2021	Form 1NPR	tax return	and schedules to this i	return.	;	22IA		Page <b>4 Of 4</b>
72	a If line 68	is less than line 56,	subtract line 68 from line 5	56 Th	is is the A	MOUNT	YOU OWE 72a	.00
_	_						.00	
73	Underpay Also inclu	yment interest. Fill in ude on line 72a (see	n exception code – see Sc page 48).	h. U →	73		.00	
	rtv	u want to allow another p	person to discuss this return wit	th the depart Phone	ment (see	page 49)?	Personal	he following. No
Эе	signee n	ame •		no. ▶ (	)		identification number (PIN)	
Inc	lor nonoltino	of law I do alore that the	is return and all attachments	ara trua	reat and	oomnlot:	to the best of my kee	avuladas and haliaf
	Your si	ignature	s return and an attachments	Dat				ection PIN (7 characters)
	gn To						·	,
ie	re Snous	e's signature (if fi <b>l</b> ing join	tly BOTH must sian)	Dat	re .		Wisconsin Identity Prote	ection PIN (7 characters)
	gn 📗	o o oignatare (ii iiiing join	ay, Do TTT made digity	Dai	.0		vioconomi lacinaty i rote	otion in (7 onaradicio)
1e	re 💆							
/lai	Lyour return t	to: Wisconsin Departr	nent of Revenue					
, i di	(if tax is due	•	(if refund or no tax due	e)				
	PO Box 2		PO Box 59	0004				
	Madison V	WI 53790-0001	Madison WI 53785	-0001				
Sc	hedule 1	l – Wisconsin	temized Deduction	n Credit	(see line	20 inst	ructions)	
					•		,	
1	exceptions	a dental expenses fr	om federal Schedule A (Fo	orm 1040). (	see instr	uctions 1	or 	.00
2			dule A (Form 1040). See in					
3			hedule A (Form 1040). See					
4			chedule A (Form 1040)				_	
5							_	.00
6	Wisconsin	standard deduction	from Form 1NPR, line 34c				6	.00
7	Subtract lin	ne 6 from line 5. If lir	e 6 is more than line 5, fill	l in 0 (zero)				.00
8	Rate of cre	edit is .05 (5%)					8 _	x .05
9	Multiply lin	e 7 by line 8. Fill in h	ere and on line 39 of Forn	n 1NPR			9 _	.00
Sc	hedule 2	2 – Married Co	uple Credit May be cla	aimed on <b>l</b> y w	hen both	spouses	have earned income	taxab <b>l</b> e by Wisconsin.
1			uded in column B of line 1				(A) YOURSELF	(B) YOUR SPOUSE
_			nsation (even though repo			4	00	00
2		•	hips not reported on a W-2			1 _	.00	
2	and F (Forr	m 1040), Schedule K	oloyment from federal Sch -1 (Form 1065), and any ot included in column B on F	ther taxable	e self-	2	.00	.00
3	Combine li	nes 1 and 2. This is	your total Wisconsin earn	ed income		3	.00	.00
<u>4</u>			ines 18, 22, 26, and 28, co apply to your or your spous			4	.00	.00
5		-	is your qualified earned in			5	.00	.00
6	Compare t	he amount in columi	ns (A) and (B) of line 5. Fill nan \$16,000, fill in \$16,000	I in the			6	.00
7								c .03
		, ,	the result and fill in here a					
								.00

Paper clip a copy of your federal income

