

For the year Jan. 1-Dec. 31, 2006,  
or other tax year  
beginning \_\_\_\_\_, 2006  
ending \_\_\_\_\_, 20\_\_.

**Complete**  
**form using**  
**BLACK INK**

DO NOT STAPLE

Your social security number 	Spouse's social security number 
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Your legal last name	Legal first name	M.I.	<b>State election campaign fund</b> If you want \$1 to go to the State Election Campaign Fund, check box(es). <input type="checkbox"/> You <input type="checkbox"/> Your spouse Checking the box(es) will not change your tax or refund.
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	
Home address (number and street)			
City or post office	State	Zip code	<b>Tax district</b> Check proper box and fill in name of city, village, or town and the county in which you lived at the end of 2006. <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town Fill in name of city, village, or town ▶ _____
<b>Filing status</b> Check <input checked="" type="checkbox"/> box			<b>County of</b> ▶ _____
<input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above. _____ Fill in spouse's full name here ▼ _____ <input type="checkbox"/> Head of household (see page 6). Also, check here if married..... ▶ <input type="checkbox"/>			<b>School district</b> Fill in your school district number (see page 38) _____
			<b>Special conditions</b> <input type="checkbox"/> _____

See page 28 before assembling return

1	Federal adjusted gross income (see page 6)	.....	<b>1</b>	.....	.00
	W-2 wages included in line 1	.....▶		.....	.00
2	State and municipal interest (see page 7)	.....	<b>2</b>	.....	.00
3	Capital gain/loss addition (see page 7)	.....	<b>3</b>	.....	.00
4	Other additions (fill in code number and amount, see page 7)	<input type="text"/> _____ <input type="text"/> _____ <input type="text"/> _____ <input type="text"/> _____		Total ▶ <b>4</b>	..... .00
5	Add the amounts in the right column for lines 1 through 4	.....	<b>5</b>	.....	.00
6	State tax refund (Form 1040, line 10)	.....	<b>6</b>	.....	.00
7	United States government interest	.....	<b>7</b>	.....	.00
8	Unemployment compensation (see page 9)	.....	<b>8</b>	.....	.00
9	Social security adjustment (see page 9)	.....	<b>9</b>	.....	.00
10	Capital gain/loss subtraction (see page 10)	.....	<b>10</b>	.....	.00
11	Other subtractions (fill in code number and amount, see page 10)	<input type="text"/> _____ <input type="text"/> _____ <input type="text"/> _____		Total ▶ <b>11</b>	..... .00
12	Add lines 6 through 11	.....	<b>12</b>	.....	.00
13	Subtract line 12 from line 5. This is your Wisconsin income	.....	<b>13</b>	.....	.00

PAPER CLIP payment here



14 Wisconsin income from line 13 . . . . . 14 .00

15 Standard deduction. See table on page 30, OR ▼ . . . . . 15 .00  
 If someone else can claim you (or your spouse) as a dependent, see page 17 and check box

16 Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0 . . . . . 16 .00

17 Deduction for exemptions (from line 6 of Exemption Worksheet on page 17) . . . . . 17a .00  
 b Fill in number of dependents (do not count yourself or your spouse) . . . . . ▶ \_\_\_\_\_  
 c If you (or your spouse if filing joint) were age 65 or over,  
 check appropriate box(es) . . . . . ▶  You  Spouse

18 Subtract line 17a from line 16. If line 17a is larger than line 16, fill in 0.  
 This is your taxable income . . . . . 18 .00

19 Tax (see table on page 31) . . . . . 19 .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 18) . . 21 .00

22 School property tax credit  
 a Rent paid in 2006—heat included \_\_\_\_\_ .00 } Find credit from  
 Rent paid in 2006—heat not included \_\_\_\_\_ .00 } table page 19 ... 22a .00  
 b Property taxes paid on home in 2006 \_\_\_\_\_ .00 } Find credit from  
 table page 20 ... 22b .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 20 ..... 24 .00

25 Add credits on lines 20 through 24 . . . . . 25 .00

26 Subtract line 25 from line 19. If line 25 is larger than line 19, fill in 0 . . . . . 26 .00

27 Alternative minimum tax. Enclose Schedule MT . . . . . 27 .00

28 Add lines 26 and 27 . . . . . 28 .00

29 Married couple credit. Enclose Schedule 2, page 4 . . . . . 29 .00

30 Other credits ▶ a Sch. MS \_\_\_\_\_ .00 e Sch. VC (Part I) \_\_\_\_\_ .00  
 b Sch. DI \_\_\_\_\_ .00 f Sch. VC (Part II) \_\_\_\_\_ .00  
 c Sch. DC \_\_\_\_\_ .00 g Sch. OS  \_\_\_\_\_ .00  
 d Sch. TC \_\_\_\_\_ .00








h Total (add lines a through g) . . . . . ▶ 30h \_\_\_\_\_ .00

31 Add lines 29 and 30h . . . . . 31 .00

32 Subtract line 31 from line 28. If line 31 is larger than line 28, fill in 0. This is your net tax . . . 32 .00

33 Recycling surcharge. Enclose Schedule RS . . . . . 33 .00

34 Sales and use tax due on out-of-state purchases (see page 22) . . . . . 34 .00

35 Donations (decreases refund or increases amount owed)  
 • Endangered resources  a \_\_\_\_\_ .00 • Multiple sclerosis  e \_\_\_\_\_ .00  
 • Packers football stadium  b \_\_\_\_\_ .00 • Firefighters memorial  f \_\_\_\_\_ .00  
 • Breast cancer research  c \_\_\_\_\_ .00 • Prostate cancer research  g \_\_\_\_\_ .00  
 • Veterans trust fund  d \_\_\_\_\_ .00 Total (add lines a through g) . . . . . ▶ 35h \_\_\_\_\_ .00

36 Penalties on IRAs, retirement plans, MSAs, etc. (see page 23) . . . . . .00 x .33 = 36 .00

37 Credit repayments and other penalties (see page 23) . . . . . 37 .00

38 Add lines 32 through 34, and 35h through 37 . . . . . 38 .00



Name(s) shown on Form 1	Your social security number     
<b>39</b> Amount from line 38.....	<b>39</b> _____ <b>.00</b>
<b>40</b> Wisconsin tax withheld. Enclose withholding statements ...	<b>40</b> _____ <b>.00</b>
<b>41</b> 2006 estimated tax payments and amount applied from 2005 return.....	<b>41</b> _____ <b>.00</b>
<b>42</b> Earned income credit. Qualifying children..... <input type="checkbox"/>	
Federal credit ... _____ <b>.00</b> x _____ % = .....	<b>42</b> _____ <b>.00</b>
<b>43</b> Farmland preservation credit. Enclose Schedule FC.....	<b>43</b> _____ <b>.00</b>
<b>44</b> Repayment credit (see page 24) .....	<b>44</b> _____ <b>.00</b>
<b>45</b> Homestead credit. Enclose Schedule H or H-EZ .....	<b>45</b> _____ <b>.00</b>
<b>46</b> Farmland tax relief credit. Property taxes on farmland .. _____ <b>.00</b> x <b>.23</b> = .....	<b>46</b> _____ <b>.00</b>
<b>47</b> Eligible veterans and surviving spouses property tax credit ....	<b>47</b> _____ <b>.00</b>
<b>48</b> Add lines 40 through 47 .....	<b>48</b> _____ <b>.00</b>
<b>49</b> If line 48 is larger than line 39, subtract line 39 from line 48. This is the <b>AMOUNT YOU OVERPAID</b> .....	<b>49</b> _____ <b>.00</b>
<b>50</b> Amount of line 49 you want <b>REFUNDED TO YOU</b> .....	<b>50</b> _____ <b>.00</b>
<b>51</b> Amount of line 49 you want <b>APPLIED TO YOUR 2007 ESTIMATED TAX</b> .....	<b>51</b> _____ <b>.00</b>
<b>52</b> If line 48 is smaller than line 39, subtract line 48 from line 39. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return.....	<b>52</b> _____ <b>.00</b>
<b>53</b> Underpayment interest. Also include on line 52 .....	<input type="checkbox"/> <b>53</b> _____ <b>.00</b>

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 28)?  **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 28.**

**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-010ai

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	D	A	C		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>





Submit this page with Form 1 if you claim either credit.

**Schedule 1 – Itemized Deduction Credit (see page 17)**

1	Medical and dental expenses from line 4, federal Schedule A. See instructions for exceptions . . . . .	1	_____	.
2	Interest paid from line 14, 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	_____	.
3	Gifts to charity from line 18, federal Schedule A. See instructions for exceptions . . . . .	3	_____	.
4	Add lines 1 through 3 . . . . .	4	_____	.
5	Fill in your standard deduction from line 15 on page 2 of Form 1 . . . . .	5	_____	.
6	Subtract line 5 from line 4. If line 5 is more than line 4, fill in 0 . . . . .	6	_____	.
7	Rate of credit is .05 (5%) . . . . .	7	_____	<b>x .05</b>
8	Multiply line 6 by line 7. Fill in here and on line 20 on page 2 of Form 1 . . . . .	8	_____	.

**Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 21)**

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	_____	.	_____	.
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	_____	.	_____	.
3	Combine lines 1 and 2. This is earned income . . . . .	3	_____	.	_____	.
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	_____	.	_____	.
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 . . . . .	5	_____	.	_____	.
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	_____	.	_____	.
7	Rate of credit is .03 (3%) . . . . .	7	_____	<b>x .03</b>	_____	.
8	Multiply line 6 by line 7. Fill in here and on line 29 on page 2 of Form 1 . . .	8	_____	.	_____	.

Do not fill in more than \$480.