

ATS Test 22

*Filing Status:* MFJ

*Residency Status:* Test Jonquil is a full-year resident of WI and active duty military member; spouse Erin Jonquil moved out of WI on 07/01/2012

*Other Items of Note:* line 15 other income and expense per supplemental statement, line 19 HSA deduction, line 30 adjustment (jury duty pay given to employer that paid wages during jury duty), line 33 Schedule I adjustment, line 48 armed forces member credit, line 58 TPOS credit, line 64 pension early distribution penalty

*Applicable WI Forms:* 1NPR, supplemental statement, Schedule OS, Schedule I, Legal Residency Questionnaire

*Applicable Income Forms:* W-2 (2), 1099-G (1), 1099-R (1), 1099-MISC (1)

*Applicable Federal Forms:* 1040

*Taxpayer Information:*

	<i>Taxpayer:</i>	<i>Spouse:</i>
<i>First name:</i>	Test	Erin
<i>Middle name:</i>		
<i>Last name:</i>	Jonquil	Jonquil
<i>Address line 1:</i>	456 78 <sup>th</sup> St	
<i>Address line 2:</i>		
<i>City:</i>	Winona	
<i>State:</i>	MN	
<i>Zip code:</i>	55987	
<i>SSN:</i>	400-00-5422	400-00-5492
<i>DOB:</i>	06/02/1975	09/10/1977
<i>Other:</i>		

# 1NPR

## Nonresident & part-year resident Wisconsin income tax 2012

NOTE

DO NOT STAPLE

PAPER CLIP withholding statements here

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

Your legal last name <b>JONQUIL</b>		Legal first name <b>TEST</b>		M.I.	Your social security number <b>400 00 5422</b>
If a joint return, spouse's legal last name <b>JONQUIL</b>		Spouse's legal first name <b>ERIN</b>		M.I.	Spouse's social security number <b>400 00 5492</b>
Home address (number and street). If you have a PO Box, see page 7 <b>456 78TH ST</b>				Apt. no.	
City or post office <b>WINONA</b>		State <b>MN</b>	Zip code <b>55987</b>		
<b>Filing status</b>			<b>Special Conditions</b> <input type="checkbox"/>		
<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 .....			Legal last name		
			Legal first name		M.I.
<input type="checkbox"/> Head of household (with qualifying person), (see page 7). Also, check here if married. <input type="checkbox"/>					

**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).  
 City  Village  Town  
City, village, or town **LA CROSSE**  
**County of** **LA CROSSE**  
**School district number** (see page 39) **2849**



**Resident status** Check the status that applies  
You  Spouse

Full-year resident of Wisconsin

Nonresident of Wisconsin; state of residence \_\_\_\_\_ (2-letter state abbreviation)

Part-year resident of Wisconsin from 01 01 2012 to 07 01 2012 Note: Complete residence questionnaire, page 47.  
mm dd yyyy mm dd yyyy

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		54882 .00	54882 .00
2 Taxable interest (see page 11)	2		.00	.00
3 Ordinary dividends (see page 11)	3		.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (from federal Form 1040, line 10)	4		.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		.00	.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		14000 .00	7000 .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		6320 .00	0 .00
14 Social security benefits (see page 14)	14		.00	Not taxable
15 Other income (see pages 15-21). Enclose explanation	15		221 .00	221 .00
16 Add lines 1 through 15	16		75423 .00	62103 .00

PAPER CLIP check or money order here

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)	1000 .00	1000 .00
20	Moving expenses (see page 21)	568 .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)	.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) <u>Juryduty to emp, Sch I Adj</u>	10222 .00	5222 .00
31	Total adjustments to income. Add lines 17 through 30	.00	.00
<b>Adjusted Gross Income</b>			
32	Wisconsin income. Subtract line 31, column B from line 16, column B		55881 .00
33	Federal income. Subtract line 31, column A from line 16, column A	63633 .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)		0.8782

Tax Computation			
35	Fill in the <b>larger</b> of Wisconsin income from line 32, column B or federal income from line 33, column A. <b>But</b> , if Wisconsin income from line 32 is zero or less, fill in 0 (zero)	35	63633 .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	36a	<input type="checkbox"/>
36b	Aliens (see page 22 to determine if you must check line 36b)	36b	<input type="checkbox"/>
36c	Find the standard deduction for amount on line 33 using table on page 37	36c	8878 .00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	54755 .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	53355 .00
40	Tax (see table on page 40)	40	3151 .00
41	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	41	.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>.00</u>	} Find credit from table page 25	42b <u>.00</u>
43	Add credits on lines 41, 42a, and 42b	43	.00
44	Subtract line 43 from line 40. If line 43 is more than line 40, fill in 0 (zero)	44	3151 .00
45	Fill in ratio from line 34	45	x0.8782
46	Multiply line 44 by ratio on line 45	46	2767 .00



Name(s) shown on Form 1NPR JONQUIL		TEST	Your social security number 400 00 5422	
<b>47</b>	Fill in amount from line 46		<b>47</b>	2767.00
<b>48</b>	Armed forces member credit. (Full-year Wisconsin residents only)	48	300.00	
<b>49</b>	Historic rehabilitation credits. Enclose Schedule HR	49	.00	
<b>50</b>	Working families tax credit. (Full-year Wisconsin residents only)	50	.00	
<b>51</b>	Certain nonrefundable credits from line 8 of Schedule CR	51	.00	
<b>52</b>	Add lines 48 through 51	52	300.00	
<b>53</b>	Subtract line 52 from line 47. If line 52 is more than line 47, fill in 0 (zero)	53	2467.00	
<b>54</b>	Alternative minimum tax. Enclose Schedule MT	54	.00	
<b>55</b>	Add lines 53 and 54	55	2467.00	
<b>56</b>	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	56	480.00	
<b>57</b>	Other credits from Schedule CR, line 21. Enclose Schedule CR	57	.00	
<b>58</b>	Net income tax paid to another state. Enclose Schedule OS	MN 58	232.00	
<b>59</b>	Add lines 56, 57, and 58	59	712.00	
<b>60</b>	Subtract line 59 from line 55. If line 59 is more than line 55, fill in 0 (zero). This is your net tax	60	1755.00	
<b>61</b>	Economic development surcharge. Enclose Schedule EDS	61	.00	
<b>62</b>	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	62	.00	<input checked="" type="checkbox"/>
<b>63</b>	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
<b>64</b>	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 29)	1400.00 x .33 =	64	462.00
<b>65</b>	Credit repayments and other penalties (see page 29)	65	.00	
<b>66</b>	Add lines 60 through 65	66	2217.00	
<b>Payments and Credits</b>				
<b>67</b>	Wisconsin income tax withheld. Enclose readable withholding statements	67	4839.00	
<b>68</b>	2012 Wisconsin estimated tax paid and amount applied from 2011 return	68	.00	
<b>69</b>	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children			
	Federal credit	.00 x % =	69	.00
<b>70</b>	Farmland preservation credit.			
	a. Schedule FC, line 18	70a	.00	
	b. Schedule FC-A, line 13	70b	.00	
<b>71</b>	Repayment credit	71	.00	
<b>72</b>	Homestead credit. (Full-year Wisconsin residents only)	72	.00	
<b>73</b>	Eligible veterans and surviving spouses property tax credit	73	.00	
<b>74</b>	Refundable credits from Schedule CR, line 32	74	.00	
<b>75</b>	AMENDED RETURN ONLY – amount previously paid (see page 32)	75	.00	
<b>76</b>	Add lines 67 through 75	76	4839.00	
<b>77</b>	AMENDED RETURN ONLY – amounts previously refunded (see page 33)	77	.00	
<b>78</b>	Subtract line 77 from line 76	78	4839.00	



Refund or Amount You Owe

Table with 3 columns: Line number, Description, Amount. Includes lines 79 (AMOUNT YOU OVERPAID 79), 80 (REFUNDED TO YOU), 81 (APPLIED TO YOUR 2013 ESTIMATED TAX), 82 (AMOUNT YOU OWE), and 83 (Underpayment interest).

Third Party Designee section. Includes checkboxes for 'Yes' and 'No' to allow another person to discuss the return. 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. Includes lines for 'Your signature', 'Spouse's signature (if filing jointly, BOTH must sign)', and 'Date'.

Mail your return to: Wisconsin Department of Revenue. Includes three columns for 'if tax is due', 'if refund or no tax due', and 'if amended return'. Includes a 'For Department Use Only' box with a 'C' label.

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

Table for Schedule 1 with 3 columns: Line number, Description, Amount. Includes lines 1 through 9 detailing medical/dental expenses, interest, gifts, casualty losses, and the standard deduction credit calculation.

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, Description, Amount. Includes lines 1 through 8 detailing wages, salaries, net profit, and the final credit calculation.



**ATS Test 22**

WI 1NPR Supplemental Statement

Line 15: \$5,222 jury duty pay from 1099-MISC (less \$5,001 long-term care insurance expense)

Line 30: \$5,222 jury duty pay given to employer because employer paid salary during duty

Line 33: Schedule I adjustment for \$5,000 direct transfer from IRA to charitable organization

**SCHEDULE OS**

Wisconsin  
Department of Revenue

**Credit for Net Tax Paid  
to Another State**

◆ Attach to your Wisconsin Form 1, 1NPR, or 2 ◆

**2012**

Name(s) shown on Form 1, 1NPR, or 2  TEST JONQUIL & ERIN JONQUIL	Identifying number
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To be eligible for this credit, you must have been a full-year Wisconsin resident or part-year resident in 2012 and have paid 2012 state income tax **on the same income** to Wisconsin and another state.



**Be sure to enclose a copy of your tax return from the other state(s).**

**NO COMMAS; NO CENTS**

	State 1 <u>  M  </u> <u>  N  </u> <small>Postal abbr. ↑</small>	State 2 <u>    </u> <u>    </u> <small>Postal abbr. ↑</small>	State 3 <u>    </u> <u>    </u> <small>Postal abbr. ↑</small>	State 4 <u>    </u> <u>    </u> <small>Postal abbr. ↑</small>
<b>■ PART I – Income From Other State</b>				
<b>1</b> Wages, salaries, tips, etc. . . . .	32228 .00	.00	.00	.00
<b>2</b> Taxable interest . . . . .	.00	.00	.00	.00
<b>3</b> Ordinary dividends . . . . .	.00	.00	.00	.00
<b>4</b> Business income / loss . . . . .	.00	.00	.00	.00
<b>5</b> Capital gain / loss . . . . .	.00	.00	.00	.00
<b>6</b> Other gains / losses . . . . .	.00	.00	.00	.00
<b>7</b> IRA distributions, pensions, and annuities . . . . .	.00	.00	.00	.00
<b>8</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . .	.00	.00	.00	.00
<b>9</b> Farm income / loss . . . . .	.00	.00	.00	.00
<b>10</b> Unemployment compensation . . . . .	6320 .00	.00	.00	.00
<b>11</b> Social security benefits . . . . .	.00	.00	.00	.00
<b>12</b> Other income . . . . .	.00	.00	.00	.00
<b>13</b> Add lines 1 through 12 in each column . . . . .	38548 .00	.00	.00	.00
<b>Adjustments to Income</b>				
<b>14</b> Archer MSA or health savings accounts deduction . . . . .	1000 .00	.00	.00	.00
<b>15</b> Business expenses of reservists, performing artists, and fee-basis public officials . . . . .	.00	.00	.00	.00
<b>16</b> Moving expenses . . . . .	568 .00	.00	.00	.00
<b>17</b> Deductible part of self-employment tax . . . . .	.00	.00	.00	.00
<b>18</b> Self-employed SEP, SIMPLE, and qualified plans . . . . .	.00	.00	.00	.00
<b>19</b> Self-employed health insurance deduction . . . . .	.00	.00	.00	.00
<b>20</b> IRA deduction . . . . .	.00	.00	.00	.00
<b>21</b> Student loan interest deduction . . . . .	.00	.00	.00	.00
<b>22</b> Other adjustments to income . . . . .	.00	.00	.00	.00
<b>23</b> Add lines 14 through 22 in each column . . . . .	1568 .00	.00	.00	.00
<b>24</b> Total income taxed by other state – subtract line 23 from line 13 . . . . .	36980 .00	.00	.00	.00

Name(s) shown on Form 1, 1NPR, or 2 <b>TEST JONQUIL &amp; ERIN JONQUIL</b>	Identifying number
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**NO COMMAS; NO CENTS**

	State 1	State 2	State 3	State 4
<b>■ PART II – Calculation of Credit</b>				
<b>25</b> Postal abbreviation for state to which tax was paid . . . . .	M N	_ _	_ _	_ _
<b>26</b> Income taxable to both Wisconsin and other state (see instructions) . . . . .	36980 .00	.00	.00	.00
<b>27</b> Total income taxed by the other state before subtracting any standard or itemized deductions or personal exemptions (see instructions) . . . . .	36980 .00	.00	.00	.00
<b>28</b> From the income tax return of the other state, fill in the net tax amount after subtracting all nonrefundable and refundable credits. Do not include tax withheld or estimated tax payments as a credit . . . . .	232 .00	.00	.00	.00
<b>29</b> Are the amounts on lines 26 and 27 the same? • If YES, leave line 29 blank and fill in the amount from line 28 on line 30 • If NO and line 26 is less than line 27, divide line 26 by line 27. Carry the decimal to four places and fill in on line 29. If line 27 is less than line 26, fill in 1.0000 . . . . .	.	.	.	.
<b>30</b> Multiply line 28 by line 29. Round the result to the nearest dollar . . . . .	232 .00	.00	.00	.00
<b>31</b> Income and franchise tax (see instructions) . . . . .	.00	.00	.00	.00
<b>32</b> Add lines 30 and 31 in each column . . . . .	232 .00	.00	.00	.00
<b>33</b> Add the amounts in each column of line 32. Fill in the total here . . . . .				232 .00
<b>34</b> If you have tax paid to more than 4 states, fill in the amount from line 33 of any additional Schedules OS . . . . .				.00
<b>35</b> Add lines 33 and 34 . . . . .				232 .00
<b>36</b> Fill in the amount from: • Line 29 of Form 1 less the amounts on lines 30 and 31 of Form 1, or • Line 55 of Form 1NPR less the amounts on lines 56 and 57 of Form 1NPR, or • Line 12 of Form 2 less the amount on line 13 of Form 2 . . . . .				2104 .00
<b>37</b> Fill in the smaller of line 35 or line 36. This is your credit for tax paid to another state (see instructions) . . . . .				232 .00



**SCHEDULE I**

**ADJUSTMENTS TO CONVERT 2012 FEDERAL ADJUSTED GROSS INCOME AND ITEMIZED DEDUCTIONS TO THE AMOUNTS ALLOWABLE FOR WISCONSIN**

**2012**

Wisconsin  
Department of Revenue

◆ Enclose with Wisconsin Form 1 or Form 1NPR ◆

Name(s) shown on Form 1 or Form 1NPR

Your social security number

TEST JONQUIL & ERIN JONQUIL

400 00 5422

**PART I – FEDERAL ADJUSTED GROSS INCOME**  
(Read instructions before completing Schedule I)

1. Fill in your 2012 federal adjusted gross income from line 37, Form 1040 (line 21, Form 1040A) . . . . . 1 68633
2. Capital gains and losses (federal Schedule D)
  - a. Fill in any loss claimed on line 13, Form 1040, as a positive amount . . . . . 2a \_\_\_\_\_
  - b. Fill in any gain reported on line 13, Form 1040 . . . . . 2b ( \_\_\_\_\_ )
  - c. Fill in revised capital gain or (loss) from line 13 of revised Form 1040 (attach revised Schedule D, Form 8949, and any accompanying forms and schedules) 2c \_\_\_\_\_
  - d. Combine lines 2a, 2b, and 2c—indicate a loss by parentheses . . . . . 2d \_\_\_\_\_
3. Supplemental schedule of gains or losses (federal Forms 4797 and 4684)
  - a. Fill in any loss claimed on line 14, Form 1040, as a positive amount . . . . . 3a \_\_\_\_\_
  - b. Fill in any gain reported on line 14, Form 1040 . . . . . 3b ( \_\_\_\_\_ )
  - c. Fill in revised gain or (loss) from line 14 of revised Form 1040 (attach revised Form 4797, Form 4684, and any accompanying forms and schedules) . . . . . 3c \_\_\_\_\_
  - d. Combine lines 3a, 3b, and 3c—indicate a loss by parentheses . . . . . 3d \_\_\_\_\_
4. Combine lines 1, 2d, and 3d . . . . . 4 68633
5. Other adjustments:

Description	COL. I Amount per 2012 federal return	COL. II Amount determined under IRC in effect for Wisconsin	COL. III Difference (see line 5 instructions)
a. Charitable IRA \$ transfer	5000	0	(5000)
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i. Total difference (combine amounts in Col. III) . . . . . 5i			<u>(5000)</u>

6. Federal adjusted gross income as computed under the Internal Revenue Code in effect for Wisconsin (combine lines 4 and 5i). Fill in here and on line 1 of Wisconsin Form 1 or line 33 of Form 1NPR. (Note: The above figures must also be used to complete Columns A and B for each of the lines 1 through 31 of Form 1NPR.) . . . . . 6 68633

## PART II – ITEMIZED DEDUCTIONS

(Complete this part only for those federal itemized deductions which may be used in computing the Wisconsin itemized deduction credit.)

Who must complete Part II:

This part should be completed only by individuals claiming the Wisconsin itemized deduction credit. Whenever adjustments have been made in Part I, federal itemized deductions which are based on federal adjusted gross income are affected. Part II must be completed to report the difference in the amount of the deduction based on the revised federal adjusted gross income. Part II must also be completed whenever specific items require adjustment.

7. Adjustments:

	Description	COL. I Amount per 2012 federal return	COL. II Amount determined under IRC in effect for Wisconsin
a.	Medical expense		
b.	Contributions		
c.	Interest		

The amounts in Col. II should be used to compute the Wisconsin itemized deduction credit (Schedule 1 of Form 1 or Form 1NPR).

7-17-12  
DRAFT

# 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 Jonquil & Erin Jonquil SOCIAL SECURITY NUMBER 400-00-5422

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

You	Spouse	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Full-year Wisconsin resident; did not change domicile from Wisconsin during 2012.
<input type="checkbox"/>	<input type="checkbox"/>	Changed legal residence from Wisconsin during 2012; have not moved back to Wisconsin.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Changed legal residence from Wisconsin during or before 2012; have moved back to Wisconsin.
<input type="checkbox"/>	<input type="checkbox"/>	Changed legal residence to Wisconsin from _____ (state) on _____ (date) during 2012; no previous Wisconsin residency. If you check this box, do not complete the rest of the questionnaire.
<input type="checkbox"/>	<input type="checkbox"/>	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.

- On what date did you move from Wisconsin? 07/01/2012
  - When you moved from Wisconsin, did you intend to move back to Wisconsin? no If yes, when? \_\_\_\_\_
  - If you moved back to Wisconsin, indicate date and explain the circumstances under which you moved back to Wisconsin. \_\_\_\_\_
- Did you establish a legal residence in another state? yes If yes, in which state and on what date? MN, 07/01/2012
- After establishing legal residency in the new state, list the dates you were in Wisconsin. none
- When were you physically present in your new state of legal residence (please list dates)? 07/01/2012 - 12/31/2012
- Did your spouse and dependent children (if any) move to your new state of legal residence? yes If yes, when? 07/01/2012
- On what date did you begin working in your new state of legal residence? N/A - unemployed
  - Was your job  permanent,  temporary, or  seasonal? Check one and explain \_\_\_\_\_
- In your new state of legal residence, referred to in question 2, did you:
  - Register to vote? yes If yes, when? 07/01/2012 If no, why not? \_\_\_\_\_
  - Purchase a home? no If yes, when? \_\_\_\_\_ If no, why not? renting
  - Obtain a driver's license? yes If yes, when? 07/06/2012 If no, why not? \_\_\_\_\_
  - Register an auto or other vehicle? yes If yes, when? 07/06/2012 If no, why not? \_\_\_\_\_
  - File resident income tax returns? yes If yes, what years filed? 2012 If no, why not? \_\_\_\_\_
- Since changing your legal residence from Wisconsin, have you:
  - Performed services for income in Wisconsin? no If yes, when? \_\_\_\_\_
  - Purchased/renewed Wisconsin auto license plates? no If yes, when? \_\_\_\_\_
  - Renewed a Wisconsin driver's license? no If yes, when? \_\_\_\_\_
  - Voted in Wisconsin, in person or by absentee ballot? no If yes, when? \_\_\_\_\_
  - Attended or sent your children to Wisconsin schools? no If yes, when? \_\_\_\_\_
  - Purchased a Wisconsin resident hunting, fishing, or trapping license? no If yes, when? \_\_\_\_\_  
Type of license? \_\_\_\_\_ County purchased in? \_\_\_\_\_
  - Listed Wisconsin as your state of legal residence for purposes of your auto insurance? no
  - Listed Wisconsin as your state of legal residence for purposes of your will? no
  - Listed Wisconsin as your state of legal residence for purposes of any legal proceedings? no If yes, when? \_\_\_\_\_
  - Obtained or renewed any Wisconsin trade or professional licenses or union memberships? no If yes, when? \_\_\_\_\_
- If you answered "yes" to any of the questions 8a through 8j, please explain why you have taken such action. \_\_\_\_\_
- Did you or your spouse own the real estate you occupied as your home while living in Wisconsin? no If yes, have you disposed of it? \_\_\_\_\_ If yes, when? \_\_\_\_\_ If you still own the Wisconsin home, what use do you make of it and how often? \_\_\_\_\_
- If you established a legal residence in a new state but are using a Wisconsin address on your 2012 tax returns, please explain. \_\_\_\_\_

8888

 VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. WI Dept. of Workforce Development 123 Main St Madison, WI 53706		1 Unemployment compensation \$ 6,320.00		OMB No. 1545-0120 <b>2012</b> Form <b>1099-G</b>		<b>Certain Government Payments</b>  <b>Copy A</b> <b>For Internal Revenue Service Center</b> <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2012 General Instructions for Certain Information Returns.</b>
PAYER'S federal identification number 12-3456789		RECIPIENT'S identification number 400-00-5492		3 Box 2 amount is for tax year		
RECIPIENT'S name Erin Jonquil		5 ATAA/RTAA payments \$		4 Federal income tax withheld \$ 895.00		
Street address (including apt. no.) 456 78th St		7 Agriculture payments \$		6 Taxable grants \$		
City, state, and ZIP code Winona, MN 55987		9 Market gain \$		8 Check if box 2 is trade or business income <input type="checkbox"/>		
Account number (see instructions) 156456756		10a State MN	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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9595

 VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. La Crosse County Circuit Court 333 Vine St La Crosse, WI 54601		1 Rents \$	OMB No. 1545-0115 <b>2012</b> Form <b>1099-MISC</b>		<b>Miscellaneous Income</b>
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$	<b>Copy A For Internal Revenue Service Center</b>	
PAYER'S federal identification number 99-1234567	RECIPIENT'S identification number 400-00-5492	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name Erin Jonquil		7 Nonemployee compensation \$ 5,222	8 Substitute payments in lieu of dividends or interest \$	<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2012 General Instructions for Certain Information Returns.</b>	
Street address (including apt. no.) 1616 Madison St		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
City, state, and ZIP code La Crosse, WI 54601		11	12		
Account number (see instructions) 36-9988776	2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$ 300	17 State/Payer's state no. WI	18 State income \$ 5,222	
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Form **1099-MISC**

Cat. No. 14425J

Department of the Treasury - Internal Revenue Service

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22222		Void <input type="checkbox"/>	a Employee's social security number 400-00-5492		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN) 12-3456789			1 Wages, tips, other compensation 32,228.00		2 Federal income tax withheld 8,716.00	
c Employer's name, address, and ZIP code General Store 22 Fisher St Winona, MN 55987			3 Social security wages 32,228.00		4 Social security tax withheld 2,030.00	
			5 Medicare wages and tips 32,228.00		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 Erin		Last name Jonquil	Suff.	11 Nonqualified plans		12a See instructions for box 12 C O D E
1616 Madison Ave La Crosse, WI 54601			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	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	98-7654321	32,228.00	1,839.00			
MN	12345678	32,228.00	1,622.00			

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

2012

Department of the Treasury—Internal Revenue Service

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

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

Cat. No. 10134D

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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 22,654.00		2 Federal income tax withheld 3,200.00		
c Employer's name, address, and ZIP code DFAS - Military 1240 East Ninth Street Cleveland, OH 44199			3 Social security wages 23,928.00		4 Social security tax withheld 1,200.00		
			5 Medicare wages and tips 23,928.00		6 Medicare tax withheld 500.00		
			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 Jonquil	Suff.	11 Nonqualified plans		12a See instructions for box 12 Q   42,638.00	
2-25 SBCT, Camp Taji B-52nd IN, SBCT 6260 APO AE 09378			13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b	
			14 Other			12c	12d
			f Employee's address and ZIP code			12e	12f
15 State WI	Employer's state ID number 123456789		16 State wages, tips, etc. 22,654.00	17 State income tax 2,000.00	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

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

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

Cat. No. 10134D

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VOID  CORRECTED

PAYER'S name, street address, city, state, and ZIP code Retiree Pension Fund 123 Main St Madison, WI 53706		1 Gross distribution \$ 14,000.00	OMB No. 1545-0119 <b>2012</b> Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 14,000.00	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
PAYER'S federal identification number 32-1234567	RECIPIENT'S identification number 400-00-5492	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 2,500.00		Copy 1 For State, City, or Local Tax Department
RECIPIENT'S name Erin Jonquil  Street address (including apt. no.) 1616 Madison St  City, state, and ZIP code La Crosse, WI 54601		5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 1	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 \$ 700.00 \$ 700.00	13 State/Payer's state no. MN WI	14 State distribution \$ 7,000.00 \$ 7,000.00	
Account number (see instructions)		15 Local tax withheld \$ \$	16 Name of locality	17 Local distribution \$ \$	

Form 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

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

**See separate instructions.**  
**Your social security number**  
 400-00-5422  
**Spouse's social security number**  
 400-00-5492  
 ▲ 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

Test Jonquil & Erin Jonquil  
 456 78th St  
 Winona, MN 55987

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  
 c **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  
 d Total number of exemptions claimed

**Income**  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 54,882  
 8a Taxable interest. Attach Schedule B if required 8a  
 b Tax-exempt interest. Do not include on line 8a 8b  
 9a Ordinary dividends. Attach Schedule B if required 9a  
 b Qualified dividends 9b  
 10 Taxable refunds, credits, or offsets of state and local income taxes 10  
 11 Alimony received 11  
 12 Business income or (loss). Attach Schedule C or C-EZ 12  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  13  
 14 Other gains or (losses). Attach Form 4797 14  
 15a IRA distributions 15a b Taxable amt 15b 14,000  
 16a Pensions and annuities 16a b Taxable amt 16b  
 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 6,320  
 20a Social security benefits 20a b Taxable amount 20b  
 21 Other income. List type and amount jury duty (less long-term care expense) 21 221  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 75,423

**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 1,000  
 26 Moving expenses. Attach Form 3903 26 568  
 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 b Recipient's SSN 31a  
 32 IRA deduction 32  
 33 Student loan interest deduction 33  
 34 Reserved 34  
 35 Domestic production activities deduction. Attach Form 8903 35  
 36 Add lines 23 through 35 Jury Pay \$5,222 36 6,790  
 37 Subtract line 36 from line 22. This is your adjusted gross income 37 68,633

**Tax and Credits**

38 Amount from line 37 (adjusted gross income) **38** 68,633 .

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** 11,900 .

41 Subtract line 40 from line 38 **41** 56,733 .

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** 49,133 .

44 **Tax** Check if any from: a  Form(s) 8814 b  Form 4972 c  962 election **44** 7,640 .

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

46 Add lines 44 and 45 **46** 7,640 .

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** 7,640 .

**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** 1,400

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** 9,040 .

**Payments**

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 **62** 14,416

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** 14,416 .

**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** 5,376 .

74a Amount of line 73 you want **refunded to you**. If Form 8888 is attached, check here  **74a** 5,376 .

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 <b>For Info Only-Do not file</b>	Date 1/17/2013	Your occupation lineman	Daytime phone number
Spouse's signature. If a joint return, both must sign. <b>For Info Only-Do not file</b>	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 <b>MADHUR TAXPRO</b>	Preparer's signature	Date <b>09/17/2012</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P41111111</b>
Firm's name <b>H AND R BLOCK</b>	Firm's EIN <b>44-0607856</b>		Phone no. <b>(614) 659-1158</b>	
Firm's address <b>DUBLIN, OH 43017</b>				