

ATS Test 21

Filing Status: MFJ

Residency Status: Test Buttercup is a full-year resident of WI; spouse moved into WI on 08/01/2012

Other Items of Note:

Applicable WI Forms: 1NPR, Legal Residency Questionnaire

Applicable Income Forms: W-2 (4)

Applicable Federal Forms: 1040, Sch A, Sch C

Taxpayer Information:

	<i>Taxpayer:</i>	<i>Spouse:</i>
<i>First name:</i>	Test	Anna
<i>Middle name:</i>		
<i>Last name:</i>	Buttercup	Buttercup
<i>Address line 1:</i>	1616 Main St	
<i>Address line 2:</i>		
<i>City:</i>	Green Bay	
<i>State:</i>	WI	
<i>Zip code:</i>	54303	
<i>SSN:</i>	400-00-5421	400-00-5491
<i>DOB:</i>	07/01/1958	07/01/1966
<i>Other:</i>	Deceased 10/01/2012	

Dependent Information:

	<i>Dependent 1</i>	<i>Dependent 2</i>
<i>First name:</i>		
<i>Middle name:</i>		
<i>Last name:</i>		
<i>Address line 1:</i>		
<i>Address line 2:</i>		
<i>City:</i>		
<i>State:</i>		
<i>Zip code:</i>		
<i>SSN:</i>		
<i>DOB:</i>		
<i>Other:</i>		

1NPR

Nonresident & part-year resident Wisconsin income tax 2012



DO NOT STAPLE

Check here For the year Jan. 1-Dec. 31, 2012,
 if this is an amended return or other tax year
 beginning: _____, 2012
 ending: _____, 20__.

PAPER CLIP withholding statements here

Your legal last name BUTTERCUP	Legal first name TEST	M.I.	Your social security number 400 00 5421
If a joint return, spouse's legal last name BUTTERCUP	Spouse's legal first name ANNA	M.I.	Spouse's social security number 400 00 5491
Home address (number and street). If you have a PO Box, see page 7 1616 MAIN ST		Apt. no.	Tax district Check below then fill in either the name of Wisconsin city, village, or town, and the county in which you lived at the end of 2012 or before leaving Wisconsin (nonresidents leave blank). <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town GREEN BAY
City or post office GREEN BAY	State WI	Zip code 54303	
Filing status		Special Conditions <input type="checkbox"/> 06 <input type="checkbox"/> 10/01/2012	County of <input type="checkbox"/> BROWN
<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing joint return (even if only one had income) <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/> Head of household (with qualifying person), (see page 7). Also, check here if married. <input type="checkbox"/>		Legal last name Legal first name M.I.	
Resident status Check the status that applies		School district number (see page 39) 2289	
You <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> <input checked="" type="checkbox"/> Full-year resident of Wisconsin <input type="checkbox"/> Nonresident of Wisconsin; state of residence _____ (2-letter state abbreviation) <input type="checkbox"/> Part-year resident of Wisconsin from <u>08 01 2012</u> to <u>12 31 2012</u> Note: Complete residence questionnaire, page 47.			

PAPER CLIP check or money order here

Income	Print numbers like this → 0123456789	NO COMMAS NO CENTS	A. Federal column	B. Wisconsin column
	Not like this → Ø147			
1 Wages, salaries, tips, etc. (see page 10)	1		84073 .00	16051 .00
2 Taxable interest (see page 11)	2		1 .00	.00
3 Ordinary dividends (see page 11)	3		596 .00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (from federal Form 1040, line 10)	4		1475 .00	Not taxable
5 Alimony received (from federal Form 1040, line 11)	5		.00	.00
6 Business income or (loss) (from federal Form 1040, line 12)	6		-746 .00	-746 .00
7 Capital gain or (loss) (see page 12)	7		.00	.00
8 Other gains or (losses) (from federal Form 1040, line 14)	8		.00	.00
9 IRA distributions (see page 12)	9		.00	.00
10 Pensions and annuities (see page 12)	10		.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (from federal Form 1040, line 17)	11		.00	.00
12 Farm income or (loss) (from federal Form 1040, line 18)	12		.00	.00
13 Unemployment compensation (see page 14)	13		.00	.00
14 Social security benefits (see page 14)	14		.00	Not taxable
15 Other income (see pages 15-21). Enclose explanation	15		.00	.00
16 Add lines 1 through 15	16		85399 .00	15305 .00

Adjustments to Income		A. Federal column	B. Wisconsin column
17	RESERVED	Not deductible for Wisconsin	
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 21)	.00	.00
19	Health savings account deduction (see page 21)	.00	.00
20	Moving expenses (see page 21)	.00	.00
21	Deductible part of self-employment tax (from federal Form 1040, line 27)	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 21)	.00	.00
23	Self-employed health insurance deduction (see page 21)	.00	.00
24	Penalty on early withdrawal of savings (from federal Form 1040, line 30)	.00	.00
25	Alimony paid (from federal Form 1040, line 31a)	.00	.00
26	IRA deduction (see page 22)	.00	.00
27	Student loan interest deduction (see page 22)	530 .00	.00
28	RESERVED	Not deductible for Wisconsin	
29	Domestic production activities deduction (see page 22)	Not deductible for Wisconsin	
30	Other adjustments included in federal Form 1040, line 36 (list type and amount)	.00	.00
31	Total adjustments to income. Add lines 17 through 30	530 .00	.00
Adjusted Gross Income			
32	Wisconsin income. Subtract line 31, column B from line 16, column B		15305 .00
33	Federal income. Subtract line 31, column A from line 16, column A	84869 .00	
34	Divide line 32 by line 33. Carry the decimal to four places. If amount on line 32 is more than amount on line 33, fill in 1.0000. (See page 22)		0.1803
Tax Computation			
35	Fill in the larger of Wisconsin income from line 32, column B or federal income from line 33, column A. But , if Wisconsin income from line 32 is zero or less, fill in 0 (zero)		84869 .00
36a	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 36c on page 22		<input type="checkbox"/>
36b	Aliens (see page 22 to determine if you must check line 36b)		<input type="checkbox"/>
36c	Find the standard deduction for amount on line 33 using table on page 37		4724 .00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)		80145 .00
38	Exemptions (Caution: see page 23)		
a	Fill in exemptions from your federal return <u>2</u> x \$700	38a	1400 .00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	38b	.00
c	Add lines 38a and 38b	38c	1400 .00
39	Subtract line 38c from line 37. If line 38c is more than line 37, fill in 0 (zero)	39	78745 .00
40	Tax (see table on page 40)	40	4802 .00
41	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	41	280 .00
42	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2012—heat included <u>.00</u>	} Find credit from table page 24	42a <u>.00</u>
	Rent paid in 2012—heat not included <u>.00</u>		
b	Property taxes paid on home in 2012 <u>2295 .00</u>	} Find credit from table page 25	42b <u>275 .00</u>
43	Add credits on lines 41, 42a, and 42b	43	555 .00
44	Subtract line 43 from line 40. If line 43 is more than line 40, fill in 0 (zero)	44	4247 .00
45	Fill in ratio from line 34	45	x0.1803
46	Multiply line 44 by ratio on line 45	46	766 .00



Name(s) shown on Form 1NPR BUTTERCUP		TEST		Your social security number 400 00 5421	
47	Fill in amount from line 46	47		766	.00
48	Armed forces member credit. (Full-year Wisconsin residents only)	48	.00		
49	Historic rehabilitation credits. Enclose Schedule HR	49	.00		
50	Working families tax credit. (Full-year Wisconsin residents only)	50	.00		
51	Certain nonrefundable credits from line 8 of Schedule CR	51	.00		
52	Add lines 48 through 51	52		.00	
53	Subtract line 52 from line 47. If line 52 is more than line 47, fill in 0 (zero)	53		766	.00
54	Alternative minimum tax. Enclose Schedule MT	54		.00	
55	Add lines 53 and 54	55		766	.00
56	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	56	8	.00	
57	Other credits from Schedule CR, line 21. Enclose Schedule CR	57	.00		
58	Net income tax paid to another state. Enclose Schedule OS	58	.00		
59	Add lines 56, 57, and 58	59		8	.00
60	Subtract line 59 from line 55. If line 59 is more than line 55, fill in 0 (zero). This is your net tax	60		758	.00
61	Economic development surcharge. Enclose Schedule EDS	61		.00	
62	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 <input checked="" type="checkbox"/>	62		.00	
63	Donations (decreases refund or increases amount owed)				
	a Endangered resources .00	f Firefighters memorial .00			
	b Packers football stadium .00	g Military family relief .00			
	c Cancer research .00	h Second Harvest/Feeding Amer. .00			
	d Veterans trust fund .00	i Red Cross WI Disaster Relief .00			
	e Multiple sclerosis .00	j Special Olympics .00			
	Total (add lines a through j)	63k		.00	
64	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 29) $.00 \times .33 =$	64		.00	
65	Credit repayments and other penalties (see page 29)	65		.00	
66	Add lines 60 through 65	66		758	.00
Payments and Credits					
67	Wisconsin income tax withheld. Enclose readable withholding statements	67	2791	.00	
68	2012 Wisconsin estimated tax paid and amount applied from 2011 return	68		.00	
69	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="checkbox"/> Federal credit $.00 \times \text{ } \% =$	69		.00	
70	Farmland preservation credit. a. Schedule FC, line 18	70a		.00	
	b. Schedule FC-A, line 13	70b		.00	
71	Repayment credit	71		.00	
72	Homestead credit. (Full-year Wisconsin residents only)	72		.00	
73	Eligible veterans and surviving spouses property tax credit	73		.00	
74	Refundable credits from Schedule CR, line 32	74		.00	
75	AMENDED RETURN ONLY – amount previously paid (see page 32)	75		.00	
76	Add lines 67 through 75	76	2791	.00	
77	AMENDED RETURN ONLY – amounts previously refunded (see page 33)	77		.00	
78	Subtract line 77 from line 76	78		2791	.00



Paper clip a copy of your federal income tax return and schedules to this return.

SSN 400 00 5421

Refund or Amount You Owe

Table with 2 columns: Line number and Amount. Rows include 79 (AMOUNT YOU OVERPAID 79), 80 (Amount of line 79 you want REFUNDED TO YOU), 81 (Amount of line 79 to be APPLIED TO YOUR 2013 ESTIMATED TAX), 82 (AMOUNT YOU OWE 82), and 83 (Underpayment interest).

Third Party Designee section. Includes question: 'Do you want to allow another person to discuss this return with the department (see page 34)?' with Yes/No options. Fields for Designee's name, Phone no., and Personal identification number (PIN).

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.

Sign here section. Fields for Your signature, Spouse's signature (if filing jointly, BOTH must sign), and Date.

Mail your return to: Wisconsin Department of Revenue. Includes addresses for (if tax is due), (if refund or no tax due), and (if amended return). Includes 'For Department Use Only' checkboxes.

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 41 instructions)

Table for Schedule 1 with 2 columns: Line number and Amount. Rows include 1 (Medical and dental expenses), 2 (Interest paid), 3 (Gifts to charity), 4 (Casualty losses), 5 (Add lines 1 through 4), 6a (Wisconsin standard deduction), 6b (Ratio from Form 1NPR, line 34), 6c (Multiply line 6a by ratio on line 6b), 7 (Subtract line 6c from line 5), 8 (Rate of credit is .05 (5%)), and 9 (Multiply line 7 by line 8).

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

Table for Schedule 2 with 3 columns: Line number, (A) YOURSELF, and (B) YOUR SPOUSE. Rows include 1 (Wages, salaries, tips, etc.), 2 (Net profit or (loss) from self-employment), 3 (Combine lines 1 and 2), 4 (Add amounts on Form 1NPR, lines 18, 22, 26, and 30), 5 (Subtract line 4 from line 3), 6 (Compare the amount in columns (A) and (B) of line 5), 7 (Rate of credit is .03 (3%)), and 8 (Multiply line 6 by line 7).



LEGAL RESIDENCE (DOMICILE) QUESTIONNAIRE

Your answers to these questions will be used to determine your legal residence. Certain types of income are either taxable or nontaxable to Wisconsin based upon whether you were a legal resident of Wisconsin at the time you received such income. Form 1NPR may be returned to you or its processing delayed if the questionnaire is not completed. If the questionnaire does not fit your situation or you want to submit additional information, enclose an additional sheet describing your particular circumstances.

NAME(S) Test Buttercup & Anna Buttercup SOCIAL SECURITY NUMBER 400-00-5421

Please check one: (If married filing joint return check one box for each spouse.)

You Spouse

- Full-year Wisconsin resident; did not change domicile from Wisconsin during 2012.
Changed legal residence from Wisconsin during 2012; have not moved back to Wisconsin.
Changed legal residence from Wisconsin during or before 2012; have moved back to Wisconsin.
Changed legal residence to Wisconsin from NY (state) on 08/01/2012 (date) during 2012; no previous Wisconsin residency.
Was a nonresident of Wisconsin for all of 2012. Resident of (Nonresident alien; please indicate country)

If you changed your legal residence from Wisconsin during 2011 or 2012 and you did not previously complete a questionnaire for that change, answer the following questions.

- 1. a. On what date did you move from Wisconsin?
b. When you moved from Wisconsin, did you intend to move back to Wisconsin?
c. If you moved back to Wisconsin, indicate date and explain the circumstances under which you moved back to Wisconsin.
2. Did you establish a legal residence in another state?
3. After establishing legal residency in the new state, list the dates you were in Wisconsin.
4. When were you physically present in your new state of legal residence (please list dates)?
5. Did your spouse and dependent children (if any) move to your new state of legal residence?
6. a. On what date did you begin working in your new state of legal residence?
b. Was your job permanent, temporary, or seasonal?
7. In your new state of legal residence, referred to in question 2, did you:
a. Register to vote?
b. Purchase a home?
c. Obtain a driver's license?
d. Register an auto or other vehicle?
e. File resident income tax returns?
8. Since changing your legal residence from Wisconsin, have you:
a. Performed services for income in Wisconsin?
b. Purchased/renewed Wisconsin auto license plates?
c. Renewed a Wisconsin driver's license?
d. Voted in Wisconsin, in person or by absentee ballot?
e. Attended or sent your children to Wisconsin schools?
f. Purchased a Wisconsin resident hunting, fishing, or trapping license?
g. Listed Wisconsin as your state of legal residence for purposes of your auto insurance?
h. Listed Wisconsin as your state of legal residence for purposes of your will?
i. Listed Wisconsin as your state of legal residence for purposes of any legal proceedings?
j. Obtained or renewed any Wisconsin trade or professional licenses or union memberships?
9. If you answered "yes" to any of the questions 8a through 8j, please explain why you have taken such action.
10. Did you or your spouse own the real estate you occupied as your home while living in Wisconsin?
11. If you established a legal residence in a new state but are using a Wisconsin address on your 2012 tax returns, please explain.

22222		Void <input type="checkbox"/>	a Employee's social security number 400-00-5483		For Official Use Only ▶ OMB No. 1545-0008		
b Employer identification number (EIN) 53-9990123			1 Wages, tips, other compensation 48,324.00		2 Federal income tax withheld 8,716.00		
c Employer's name, address, and ZIP code Construction, Inc. 3434 Machinery Row Green Bay, WI 54303			3 Social security wages 48,324.00		4 Social security tax withheld 2,030.00		
			5 Medicare wages and tips 48,324.00		6 Medicare tax withheld 701.00		
			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 Buttercup	Suff.	11 Nonqualified plans		12a See instructions for box 12 C O D E	
1616 Main St Green Bay, WI 54303			13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b C O D E	
			14 Other			12c C O D E	
						12d C O D E	
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	
IA	023654 7		40,674.00	1,839.00			
WI	1089658		7,650.00	905.00			
						20 Locality name	

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

2012

Department of the Treasury—Internal Revenue Service

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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22222		Void <input type="checkbox"/>	a Employee's social security number 400-00-5483		For Official Use Only ▶ OMB No. 1545-0008		
b Employer identification number (EIN) 53-9990123			1 Wages, tips, other compensation 3,159.00		2 Federal income tax withheld 610.00		
c Employer's name, address, and ZIP code Electric, Inc. PO Box 987 Iron Mountain, MI 49801			3 Social security wages 3,159.00		4 Social security tax withheld 133.00		
			5 Medicare wages and tips 3,159.00		6 Medicare tax withheld 46.00		
			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 Buttercup	Suff.	11 Nonqualified plans		12a See instructions for box 12 C O D E	
1616 Main St Green Bay, WI 54303			13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b C O D E	
			14 Other			12c C O D E	
						12d C O D E	
f Employee's address and ZIP code			15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
IA	205565986210	3,159.00	216.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2012

Department of the Treasury—Internal Revenue Service

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22222		Void <input type="checkbox"/>	a Employee's social security number 400-00-5483		For Official Use Only ▶ OMB No. 1545-0008		
b Employer identification number (EIN) 53-9990123			1 Wages, tips, other compensation 7,401.00		2 Federal income tax withheld		
c Employer's name, address, and ZIP code More Construction 5000 Center Rd Lombard, IL 60148			3 Social security wages 7,401.00		4 Social security tax withheld 353.00		
			5 Medicare wages and tips 7,401.00		6 Medicare tax withheld 122.00		
			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 Buttercup	Suff.	11 Nonqualified plans		12a See instructions for box 12 C O D E	
1616 Main St Green Bay, WI 54303			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b C O D E	
			14 Other			12c C O D E	
						12d C O D E	
f Employee's address and ZIP code			15 State WI	Employer's state ID number 35-12345678	16 State wages, tips, etc. 7,401.00	17 State income tax 1,886.00	
			18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

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

2012

Department of the Treasury—Internal Revenue Service

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22222		Void <input type="checkbox"/>	a Employee's social security number 400-00-5483		For Official Use Only ▶ OMB No. 1545-0008		
b Employer identification number (EIN) 53-9990123			1 Wages, tips, other compensation 25,189.00		2 Federal income tax withheld 1,785.00		
c Employer's name, address, and ZIP code St. Nicholas Hospital 123 Jolly Ln New York, NY 10001			3 Social security wages 28,199.00		4 Social security tax withheld 1,184.00		
			5 Medicare wages and tips 28,199.00		6 Medicare tax withheld 409.00		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Anna		Last name Buttercup	Suff.	11 Nonqualified plans		12a See instructions for box 12 C O D E E 3,010.00	
1616 Main St Green Bay, WI 54303			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b DD 7,077.00		C O D E	
			14 Other		12c		C O D E
					12d		C O D E
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	
NY	16-22354 5		24,189.00	1,123.00			
WI	32612345		1,000.00				
						20 Locality name	

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

2012

Department of the Treasury—Internal Revenue Service

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For the year Jan. 1-Dec. 31, 2012, or other tax year beginning , 2012, ending , 20

Test Buttercup & Anna Buttercup (Test Buttercup deceased 10/01/2012)
 1616 Main St
 Green Bay, WI 54303

See separate instructions.
Your social security number
 400-00-5421
Spouse's social security number
 400-00-5491
 ▲ Make sure the SSN(s) above and on line 6c are correct.
Presidential Election Campaign
 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.
 You Spouse

Foreign country name Foreign province/state/county Foreign postal code

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above & full name here.
 4 Head of household (with qualifying person). (See instructions.)
 5 Qualifying widow(er) with dependent child

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a.
 6b Spouse
 6c **Dependents:**
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qual. child < 17 for child tax cr. (see inst)
 If more than four dependents, see inst and check here
 Boxes checked on 6a and 6b: 2
 No. of children on 6c who:
 • lived with you _____
 • did not live with you due to divorce or separation (see inst) _____
 Dependents on 6c not entered above _____
 Add numbers on lines above: 2

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	85,073
	8a	Taxable interest. Attach Schedule B if required	8a	1
	8b	Tax-exempt interest. Do not include on line 8a	8b	
	9a	Ordinary dividends. Attach Schedule B if required	9a	596
	9b	Qualified dividends	9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	1,475
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	(746)
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	IRA distributions 26,006	15b	Taxable amt
	16a	Pensions and annuities	16b	Taxable amt
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits	20b	Taxable amount
	21	Other income. List type and amount	21	
	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	86,399

Adjusted Gross Income	23	Reserved	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid	31a	Recipient's SSN
	32	IRA deduction	32	
	33	Student loan interest deduction	33	530
	34	Reserved	34	
	35	Domestic production activities deduction. Attach Form 8903	35	
	36	Add lines 23 through 35	36	
	37	Subtract line 36 from line 22. This is your adjusted gross income	37	85,869

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** 85,869 .

39a Check You were born before January 2, 1948, Blind. Total boxes checked **39a**

if: Spouse was born before January 2, 1948, Blind. **39b**

b If your spouse itemizes on a separate return or you were a dual-status alien, check here **39b**

Standard Deduction for -

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instr.
- All others:
 - Single or Married filing separately, \$5,950
 - Married filing jointly or Qualifying widow(er), \$11,900
 - Head of household, \$8,700

40 **Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin) **40** 18,289 .

41 Subtract line 40 from line 38 **41** 67,580 .

42 **Exemptions.** Multiply \$3,800 by the number on line 6d **42** 7,600

43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0- **43** 59,980 .

44 **Tax** Check if any from: a Form(s) 8814 b Form 4972 c 962 election **44** 8,127 .

45 **Alternative minimum tax** (see instructions). Attach Form 6251 **45**

46 Add lines 44 and 45 **46** 8,127 .

47 Foreign tax credit. Attach Form 1116 if required **47**

48 Credit for child and dependent care expenses. Attach Form 2441 **48**

49 Education credits from Form 8863, line 19 **49**

50 Retirement savings contributions credit. Attach Form 8880 **50**

51 Child tax credit. Attach Schedule CTC, if required **51**

52 Residential energy credit. Attach Form 5695 **52**

53 Other credits from Form: a 3800 b 8801 c **53**

54 Add ln 47 through 53. These are your **total credits** **54**

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter - 0- **55** 8,127 .

Other Taxes

56 Self-employment tax. Attach Schedule SE **56**

57 Unreported social security and Medicare tax from Form: a 4137 b 8919 **57**

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **58**

59a Household employment taxes from Schedule H **59a**

b First-time homebuyer credit repayment. Attach Form 5405 if required **59b**

60 Other taxes. Enter code(s) from instructions **60**

61 Add lines 55 through 60. This is your **total tax** **61** 8,127 .

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 **62** 11,111

63 2012 estimated tax payments and amount applied from 2011 return **63**

64a **Earned income credit (EIC)** **64a**

b Nontaxable combat pay election **64b**

65 Additional child tax credit. Attach Schedule CTC **65**

66 American opportunity credit from Form 8863, line 8 **66**

67 RESERVED **67**

68 Amount paid with request for extension to file **68**

69 Excess social security and tier 1 RRTA tax withheld **69**

70 Credit for federal tax on fuels. Attach Form 4136 **70**

71 Credits from Form: a 2439 b Reserved c 8801 d 8885 **71**

72 Add lines 62, 63, 64a, and 65 through 71. These are your **total payments** **72** 11,111 .

Refund

Direct deposit? See instructions.

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you **overpaid** **73** 2,984 .

74a Amount of line 73 you want **refunded to you**. If Form 8888 is attached, check here **74a** 2,984 .

b Routing number **c Type:** Checking Savings

d Account number

75 Amount of line 73 you want **applied to your 2013 estimated tax** **75**

Amount You Owe

76 **Amount you owe.** Subtract line 72 from line 61. For details on how to pay, see instructions **76**

77 Estimated tax penalty (see instructions) **77**

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal ID number _____

(PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature For Info Only-Do not file	Date 1/17/2013	Your occupation lineman	Daytime phone number
Spouse's signature. If a joint return, both must sign. For Info Only-Do not file	Date 1/17/2013	Spouse's occupation office	If the IRS sent you an ID Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name MADHUR TAXPRO	Preparer's signature	Date 09/17/2012	Check <input type="checkbox"/> if self-employed	PTIN P41111111
Firm's name H AND R BLOCK	Firm's EIN 44-0607856		Phone no. (614) 659-1158	
Firm's address DUBLIN, OH 43017				

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2012

Attachment
Sequence No. **09**

Name of proprietor Anna Buttercup	Social security number (SSN) 400-00-5491
A Principal business or profession, including product or service (see instructions) Home-based sales	B Enter code from instructions ▶ 999999
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ▶ 1616 Main St
City, town or post office, state, and ZIP code Green Bay, WI 54303

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2012, check here Yes No

I Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	121
2 Returns and allowances (see instructions)	2	
3 Subtract line 2 from line 1	3	121
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	121
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 <input type="checkbox"/>	7	121

Part II Expenses Enter expenses for business use of your home only on line 30.

8 Advertising	8	323	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see inst)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	156
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17	388	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a

29 Tentative profit or (loss). Subtract line 28 from line 7 (746)

30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere

31 **Net profit or (loss).** Subtract line 30 from line 29. (746)

- If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3.
- If a loss, you must go to line 32.

- 32 If you have a loss, check the box that describes your investment in this activity (see instructions).
- If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3.
 - If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a All investment is at risk.
32b Some investment is not at risk.

KBA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule C (Form 1040) 2012

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2012

Attachment
Sequence No. **07**

Name(s) shown on Form 1040
Test Buttercup & Anna Buttercup

Your social security number
400-00-5421

Medical and Dental Expenses

Caution. Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)	1	2,775	
2	Enter amount from Form 1040, line 38	2	85,869	
3	Multiply line 2 by 7.5% (.075)	3	6,440	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter - 0-	4		0

Taxes You Paid

5	State and local	5	4,854	
a	<input checked="" type="checkbox"/> Income taxes			
b	<input type="checkbox"/> Reserved			
6	Real estate taxes (see instructions)	6	2,295	
7	Personal property taxes	7		
8	Other taxes. List type and amount ▶	8		
9	Add lines 5 through 8	9		7,149

Interest You Paid

Note.
Your mortgage interest deduction may be limited (see instructions).

10	Home mortgage interest and points reported to you on Form 1098	10	5,119	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11		
12	Points not reported to you on Form 1098. See instructions for special rules	12		
13	Reserved	13		
14	Investment interest. Attach Form 4952 if required. (See instructions.)	14		
15	Add lines 10 through 14	15		5,119

Gifts to Charity

If you made a gift and got a benefit for it, see instructions.

16	Gifts by cash or check. If you made any gift of \$250 or more, see inst	16	824	
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	499	
18	Carryover from prior year	18		
19	Add lines 16 through 18	19		1,323

Casualty and Theft Losses

20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		
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Job Expenses and Certain Miscellaneous Deductions

21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106- EZ if required. (See inst.) ▶	21	4,678	
22	Tax preparation fees	22	200	
23	Other expenses - investment, safe deposit box, etc. List type and amount ▶ working dues	23	1,537	
24	Add lines 21 through 23	24	6,415	
25	Enter amount from Form 1040, line 38	25	85,869	
26	Multiply line 25 by 2% (.02)	26	1,717	
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter - 0-	27		4,698

Other Miscellaneous Deductions

28	Other - from list in instructions. List type and amount ▶	28		
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Total Itemized Deductions

29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29		18,289
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30 If you elect to itemize deductions even though they are less than your standard deduction, check here

KBA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2012