

For this scenario, the taxpayer has requested the refund be direct deposited into the savings account listed below.

Bank routing number: 075911852

Bank account number: 555666789012

8888

 VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Unemployment compensation \$	OMB No. 1545-0120		2011 Form 1099-G	Certain Government Payments
		2 State or local income tax refunds, credits, or offsets \$				
PAYER'S federal identification number	RECIPIENT'S identification number	3 Box 2 amount is for tax year	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2011 General Instructions for Certain Information Returns.		
RECIPIENT'S name		5 ATAA/RTAA payments \$	6 Taxable grants \$			
Street address (including apt. no.)		7 Agriculture payments \$	8 Check if box 2 is trade or business income <input type="checkbox"/>			
City, state, and ZIP code		9 Market gain \$				
Account number (see instructions)		10a State	10b State identification no.			11 State income tax withheld \$

Form **1099-G**

Cat. No. 14438M

Department of the Treasury - Internal Revenue Service

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22222		Void <input type="checkbox"/>	a Employee's social security number		For Official Use Only ▶ OMB No. 1545-0008		
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial		Last name		Suff.	11 Nonqualified plans		
f Employee's address and ZIP code			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12		
			14 Other		12b		
					12c		
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	

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

2011

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

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

Cat. No. 10134D

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1A Wisconsin income tax



2011

Note

DO NOT STAPLE

Your social security number	Spouse's social security number
-----------------------------	---------------------------------

Your legal last name	Legal first name	M.I.
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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.
---	----------

City or post office	State	Zip code
---------------------	-------	----------

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.

City, village, or town City Village Town

County of

School district number (see page 23)

Filing status

Single

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

Head of household Fill in qualifying person's name

Also, check here if married.

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

ENCLOSE

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)	1	.00
2	Interest (see page 7)	2	.00
3	Ordinary dividends (from line 9a of federal Form 1040A or 1040)	3	.00
4	Capital gain distributions (see page 8)	4	.00
5	Unemployment compensation (from worksheet, page 8)	5	.00
6	Taxable IRA distributions, pensions, and annuities (see page 9)	6	.00
7	Add lines 1 through 6	7	.00
8	IRA deduction (see page 10)	8	.00
9	Student loan interest deduction (see page 10)	9	.00
10	Medical care insurance deduction (see page 10)	10	.00
11	Add lines 8 through 10	11	.00
12	Subtract line 11 from line 7. This is your Wisconsin income	12	.00
13	If your parent (or someone else) can claim you (or your spouse) as a dependent, check here	13	<input type="checkbox"/>
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	14	.00
15	Subtract line 14 from line 12. If line 14 is larger than line 12, fill in 0	15	.00
16	Exemptions (Caution: see page 11)		
a	Fill in exemptions from your federal return _____ x \$700 .. 16a		.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 .. 16b		.00
c	Add lines 16a and 16b	16c	.00
17	Subtract line 16c from line 15. If line 16c is larger than line 15, fill in 0. This is your taxable income	17	.00
18	Tax. Use amount on line 17 to find your tax using table, page 24	18	.00
19	Armed forces member credit (must be stationed outside U.S., see page 12)	19	.00
20	School property tax credit		
a	Rent paid in 2011—heat included <input type="text"/> .00	} Find credit from table page 13 .. 20a	.00
	Rent paid in 2011—heat not included <input type="text"/> .00		
b	Property taxes paid on home in 2011 <input type="text"/> .00	} Find credit from table page 14 .. 20b	.00
21	Working families tax credit, see page 14	21	.00
22	Married couple credit. Complete schedule on reverse side	22	.00
23	Add lines 19 through 22. This is the total of your credits	23	.00
24	Subtract line 23 from line 18. If line 23 is larger than line 18, fill in 0. This is your net tax	24	.00

PAPER CLIP payment here

NO COMMAS; NO CENTS

25 Fill in net tax from line 24 **25**00

26 Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 15) **26**00
If you certify that no sales or use tax is due, check here

27 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 Feeding America  <u>.00</u>
e Multiple sclerosis  <u>.00</u>	j Red Cross WI Disaster Relief  <u>.00</u>

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

28 Add lines 25, 26, and 27k **28**00

29 Wisconsin income tax withheld. Enclose withholding statements **29**00

30 2011 estimated tax payments and amount applied from 2010 return **30**00

31 Earned income credit (see page 17)
Qualifying Federal
children ▶ _____ credit00 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**00

35 If line 34 is more than line 28, subtract line 28 from line 34. This is the **AMOUNT YOU OVERPAID** **35**00

36 Amount of line 35 you want **REFUNDED TO YOU** **36**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 → _____ **39**00
(See page 19)

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	<u>.00</u>	<u>.00</u>
2 IRA deduction, if any, from line 8 of Form 1A. 2	<u>.00</u>	<u>.00</u>
3 Subtract line 2 from line 1 3	<u>.00</u>	<u>.00</u>
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	<u>.00</u>	<u>.00</u>
5 Rate of credit is .03 (3%) 5	<u>X</u>	<u>.03</u>
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	<u>.00</u>	<u>.00</u>



For Department Use Only

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2011 Wisconsin Form EIC-A

Earned Income Credit
Information for up to three qualifying children

Instructions

Complete the information for each qualifying child for the Wisconsin Earned Income Credit. If you have more than three qualifying children, you only have to list three to get the maximum credit.

Qualifying Child Information	Child 1	Child 2	Child 3
	First Last	First Last	First Last
1 Child's name			
2 Child's social security number	____ - ____ - ____	____ - ____ - ____	____ - ____ - ____
3 Child's relationship to you <i>(check one)</i>	<input type="checkbox"/> Son or Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother or Sister <input type="checkbox"/> Nephew or Niece <input type="checkbox"/> Foster Child	<input type="checkbox"/> Son or Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother or Sister <input type="checkbox"/> Nephew or Niece <input type="checkbox"/> Foster Child	<input type="checkbox"/> Son or Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother or Sister <input type="checkbox"/> Nephew or Niece <input type="checkbox"/> Foster Child
4 Number of months child lived with you in the United States during 2011 NOTE: If the child lived with you for more than half of 2011, but less than 7 months, enter "7". If the child was born or died in 2011, and your home was the child's for the entire time he or she was alive during 2011, enter "12".	____ ____	____ ____	____ ____
5 Child's year of birth	____ ____ ____ ____	____ ____ ____ ____	____ ____ ____ ____
6 If the child was born before 1993 –			
a Was the child under age 24 at the end of 2011 and a full time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Was the child permanently and totally disabled during any part of 2011?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No