Nondividend distributions \$	4 Federal income tax	For Privacy Act
			5 Investment expense \$	Reduction Act
Street address (including apt. no.)		6 Foreign tax paid	7 Foreign country or U.S. p	2011 General
		\$		Instructions for
City, state, and ZIP code		8 Cash liquidation distributions \$	9 Noncash liquidation dis	Information
Account number (see instructions)	2nd TIN not.			Returns.
Form 1000-DIV	0 1 44451		D 1 1 1 1 T	11. 15. 0. 1

Form 1099-DIV

Cat. No. 14415N

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

H	Wisconsin homestead credit	Check here if an amended return	L	_ 20	11
	nomestead credit	an amended return y	_		

CI	aimant's social security number	Spouse's social securi	ty number		pelow then fill in eith or town, and the coun	
Cla	aimant's legal last name	Legal first name		M.I. at the el	nd of 2011.	Village Town
Sp	ouse's legal last name	Spouse's legal first nam	ne	M.I. City, villa or town	ige,	
Cu	rrent home address (number and street)		Apt. no.	County	of	
Cit	y or post office	\$tate	Zip code	Special condition	ns (See pa	age 7.)
1a	What was your age as of December 31	2011? (If you were	under 18, you do not	qualify for homest	ead credit for 2011.) 1	a Fill in age ▶
b	If your spouse was age 65 or over as of	December 31, 20	11, check where inc	licated	11	Check here
2	Were you a legal resident of Wisconsin	from 1-1-11 through	gh (12 31 11? (If "No	you do not qu	alify.) 2	Yes No
3	Were you claimed or will you be claimed (If "Yes" and you were under age 62 c	d as a dependent on December 31, 2	on someone else's 2 011, you do not qua	2011 federal inco alify.)	ome tax return?	Yes No
4a	Are you now living in a nursing home? (nursing home name and address	If "Yes," indicate the				a Voc No.
h	If "Yes," are you receiving medical assis	tance under Title			do not qualify) 48	
	Did you become married or					
	If married for any part of 2011, did your (If "Yes," see page 15.)	and your spouse m	naintain separate ho	mes during any	part of the year?	
b	If you and your spouse maintained sepathe other of their marital property incom	arate homes while e? (See page 15.)	married during 201	1, did either spou	use notify	b Yes No
Prin	t numbers like this → 0 / 23 4	56789	Not like this	→ Ø147	<u>NO</u> (COMMAS; NO CENTS
Hou	sehold Income Include all 2011 inc	ome as listed bel	ow. If married, inclu	ude the income	s of both spouses. See	e pages 7 to 11.
7	Wisconsin income from your 2011 in attach a copy marked "Duplicate."			•		.00
8	If you or you and your spouse are r taxable income on lines 8a and 8b.	ot filing a 2011		-		
а	Wages00 + Inter					
h		est	.00 + Divide	nds	.00 = 8a	
D	Other taxable income. Attach a sch					
_	Other taxable income. Attach a sch	edule listing eac	th income item		8b	
9	•	nedule listing eac	th income item	on line 7, 8a,	8b or 8b.	
9 a	Nontaxable household income. I	Do not include a	ch income item amounts filled in	on line 7, 8a,	8b or 8b. 9a ents.	.00
9 <u>a</u> b	Nontaxable household income. If Unemployment compensation Social security, federal and state SS	Do not include a	amounts filled in	on line 7, 8a,	8b or 8b. 9a ents. 9b	.00.
9 <u>a</u> <u>b</u>	Nontaxable household income. If Unemployment compensation	Do not include a	amounts filled in and caretaker sup	on line 7, 8a,	8b or 8b. 9a ents. 9b 9c	.00.
9 <u>a</u> <u>b</u> <u>c</u> <u>d</u>	Nontaxable household income. In Unemployment compensation	Do not include a SI, SSI-E, SSD, a ons	amounts filled in and caretaker sup itium deductions E, and qualified pl	on line 7, 8a, plement payme	8b or 8b. 9a ents. 9c s (see page 8) 9d	.00.
9 <u>a</u> <u>b</u> <u>c</u> <u>d</u> e	Nontaxable household income. If Unemployment compensation Social security, federal and state SS Include Medicare premium deduction Railroad retirement benefits. Include Pensions and annuities, including If	Do not include a SI, SSI-E, SSD, a sons	amounts filled in and caretaker sup suiting deductions and qualified places and qualified places and quage states.	on line 7, 8a, plement paymo	9b 9c s (see page 8) 9d page 8) 9e	.00.
9 <u>a</u> <u>b</u> <u>c</u> <u>d</u> e f	Nontaxable household income. In Unemployment compensation	Do not include a SI, SSI-E, SSD, a ons Medicare prem RA, SEP, SIMPL ation plans (see I	amounts filled in and caretaker sup thium deductions .E., and qualified plans and qualified plans	on line 7, 8a, plement payme an distribution atements, and	8b or 8b. 9a ents. 9b	.00.
9 <u>a</u> <u>b</u> <u>c</u> <u>d</u> e f g	Nontaxable household income. In Unemployment compensation	Do not include a SI, SSI-E, SSD, a ons Medicare prem RA, SEP, SIMPL ation plans (see I SEP, SIMPLE, a (e.g., U.S. Savir	amounts filled in and caretaker sup iium deductions . E, and qualified place ox 12 of wage stand qualified plane ags Bonds) and st	on line 7, 8a, plement payme an distribution atements, and s	8b or 8b. 9a ents. 9b	.00.
9 a b c d e f g h	Nontaxable household income. In Unemployment compensation	Do not include a cons	amounts filled in and caretaker sup and caretaker sup and qualified place oox 12 of wage stand qualified plane and gualified p	on line 7, 8a, plement payme an distribution atements, and s ate and municipation or cash b	8b or 8b. 9a ents. 9b 9c s (see page 8) 9d page 8) 9e 9f pal bonds 9g enefits 9h	.0000 .00 .00 .00 .00 .00 .00 .00
9	Nontaxable household income. In Unemployment compensation	Do not include a comment of the comm	amounts filled in and caretaker sup iium deductions . E, and qualified place and qualified plans and qualified plans ags Bonds) and st military compensations (course)	on line 7, 8a, plement payme an distribution atements, and s ate and munici ation or cash b	8b or 8b. 9a ents. 9b 9c s (see page 8) 9d page 8) 9e 9f pal bonds 9g enefits 9h	.0000000000000000



rent certificate or property tax bill

(or closing statement) is included.

Wisconsin Department of Revenue

Madison WI 53786-0001

PO Box 34

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Yc	income tax	Snouse's so	cial security nun	her	_ _							2011
	our social security number	Оройзе з зо	ciai security riuri	ibci	'							2011
Yo	our legal last name		Legal first nam	е			M.I	of city,	village, or	town a		n either the namunty in which yo
If a	a joint return, spouse's legal last na	me	Spouse's legal	first nan	me		M.I.	lived a	t the end of	City	Villa	ge Town
Но	ome address (number and street). I	f you have a PO B	ox, see page 6.	1		Apt. No.		or town	1)	$\overline{}$	<u> </u>	
Ci	ty or post office			State	Zip co	de		/	\ \ -	umber	(see page	23)
	ling status _ Single			>)'			Specia condit				
	_ Married filing joint return	n (even if only	one had inco	ome)			` / ,		Complete	form (using BL	ACK INK
Head of household Fill in qualifying person's name Print numbers like the						ke this	→ 012	3456789				
	Also, check here if mari	ried.				\setminus	_			N	Ю СОММ	AS; NO CENTS
Nic	sconsin residents worki	ng in Minne	enta: Was a	ny of v	our inco	me from ne	reonal	or	Ye	s If Y	es. enter l	Minnesota incom
	fessional services perform								No			.0
_	Wages, salaries, tips,	12 (22 22	7									.0
	Interest (see page 7)	. V . /										
	Ordinary dividends (fro	\ \										
	Capital gain distributio				,							
	Unemployment compe											
	Taxable IRA distribution											
	Add lines 1 through 6	-		-		•						.0
	•									00		
	IRA deduction (see pa									00		
	Student loan interest d	•	. • ,							00		
	Medical care insurance											.0
	Add lines 8 through 10 Subtract line 11 from li											.0
			•							·		
	If your parent (or some		•	-		•			ск пеге 🟲	13	_	
4	Fill in the standard de you checked line 13, fi									14		.0

16 Exemptions (Caution: see page 11)

a Rent paid in 2011-heat included

Rent paid in 2011-heat not included ___

PAPER CLIP pavment here

19 Armed forces member credit (must be stationed outside U.S., see page 12) 19 20 School property tax credit

.00 22 Married couple credit. Complete schedule on reverse side 22 .00 .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 Find credit from

.00) table page 13 .. **20a**_

17 Subtract line 16c from line 15. If line 16c is larger than line 15, fill in 0. This is your taxable income . .17

a Fill in exemptions from your federal return x \$700 .. 16a _____

b Check if 65 or older ____ You + ____ Spouse = ____ x \$250 .. **16b** _____

b Property taxes paid on home in 2011 Find credit from table page 14 .. 20b

		NO COMMAS; NO CENTS
25	Fill in net tax from line 24	.00
26	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 15) 26 If you certify that no sales or use tax is due, check here	
27	Donations (decreases refund or increases amount owed)	
	a Endangered resources	
	b Packers football stadium (a)	~
	c Breast cancer research .00 h Military family relief .00	
	d Veterans trust fund Veterans fund	
	e Multiple sclerosis MS j Red Cross WI Disaster Relief .00	
	Total (add lines a through j) 27k	.00
20		.00.
	Add lines 25, 26, and 27k	.00
	2011 estimated tax payments and amount applied from 2010 return 30	.00
	Earned income credit (see page 17)	.00
	Qualifying Federal	.00
32	children ▶ credit	.00
	Eligible veterans and surviving spouses property tax credit (see page 17) 33	.00
	Add lines 29 through 33	.00
	If line 34 is more than line 28, subtract line 28 from line 34. This is the AMOUNT YOU OVERPAID 35	
	Amount of line 35 you want REFUNDED TO YOU	.00
	Amount of line 35 you want applied to your 2012 estimated tax 37 If line 34 is less than line 28, subtract line 34 from line 28. This is the AMOUNT YOU OWE 38	
		.00
33	(See page 19)	
	'' '' '	omplete the following. No
Pai	Designee's Filone Identification	
	·	''
	In below Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the besignature Spouse's signature (if filling jointly, BOTH must sign) Date Date	est of my knowledge and belief. lytime phone
	()
Mail	your return to: Wisconsin Department of Revenue If tax due	
	If homestead credit claimed	
	Married Couple Credit When Both Spouses Are Emplo	ved
	(A) YOURSELF	(B) YOUR SPOUSE
1	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 1	00.
2	IRA deduction, if any, from line 8 of Form 1A	00.
	Subtract line 2 from line 1	00.
4	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	.00
5	Rate of credit is .03 (3%)	
	Multiply line 4 by line 5. Round the result and fill in here and on line 22 of Form 1A	00



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