

Paper clip a copy of your federal income tax return and schedules to this return.

SSN

<b>73</b>	If line 69 is less than line 57, subtract line 69 from line 57 . . . This is the <b>AMOUNT UNDERPAID</b>	<b>73</b>	_____	.00
<b>74</b>	Underpayment interest. Fill in exception code – see Sch. U → _____	<b>74</b>	_____	.00
<b>75</b>	Add lines 73 and 74. This is the <b>AMOUNT YOU OWE</b>	<b>75</b>	_____	.00
<b>76</b>	Interest (see page 47)	<b>76</b>	_____	.00

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 47)?  **Yes** Complete the following.  **No**

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

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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.

**Sign here** ▶ Your signature \_\_\_\_\_ Date \_\_\_\_\_ Wisconsin Identity Protection PIN (7 characters) \_\_\_\_\_

**Sign here** ▶ Spouse's signature (if filing jointly, BOTH must sign) \_\_\_\_\_ Date \_\_\_\_\_ Wisconsin Identity Protection PIN (7 characters) \_\_\_\_\_

**Caution:** Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 47).

Mail your return to: Wisconsin Department of Revenue  
 (if tax is due) PO Box 268 Madison WI 53790-0001  
 (if refund or no tax due) PO Box 59 Madison WI 53785-0001

**Schedule 1 – Wisconsin Itemized Deduction Credit** (see line 39 instructions)

<b>1</b>	Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>1</b>	_____	.00
<b>2</b>	Interest paid from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>2</b>	_____	.00
<b>3</b>	Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>3</b>	_____	.00
<b>4</b>	Casualty losses from federal Schedule A (Form 1040) . . . . .	<b>4</b>	_____	.00
<b>5</b>	Add lines 1 through 4 . . . . .	<b>5</b>	_____	.00
<b>6</b>	Wisconsin standard deduction from Form 1NPR, line 34c . . . . .	<b>6</b>	_____	.00
<b>7</b>	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0 (zero) . . . . .	<b>7</b>	_____	.00
<b>8</b>	Rate of credit is .05 (5%) . . . . .	<b>8</b>	<b>x .05</b>	
<b>9</b>	Multiply line 7 by line 8. Fill in here and on line 39 of Form 1NPR . . . . .	<b>9</b>	_____	.00

**Schedule 2 – Married Couple Credit** May be claimed only when both spouses have earned income taxable by Wisconsin.

	(A) YOURSELF	(B) YOUR SPOUSE				
<b>1</b>	Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR. Do not include deferred compensation (even though reported on a W-2) or taxable scholarships or fellowships not reported on a W-2 . . . . .	<b>1</b>	_____	.00	_____	.00
<b>2</b>	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 included in column B on Form 1NPR . . . . .	<b>2</b>	_____	.00	_____	.00
<b>3</b>	Combine lines 1 and 2. This is your total Wisconsin earned income . . . . .	<b>3</b>	_____	.00	_____	.00
<b>4</b>	Add amounts on Form 1NPR, lines 18, 22, 26, and 28, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income . . . . .	<b>4</b>	_____	.00	_____	.00
<b>5</b>	Subtract line 4 from line 3. This is your qualified earned income . . . . .	<b>5</b>	_____	.00	_____	.00
<b>6</b>	Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. . . . .	<b>6</b>	_____	.00		
<b>7</b>	Rate of credit is .03 (3%). . . . .	<b>7</b>	<b>x .03</b>			
<b>8</b>	Multiply line 6 by line 7. Round the result and fill in here and on line 48 of Form 1NPR. Do not fill in more than \$480. . . . .	<b>8</b>	_____	.00		

