1X AMENDED return Wisconsin income tax

2011

DO NOT STAPLE

Complete form using BLACK INK

Your social security number	Spouse's social security number
400 00 5415	

IMPORTANT You must enter your social security number(s)

For year Jan. 1-Dec. 31, 2011, or other tax year

beginning _____, 2011

ending _____, 20_____.

Your legal last name	Legal first name	M.I.
Bluebird	Test	S
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.

Current home address (number and street)	Apt. No.
4029 Council Crest	

City or post office	State	Zip code
Madison	WI	53711

- USE THIS FORM TO AMEND 2011 ONLY. *(See instructions)*
- PART-YEAR RESIDENTS OR NONRESIDENTS MAY NOT USE THIS FORM.

Special conditions [ ]

If married filing separate, fill in spouse's social security number above and full name here

Legal last name	Legal first name	M.I.

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

On original return ▶ [X] Single [ ] Married filing joint [ ] Married filing separate [ ] Head of household

On this return ▶ [ ] Single [ ] Married filing joint [ ] Married filing separate [X] Head of household ▶ Also, check here if married [ ]

Print numbers like this → 0 1 2 3 4 5 6 7 8 9 **Not like this →** Ø 1 4 7 **NO COMMAS; NO CENTS**

1	Wisconsin income *(see instructions)*	1	50800.00
	Form W-2 wages included in line 1 ▶ 45800.00		
2	Standard deduction. See table on page 8, **OR** ▼	2	5007.00
	If someone else can claim you (or your spouse) as a dependent, see page 2 and check here ▶ [ ]		
3	Subtract line 2 from line 1. If line 2 is larger than line 1, fill in 0	3	45793.00
4	Exemptions (Caution: see instructions, page 2)		
	a Fill in exemptions from your federal return 2 x $700	4a	1400.00
	b Check if 65 or older [ ] You + [ ] Spouse = [ ] x $250	4b	.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	44393.00
6	Tax (see table on page 10)	6	2654.00
7	Itemized deduction credit	7	.00
8	Armed forces member credit	8	.00
9	School property tax credit		
	a Rent paid in 2011–heat included 500.00; Rent paid in 2011–heat not included 2000.00 — Find credit from table page 6 ..	9a	75.00
	b Property taxes paid on home in 2011 2001.00 — Find credit from table page 7 ..	9b	242.00
10	Historic rehabilitation credits	10	.00
11	Working families tax credit	11	.00
12	Certain nonrefundable credits from Schedule CR, line 6	12	.00
13	Add credits on lines 7 through 12	13	300.00
14	Subtract line 13 from line 6. If line 13 is more than line 6, fill in 0	14	2354.00
15	Alternative minimum tax	15	.00
16	Add lines 14 and 15	16	2354.00

See page 5 before assembling return

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17	Amount from line 16			17	2354.00
18	Married couple credit	18	.00		
19	Other credits from Schedule CR, line 19	19	.00		
20	Net income tax paid to another state	20	.00		
21	Add lines 18 through 20			21	.00
22	Subtract line 21 from line 17. If line 21 is more than line 17, fill in 0			22	2354.00
23	Economic development surcharge			23	.00
24	Sales and use tax on Internet, mail order, or other out-of-state purchases If you certify that no sales or use tax is due, check here ▶ ☐			24	30.00

25 Donations (decreases refund or increases amount owed)

a Endangered resources	.00	f Firefighters memorial	15.00
b Packers football stadium	.00	g Prostate cancer research	.00
c Breast cancer research	25.00	h Military family relief	10.00
d Veterans trust fund	10.00	i Feeding America	.00
e Multiple sclerosis	.00	j Red Cross WI Disaster Relief	10.00

Total (add lines a through j) ▶ 25k 70.00

26	Penalties on IRAs, other retirement plans, MSAs, etc. 500.00 x .33 =			26	165.00
27	Credit repayments and other penalties			27	.00
28	Add lines 22 through 24 and 25k through 27			28	2619.00
29	Wisconsin income tax withheld	29	2550.00		
30	Wisconsin estimated tax payments for 2011	30	100.00		
31	Earned income credit. Number of qualifying children ▶ ____ Federal credit ____ .00 x ____ % =	31	.00		
32	Farmland preservation credit. a Schedule FC, line 18	32a	.00		
	b Schedule FC-A, line 13	32b	.00		
33	Repayment credit	33	.00		
34	Homestead credit (Enclose Schedule H or H-EZ)	34	.00		
35	Eligible veterans and surviving spouses property tax credit	35	.00		
36	Other credits from Schedule CR, line 29	36	.00		
37	Amount paid with 2011 return, plus additional payments after it was filed *(see instructions)*	37	.00		
38	Add lines 29 through 37 and fill in total	38	2650.00		
39	Refund from 2011 return *(see instructions)*	39	488.00		
40	Subtract line 39 from line 38 and fill in result			40	2162.00

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NOW GO TO PAGE 3 →

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

41	Fill in amount from line 28	**41**	2619.00
42	Fill in amount from line 40	**42**	2162.00
43	If line 41 is less than line 42, subtract line 41 from line 42 . . . . . This is the AMOUNT OVERPAID	**43**	.00
44	Amount of line 43 you want REFUNDED TO YOU	**44**	.00
45	Amount to be applied to your 2012 estimated tax *(see instructions)* . . . **45** .00		
46	If line 41 plus line 45 is more than line 42, subtract line 42 from the sum of lines 41 and 45 *(see instructions)* . . . . . ADDITIONAL TAX	**46**	457.00
47	Interest charge *(see instructions)*	**47**	.00
48	TOTAL AMOUNT DUE – Pay in full with this return	**48**	.00
49	Underpayment interest *(see instructions)* Exception Code → . . . **49** .00		

Explanation of Changes to Income, Payments, and Credits

03				Explanation Codes *(see instructions)*

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.

Additional pension distribution

Early withdrawal penalty

Additional sales tax

Fill in the name used on your 2011 return
(if same as name filled in on page 1, write "Same") 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

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C

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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 to purchase a second home located outside Wisconsin or 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	3	.00
4	Casualty losses from line 20, federal Schedule A, only if the loss is directly related to a federally-declared disaster	4	.00
5	Add lines 1 through 4	5	.00
6	Wisconsin standard deduction from line 2 of Form 1X	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 7 of Form 1X	9	.00

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	.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	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	.00	.00

6	Fill in the smaller of column (A) or (B) of line 5. If more than $16,000, fill in $16,000	6	.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	.00

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9898 ☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
J and K Payments 123 7th Street Madison WI 53711	$ 5000	2011	
	2a Taxable amount $ 5000	Form 1099-R	
	2b Taxable amount not determined ☐	Total distribution ☒	Copy A For Internal Revenue Service Center

PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld	File with Form 1096.
22-7654321	400 00 5415	$	$ 500	

RECIPIENT'S name	5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	For Privacy Act and Paperwork Reduction Act Notice, see the 2011 General Instructions for Certain Information Returns.
Test Bluebird	$	$	

Street address (including apt. no.)	7 Distribution code(s)	IRA/ SEP/ SIMPLE	8 Other	
4029 Council Crest		☐	$	%

City, state, and ZIP code	9a Your percentage of total distribution %	9b Total employee contributions
Madison WI 53711		$

10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 State tax withheld	13 State/Payer's state no.	14 State distribution
$		$ 50		$
		$	036-5656565656-06	$

Account number (see instructions)	15 Local tax withheld	16 Name of locality	17 Local distribution
	$		$
	$		$

Form 1099-R Cat. No. 14436Q Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

1A Wisconsin income tax

2011

Note

DO NOT STAPLE

Your social security number	Spouse's social security number
400 00 5415	

Your legal last name	Legal first name	M.I.
BLUEBIRD	TEST	S
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 6.	Apt. No.
4029 COUNCIL CREST	

City or post office	State	Zip code
MADISON	WI	53711

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 2011.

X City ___ Village ___ Town

City, village, or town ▶ MADISON

County of ▶ DANE

School district number (see page 23) 3269

Special conditions

Complete form using BLACK INK

Print numbers like this → 0 1 2 3 4 5 6 7 8 9

NO COMMAS; NO CENTS

Filing status

X Single

___ Married filing joint return (even if only one had income)

___ Head of household
Also, check here if married. ▶ ___ Fill in qualifying person's name ▼

NEW

Wisconsin residents working in Minnesota: Was any of your income from personal or professional services performed in Minnesota while a Wisconsin resident? *(See instructions, page 7)* ___ Yes ___ No — If Yes, enter Minnesota income ▼ .00

ENCLOSE withholding statements

1	Wages, salaries, tips, etc. (see page 7)		45800.00
2	Interest (see page 7)		.00
3	Ordinary dividends (from line 9a of federal Form 1040A or 1040)		.00
4	Capital gain distributions (see page 8)		.00
5	Unemployment compensation (from worksheet, page 8)		.00
6	Taxable IRA distributions, pensions, and annuities (see page 9)		.00
7	Add lines 1 through 6		45800.00
8	IRA deduction (see page 10)	.00	
9	Student loan interest deduction (see page 10)	.00	
10	Medical care insurance deduction (see page 10)	.00	
11	Add lines 8 through 10		0.00
12	Subtract line 11 from line 7. This is your Wisconsin income		45800.00
13	If your parent (or someone else) can claim you (or your spouse) as a dependent, check here ▶		___
14	Fill in the **standard deduction** for your filing status from table, page 31. **But** if you checked line 13, fill in amount from worksheet, page 11		5547.00
15	Subtract line 14 from line 12. If line 14 is larger than line 12, fill in 0		40253.00
16	**Exemptions** (Caution: see page 11)		
a	Fill in exemptions from your federal return ..... 1 x $700	700.00	
b	Check if 65 or older ___ You + ___ Spouse = ___ x $250	.00	
c	Add lines 16a and 16b		700.00
17	Subtract line 16c from line 15. If line 16c is larger than line 15, fill in 0. This is your taxable income		39553.00
18	Tax. Use amount on line 17 to find your tax using table, page 24		2342.00
19	Armed forces member credit (must be stationed outside U.S., see page 12)	.00	
20	School property tax credit		
a	Rent paid in 2011–heat included 500.00; Rent paid in 2011–heat not included 2000.00 — Find credit from table page 13	75.00	
b	Property taxes paid on home in 2011 2001.00 ▶ Find credit from table page 14	242.00	
21	Working families tax credit, see page 14	.00	
22	Married couple credit. Complete schedule on reverse side	.00	
23	Add lines 19 through 22. This is the total of your credits		300.00
24	Subtract line 23 from line 18. If line 23 is larger than line 18, fill in 0. This is your net tax		2042.00

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I-080

DRAFT 10-19-11

NO COMMAS; NO CENTS

25	Fill in net tax from line 24	**25**	2042 .00
26	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 15) If you certify that no sales or use tax is due, check here ▶ X	**26**	.00
27	Donations (decreases refund or increases amount owed)		

a Endangered resources	.00	**f** Firefighters memorial	15.00
b Packers football stadium	.00	**g** Prostate cancer research	.00
c Breast cancer research	25 .00	**h** Military family relief	10.00
d Veterans trust fund	10.00	**i** Feeding America	.00
e Multiple sclerosis	.00	**j** Red Cross WI Disaster Relief	10.00

Total (add lines a through j) ▶ **27k** 70 .00

28	Add lines 25, 26, and 27k	**28**	2112 .00
29	Wisconsin income tax withheld. Enclose withholding statements	**29**	2500 .00
30	2011 estimated tax payments and amount applied from 2010 return	**30**	100.00
31	Earned income credit (see page 17) Qualifying children ▶ ____ Federal credit ___ .00 x ___ % =	**31**	.00
32	Homestead credit. Attach Schedule H or H-EZ	**32**	.00
33	Eligible veterans and surviving spouses property tax credit (see page 17)	**33**	.00
34	Add lines 29 through 33	**34**	2600 .00
35	If line 34 is more than line 28, subtract line 28 from line 34. This is the **AMOUNT YOU OVERPAID**	**35**	488 .00
36	Amount of line 35 you want **REFUNDED TO YOU**	**36**	488 .00
37	Amount of line 35 you want **applied to your 2012 estimated tax**	**37**	.00
38	If line 34 is less than line 28, subtract line 34 from line 28. This is the **AMOUNT YOU OWE**	**38**	.00
39	Underpayment interest. Fill in exception code – See Sch. U → ____ (See page 19)	**39**	.00

Third Party Designee Do you want to allow another person to discuss this return with the department *(see page 20)*? ___ **Yes** Complete the following. ___ **No**

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

Sign below *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 ( )

Mail your return to: Wisconsin Department of Revenue

If tax due ..... PO Box 268, Madison WI 53790-0001
If homestead credit claimed ..... PO Box 34, Madison WI 53786-0001
If refund or no tax due ..... PO Box 59, Madison WI 53785-0001

Married Couple Credit When Both Spouses Are Employed

		(A) YOURSELF	(B) YOUR SPOUSE
1 Wages, salaries, tips, and other employee compensation from line 1 of Form 1A. Do not include deferred compensation or scholarships and fellowships that are not reported on a W-2	**1**	.00	.00
2 IRA deduction, if any, from line 8 of Form 1A	**2**	.00	.00
3 Subtract line 2 from line 1	**3**	.00	.00

4 Compare amounts in columns (A) and (B) of line 3. Fill in the smaller amount here. If more than $16,000, fill in $16,000	**4**	.00
5 Rate of credit is .03 (3%)	**5**	x .03
6 Multiply line 4 by line 5. Round the result and fill in here and on line 22 of Form 1A . **Do NOT fill in more than $480**	**6**	.00

C *For Department Use Only*

DRAFT 10-19-11

a Employee's social security number 400 00 5415	OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN) 22-1234567	1 Wages, tips, other compensation 45800	2 Federal income tax withheld 5000	
c Employer's name, address, and ZIP code FARM HOUSE 636 17TH ST MADISON, WI 53711	3 Social security wages 45800	4 Social security tax withheld 2840	
	5 Medicare wages and tips 45800	6 Medicare tax withheld 666	
	7 Social security tips	8 Allocated tips	
d Control number	9	10 Dependent care benefits	
e Employee's first name and initial: TEST Last name: BLUEBIRD Suff. 4029 COUNCIL CREST MADISON WI 53711	11 Nonqualified plans	12a See instructions for box 12 Code	
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code	
	14 Other	12c Code	
		12d Code	
f Employee's address and ZIP code			

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
WI	036-1234567891-06	45800	2500			

Form **W-2** **Wage and Tax Statement** 2011 Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.