

Test #2

These are MFJ taxpayers over 65 with wages, unemployment and pension income. They are both eligible for the 65 or older credit with an amount due.

Federal Forms: None

Wisconsin Forms: 1A

Address:

123 W Main St #100

Madison, WI 53703

Taxpayer:

Test Grass

400-00-5402

02/11/1930

1099-G

W2- WI ID# 036-0012345678-06

Spouse:

May Grass

400-00-5472

01/10/1932

1099-R

W2 - WI ID# 036-0012345678-06

Filing Status: MFJ

1A Wisconsin income tax



2012

Complete form using **BLACK INK**

Note

DO NOT STAPLE

| | | | | | | |
|---|--------------------|---|--|------------------------|--|--|
| Your legal last name TEST | | Legal first name GRASS | | M.I. | Your social security number 400 00 5402 | |
| If a joint return, spouse's legal last name MAY | | Spouse's legal first name GRASS | | M.I. | Spouse's social security number 400 00 5472 | |
| Home address (number and street). If you have a PO Box, see page 6. 123 W MAIN ST | | | | Apt. No. 100 | 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 2012. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town MADISON County of DANE School district number (see page 23) 3269 Special conditions <input type="checkbox"/> | |
| City or post office MADISON | State WI | Zip code 53703 | | | | |

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. _____

ENCLOSE withholding statements

PAPER CLIP payment here

| Print numbers like this → 0 1 2 3 4 5 6 7 8 9 | Not like this → 0147 | NO COMMAS; NO CENTS |
|--|----------------------|---|
| 1 Wages, salaries, tips, etc. (see page 7) | 1 | 18950 .00 |
| 2 Interest (see page 7) | 2 | 216 .00 |
| 3 Ordinary dividends (from line 9a of federal Form 1040A or 1040) | 3 | 25 .00 |
| 4 Capital gain distributions (see page 8) | 4 | 20 .00 |
| 5 Unemployment compensation (from worksheet, page 8) | 5 | 900 .00 |
| 6 Taxable IRA distributions, pensions, and annuities (see page 8) | 6 | 4000 .00 |
| 7 Add lines 1 through 6 | 7 | 24111 .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 | 950 .00 |
| 11 Add lines 8 through 10 | 11 | 950 .00 |
| 12 Subtract line 11 from line 7. This is your Wisconsin income | 12 | 23161 .00 |
| 13 If your parent (or someone else) can claim you (or your spouse) as a dependent, check here ▶ 13 | 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 | 16888 .00 |
| 15 Subtract line 14 from line 12. If line 14 is larger than line 12, fill in 0 | 15 | 6273 .00 |
| 16 Exemptions (Caution: see page 11) | | |
| a Fill in exemptions from your federal return ▶ <u>2</u> x \$700 .. 16a | 16a | 1400 .00 |
| b Check if 65 or older <input checked="" type="checkbox"/> You + <input checked="" type="checkbox"/> Spouse = <u>2</u> x \$250 .. 16b | 16b | 500 .00 |
| c Add lines 16a and 16b | 16c | 1900 .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 | 4373 .00 |
| 18 Tax. Use amount on line 17 to find your tax using table, page 24 | 18 | 200 .00 |
| 19 Armed forces member credit (must be stationed outside U.S., see page 11) 19 | 19 | .00 |
| 20 School property tax credit | | |
| a Rent paid in 2012—heat included | .00 | } Find credit from table page 12 .. 20a |
| Rent paid in 2012—heat not included | .00 | |
| b Property taxes paid on home in 2012 | .00 | } Find credit from table page 13 .. 20b |
| 21 Working families tax credit, see page 14 | 21 | .00 |
| 22 Married couple credit. Complete schedule on reverse side | 22 | 80 .00 |
| 23 Add lines 19 through 22. This is the total of your credits | 23 | 80 .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 | 120 .00 |

NO COMMAS; NO CENTS

25 Fill in net tax from line 24 **25** 120.00

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>10.00</u> | f Firefighters memorial <u>.00</u> |
| b Packers football stadium <u>.00</u> | g Military family relief <u>.00</u> |
| c Cancer research <u>5.00</u> | h Second Harvest/Feeding Amer. <u>.00</u> |
| d Veterans trust fund <u>.00</u> | i Red Cross WI Disaster Relief <u>7.00</u> |
| e Multiple sclerosis <u>.00</u> | j Special Olympics <u>8.00</u> |

Total (add lines a through j) .. **27k** 30.00

28 Add lines 25, 26, and 27k **28** 150.00

29 Wisconsin income tax withheld. Enclose withholding statements **29** 0.00

30 2012 estimated tax payments and amount applied from 2011 return ... **30** .00

31 Earned income credit (see page 16)
Qualifying Federal children credit00 x 0 % = ... **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** 0.00

35 If line 34 is more than line 28, subtract line 28 from line 34. This is the **AMOUNT YOU OVERPAID** **35** 0.00

36 Amount of line 35 you want **REFUNDED TO YOU** **36** 0.00

37 Amount of line 35 you want **applied to your 2013 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** 150.00

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 19)? **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>16300.00</u> | <u>2650.00</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>16300.00</u> | <u>2650.00</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>2650.00</u> |
| 5 Rate of credit is .03 (3%) 5 | | X <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>80.00</u> |



C For Department Use Only

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 VOID CORRECTED

| | | | | | |
|---|--|--|---|-------------------------------------|---|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. Test Unemployment 200 King St Madison, WI 53713 | | 1 Unemployment compensation \$ 900.00 | OMB No. 1545-0120 2012 Form 1099-G | | Certain Government Payments Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2012 General Instructions for Certain Information Returns. |
| PAYER'S federal identification number 01-2345678 | RECIPIENT'S identification number 400-00-5402 | 2 State or local income tax refunds, credits, or offsets \$ | 3 Box 2 amount is for tax year | 4 Federal income tax withheld \$ | |
| RECIPIENT'S name Test Grass | | 5 ATAA/RTAA payments \$ | 6 Taxable grants \$ | | |
| Street address (including apt. no.) 123 W Main St #100 | | 7 Agriculture payments \$ | 8 Check if box 2 is trade or business income <input type="checkbox"/> | | |
| City, state, and ZIP code Madison, WI 53703 | | 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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| | | | | | | | | | | | | | | | |
|---|--|--|--|---|--|---|---|---|--|----------------------------------|---|----------------------------|--|-----------------------------|--|
| PAYER'S name, street address, city, state, and ZIP code Test Pension 123 Randall Downer's Grove, IL 60515 | | 1 Gross distribution \$ 9,000.00 | | OMB No. 1545-0119 2012 Form 1099-R | | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. | | | | | | | | | |
| | | 2a Taxable amount \$ 9,000.00 | | 2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/> | | | | | | | | | | | |
| | | PAYER'S federal identification number 12-3456789 | | RECIPIENT'S identification number 400-00-5472 | | | 3 Capital gain (included in box 2a) \$ | | 4 Federal income tax withheld \$ 900.00 | | Copy 1 For State, City, or Local Tax Department | | | | |
| RECIPIENT'S name May Grass Street address (including apt. no.) 123 W. Main St #100 City, state, and ZIP code Madison, WI 53703 | | 5 Employee contributions / Designated Roth contributions or insurance premiums \$ | | 6 Net unrealized appreciation in employer's securities \$ | | 7 Distribution code(s) 7 | | IRA/SEP/SIMPLE <input type="checkbox"/> | | 8 Other \$ % | | | | | |
| | | 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 \$ 0.00 | | 13 State/Payer's state no. | | 14 State distribution \$ | |
| | | Account number (see instructions) | | 15 Local tax withheld \$ | | 16 Name of locality | | 17 Local distribution \$ | | | | | | | |