

22222		Void <input type="checkbox"/>	a Employee's social security number 400-05-5411		For Official Use Only ▶ OMB No. 1545-0008			
b Employer identification number (EIN) 99-8877665			1 Wages, tips, other compensation 55000		2 Federal income tax withheld 4400			
c Employer's name, address, and ZIP code Uncle Sam's Soup Kitchen Downtown Madison, WI 53708			3 Social security wages 55000		4 Social security tax withheld 3410			
			5 Medicare wages and tips 55000		6 Medicare tax withheld 798			
			7 Social security tips		8 Allocated tips			
d Control number			9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial		Last name		Suff.	11 Nonqualified plans		12a See instructions for box 12	
Test Drummer 42 Link Rd Madison, WI 53708			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b		
			14 Other			12c		12d
			f Employee's address and ZIP code					
15 State WI	Employer's state ID number		16 State wages, tips, etc. 55000	17 State income tax 2000	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2009

Department of the Treasury—Internal Revenue Service

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Cat. No. 10134D

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

Complete form using BLACK INK

DO NOT STAPLE

Your social security number 400-05-5411	Spouse's social security number 400-05-5481
---	---

Your legal last name Drummer	Legal first name Test	M.I.	State election campaign fund If you want \$1 to go to the State Election Campaign Fund, check here. <input type="checkbox"/> You <input type="checkbox"/> Your spouse
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	
Home address (number and street). If you have a PO Box, see page 8. 42 Link Rd		Apt. no. 210	Designating an amount will not change your tax or refund.
City or post office Madison	State WI	Zip code 53708	
Filing status Check <input checked="" type="checkbox"/> below <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input checked="" type="checkbox"/> Head of household (see page 8). Also, check here if married..... <input checked="" type="checkbox"/> If married, fill in spouse's SSN above and full name here			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 2009. City, village, or town <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town Madison County of <input checked="" type="checkbox"/> Dane School district number See page 37 3269
Legal last name Drummer Legal first name Susie M.I.			
Special conditions <input type="checkbox"/>			










See page 34 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	
1	Federal adjusted gross income (see page 9)	1		77788	.00
	Form W-2 wages included in line 1		55000		.00
2	State and municipal interest (see page 9)	2			.00
3	Capital gain/loss addition (see page 10)	3			.00
4	Other additions } Fill in code number and amount, see page 10. } Fill in total other additions on line 4.				.00
		4			.00
5	Add the amounts in the right column for lines 1 through 4	5		77788	.00
6	State tax refund (Form 1040, line 10)	6			.00
7	United States government interest	7			.00
8	Unemployment compensation (see page 12)	8			.00
9	Social security adjustment (see page 12)	9			.00
10	Capital gain/loss subtraction (see page 12)	10			.00
11	Other subtractions } Fill in code number and amount, see page 13. } Fill in total other subtractions on line 11.				.00
		11			.00
12	Add lines 6 through 11	12			.00
13	Subtract line 12 from line 5. This is your Wisconsin income	13		77788	.00

PAPER CLIP payment here



NO COMMAS; NO CENTS

14	Wisconsin income from line 13	14	<u>77788</u>	.00
15	Standard deduction. See table on page 45, OR ▼	15	<u>1743</u>	.00
	If someone else can claim you (or your spouse) as a dependent, see page 21 and check here ▶			
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	<u>76045</u>	.00
17	Exemptions (Caution: See page 22)			
a	Fill in exemptions from your federal return <u>2</u> x \$700	17a	<u>1400</u>	.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	17b		.00
c	Add lines 17a and 17b	17c	<u>1400</u>	.00
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income	18	<u>74645</u>	.00
19	Tax (see table on page 38)	19	<u>4622</u>	.00
20	Itemized deduction credit. Enclose Schedule 1, page 4	20		.00
21	Armed forces member credit (must be stationed outside U.S. See page 22)	21		.00
22	School property tax credit			
a	Rent paid in 2009—heat included <u>300.00</u>	} Find credit from table page 24. . . 22a	<u>16</u>	.00
	Rent paid in 2009—heat not included <u>200.00</u>			
b	Property taxes paid on home in 2009 <u>3300.00</u>	} Find credit from table page 25. . . 22b	<u>300</u>	.00
23	Historic rehabilitation credits	23		.00
24	Working families tax credit } If line 14 is less than \$10,000 (\$19,000 if married filing joint), see page 25	24		.00
25	Certain nonrefundable credits from line 3 of Schedule CR	25		.00
26	Add credits on lines 20 through 25	26	<u>150</u>	.00
27	Subtract line 26 from line 19. If line 26 is larger than line 19, fill in 0	27	<u>4472</u>	.00
28	Alternative minimum tax. Enclose Schedule MT	28	<u>0</u>	.00
29	Add lines 27 and 28	29	<u>4472</u>	.00
30	Married couple credit. Enclose Schedule 2, page 4	30		.00
31	Other credits from Schedule CR, line 15	31	<u>630</u>	.00
32	Net income tax paid to another state. Enclose Schedule OS	32		.00
33	Add lines 30, 31, and 32	33	<u>630</u>	.00
34	Subtract line 33 from line 29. If line 33 is larger than line 29, fill in 0. This is your net tax	34	<u>3842</u>	.00
35	Recycling surcharge. Enclose Schedule RS	35	<u>0</u>	.00
36	Sales and use tax due on out-of-state purchases (see page 27)	36	<u>0</u>	.00
37	Advance earned income credit (see page 28)	37	<u>0</u>	.00
38	Donations (decreases refund or increases amount owed)			
a	Endangered resources  <u>.00</u>	f	Firefighters memorial  <u>.00</u>	
b	Packers football stadium  <u>.00</u>	g	Prostate cancer research  <u>.00</u>	
c	Breast cancer research  <u>.00</u>	h	Military family relief  <u>.00</u>	
d	Veterans trust fund  <u>.00</u>	i	Second Harvest  <u>.00</u>	
e	Multiple sclerosis  <u>.00</u>	Total (add lines a through i) ▶ 38j		.00
39	Penalties on IRAs, retirement plans, MSAs, etc. (see page 28)	39	<u>.00</u> x .33 =	.00
40	Credit repayments and other penalties (see page 29)	40		.00
41	Add lines 34 through 37, and 38j through 40	41	<u>3842</u>	.00



NEW

NEW

Name(s) shown on Form 1 Drummer, Test		Your social security number 400 00 5411	
NO COMMAS; NO CENTS			
42	Amount from line 41	42	3842 .00
43	Wisconsin tax withheld. Enclose withholding statements	43	2000 .00
44	2009 estimated tax payments and amount applied from 2008 return	44	.00
45	Earned income credit. Number of qualifying children . . . ▶ Federal credit00 x % =	45	.00
46	Farmland preservation credit. Enclose Schedule FC	46	.00
47	Repayment credit (see page 30)	47	.00
48	Homestead credit. Enclose Schedule H or H-EZ	48	.00
49	Farmland tax relief credit. Property taxes on farmland00 x .18 =	49	.00
50	Eligible veterans and surviving spouses property tax credit	50	.00
51	Other credits from Schedule CR, line 22. Enclose Schedule CR . . .	51	.00
52	Add lines 43 through 51	52	2000 .00
53	If line 52 is larger than line 42, subtract line 42 from line 52. This is the AMOUNT YOU OVERPAID	53	.00
54	Amount of line 53 you want REFUNDED TO YOU	54	.00
55	Amount of line 53 you want APPLIED TO YOUR 2010 ESTIMATED TAX	55	.00
56	If line 52 is smaller than line 42, subtract line 52 from line 42. This is the AMOUNT YOU OWE . Paper clip payment to front of return	56	1921 .00
57	Underpayment interest. Fill in exception code - See Sch. U [] Also include on line 56 (see page 33)	57	79 .00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 34)? **Yes** Complete the following. **No**

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

--	--	--	--	--	--

 **Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 34.**

Sign here
 ▼ 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 () _____

I-010a

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

For Department Use Only

R	T	MAN	C		

Do Not Submit Photocopies



Schedule 1 – Itemized Deduction Credit (see page 22)

1	Medical and dental expenses from line 4, federal Schedule A. See instructions for exceptions	1	.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, 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. See instructions for exceptions	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	Fill in your standard deduction from line 15 on page 2 of Form 1	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	x .05
9	Multiply line 7 by line 8. Fill in here and on line 20 on page 2 of Form 1	9	.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		
1	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other 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	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 \$16,000	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	.00	Do not fill in more than \$480.



Label

(See instructions on page 14.)

Use the IRS label.

Otherwise, please print or type.

Form header section containing personal information: Name (Test Drummer), Social Security numbers (400 00 5411), Home address (42 Link Rd, Madison, WI 53708), and Filing year (2009).

Presidential Election Campaign section with checkboxes for 'You' and 'Spouse'.

Filing Status section with options: Single, Married filing jointly, Married filing separately, Head of household, and Qualifying widow(er).

Exemptions section including 'Yourself', 'Spouse', and 'Dependents' table with details for Ima Drummer (daughter).

Income section table with rows 7 through 22, listing various income sources like wages, interest, dividends, and total income of 77788.

Adjusted Gross Income section table with rows 23 through 37, listing deductions like educator expenses, health savings account, and adjusted gross income of 77788.

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss
(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2009

Attachment
Sequence No. **13**

▶ **Attach to Form 1040, 1040NR, or Form 1041.** ▶ **See Instructions for Schedule E (Form 1040).**

Name(s) shown on return

Your social security number

Test Drummer

400005411

Part I **Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use **Schedule C or C-EZ** (see page E-3). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

1	List the type and address of each rental real estate property :	2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days or • 10% of the total days rented at fair rental value? (See page E-3)	Yes	No
			A	
			B	
			C	

Income:	Properties			Totals (Add columns A, B, and C.)
	A	B	C	
3 Rents received	3			3
4 Royalties received	4			4
Expenses:				
5 Advertising	5			
6 Auto and travel (see page E-4)	6			
7 Cleaning and maintenance	7			
8 Commissions.	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see page E-5)	12			12
13 Other interest.	13			
14 Repairs.	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Other (list) ▶	18			
19 Add lines 5 through 18.	19			19
20 Depreciation expense or depletion (see page E-5)	20			20
21 Total expenses. Add lines 19 and 20	21			
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198	22			
23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582 . Real estate professionals must complete line 43 on page 2	23	()	(
24 Income. Add positive amounts shown on line 22. Do not include any losses	24			24
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25	()	
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			26

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Test Drummer

400005411

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see page E-7 before completing this section. Yes No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows include Uncle Fred's FixIt Shop, John's Eyes-R-Fine, and Joe And Sons.

Table for Passive Income and Loss and Nonpassive Income and Loss. Includes sub-rows for (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, and (j) Nonpassive income from Schedule K-1. Totals for 29a and 29b are shown, along with summary lines 30, 31, and 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Table for Passive Income and Loss and Nonpassive Income and Loss. Includes sub-rows for (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, and (f) Other income from Schedule K-1. Totals for 34a and 34b are shown, along with summary lines 35, 36, and 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 38 and summary row 39.

Part V Summary

Summary table with 3 columns: Description, Amount, and another column. Rows 40, 41, 42, and 43.

Other Credits

Enclose with Wisconsin Form 1, 1NPR, 2, 4, 4T, or 5



Name Drummer, Test	Identifying Number 400 05 5411
------------------------------	--

Part I Credits for Individuals, Fiduciaries, and Corporations

A. Nonrefundable Credits (claimed before alternative minimum tax)

1 Health insurance risk-sharing plan assessments credit –		
• <i>Individuals and Fiduciaries</i> (enter amount from Schedule 2K-1, 3K -1, or 5K-1.)		
• <i>Corporations</i> (see line 25 to claim this credit)	1	.00
2 Film production company investment credit – nonrefundable portion (Schedule FP, line 16)	2	.00
3 Add lines 1 and 2 and enter on line 3.		
• <i>Individuals and Fiduciaries</i> Enter this amount on line 25 of Form 1, line 51 of form 1NPR, line 8 of Form 2, or line 17 of Form 4T.		
• <i>Corporations</i> Enter this amount on line 23 of Part II	3	.00

B. Nonrefundable Credits

4 Film production services credit – nonrefundable portion (Schedule FP, line 11)	4	.00
5 Manufacturer's sales tax credit carryforward (Schedule MS, line 3)	5	630.00
6 Manufacturing investment credit (Schedule MI, line 6)	6	.00
7 Dairy and livestock farm investment credit (Schedule DI, line 9)	7	.00
8 Ethanol and biodiesel fuel pump credit (Schedule EB, line 7)	8	.00
9 Development zones credit (Schedule DC, lines 7, 15, and 23)	9	.00
10 Technology zone credit (Schedule TC, line 8)	10	.00
11 Economic development tax credit (Schedule ED, line 3)	11	.00
12 Early stage seed investment credit (Schedule VC, line 12)	12	.00
13 Angel investment credit – Individuals only (Schedule VC, line 6)	13	.00
14 Internet equipment credit (Schedule IE, line 5)	14	.00
15 Add lines 4 through 14 and enter on line 15.		
• Individuals and Fiduciaries: Enter this amount on line 31 of Form 1, line 57 of Form 1NPR, line 13 of Form 2, or line 17 of Form 4T.		
• Corporations: Enter this amount on line 24 of Part II	15	630.00

C. Refundable Credits

16 Enterprise zone jobs credit (Schedule EC, line 3)	16	.00
17 Dairy manufacturing facility investment credit (Schedule DM, line 13)	17	.00
18 Dairy cooperatives credit (Schedule DM, line 14)	18	.00
19 Meat processing facility investment credit (Schedule MP, line 7)	19	.00
20 Film production services credit (Schedule FP, line 3)	20	.00
21 Film production company investment credit (Schedule FP, line 6)	21	.00
22 Add lines 16 through 21 and enter on line 22.		
• Individuals and Fiduciaries: Enter this amount on line 51 of Form 1, line 76 of Form 1NPR, line 25 of Form 2, or line 28 of Form 4T.		
• Corporations: Enter this amount on line 41 of Part II	22	.00

Name	Identifying number
------	--------------------

Part II Credits for Corporations Only

A. Nonrefundable Credits

23 Amount from Part I, line 3	23	.00
24 Amount from Part I, line 15	24	.00
25 Health insurance risk-sharing plan assessments credit (Schedule HI, line 6)	25	.00
26 Research expense credit (Schedule R, line 30)	26	.00
27 Research expense credit for activities related to internal combustion engines (Schedule R-1, line 29)	27	.00
28 Research expense credit for activities related to certain energy efficient products (Schedule R-2, line 29)	28	.00
29 Development zones research credit carryforward	29	.00
30 Research facilities credit (Schedule R, line 34)	30	.00
31 Research facilities credit for activities related to internal combustion engines (Schedule R-1, line 33)	31	.00
32 Research facilities credit for activities related to certain energy efficient products (Schedule R-2, line 33)	32	.00
33 Community development finance credit	33	.00
34 Development zones jobs credit carryforward	34	.00
35 Development zones sales tax credit carryforward	35	.00
36 Development zones location credit carryforward	36	.00
37 Development zones day care credit carryforward	37	.00
38 Development zones environmental remediation credit carryforward	38	.00
39 Supplement to federal historic rehabilitation credit (Schedule HR, line 7)	39	.00
40 Add lines 23 through 39. Enter here and on line 15 of Form 4, line 9 of Form 4T, or line 9 of Form 5	40	.00

B. Refundable Credits

41 Amount from Part I, line 22	41	.00
42 Farmland preservation credit (Schedule FC, line 18)	42	.00
43 Farmland tax relief credit (Schedule FT, line 6)	43	.00
44 Add lines 41 through 43. Enter here and on line 23 of Form 4, line 28 of Form 4T, or line 17 of Form 5	44	.00



Name Drummer, Test	Identifying Number 400 00 5411
------------------------------	--

Corporations: If none of your manufacturer's sales tax credit carryforward is from a pass-through entity, skip Part I and enter your unused credit as of the beginning of your 2009 taxable year on Part II, line 2a.

Part I Unused Manufacturer's Sales Tax Credits From Pass-Through Entities and Sole Proprietorships

Name of each business from which you have unused credit	Federal Employer ID Number (Entities only)	Unused credit as of beginning of 2009 taxable year
A Uncle Fred's Fix-It Shop	39-5412687	6000
B John's Eyes-R-Fine	39-8825430	4000
C Joe and Son	39-6525755	5000
D		
E		
F		
G		
H		
I		

Part II Manufacturer's Sales Tax Credit Carryforward Available for 2009

1 Enter the requested information for each business in Part I from which you have unused credit:

(a) Business	(b) Share of Business's Net Income (Loss)	(c) Gross Tax	(d) Recomputed 2009 Tax Liability	(e) Portion of Gross Tax Attributable to Amount in Column (b) [(c) - (d)]	(f) Share of Business's Unused Sales Tax Credit	(g) Smaller of Column (e) or Column (f)
A	4000	4472	4180	292	6000	292
B	4698	4472	4134	338	4000	338
C	0	4472	4472	0	5000	0
D						
E						
F						
G						
H						
I						

2 Amounts from additional businesses reported on separate schedules.	2
2a Corporations: Unused manufacturer's sales tax credit from your own operations.	2a
3 Add amounts from column (g). This is the amount of credit you may claim on your return	3 630

2009

UNDERPAYMENT OF ESTIMATED TAX BY INDIVIDUALS AND FIDUCIARIES

◆ Enclose with your Wisconsin income tax return ◆

Schedule
Wisconsin
Department of Revenue

U

Legal name(s) shown on tax return
Drummer, Test

Your social security number or trust ID number
400 00 5411

PART I Required Annual Payment – All filers must complete this part.

1	Fill in your 2009 net tax (from Form 1, line 34; Form 1A, line 24; Form 1NPR, line 60; or Form 2, line 16)	1	3842
2	Recycling surcharge (from Form 1, line 35; Form 1NPR, line 61; or Form 2, line 18)	2	
3	Add lines 1 and 2.	3	3842
4	Other credits (see instructions)	4	
5	Subtract line 4 from line 3. If zero or less, do not complete or file this form	5	3842
6	Multiply line 5 by 90% (.90)	6	3458
7	Wisconsin tax withheld for 2009	7	2000
8	Subtract line 7 from line 5. If less than \$200, do not complete or file this form	8	1842
9	Fill in your prior year (2008) tax (see instructions)	9	3000
10	Required annual payment. Fill in the smaller of line 6 or line 9 (see instructions)	10	3000

PART II Short Method – You may use this method if you did not make estimated tax payments or if you made estimated tax payments on the due dates and in four equal amounts. Otherwise, use the regular method (Part III).

11	Fill in the amount, if any, from line 7 above	11	2000										
12	Fill in the total amount, if any, of estimated tax payments you made	12	0										
13	Add lines 11 and 12.	13	2000										
14	Total underpayment for year. Subtract line 13 from line 10. If the result is zero or less, stop here; you do not owe underpayment interest.	14	1000										
15	Multiply line 14 by .07948 and fill in the result.	15	79										
16	<ul style="list-style-type: none"> If the amount on line 14 was paid on or after 4/15/10, enter -0-. If the amount on line 14 was paid before 4/15/10, make the following computation to find the amount to enter on line 16: <table border="0" style="margin-left: 20px;"> <tr> <td>Amount on</td> <td>x</td> <td>Number of days paid</td> <td>x</td> <td></td> </tr> <tr> <td>line 14</td> <td></td> <td>before 4/15/10</td> <td></td> <td>.0003287</td> </tr> </table> 	Amount on	x	Number of days paid	x		line 14		before 4/15/10		.0003287	16	0
Amount on	x	Number of days paid	x										
line 14		before 4/15/10		.0003287									
17	Underpayment interest. Subtract line 16 from line 15. Also write this amount on line 57 of Form 1, line 40 of Form 1A, line 85 of Form 1NPR, or line 34 of Form 2. Then increase the amount you owe or decrease your refund accordingly Total Due ▶	17	\$ 79										

PART III Regular Method

		Due Dates of Installments*			
		April 15, 2009	June 15, 2009	Sept. 15, 2009	Jan. 19, 2010
18	Divide line 10 by four (4) and fill in the result in each column (see instructions for exceptions)	18			
19	Estimated tax paid (see instructions)	19			
20	Tax withheld. Fill in one-fourth of line 7 in each column (see instructions)	20			
21	Add lines 19 and 20. This is your total payment	21			
22	If line 21 is smaller than line 18, subtract line 21 from line 18. This is your underpayment (see instructions)	22			
23	If line 21 is larger than line 18, subtract line 18 from line 21. This is your overpayment	23			
24	Carryback of overpayment or late payment (see instructions)	24			
25	Carryforward of overpayment (see instructions)	25			
26	Subtract the total of lines 24 and 25 from line 22. This is your net underpayment	26			
27	Number of days from the due date of the installment to the date carryback amount on line 24 was paid	27			
28	Number of days from the due date of the installment to the date balance due on tax return was paid or April 15, 2010, whichever is earlier	28			
29	Interest: $\frac{\text{Days on line 27}}{365} \times .12 \times \text{Amount on line 24}$	29	\$	\$	\$
30	Interest: $\frac{\text{Days on line 28}}{365} \times .12 \times \text{Amount on line 26}$	30	\$	\$	\$
31	Underpayment interest. Fill in the sum of all amounts on lines 29 and 30. Also write this amount on line 57 of Form 1, line 40 of Form 1A, line 85 of Form 1NPR, or line 34 of Form 2. Then increase the amount you owe or decrease your refund accordingly. Total Due ▶	31	\$		

Legal name(s) shown on tax return

Your social security number or trust ID number

PART IV Annualized Income Installment Method Worksheet – Complete lines 32 through 58 only if computing installments using annualized income installment method.

(Caution: Complete one column through line 58 before completing the next column.)

(Estates and trusts, do not use the period ending dates shown to the right. Instead, substitute the following: 2/28/09, 4/30/09, 7/31/09, and 11/30/09.)		1/1/09 to 3/31/09	1/1/09 to 5/31/09	1/1/09 to 8/31/09	1/1/09 to 12/31/09
32	Fill in your Wisconsin income for each period shown (If filing Form 1NPR, see instructions)				
33	Annualization amounts. (Estates and trusts, do not use amounts shown to the right. Instead, use 6, 3, 1.71429, and 1.09091.)	4	2.4	1.5	1
34	Annualized income (multiply line 32 by line 33)				
35	Standard deduction/net operating loss (see instructions)				
36	Subtract line 35 from line 34.				
37	Fill in your deduction for exemptions (see instructions)				
38	Subtract line 37 from line 36.				
39	Fill in your tax on the amount on line 38 (see instructions)				
40	Fill in your credits (see instructions)				
41	Subtract line 40 from line 39. If zero or less, fill in -0- (If filing Form 1NPR, see instructions)				
42	Fill in your alternative minimum tax (see instructions)				
43	Add lines 41 and 42				
44	Fill in the amount of credit from line 33 of your 2009 Form 1, the total of the credits from lines 52 and 59 of your 2009 Form 1NPR, or the amount of credit from line 15 of the 2009 Form 2				
45	Subtract line 44 from line 43. If zero or less, fill in -0-				
46	Recycling surcharge (see instructions)				
47	Add lines 45 and 46				
48	Other credits (see instructions)				
49	Subtract line 48 from line 47. If zero or less, fill in -0-. This is your annualized net tax.				
50	Applicable percentage	22.5%	45%	67.5%	90%
51	Multiply line 49 by line 50				
52	Fill in the combined amounts of line 58 from all preceding columns				
53	Subtract line 52 from line 51. If zero or less, fill in -0-				
54	Divide line 10 in Part I on page 1 of Schedule U by four (4) and fill in the result in each column				
55	Fill in the amount from line 57 of the preceding column of this worksheet				
56	Add lines 54 and 55				
57	Subtract line 53 from line 56. If zero or less, fill in -0-				
58	Fill in the smaller of line 53 or line 56 here and on line 18 of Schedule U.				

CAUTION:

- The total of the amounts on line 58 should equal line 10 of Part I of Schedule U.
- Period ending dates shown above are for calendar year taxpayers. Adjust these dates accordingly for fiscal year returns.
- If the above worksheet is used to figure the amount to enter in any column of line 18 of Schedule U, it must be used to figure the amounts to enter in all four columns.