

For this scenario, the taxpayer has requested the refund be direct deposited.

Bank routing number: 075911852

Checking

Bank account number: 4444444444

Savings

(Test Parrot social security #400-00-5427)

Also, the taxpayer would like to schedule estimated tax payments for 2012. The taxpayer would like to make the following payments:

Date:	Amount:
4/17/2012	\$100.00
6/15/2012	\$100.00
9/17/2012	\$100.00
1/16/2013	\$100.00

Bank routing number: 075911852

Checking

Bank account number: 4444444444

Savings

9898

VOID

CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy A For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2011 General Instructions for Certain Information Returns.</b>			
		\$		<b>2011</b>  Form <b>1099-R</b>					
		2a Taxable amount							
PAYER'S federal identification number		RECIPIENT'S identification number		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>			
				3 Capital gain (included in box 2a)		4 Federal income tax withheld			
RECIPIENT'S name		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		<b>2011 General Instructions for Certain Information Returns.</b>			
Street address (including apt. no.)		7 Distribution code(s)		8 Other					
City, state, and ZIP code		9a Your percentage of total distribution %		9b Total employee contributions \$					
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	
\$		\$		\$		\$		\$	
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

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9898

VOID

CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy A For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2011 General Instructions for Certain Information Returns.</b>	
		\$		<b>2011</b>  Form <b>1099-R</b>			
		2a Taxable amount					
PAYER'S federal identification number		RECIPIENT'S identification number		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
				3 Capital gain (included in box 2a)		4 Federal income tax withheld	
\$		\$		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
RECIPIENT'S name		\$		\$			
Street address (including apt. no.)		7 Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>		8 Other %	
City, state, and ZIP code		9a Your percentage of total distribution %		9b Total employee contributions \$			
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.	
				\$		\$	
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

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9898

VOID

CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy A For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2011 General Instructions for Certain Information Returns.</b>	
		\$		<b>2011</b>  Form <b>1099-R</b>			
		2a Taxable amount					
PAYER'S federal identification number		RECIPIENT'S identification number		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
				3 Capital gain (included in box 2a)		4 Federal income tax withheld	
\$		\$		5 Employee contributions / Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
RECIPIENT'S name		\$		\$			
Street address (including apt. no.)		7 Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>		8 Other %	
City, state, and ZIP code		9a Your percentage of total distribution %		9b Total employee contributions \$			
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.	
				\$		\$	
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

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NO COMMAS; NO CENTS

14	Wisconsin income from line 13		14	.00	
15	Standard deduction. See table on page 45, OR If someone else can claim you (or your spouse) as a dependent, see page 22 and check here		15	.00	
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0		16	.00	
17	<b>Exemptions</b> (Caution: See page 22)				
a	Fill in exemptions from your federal return	x \$700	17a	.00	
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	x \$250	17b	.00	
c	Add lines 17a and 17b		17c	.00	
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income		18	.00	
19	Tax (see table on page 38)		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 23)		21	.00	
22	School property tax credit				
a	Rent paid in 2011—heat included	.00	} Find credit from table page 24. . . . . 22a	.00	
	Rent paid in 2011—heat not included	.00			
b	Property taxes paid on home in 2011	.00	} Find credit from table page 25. . . . . 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 25	24	.00	
25	Certain nonrefundable credits from line 6 of Schedule CR		25	.00	
26	Add credits on lines 20 through 25		26	.00	
27	Subtract line 26 from line 19. If line 26 is larger than line 19, fill in 0		27	.00	
28	Alternative minimum tax. Enclose Schedule MT		28	.00	
29	Add lines 27 and 28		29	.00	
30	Married couple credit. Enclose Schedule 2, page 4	30	.00		
31	Other credits from Schedule CR, line 19	31	.00		
32	Net income tax paid to another state. Enclose Schedule OS	32	.00		
33	Add lines 30, 31, and 32	33	.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	.00		
35	Economic development surcharge. Enclose Schedule EDS	35	.00		
36	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 28) If you certify that no sales or use tax is due, check here	36	.00		
37	<b>Donations</b> (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	Feeding America 	.00
e	Multiple sclerosis 	.00	j	Red Cross WI Disaster Relief 	.00
	Total (add lines a through j)		37k	.00	
38	Penalties on IRAs, retirement plans, MSAs, etc. (see page 29)	.00 x .33 =	38	.00	
39	Credit repayments and other penalties (see page 29)		39	.00	
40	Add lines 34 through 36, and 37k through 39		40	.00	



Name(s) shown on Form 1	Your social security number
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**NO COMMAS; NO CENTS**

<b>41</b>	Amount from line 40 .....	<b>41</b>	.00
<b>42</b>	Wisconsin tax withheld. Enclose withholding statements .....	<b>42</b>	.00
<b>43</b>	2011 estimated tax payments and amount applied from 2010 return .....	<b>43</b>	.00
<b>44</b>	Earned income credit. Number of qualifying children <span style="font-size: 1.2em;">▶</span> Federal credit. . . . . <u>      .00      </u> x <u>      %      </u> = .....	<b>44</b>	.00
<b>45</b>	Farmland preservation credit. <b>a</b> Schedule FC, line 18 .....	<b>45a</b>	.00
	<b>b</b> Schedule FC-A, line 13 .....	<b>45b</b>	.00
<b>46</b>	Repayment credit (see page 31) .....	<b>46</b>	.00
<b>47</b>	Homestead credit. Enclose Schedule H or H-EZ .....	<b>47</b>	.00
<b>48</b>	Eligible veterans and surviving spouses property tax credit .....	<b>48</b>	.00
<b>49</b>	Other credits from Schedule CR, line 29. Enclose Schedule CR ..	<b>49</b>	.00
<b>50</b>	Add lines 42 through 49 .....	<b>50</b>	.00
<b>51</b>	If line 50 is larger than line 41, subtract line 41 from line 50. This is the <b>AMOUNT YOU OVERPAID</b> .....	<b>51</b>	.00
<b>52</b>	Amount of line 51 you want <b>REFUNDED TO YOU</b> .....	<b>52</b>	.00
<b>53</b>	Amount of line 51 you want <b>APPLIED TO YOUR 2012 ESTIMATED TAX</b> .....	<b>53</b>	.00
<b>54</b>	If line 50 is smaller than line 41, subtract line 50 from line 41. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return .....	<b>54</b>	.00
<b>55</b>	Underpayment interest. Fill in exception code - See Sch. U <u>      </u> .....	<b>55</b>	.00
	Also include on line 54 (see page 33)		

**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 <span style="font-size: 1.2em;">▶</span>	Phone no. <span style="font-size: 1.2em;">▶</span> (    )	Personal identification number (PIN) <span style="font-size: 1.2em;">▶</span>						
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>						

**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 (    )
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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 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">C</td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>				C					
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 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. See instructions for exceptions	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	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	<b>x .05</b>
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 27)**

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		<b>x .03</b>
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.



For the year Jan. 1–Dec. 31, 2011, or other tax year beginning , 2011, ending , 20 See separate instructions.

Your first name and initial Last name Your social security number

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Presidential Election Campaign

Foreign country name Foreign province/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Filing Status

- 1 Single, 2 Married filing jointly, 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er) with dependent child

Exemptions

Table with columns for exemption types (6a, b, c), dependent details (1-4), and summary boxes for children and dependents.

Income

Table for income reporting with lines 7 through 22, including wages, interest, dividends, and total income.

Adjusted Gross Income

Table for adjusted gross income with lines 23 through 37, including educator expenses, moving expenses, and other deductions.