

1X AMENDED return Wisconsin income tax



2009

Complete form using BLACK INK

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

DO NOT STAPLE

Your social security number 400 00 5414		Spouse's social security number 400 00 5484		IMPORTANT You must enter your social security number(s)	
Your legal last name Osprey		Legal first name Test		M.I.	
If a joint return, spouse's legal last name Osprey		Spouse's legal first name Julie		M.I.	
Current home address (number and street) 307 W Main St				Apt. No.	
City or post office Cobb		State WI	Zip code 53526		
If married filing separate, fill in spouse's social security number above and full name here					
Last name		First name		M.I.	

• USE THIS FORM TO AMEND 2009 ONLY.
(See instructions)
• PART-YEAR RESIDENTS OR NONRESIDENTS
MAY NOT USE THIS FORM.










Filing status (Note You cannot change from joint to separate returns after the due date.)

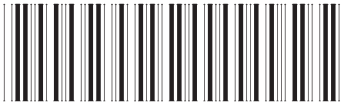
- On original return ▶ Single Married filing joint Married filing separate Head of household
- On this return ▶ Single Married filing joint Married filing separate Head of household ▶ Also, check here if married

See page 5 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 Wisconsin income (see instructions)	1	343035 .00
Form W-2 wages included in line 1		160000 .00
2 Standard deduction. See table on page 8, OR ▼	2	0 .00
If someone else can claim you (or your spouse) as a dependent, see page 2 and check here . . ▶		<input type="checkbox"/>
3 Subtract line 2 from line 1. If line 2 is larger than line 1, fill in 0	3	343035 .00
4 Exemptions (Caution: see instructions, page 2)		
a Fill in exemptions from your federal return <u> 2 </u> x \$700 .. 4a <u> 1400 </u> .00		
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u> </u> x \$250 .. 4b <u> </u> .00		
c Add lines 4a and 4b	4c	1400 .00
5 Subtract line 4c from line 3. If line 4c is larger than line 3, fill in 0	5	341635 .00
6 Tax (see table on page 10)	6	22659 .00
7 Itemized deduction credit	7	2182 .00
8 Armed forces member credit	8	0 .00
9 School property tax credit		
a Rent paid in 2009—heat included <u> </u> .00 } Find credit from table page 6 .. 9a <u> </u> .00		
Rent paid in 2009—heat not included <u> </u> .00 }		
b Property taxes paid on home in 2009 <u> 8000 </u> .00 } Find credit from table page 7 .. 9b <u> 300 </u> .00		
10 Historic rehabilitation credits	10	0 .00
11 Working families tax credit	11	0 .00
12 Certain nonrefundable credits from Schedule CR, line 3	12	0 .00
13 Add credits on lines 7 through 12	13	2482 .00
14 Subtract line 13 from line 6. If line 13 is more than line 6, fill in 0	14	20177 .00
15 Alternative minimum tax	15	0 .00
16 Add lines 14 and 15	16	20177 .00

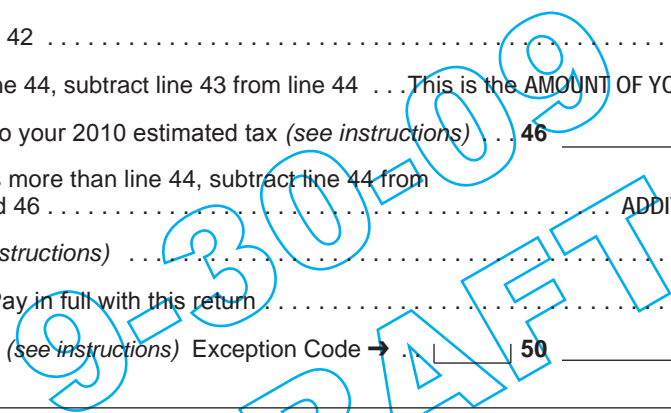
PAPER CLIP payment here

17	Amount from line 16	17	20177	.00	
18	Married couple credit	18	297	.00	
19	Other credits from Schedule CR, line 15	19		.00	
20	Net income tax paid to another state	NE 20	7200	.00	
21	Add lines 18 through 20	21	7497	.00	
22	Subtract line 21 from 17. If line 21 is more than line 17, fill in 0	22	12680	.00	
23	Recycling surcharge	23		.00	
24	Sales and use tax on out-of-state purchases	24		.00	
25	Advance earned income credit	25		.00	
26	Donations (decreases refund or increases amount owed)				
a	Endangered resources 	.00	f	Firefighters memorial 	.00
b	Packers football stadium 	.00	g	Prostate cancer research 	.00
c	Breast cancer research 	.00	h	Military family relief 	.00
d	Veterans trust fund 	.00	i	Second Harvest 	.00
e	Multiple sclerosis 	.00	Total (add lines a through i) ▶ 26j		0 .00
27	Penalties on IRAs, other retirement plans, MSAs, etc.	.00 x .33 =	27	.00	
28	Credit repayments and other penalties	28		.00	
29	Add lines 22 through 25 and 26j through 28	29	12680	.00	
30	Wisconsin income tax withheld	30	2400	.00	
31	Wisconsin estimated tax payments for 2009	31		.00	
32	Earned income credit. Number of qualifying children . . . ▶ _____ Federal credit00 x _____ % =	32		.00	
33	Farmland preservation credit	33		.00	
34	Repayment credit	34	400	.00	
35	Homestead credit (Enclose Schedule H or H-EZ)	35		.00	
36	Farmland tax relief credit Property taxes on farmland00 x .18 =	36		.00	
37	Eligible veterans and surviving spouses property tax credit	37		.00	
38	Other credits from Schedule CR, line 22	38		.00	
39	Amount paid with 2009 return, plus additional payments after it was filed (see instructions)	39	9800	.00	
40	Add lines 30 through 39 and fill in total	40	12600	.00	
41	Refund from 2009 return (see instructions)	41		.00	
42	Subtract line 41 from line 40 and fill in result	42	12600	.00	



Name(s) shown on Form 1X		Your social security number	

43	Fill in amount from line 29	43	12680 .00
44	Fill in amount from line 42	44	12600 .00
45	If line 43 is less than line 44, subtract line 43 from line 44 ... This is the AMOUNT OF YOUR REFUND	45	0 .00
46	Amount to be applied to your 2010 estimated tax (see instructions) ...	46	.00
47	If line 43 plus line 46 is more than line 44, subtract line 44 from the sum of lines 43 and 46	ADDITIONAL TAX 47	80 .00
48	Interest charge (see instructions)	48	.00
49	TOTAL AMOUNT DUE – Pay in full with this return	49	80 .00
50	Underpayment interest (see instructions) Exception Code →	50	.00



Explanation of Changes to Income, Payments, and Credits

06	02			Explanation Codes (see instructions)
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Indicate 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.

- \$3500 dividend reclassified as capital gain
- Amended K-1
- Schedule C to spouse = MCCR
- Change to charitable = IDC
- Change to TPOS
- Credit Repayment vs Repayment CR

Fill in the name used on your 2009 return
 (if same as name filled in on page 1, write "Same") _____

Sign here

▼ Under penalties of law, I declare that this amended 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
			()

Mail your Form 1X
 (and make check payable) to:
 Wisconsin Department of Revenue
 PO Box 8991
 Madison WI 53708-8991



For Department Use Only

R	C		

Schedule 1 – Itemized Deduction Credit

(Fill in completely if any item is changed. If this credit was not claimed on your original return, enclose federal Schedule A.)

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 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	33646 .00
3	Gifts to charity from line 19, federal Schedule A	3	10000 .00
4	Casualty losses from line 20, federal Schedule A, only if the loss is directly related to a presidentially-declared disaster	4	.00
5	Add lines 1 through 4	5	43646 .00
6	Wisconsin standard deduction from line 2 of Form 1X	6	0 .00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	7	43646 .00
8	Rate of credit is .05 (5%)	8	X .05
9	Multiply line 7 by line 8. Fill in here and on line 7 of Form 1X	9	2182 .

Schedule 2 – Married Couple Credit When Both Spouses Are Employed

(Fill in if changed.)

	(A) Yourself	(B) Your spouse
1 Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	1 160000 .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	9891 .00
3 Combine lines 1 and 2. This is earned income	3 160000 .00	9891 .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
5 Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	5 160000 .00	9891 .00
6 Fill in the smaller of column (A) or (B) of line 5. If more than \$16,000, fill in \$16,000	6 9891 .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	8 297 .00	



2009

CAPITAL GAINS AND LOSSES

SCHEDULE WD

Enclose with your Wisconsin income tax return

Wisconsin Department of Revenue

Name(s) shown on Form 1 or Form 1NPR

Your social security number

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Sales price, (e) Cost or other basis, (f) LOSS, (g) GAIN. Includes rows 1-7 for short-term gains and losses.

8-26-09 DRAFT

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Sales price, (e) Cost or other basis, (f) LOSS, (g) GAIN. Includes rows 8-15 for long-term gains and losses.

Name(s) shown on Form 1 or Form 1NPR (Do not fill in name and social security number if shown on other side.)

Your social security number

Part III Summary of Parts I and II (see instructions)

16	Combine lines 7 and 15, and fill in the net gain or (loss) here (if line 16 is a loss, go to line 26)	16	6330	
17	If line 16 shows a gain, fill in the smaller of line 15 or 16. Fill in -0- if there is a loss or no entry on line 15	17	6330	
18	Fill in 30% of line 17	18	1899	
19	Portion of the amount on line 14, column (g) that is attributable to gain on the sale of farm assets. If zero, skip lines 20-23 and fill in the amount from line 18 on line 24	19		
20	Amount from line 14, column (g)	20		
21	Divide line 19 by line 20. Carry the decimal to 4 places	21		
22	Multiply line 17 by the decimal amount on line 21	22		
23	Fill in 30% of line 22	23		
24	Add lines 18 and 23	24	1899	
25	Subtract line 24 from line 16	25	4431	
26	If line 16 shows a loss, fill in the smaller of (a) The loss on line 16, (b) \$500, or (c) Wisconsin ordinary income (see instructions)	26		

Note: When figuring whether 26a, 26b, or 26c is smaller, treat all numbers as if they are positive.

If filing Form 1, complete Part IV. If filing Form 1NPR, fill in amount from line 25 or 26, on line 7, column B of Form 1NPR

Part IV Computation of Wisconsin Adjustment to Income (Do not complete this part if you are filing on Form 1NPR.)

27	Adjustment (see instructions for Part IV)			
a	Fill in gain from federal Form 1040, line 13 (if a loss, fill in -0-)	27a	6330	
b	Fill in gain from Wisconsin Schedule WD, line 25 (if blank, fill in -0-)	27b	4431	
c	If line 27b is more than line 27a, subtract line 27a from line 27b. Fill in result here and on line 3 of Form 1	27c		
d	If line 27b is less than line 27a, subtract line 27b from line 27a. Fill in result here and on line 10 of Form 1	27d	1899	
e	Fill in loss from federal Form 1040, line 13 as a positive amount (if a gain, fill in -0-)	27e		
f	Fill in loss from Wisconsin Schedule WD, line 26 as a positive amount (if blank, fill in -0-)	27f		
g	If line 27f is more than line 27e, subtract line 27e from line 27f. Fill in result here and on line 10 of Form 1 as a positive amount (if you also have an amount on line 27d, add the amounts on lines 27d and 27g, and fill in only the total on line 10 of Form 1)	27g		
h	If line 27f is less than line 27e, subtract line 27f from line 27e. Fill in result here and on line 3 of Form 1 as a positive amount (if you also have an amount on line 27c, add the amounts on lines 27c and 27h, and fill in only the total on line 3 of Form 1)	27h		

Part V Computation of Capital Loss Carryovers From 2009 to 2010 (Complete this part if the loss on line 16 is more than the loss on line 26.)

Short-Term Capital Loss Carryover				
28	Fill in loss shown on line 7 as a positive amount. If none, fill in -0- and skip lines 29 through 32	28		
29	Fill in gain shown on line 15. If that line is blank or shows a loss, fill in -0-	29		
30	Subtract line 29 from line 28.	30		
31	Fill in the smaller of line 26 or line 30, treating both as positive amounts	31		
32	Subtract line 31 from line 30. This is your short-term capital loss carryover from 2009 to 2010	32		
Long-Term Capital Loss Carryover				
33	Fill in loss from line 15 as a positive amount. If none, fill in -0- and skip lines 34 through 37	33		
34	Fill in gain shown on line 7. If that line is blank or shows a loss, fill in -0-	34		
35	Subtract line 34 from line 33.	35		
36	Subtract line 31 from line 26, treating both as positive amounts. (Note: If you skipped lines 29 through 32, fill in amount from line 26 as a positive amount.)	36		
37	Subtract line 36 from line 35. This is your long-term capital loss carryover from 2009 to 2010	37		