

ATS Test 5

Filing Status: MFJ

Residency Status: both taxpayers are part-year WI residents (moved out)

Other Items of Note: Taxpayers have investment, retirement and rental income, a pension not taxable by WI, they're eligible for federal blind/over 65 credit, claim credit for taxes paid to another state, claiming a refund

Applicable WI Forms: 1NPR, Legal Residency Questionnaire, Schedules CR, DI, JT, OS, PE & WD

Applicable Income Forms: 1099-R (2), 1099-SSA (1, but not included herein)

Applicable Federal Forms: 1040, Schedules, B, D, E, 8949

Taxpayer Information:

	Taxpayer:	Spouse:
First name:	Test	Betsy
Middle name:		
Last name:	Dolphin	Dolphin
Address line 1:	111 Main St	111 Main St
Address line 2:		
City:	Quinton	Quinton
State:	AL	AL
Zip code:	35130	35130
SSN:	400-00-5405	400-00-5475
DOB:	01/10/1938	05/01/1939
Other:		Legally blind

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 DOLPHIN		Legal first name TEST		M.I.	Your social security number 400 00 5405
If a joint return, spouse's legal last name DOLPHIN		Spouse's legal first name BETSY		M.I.	Spouse's social security number 400 00 5475
Home address (number and street). If you have a PO Box, see page 7 111 MAIN ST				Apt. no.	
City or post office QUINTON		State AL	Zip code 35130		
Filing status			Special Conditions <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 09 30 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		.00	.00
2 Taxable interest (see page 11)	2		.00	.00
3 Ordinary dividends (see page 11)	3	10500	.00	7875 .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	9500	.00	6710 .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	24000	.00	10500 .00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (from federal Form 1040, line 17)	11	2000	.00	1500 .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	10880	.00	Not taxable
15 Other income (see pages 15-21). Enclose explanation	15		.00	.00
16 Add lines 1 through 15	16	56880	.00	26585 .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)	.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)	.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	.00	.00
Adjusted Gross Income			
32	Wisconsin income. Subtract line 31, column B from line 16, column B		26585 .00
33	Federal income. Subtract line 31, column A from line 16, column A	56880 .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)		0.4674
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)		56880 .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		10262 .00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)		46618 .00
38	Exemptions (Caution: see page 23)		
a	Fill in exemptions from your federal return	2 x \$700	1400 .00
b	Check if 65 or older <input checked="" type="checkbox"/> You + <input checked="" type="checkbox"/> Spouse =	2 x \$250	500 .00
c	Add lines 38a and 38b		1900 .00
39	Subtract line 38c from line 37. If line 38c is more than line 37, fill in 0 (zero)		44718 .00
40	Tax (see table on page 40)		2592 .00
41	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)		.00
42	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2012—heat included	.00	Find credit from table page 24
	Rent paid in 2012—heat not included	.00	
b	Property taxes paid on home in 2012	3200 .00	Find credit from table page 25
43	Add credits on lines 41, 42a, and 42b		300 .00
44	Subtract line 43 from line 40. If line 43 is more than line 40, fill in 0 (zero)		2292 .00
45	Fill in ratio from line 34		x0.4674
46	Multiply line 44 by ratio on line 45		1071 .00



Name(s) shown on Form 1NPR DOLPHIN		TEST	Your social security number 400 00 5405	
47	Fill in amount from line 46		47	1071.00
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	300.00	
52	Add lines 48 through 51	52	300.00	
53	Subtract line 52 from line 47. If line 52 is more than line 47, fill in 0 (zero)	53	771.00	
54	Alternative minimum tax. Enclose Schedule MT	54	.00	
55	Add lines 53 and 54	55	771.00	
56	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	56	.00	
57	Other credits from Schedule CR, line 21. Enclose Schedule CR	57	120.00	
58	Net income tax paid to another state. Enclose Schedule OS	58	110.00	
				<u>MN</u>
59	Add lines 56, 57, and 58	59	230.00	
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	541.00	
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	10.00	f Firefighters memorial	5.00
	b Packers football stadium	9.00	g Military family relief	4.00
	c Cancer research	8.00	h Second Harvest/Feeding Amer.	3.00
	d Veterans trust fund	7.00	i Red Cross WI Disaster Relief	2.00
	e Multiple sclerosis	6.00	j Special Olympics	1.00
			Total (add lines a through j)	55.00
64	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 29)	.00 x .33 =	64	.00
65	Credit repayments and other penalties (see page 29)		65	.00
66	Add lines 60 through 65		66	596.00
Payments and Credits				
67	Wisconsin income tax withheld. Enclose readable withholding statements	500.00	67	500.00
68	2012 Wisconsin estimated tax paid and amount applied from 2011 return	.00	68	.00
69	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="checkbox"/> Federal credit <input type="checkbox"/> .00 x _____ % =	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	2500.00	
75	AMENDED RETURN ONLY – amount previously paid (see page 32)	75	.00	
76	Add lines 67 through 75	76	3000.00	
77	AMENDED RETURN ONLY – amounts previously refunded (see page 33)	77	.00	
78	Subtract line 77 from line 76	78	3000.00	



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), and 83 (Underpayment interest).

Third Party Designee: Do you want to allow another person to discuss this return with the department (see page 34)? [X] Yes Complete the following. [] No. Designee's name: Tax R. Preparer. Phone no.: (111) 2223333. Personal identification number (PIN): 1 2 3 4 5.

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: Your signature, Spouse's signature (if filing jointly, BOTH must sign), Date.

Mail your return to: Wisconsin Department of Revenue. (if tax is due) PO Box 268, Madison WI 53790-0001. (if refund or no tax due) PO Box 59, Madison WI 53785-0001. (if amended return) PO Box 8991, Madison WI 53708-8991. For Department Use Only: C [] [] []

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

Table 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%)), 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 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%)), 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 Dolphin & Betsy Dolphin SOCIAL SECURITY NUMBER 400-00-5405 400-00-5475

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.
[X] [X] 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 (state) on (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? 09/30/2012
b. When you moved from Wisconsin, did you intend to move back to Wisconsin? no
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? yes If yes, in which state and on what date? AL 10/01/2012
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)? 10/01/2012 - 12/31/2012
5. Did your spouse and dependent children (if any) move to your new state of legal residence? yes If yes, when? 10/01/2012
6. a. On what date did you begin working in your new state of legal residence? n/a - retired
b. Was your job [] permanent, [] temporary, or [] seasonal? Check one and explain
7. In your new state of legal residence, referred to in question 2, did you:
a. Register to vote? yes If yes, when? 10/15/2012 If no, why not?
b. Purchase a home? yes If yes, when? 09/26/2012 If no, why not?
c. Obtain a driver's license? yes If yes, when? 10/12/2012 If no, why not?
d. Register an auto or other vehicle? yes If yes, when? 10/12/2012 If no, why not?
e. File resident income tax returns? yes If yes, what years filed? 2012 If no, why not?
8. Since changing your legal residence from Wisconsin, have you:
a. Performed services for income in Wisconsin? no If yes, when?
b. Purchased/renewed Wisconsin auto license plates? no If yes, when?
c. Renewed a Wisconsin driver's license? no If yes, when?
d. Voted in Wisconsin, in person or by absentee ballot? no If yes, when?
e. Attended or sent your children to Wisconsin schools? no If yes, when?
f. Purchased a Wisconsin resident hunting, fishing, or trapping license? no If yes, when?
Type of license? County purchased in?
g. Listed Wisconsin as your state of legal residence for purposes of your auto insurance? no
h. Listed Wisconsin as your state of legal residence for purposes of your will? no
i. Listed Wisconsin as your state of legal residence for purposes of any legal proceedings? no If yes, when?
j. Obtained or renewed any Wisconsin trade or professional licenses or union memberships? no If yes, when?
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? yes If yes, have you disposed of it? no If yes, when? If you still own the Wisconsin home, what use do you make of it and how often? son still lives in WI house
11. If you established a legal residence in a new state but are using a Wisconsin address on your 2012 tax returns, please explain.

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 2012 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 400-00-5405	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 Test Dolphin Street address (including apt. no.) 111 Main Street City, state, and ZIP code Quinton, AL 35130		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 \$ 175.00 \$ 500.00	13 State/Payer's state no. AL WI	14 State distribution \$ 3,500.00 \$ 10,500.00	
Account number (see instructions)		15 Local tax withheld \$ \$	16 Name of locality	17 Local distribution \$ \$	

VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code WI No Tax Retirement 321 Go St Madison, WI 53706		1 Gross distribution \$ 10,000.00		OMB No. 1545-0119 2012 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.									
		2a Taxable amount \$ 10,000.00		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>											
		PAYER'S federal identification number 31-9876543		RECIPIENT'S identification number 400-00-5475			3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 1,000.00		Copy 1 For State, City, or Local Tax Department				
RECIPIENT'S name Betsy Dolphin Street address (including apt. no.) 123 Main 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) 2		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 \$		13 State/Payer's state no. WI		14 State distribution \$ 10,000.00	
		Account number (see instructions)		15 Local tax withheld \$		16 Name of locality		17 Local distribution \$							

Wisconsin
Department of Revenue

Enclose with Wisconsin Form 1, 1NPR, 2, 4, 4T, or 5

Name TEST DOLPHIN & BETSY DOLPHIN	Identifying Number 400-00-5405
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Part I Credits for Individuals, Fiduciaries, and Corporations

A. Nonrefundable Credits (claimed before alternative minimum tax)		
1	Postsecondary education credit (Schedule PE, line 7)	300.00
2	Water consumption credit (Schedule WC, line 10)	.00
3	Biodiesel fuel production credit (Schedule BC, line 6 or 6b for fiduciaries)	.00
4	Health insurance risk-sharing plan assessments credit – • <i>Corporations</i> (see line 35 to claim this credit) • <i>Fiduciaries</i> (see instructions) – Beneficiaries portion .00 • <i>Individuals</i> (enter amount from Schedule 2K-1, 3K -1, or 5K-1)	.00
5	Veteran employment credit (Schedule VE, line 8 or 8b for fiduciaries)	.00
6	Film production company investment credit carryforward (Schedule FP, line 8)	.00
7	Community rehabilitation program credit (Schedule CM, line 7)	.00
8	Add lines 1 through 7 and enter on line 8. • Individuals and Fiduciaries: Enter this amount on line 25 of Form 1, line 51 of Form 1NPR, line 8 of Form 2, or line 20 of Form 4T. • Corporations: Enter this amount on line 33 of Part II	300.00
B. Nonrefundable Credits		
9	Film production services credit carryforward (Schedule FP, line 7)	.00
10	Manufacturer's sales tax credit carryforward (Schedule MS, line 3)	.00
11	Manufacturing investment credit (Schedule MI, line 6)	.00
12	Dairy and livestock farm investment credit (Schedule DI, line 9)	120.00
13	Ethanol and biodiesel fuel pump credit (Schedule EB, line 7)	.00
14	Development zones credit (Schedule DC, lines 7, 15, and 23)	.00
15	Technology zone credit (Schedule TC, line 8)	.00
16	Economic development tax credit (Schedule ED, line 5)	.00
17	Early stage seed investment credit (Schedule VC, line 12)	.00
18	Angel investment credit – Individuals only (Schedule VC, line 6)	.00
19	Electronic medical records credit (Schedule EM, line 3 or 3b for fiduciaries)	.00
20	Internet equipment credit carryforward	.00
21	Add lines 9 through 20 and enter on line 21. • Individuals and Fiduciaries: Enter this amount on line 31 of Form 1, line 57 of Form 1NPR, line 13 of Form 2, or line 20 of Form 4T. • Corporations: Enter this amount on line 34 of Part II	120.00
C. Refundable Credits		
22	Enterprise zone jobs credit (Schedule EC, line 3 or 3b for fiduciaries)	.00
23	Dairy manufacturing facility investment credit (Schedule DM, line 13 or 13b for fiduciaries)	.00
24	Dairy cooperatives credit (Schedule DM, line 14 or 14b for fiduciaries)	.00
25	Meat processing facility investment credit (Schedule MP, line 7 or 7b for fiduciaries)	.00
26	Film production services credit (Schedule FP, line 3 or 3b for fiduciaries)	.00
27	Film production company investment credit (Schedule FP, line 6 or 6b for fiduciaries)	.00
28	Woody biomass harvesting and processing credit (Schedule WB, line 5 or 5b for fiduciaries)	.00
29	Food processing plant and food warehouse investment credit (Schedule FW, line 7 or 7b for fiduciaries)	.00
30	Beginning farmer and farm asset owner credit (Schedule FL, line 2, 6 or 6b for fiduciaries)	.00
31	Jobs tax credit (Schedule JT, line 9)	2500.00
32	Add lines 22 through 31 and enter on line 32. • Individuals and Fiduciaries: Enter this amount on line 49 of Form 1, line 74 of Form 1NPR, line 24 of Form 2, or line 31 of Form 4T. • Corporations: Enter this amount on line 52 of Part II	2500.00



Name TEST DOLPHIN & BETSY DOLPHIN	Identifying number 400-00-5405
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Part II Credits for Corporations Only

A. Nonrefundable Credits

33 Amount from Part I, line 8	33	300	.00
34 Amount from Part I, line 21	34	120	.00
35 Health insurance risk-sharing plan assessments credit (Schedule HI, line 6)	35		.00
36 Research expense credit (Schedule R, line 30)	36		.00
37 Research expense credit for activities related to internal combustion engines (Schedule R-1, line 29)	37		.00
38 Research expense credit for activities related to certain energy efficient products (Schedule R-2, line 29)	38		.00
39 Development zones research credit carryforward	39		.00
40 Research facilities credit (Schedule R, line 34)	40		.00
41 Research facilities credit for activities related to internal combustion engines (Schedule R-1, line 33)	41		.00
42 Research facilities credit for activities related to certain energy efficient products (Schedule R-2, line 33)	42		.00
43 Super research and development credit (Schedule R, line 44)	43		.00
44 Community development finance credit	44		.00
45 Development zones jobs credit carryforward	45		.00
46 Development zones sales tax credit carryforward	46		.00
47 Development zones location credit carryforward	47		.00
48 Development zones day care credit carryforward	48		.00
49 Development zones environmental remediation credit carryforward	49		.00
50 Supplement to federal historic rehabilitation credit (Schedule HR, line 7)	50		.00
51 Add lines 33 through 50. Enter here and on line 22 of Form 4, line 11 of Form 4T, or line 9 of Form 5	51		.00

B. Refundable Credits

52 Amount from Part I, line 32	52	2500	.00
53 Farmland preservation credit. a Schedule FC, line 18	53a		.00
b Schedule FC-A, line 13	53b		.00
54 Add lines 52 and 53a and b. Enter here and on line 31 of Form 4, line 31 of Form 4T, or line 18 of Form 5	54		.00



Name TEST DOLPHIN & BETSY DOLPHIN	Identifying Number 400005405
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1 Fill in the amount paid in 2012 for the following items if used exclusively for dairy or livestock farm modernization or expansion:	
a Freestall barns	1a
b Fences	1b 1200
c Watering facilities	1c
d Feed storage and handling equipment	1d
e Milking parlors	1e
f Robotic equipment	1f
g Scales	1g
h Milk storage and cooling facilities	1h
i Bulk tanks	1i
j Manure pumping and storage facilities	1j
k Digesters	1k
l Equipment used to produce energy	1l
m Birthing and rearing structures	1m
n Feedlot structures	1n
o Fish hatchery buildings, fish processing buildings, and fish rearing ponds	1o
p Other (list)	1p
2 Add lines 1a through 1p	2 1200
3 Multiply line 2 by 10% (0.10)	3 120
4 Fill in 2012 dairy and livestock farm investment credit passed through from other entities	4
5 Add lines 3 and 4	5 120
6 a Maximum credit	6a \$75,000
b Enter credit computed for 2004 to 2011 (from 2011 Schedule DI, line 6b plus line 7)	6b
c Subtract line 6b from line 6a	6c 75000
7 Fill in the smaller of line 5 or line 6c. See instructions	7 120
7a Fiduciaries - Enter amount of credit from line 7 allocated to beneficiaries	7a
7b Fiduciaries - Subtract line 7a from line 7	7b
8 Carryover of unused 2004 to 2011 dairy and livestock farm investment credit	8
9 Add lines 7 and 8. (lines 7b and 8 for fiduciaries)	9 120

Instructions for 2012 Schedule DI

General Instructions

Purpose of Schedule DI

Use Schedule DI to claim the dairy and livestock farm investment credit. The dairy investment credit is available for taxable years beginning on or after January 1, 2004, and before January 1, 2017. The livestock farm investment credit is available for taxable years beginning on or after January 1, 2006, and before January 1, 2017. The maximum dairy and livestock farm investment credit available during this period is \$75,000, except that no more than \$50,000 of this amount may be based on costs incurred prior to May 27, 2010.

The aggregate amount of credit that a partnership, limited liability company treated as a partnership, or tax-option (S) corporation may compute may not exceed \$75,000. If two or more persons own and operate the dairy or livestock farm, each person may claim a credit in proportion to his or her ownership interest, except that the aggregate amount of credits claimed by all persons who own and operate the farm may not exceed \$75,000.

Who is Eligible to Claim the Credit

Any individual, estate, trust, partnership, limited liability company (LLC), corporation, tax-option (S) corporation, insurance company, or tax-exempt organization that acquires depreciable

property for dairy farm or livestock farm modernization or expansion may be eligible for the credit.

Partnerships, LLCs treated as partnerships, and tax-option (S) corporations cannot claim the credit; instead, the credit flows through to the partners, members, or shareholders based on their ownership interests.

Estates and trusts share the credit with their beneficiaries in proportion to the income allocable to each.

Credit Is Income

The credit that you compute on Schedule DI is income and must be reported on your Wisconsin franchise or income tax return in the year computed. This is true even if you cannot use the full amount of a credit computed this year to offset tax liability for this year and must carry part or all of it forward to future years.

Carryover of Unused Credit

The dairy and livestock farm investment credit is nonrefundable. Any unused credit may be carried forward for 15 years. If there is a reorganization of a corporation claiming the dairy and livestock farm investment credit, the limitations provided by Internal Revenue Code section 383 may apply to the carryover of any unused Wisconsin dairy and livestock farm investment credit.

Specific Instructions

Line 1: Fill in on lines 1a to 1p the cost of depreciable property acquired for dairy farm modernization or expansion or livestock farm modernization or expansion. The property must have been acquired and placed in service in the taxable year beginning in 2012. The property must be used exclusively related to dairy animals, livestock, or both, in Wisconsin.

“Dairy farm modernization or expansion” means the construction, the improvement, or the acquisition of buildings or facilities, or the acquisition of equipment, for dairy animal housing, confinement, animal feeding, milk production, or waste management, if exclusively related to dairy animals on the claimant’s dairy farm and if acquired and placed in service in Wisconsin.

“Milk production” means the activity of producing and handling milk on the claimant’s dairy farm in Wisconsin for human consumption. It does not include activities such as transporting, pasteurizing, or homogenizing milk or making butter, cheese, ice cream, or other dairy products.

“Dairy farm” includes a facility in Wisconsin used to raise heifers as replacement dairy animals. “Dairy animals” include heifers raised as replacement dairy animals.

“Livestock farm modernization or expansion” means the construction, the improvement, or the acquisition of buildings or facilities, or the acquisition of equipment, for livestock housing, confinement, feeding, or waste management, if used exclusively related to livestock on the claimant’s livestock farm and if acquired and placed in service in Wisconsin.

“Livestock” means cattle, not including dairy animals; swine; poultry, including farm-raised pheasants, but not including other farm-raised game birds or ratites (such as emu, ostrich, and rhea); fish that are raised in aquaculture facilities; sheep; and goats.

The terms “dairy farm modernization or expansion” and “livestock farm modernization or expansion” do not include the purchase of equipment used for raising crops for sale or vehicles licensed for highway use, snowmobiles, or all-terrain vehicles. “Used exclusively” related to dairy animals, livestock, or both, means used to the exclusion of all other uses except for other uses not exceeding 5% of total use.

Line 4: Fill in the amount of dairy and livestock farm investment credit passed through from tax-option (S) corporations, partnerships, LLCs treated as partnerships, estates, and trusts. The pass-through credit is shown on Schedule 5K-1 for shareholders of tax-option (S) corporations, Schedule 3K-1 for partners and LLC members, and Schedule 2K-1 for beneficiaries of estates and trusts.

Line 6: Caution - If your 2012 credit is based on costs incurred prior to May 27, 2010, the maximum credit is \$50,000 instead of \$75,000.

Line 7: Fill in the smaller of line 5 or line 6c. This is the total current year dairy and livestock farm investment credit.

Fiduciaries - Complete lines 7a and 7b.

Line 7a: Fiduciaries - Prorate the credit from line 7 between the entity and its beneficiaries in proportion to the income allocable to each. Show the beneficiaries’ portion of the credit on line 7a. Show the credit for each beneficiary on Schedule 2K-1.

Line 7b: Fiduciaries - Subtract line 7a from line 7. This is the estate’s or trust’s portion of the credit.

Line 9: Enter the amount of credit from line 9 on the appropriate line of Schedule CR. See the following exceptions:

- If the claimant is a combined group member, enter the amount of credit on Form 4M instead of Schedule CR.
- Tax-option (S) corporations, partnerships, and LLCs treated as partnerships should prorate the amount of credit on line 7 among the shareholders, partners, or members based on their ownership interest. Show the credit for each shareholder on Schedule 5K-1 and for each partner or member on Schedule 3K-1.

Additional Information

For more information, you may:

- E-mail your questions to corp@revenue.wi.gov
- Call (608) 266-2772 [TTY: Call the Wisconsin Telecommunications Relay System at 711. If no answer, dial 1-800-947-3529]
- Send a FAX to (608) 267-0834
- Write to the Audit Bureau, Wisconsin Department of Revenue, Mail Stop 5-144, PO Box 8906, Madison WI 53708-8906

Name	Identifying Number
TEST DOLPHIN & BETSY DOLPHIN	400005405

1 Enter amount of wage tax benefits awarded by the Wisconsin Economic Development Corporation	1	2000
2 Enter amount awarded by the Wisconsin Economic Development Corporation for costs incurred to undertake training activities	2	500
3 Add lines 1 and 2	3	2500
4 Enter jobs tax credit passed through from other entities	4	
5 Add lines 3 and 4. This is your 2012 jobs tax credit	5	2500
5a Fiduciaries - enter the amount of credit allocated to beneficiaries	5a	
5b Fiduciaries - subtract line 5a from line 5	5b	
6 Unused 2010 jobs tax credit	6	
7 Unused 2011 jobs tax credit.	7	
8 Add lines 6 and 7	8	
9 Add lines 5 and 8 (lines 5b and 8 for fiduciaries). This is the available jobs tax credit	9	2500

Instructions for 2012 Schedule JT

Purpose of Schedule JT

Use Schedule JT to claim the jobs tax credit, which is available for taxpayers who are certified by the Wisconsin Economic Development Corporation (WEDC). For information regarding how to become certified, visit the WEDC web site at www.wedc.org or write to the WEDC, PO Box 1687, Madison WI 53701-1687.

Partnerships, LLCs treated as partnerships, and tax-option (S) corporations cannot claim the credit, but the credit amount attributable to the entity's business operations passes through to the partners, members or shareholders.

No credit is allowed unless the claimant satisfies the following requirements:

- The claimant is certified by the WEDC.
- The claimant has received from the WEDC notice of eligibility to receive tax benefits that reports the amount of tax benefit for which the claimant is eligible.

The credit is based on wages paid to an eligible employee and costs incurred to undertake training activities.

Credit is Income

The credit you compute on Schedule JT is income and must be reported on your Wisconsin franchise or income tax return in the year computed.

Carryforward of Unused Credits

For taxable years beginning in 2010 and 2011, the jobs tax credit was nonrefundable. The credit could only be used to offset tax due. Any unused credit for these two years may be carried forward to taxable years beginning in 2012. The credit is refundable for taxable years beginning in 2012 and thereafter.

Who is Eligible to Claim the Credit

Any individual, estate, trust, partnership, limited liability company (LLC), corporation or tax-exempt organization that is certified by the WEDC may be eligible for the credit.

Specific Line Instructions

Line 1: Enter the amount of wage tax benefits reported on the notice of eligibility received from the WEDC.

Line 2: Enter the amount awarded by the WEDC for costs incurred to undertake training activities.

Line 4: Enter the amount of jobs tax credit passed through from tax-option (S) corporations, partnerships, LLCs treated as partnerships, estates, or trusts. The pass-through credit is shown on Schedule 5K-1 for shareholders of tax-option (S) corporations, Schedule 3K-1 for partners and LLC members, and Schedule 2K-1 for beneficiaries of estates or trusts.

Line 5: This is the total current year jobs tax credit.

- If the claimant is a combined group member, enter the amount of credit on Form 4M instead of Schedule CR.

Special Instructions for Pass-Through Entities:

- **Tax-option (S) corporations, partnerships, and LLCs treated as partnerships:** Prorate the jobs tax credit on line 5 among the shareholders, partners, or members. Show the credit for each shareholder on Schedule 5K-1 and for each partner or LLC member on Schedule 3K-1.
- **Fiduciaries:** Complete lines 5a and 5b.

Line 5a: Fiduciaries - Prorate the credit from line 5 between the entity and its beneficiaries in proportion to the income allocable to each. Show the beneficiaries' portion of the credit on line 5a. Show the credit for each beneficiary on Schedule 2K-1.

Line 5b: Fiduciaries - Subtract line 5a from line 5. This is the estate or trusts portion of the credit. Enter the amount of credit from line 5b on the appropriate line of Schedule CR.

Line 6: Enter the amount of your 2010 jobs tax credit that was not used to offset tax on your 2010 return.

Line 7: Enter the amount of your 2011 jobs tax credit that was not used to offset tax on your 2011 return.

Line 9: Add lines 5 and 8 (5b and 8 for fiduciaries). Enter the amount of credit from line 9 on the appropriate line of Schedule CR. If the claimant is a combined group member, enter the amount of credit from line 9 on Form 4M instead of Schedule CR.

Required Attachments to Return

File your completed Schedule JT with your Wisconsin franchise or income tax return. Also include a copy of your certification to claim tax benefits and the notice of eligibility that reports the amount of tax benefits that you obtain from the WEDC. Shareholders of tax-option (S) corporations, partners of partnerships, members of LLCs treated as partnerships, and beneficiaries of estates or trusts must file a copy of Schedule 5K-1, 3K-1, or 2K-1, as appropriate, with Schedule JT instead of the certification to claim tax benefits and notice of eligibility.

Additional Information

For more information, you may:

- E-mail your question to corp@revenue.wi.gov
- Call (608) 266-2772 [TTY: Call the Wisconsin Telecommunications Relay System at 711]
- Send a FAX to (608) 267-0834
- Write to the Audit Bureau, Wisconsin Department of Revenue, Mail Stop 5-144, PO Box 8906, Madison WI 53708-8906.

Name TEST DOLPHIN & BETSY DOLPHIN	Identifying Number 400005405
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1 Enter amount paid to reimburse an individual for tuition that the individual paid or incurred to attend a qualified postsecondary institution from which the individual graduated in 2012 . . .	1		900
2 Enter percentage (25% (0.25) or 30% (0.30) - see instructions)	2	X	0.30
3 Multiply line 1 by the percentage on line 2.	3		300
4 Enter postsecondary education credit passed through from other entities.	4		
5 Add lines 3 and 4. This is your 2012 postsecondary education credit.	5		300
5a Fiduciaries - enter the amount of credit allocated to beneficiaries	5a		
5b Fiduciaries - subtract line 5a from line 5	5b		
6 Carryover of unused postsecondary education credit	6		
7 Add lines 5 and 6 (lines 5b and 6 if fiduciary). This is the available postsecondary education credit	7		300

Sign below.

I certify that I (or this entity) will not be reimbursed for any amount of tuition on which this credit is based.

Signature of claimant or authorized representative	Date
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Instructions for 2012 Schedule PE

Purpose of Schedule PE

Use Schedule PE to claim the postsecondary education credit. This credit is available to a business that reimburses certain individuals for the tuition paid or incurred to attend a qualified postsecondary institution.

Who is Eligible to Claim the Credit

A corporation, sole proprietor, partner, member of a limited liability company (LLC), or a shareholder of a tax-option corporation may claim the credit.

Partnerships, LLCs treated as partnerships, and tax-option (S) corporations cannot claim the credit, but the credit amount attributable to the entity's business operations passes through to the partners, members or shareholders.

Limitations

- No credit is allowed unless the claimant certifies to the department that the claimant will not be reimbursed for any amount of tuition for which the credit is claimed.
- A claimant may not claim the credit for any tuition amounts the individual claimed as a Wisconsin subtraction from income for tuition expense or that was excluded from the individual's income under the employer's educational assistance program.

- The credit may not be claimed for tuition amounts that the claimant paid or incurred for a family member of the claimant or for a family member of a managing employee unless (a) the family member was employed an average of at least 20 hours per week as an employee of the claimant, or as an employee of the claimant's business, during the one-year period prior to commencing participation in the education program, and (b) the family member is enrolled in a course of instruction that is substantially related to the claimant's business.

"Family member" means a spouse, child, grandchild, great-grandchild, parent, brother or sister, nephew or niece, grandparent, great-grandparent, or aunt or uncle. The person may be related by blood, marriage or adoption.

"Managing employee" means an individual who wholly or partially exercises operational or managerial control over, or who directly or indirectly conducts, the operation of the claimant's business.

- The individual who was reimbursed for tuition was eligible for a grant from the federal Pell Grant Program.
- The credit may not be claimed for tuition paid or incurred for an individual who is not a resident of Wisconsin.
- The credit must be claimed within four years of the unextended due date of the return.

Credit is Income

The credit you compute on Schedule PE is income and must be reported on your Wisconsin franchise or income tax return in the year computed.

Carryover of Unused Credits

Any unused credit may be carried forward for 15 years. If there is a reorganization of a corporation claiming the credit, the limitations provided by Internal Revenue Code sec. 383 may apply to the carryover of the unused credit.

Specific Line Instructions

Line 1: Enter the amount paid to reimburse an individual for the tuition that the individual paid or incurred to attend a qualified postsecondary institution.

The credit may be claimed only for the taxable year in which the individual graduates from a course of instruction in an amount equal to the total amount paid or incurred for all taxable years in which the claimant paid or incurred such amounts related to that individual.

A "qualified postsecondary institution" means (a) a University of Wisconsin System institution, a technical college system institution, or a regionally accredited 4-year nonprofit college or university having its regional headquarters and principal place of business in Wisconsin, and (b) a school approved by the Educational Approval Board if the delivery of education occurs in Wisconsin.

"Course of instruction" means a series of classroom or correspondence courses having a unified purpose which lead to a diploma or degree or to an occupational or vocational objective.

Line 2: Enter one of the following amounts on line 2:

- Twenty-five percent (0.25) if the individual was enrolled in a course of instruction and eligible for a grant from the federal Pell Grant Program.
- Thirty percent (0.30) if the individual was enrolled in a course of instruction that relates to a projected worker shortage in Wisconsin, as determined by the local workforce development board, and if the individual was eligible for a grant from the federal Pell Grant Program.

Line 4: Enter the amount of postsecondary education credit passed through from tax-option (S) corporations, partnerships, LLCs treated as partnerships, estates or trusts. The pass-through credit is shown on Schedule 5K-1 for shareholders of tax-option (S) corporations, Schedule 3K-1 for partners and LLC members, and Schedule 2K-1 for beneficiaries of estates or trusts.

Line 5: Add line 3 and line 4.

Line 5a: *Fiduciaries* - Prorate the credit from line 5 between the entity and its beneficiaries in proportion to the income allocable to each. Show the beneficiaries' portion of the credit on line 5a. Show the credit for each beneficiary on Schedule 2K-1.

Line 5b: *Fiduciaries* - Subtract line 5a from line 5. This is the estate or trusts portion of the credit. Enter the amount of credit from line 5b on the appropriate line of Schedule CR.

Line 6: Enter any unused post-secondary education credit carried over from prior years.

Line 7: Add lines 5 and 6 (lines 5b and 6 if fiduciary). Enter the amount of credit from line 7 on the appropriate line of Schedule CR. See the following exceptions:

- If the claimant is a combined group member, enter the amount of credit on Form 4M instead of Schedule CR.
- Tax-option (S) corporations, partnerships, and LLCs treated as partnerships should prorate the amount of credit on line 5 among the shareholders, partners, or members based on their ownership interest. Show the credit for each shareholder on Schedule 5K-1 and for each partner or member on Schedule 3K-1.
- Fiduciaries who file Form 2 must complete lines 5a and 5b.

Required Attachments to Return

File your completed Schedule PE with your Wisconsin franchise or income tax return. Shareholders of tax-option (S) corporations, partners of partnerships, members of LLCs treated as partnerships, and beneficiaries of estates or trusts must file a copy of Schedule 5K-1, 3K-1, or 2K-1, as appropriate, with Schedule PE.

Additional Information

For more information, you may:

- E-mail your question to corp@revenue.wi.gov
- Call (608) 266-2772 [TTY: Call the Wisconsin Telecommunications Relay System at 711]
- Send a FAX to (608) 267-0834
- Write to the Audit Bureau, Wisconsin Department of Revenue, Mail Stop 5-144, PO Box 8906, Madison WI 53708-8906.

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 DOLPHIN & BETSY DOLPHIN	Identifying number 400005405
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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

■ PART I – Income From Other State	State 1	State 2	State 3	State 4
	<u>M N</u> Postal abbr. ↑	_____ Postal abbr. ↑	_____ Postal abbr. ↑	_____ Postal abbr. ↑
1 Wages, salaries, tips, etc. ....	.00	.00	.00	.00
2 Taxable interest ....	.00	.00	.00	.00
3 Ordinary dividends ....	.00	.00	.00	.00
4 Business income / loss ....	.00	.00	.00	.00
5 Capital gain / loss ....	.00	.00	.00	.00
6 Other gains / losses ....	.00	.00	.00	.00
7 IRA distributions, pensions, and annuities ....	.00	.00	.00	.00
8 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	2000 .00	.00	.00	.00
9 Farm income / loss ....	.00	.00	.00	.00
10 Unemployment compensation ....	.00	.00	.00	.00
11 Social security benefits ....	.00	.00	.00	.00
12 Other income ....	.00	.00	.00	.00
13 Add lines 1 through 12 in each column ...	.00	.00	.00	.00
Adjustments to Income				
14 Archer MSA or health savings accounts deduction ....	.00	.00	.00	.00
15 Business expenses of reservists, performing artists, and fee-basis public officials ....	.00	.00	.00	.00
16 Moving expenses ....	.00	.00	.00	.00
17 Deductible part of self-employment tax ...	.00	.00	.00	.00
18 Self-employed SEP, SIMPLE, and qualified plans ....	.00	.00	.00	.00
19 Self-employed health insurance deduction	.00	.00	.00	.00
20 IRA deduction ....	.00	.00	.00	.00
21 Student loan interest deduction ....	.00	.00	.00	.00
22 Other adjustments to income ....	.00	.00	.00	.00
23 Add lines 14 through 22 in each column ...	.00	.00	.00	.00
24 Total income taxed by other state – subtract line 23 from line 13	2000 .00	.00	.00	.00

Name(s) shown on Form 1, 1NPR, or 2 TEST DOLPHIN & BETSY DOLPHIN	Identifying number 400005405
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NO COMMAS; NO CENTS

■ PART II – Calculation of Credit	State 1	State 2	State 3	State 4
25 Postal abbreviation for state to which tax was paid	<u> M </u> <u> N </u>	<u> — </u> <u> — </u>	<u> — </u> <u> — </u>	<u> — </u> <u> — </u>
26 Income taxable to both Wisconsin and other state (see instructions)	2000 .00	.00	.00	.00
27 Total income taxed by the other state before subtracting any standard or itemized deductions or personal exemptions (see instructions)	2000 .00	.00	.00	.00
28 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	110 .00	.00	.00	.00
29 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 . . . . .	.	.	.	.
30 Multiply line 28 by line 29. Round the result to the nearest dollar	110 .00	.00	.00	.00
31 Income and franchise tax (see instructions) . . . . .	.00	.00	.00	.00
32 Add lines 30 and 31 in each column	110 .00	.00	.00	.00
33 Add the amounts in each column of line 32. Fill in the total here	33			110 .00
34 If you have tax paid to more than 4 states, fill in the amount from line 33 of any additional Schedules OS	34			.00
35 Add lines 33 and 34	35			110 .00
36 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	36			672 .00
37 Fill in the smaller of line 35 or line 36. This is your credit for tax paid to another state (see instructions)	37			110 .00



2012

CAPITAL GAINS AND LOSSES

SCHEDULE **WD**

◆ Enclose with your Wisconsin income tax return ◆

Wisconsin Department of Revenue

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

Your social security number

TEST DOLPHIN & BETSY DOLPHIN

400 00 5405

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Note: Please round and use whole dollars on this form.	(e) Sales price from Form(s) 8949, line 2, column (e)	(f) Cost or other basis from Form(s) 8949, line 2, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 2, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
1 Short-term totals from all Forms 8949 with box A checked in Part I	1200	(1000)		200
2 Short-term totals from all Forms 8949 with box B checked in Part I		()		
3 Short-term totals from all Forms 8949 with box C checked in Part I		()		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)				6
7 Short-term capital loss carryover from 2011 Wisconsin Schedule WD, line 34				7 ()
8 Net short-term capital gain or (loss). Combine lines 1 through 7 in column (h)				8 200

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

Note: Please round and use whole dollars on this form.	(e) Sales price from Form(s) 8949, line 4, column (e)	(f) Cost or other basis from Form(s) 8949, line 4, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 4, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
9 Long-term totals from all Forms 8949 with box A checked in Part II	36800	(27500)		9300
10 Long-term totals from all Forms 8949 with box B checked in Part II		()		
11 Long-term totals from all Forms 8949 with box C checked in Part II		()		
12 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				12
13 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				13
14 Capital gain distributions				14
15 Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)				15
16 Long-term capital loss carryover from 2011 Wisconsin Schedule WD, line 39				16 ()
17 Net long-term capital gain or (loss). Combine lines 9 through 16 in column (h). Then go to Part III on the back				17 9300

Name(s) shown on Form 1 or Form 1NPR TEST DOLPHIN & BETSY DOLPHIN	Your social security number 400 00 5405
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Part III Summary of Parts I and II (see instructions)

18 Combine lines 8 and 17, and fill in the net gain or (loss) here (if line 18 is a loss, go to line 28)	18	9500
19 If line 18 shows a gain, fill in the smaller of line 17 or 18. Fill in -0- if there is a loss or no entry on line 17	19	9300
20 Fill in 30% of line 19	20	2790
21 Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included in line 12 or 13 of Schedule WD. If zero, skip lines 22-25 and fill in the amount from line 20 on line 26	21	
22 Fill in the amount of long-term capital gain included in line 17. Do not include any losses in this amount . . .	22	
23 Divide line 21 by line 22. Carry the decimal to 4 places	23	.
24 Multiply line 19 by the decimal amount on line 23	24	
25 Fill in 30% of line 24	25	
26 Add lines 20 and 25	26	2790
27 Subtract line 26 from line 18	27	6710
28 If line 18 shows a loss, fill in the smaller of (a) The loss on line 18, (b) \$500, or (c) Wisconsin ordinary income (see instructions) . . .	28	

Note: When figuring whether 28a, 28b, or 28c is smaller, treat all numbers as if they are positive. If filing Form 1, complete Part IV. If filing Form 1NPR, fill in amount from line 27 or 28, on line 7, column B of Form 1NPR.

Part IV Computation of Wisconsin Adjustment to Income (Do not complete this part if you are filing on Form 1NPR.)

29 Adjustment (see instructions for Part IV)		
a Fill in gain from federal Form 1040, line 13 (if a loss, fill in -0-)	29a	
b Fill in gain from Wisconsin Schedule WD, line 27 (if blank, fill in -0-)	29b	
c If line 29b is more than 29a, subtract line 29a from line 29b. Fill in result here and on line 3 of Form 1	29c	
d If line 29b is less than 29a, subtract line 29b from line 29a. Fill in result here and on line 10 of Form 1	29d	
e Fill in loss from federal Form 1040, line 13 as a positive amount (if a gain, fill in -0-)	29e	
f Fill in loss from Wisconsin Schedule WD, line 28 as a positive amount (if blank, fill in -0-)	29f	
g If line 29f is more than line 29e, subtract line 29e from line 29f. Fill in result here and on line 10 of Form 1 as a positive amount (if you also have an amount on line 29d, add the amounts on lines 29d and 29g, and fill in only the total on line 10 of Form 1)	29g	
h If line 29f is less than line 29e, subtract line 29f from line 29e. Fill in result here and on line 3 of Form 1 as a positive amount (if you also have an amount on line 29c, add the amounts on lines 29c and 29h, and fill in only the total on line 3 of Form 1)	29h	

Part V Computation of Capital Loss Carryovers from 2012 to 2013 (Complete this part if the loss on line 18 is more than the loss on line 28.)

Short-Term Capital Loss Carryover		
30 Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34 . . .	30	
31 Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0-	31	
32 Subtract line 31 from line 30	32	
33 Fill in the smaller of line 28 or line 32, treating both as positive amounts	33	
34 Subtract line 33 from line 32. This is your short-term capital loss carryover from 2012 to 2013	34	
Long-Term Capital Loss Carryover		
35 Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39	35	
36 Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0-	36	
37 Subtract line 36 from line 35	37	
38 Subtract line 33 from line 28, treating both as positive amounts. (Note: If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.)	38	
39 Subtract line 38 from line 37. This is your long-term capital loss carryover from 2012 to 2013	39	

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

- Before you begin:** ✓ See the earlier instructions for line 44 to see if you can use this worksheet to figure your tax.
 ✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

1. Enter the amount from Form 1040, line 43. However, if you are filing Form 2555 or 2555- EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	<u>33,930</u>
2. Enter the amount from Form 1040, line 9b*	2.	<u>10,500</u>
3. Are you filing Schedule D?*		
<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter - 0-	3.	<u>9,300</u>
<input type="checkbox"/> No. Enter the amount from Form 1040, line 13		
4. Add lines 2 and 3.	4.	<u>19,800</u>
5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter - 0-	5.	<u>0</u>
6. Subtract line 5 from line 4. If zero or less, enter - 0-	6.	<u>19,800</u>
7. Subtract line 6 from line 1. If zero or less, enter - 0-	7.	<u>14,130</u>
8. Enter: \$34,500 if single or married filing separately, \$69,000 if married filing jointly or qualifying widow(er), \$46,250 if head of household.	8.	<u>69,000</u>
9. Enter the smaller of line 1 or line 8.	9.	<u>33,930</u>
10. Enter the smaller of line 7 or line 9.	10.	<u>14,130</u>
11. Subtract line 10 from line 9. This amount is taxed at 0%.	11.	<u>19,800</u>
12. Enter the smaller of line 1 or 6.	12.	<u>19,800</u>
13. Enter the amount from line 11.	13.	<u>19,800</u>
14. Subtract line 13 from line 12	14.	<u>0</u>
15. Multiply line 14 by 15% (.15)	15.	<u>0</u>
16. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	16.	<u>1,413</u>
17. Add lines 15 and 16	17.	<u>1,413</u>
18. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	18.	<u>3,919</u>
19. Tax on all taxable income. Enter the smaller of line 17 or line 18. Also include this amount on Form 1040, line 44. If you are filing Form 2555 or 2555- EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet.	19.	<u>1,413</u>

* If you are filing Form 2555 or 2555- EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Worksheets for Social Security Recipients - 2011

Name Test Dolphin & Betsy Dolphin

SSN 400-00-5405

If you receive social security benefits, have taxable compensation, contribute to your traditional IRA, and you or your spouse are covered by an employer retirement plan, complete the following worksheets.

Use Worksheet 1 to figure your modified adjusted gross income. This amount is needed in the computation of your IRA deduction, if any, which is figured using the IRA Contribution and Deduction Worksheet.

The IRA deduction figured using the IRA Contribution and Deduction Worksheet is entered on your tax return.

Worksheet 1 Computation of Modified AGI (For use only by taxpayers who receive social security benefits)

Filing Status - Check only one box:

- A.** Married filing jointly
- B.** Single, Head of Household, Qualifying Widow(er), or Married filing separately and **lived apart** from your spouse during the **entire year**
- C.** Married filing separately and **lived with** your spouse at **any time** during the year

1. Adjusted gross income (AGI) from Form 1040 or Form 1040A (not taking into account any social security benefits from Form SSA- 1099 or RRB- 1099, any deduction for contributions to a traditional IRA, any student loan interest deduction, any tuition and fees deduction, or any exclusion of interest from savings bonds to be reported on Form 8815)	1.	46, 000
2. Enter the amount in box 5 of all Forms SSA- 1099 and Forms RRB- 1099	2.	12, 800
3. Enter one half of line 2	3.	6, 400
4. Enter the amount of any foreign earned income exclusion, foreign housing exclusion, U.S. possessions income exclusion, exclusion of income from Puerto Rico you claimed as a bona fide resident of Puerto Rico, or exclusion of employer- paid adoption expenses	4.	0
5. Enter the amount of any tax- exempt interest reported on line 8b of Form 1040 or 1040A	5.	0
6. Add lines 1, 3, 4 and 5	6.	52, 400
7. Enter the amount listed below for your filing status.		
● \$32,000 if you checked box A above		
● \$25,000 if you checked box B above		
● \$0 if you checked box C above	7.	32, 000
8. Subtract line 7 from line 6. If zero or less, enter 0 on this line	8.	20, 400
9. If line 8 is zero, skip to line 17, enter - 0- , and continue with line 18. If line 8 is more than zero, enter the amount listed below for your filing status.		
● \$12,000 if you checked box A above		
● \$9,000 if you checked box B above		
● \$0 if you checked box C above	9.	12, 000
10. Subtract line 9 from line 8. If zero or less, enter 0	10.	8, 400
11. Enter the smaller of line 8 or line 9	11.	12, 000
12. Enter one half of line 11	12.	6, 000
13. Enter the smaller of line 3 or line 12	13.	6, 000
14. Multiply line 10 by .85. If line 10 is zero, enter 0	14.	7, 140
15. Add lines 13 and 14.	15.	13, 140
16. Multiply line 2 by .85	16.	10, 880
17. Taxable benefits to be included in Modified AGI for traditional IRA deduction purposes. Enter the smaller of line 15 or line 16	17.	10, 880
18. Enter the amount of any employer- paid adoption expenses exclusion and any foreign earned income exclusion and foreign housing exclusion or deduction that you claimed	18.	0
19. Modified AGI for determining your reduced traditional IRA deduction - add lines 1, 17 and 18. Enter here and on line 11 of the IRA Contribution and Deduction Worksheet	19.	56, 880

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

See separate instructions.
Your social security number
 400-00-5405
Spouse's social security number
 400-00-5475
 ▲ 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 Dolphin & Betsy Dolphin
 111 MAIN ST
 QUINTON, AL 35130

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
 d Total number of exemptions claimed **2**

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2
 8a Taxable interest. Attach Schedule B if required
 8b Tax-exempt interest. Do not include on line 8a
 9a Ordinary dividends. Attach Schedule B if required
 9b Qualified dividends
 10 Taxable refunds, credits, or offsets of state and local income taxes
 11 Alimony received
 12 Business income or (loss). Attach Schedule C or C-EZ
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
 14 Other gains or (losses). Attach Form 4797
 15a IRA distributions 15b Taxable amt
 16a Pensions and annuities 16b Taxable amt
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
 18 Farm income or (loss). Attach Schedule F
 19 Unemployment compensation
 20a Social security benefits 20a 12,800. 20b Taxable amount
 21 Other income. List type and amount
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **56,880.**

Adjusted Gross Income
 23 Reserved
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
 25 Health savings account deduction. Attach Form 8889
 26 Moving expenses. Attach Form 3903
 27 Deductible part of self-employment tax. Attach Schedule SE
 28 Self-employed SEP, SIMPLE, and qualified plans
 29 Self-employed health insurance deduction
 30 Penalty on early withdrawal of savings
 31a Alimony paid b Recipient's SSN
 32 IRA deduction
 33 Student loan interest deduction
 34 Reserved
 35 Domestic production activities deduction. Attach Form 8903
 36 Add lines 23 through 35
 37 Subtract line 36 from line 22. This is your adjusted gross income **56,880.**

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** 56,880.

39a Check You were born before January 2, 1948, Blind. } Total boxes checked **39a** 3
 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** 15,350.

41 Subtract line 40 from line 38 **41** 41,530.

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** 33,930.

44 **Tax** Check if any from: a Form(s) 8814 b Form 4972 c 962 election **44** 1,413.

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

46 Add lines 44 and 45 **46** 1,413.

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** 1,413.

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** 1,413.

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 **62** 3,500.

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** 3,500.

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** 2,087.

74a Amount of line 73 you want **refunded to you**. If Form 8888 is attached, check here **74a** 2,087.

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

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 B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B (Form 1040A or 1040) and its instructions is at
www.irs.gov/form1040.

OMB No. 1545-0074

2012
Attachment
Sequence No. **08**

Name(s) shown on return

Test Dolphin & Betsy Dolphin

Your social security number
400-00-5405

Part I

1 List name of payer. If any interest is from a seller- financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶

Interest

(See separate instructions and the instructions for Form 1040A, or Form 1040, line 8a.)

Note. If you received a Form 1099- INT, Form 1099- OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

Note. If line 4 is over \$1,500, you must complete Part III.

Amount	
1	
2	
3	
4	

Part II

5 List name of payer ▶
ALL OF OUR DIVIDENDS

Ordinary Dividends

(See separate instructions and the instructions for Form 1040A, or Form 1040, line 9a.)

Note. If you received a Form 1099- DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

Note. If line 6 is over \$1,500, you must complete Part III.

Amount	
5	10,500.
6	10,500.

Part III
Foreign Accounts and Trusts

(See separate instructions.)

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 2012, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account) or brokerage account located in a foreign country? See instructions

If "Yes," are you required to file Form TD F 90- 22.1 to report that financial interest or signature authority? See Form TD F 90- 22.1 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file Form TD F 90- 22.1, enter the name of the foreign country where the financial account is located ▶

8 During 2012, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See separate instructions

Yes	No
/ / / /	/ / / /
/ / / /	X
/ / / /	/ / / /
/ / / /	X

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

Schedule B (Form 1040A or 1040) 2012

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.
▶ Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

2012

Attachment
Sequence No. **12**

Test Dolphin & Betsy Dolphin

Your social security number
400-00-5405

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars.	(d) Sales price from Form(s) 8949, line 2 column (d)	(e) Cost or other basis from Form(s) 8949, line 2, column (e)	(g) Adjustments to gain or loss from Form(s) 8949, line 2, column (g)	(h) Gain or (loss) Combine columns (d), (e), and (g)
1 Short- term totals from all Forms 8949 with box A checked in Part I	1,200.	(1,000.)	0.	200.
2 Short- term totals from all Forms 8949 with box B checked in Part I		()		
3 Short- term totals from all Forms 8949 with box C checked in Part I		()		
4 Short- term gain from Form 6252 and short- term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short- term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K- 1			5	
6 Short- term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	()
7 Net short- term capital gain or (loss) . Combine lines 1 through 6 in column (h). If you have any long- term capital gain or losses, go to Part II below. Otherwise, go to Part III on page 2			7	200.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars.	(d) Sales price from Form(s) 8949, line 4 column (d)	(e) Cost or other basis from Form(s) 8949, line 4, column (e)	(g) Adjustments to gain or loss from Form(s) 8949, line 4, column (g)	(h) Gain or (loss) Combine columns (d), (e), and (g)
8 Long- term totals from all Forms 8949 with box A checked in Part II	36,800.	(27,500.)	0.	9,300.
9 Long- term totals from all Forms 8949 with box B checked in Part II		()		
10 Long- term totals from all Forms 8949 with box C checked in Part II		()		
11 Gain from Form 4797, Part I; long- term gain from Forms 2439 and 6252; and long- term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long- term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K- 1			12	
13 Capital gain distributions. See the instructions			13	
14 Long- term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	()
15 Net long- term capital gain or (loss) . Combine lines 8 through 14 in column (h). Then go to Part III on page 2			15	9,300.

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

Schedule D (Form 1040) 2012

Part III Summary

16 Combine lines 7 and 15 and enter the result 16 9,500.

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter - 0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

- Yes.** Go to line 18.
- No.** Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions 18

19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions 19

20 Are lines 18 and 19 **both** zero or blank?

- Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). **Do not** complete lines 21 and 22 below.
- No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Do not** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of: 21 ()

- The loss on line 16 or
- (\$3,000), or if married filing separately, (\$1,500)

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

- Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42).
- No.** Complete the rest of Form 1040 or Form 1040NR.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss
(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2012

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ See separate instructions.

Name(s) shown on return

Test Dolphin & Betsy Dolphin

Your social security number
400-00-5405

Part I Income or Loss From Rental Real Estate and Royalties **Note.** If you are in the business of renting personal property, use **Schedule C or C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file all required Forms 1099? Yes No

1a Physical address of each property (street, city, state, and ZIP code)

A
B 3232 Upscale Ln, Money Creek, MN 55971
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A				
B 1		361	5	
C				

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:

		Properties		
		A	B	C
3 Rents received	3	.	12,000	
4 Royalties received	4	.		

Expenses:

5 Advertising	5	.		
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	.	1,900	
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	.	6,300	
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16		1,800	
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20		10,000	
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		2,000	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()

23a Total of all amounts reported on line 3 for all rental properties	23a	12,000	
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c	6,300	
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e	10,000	
24 Income. Add positive amounts shown on line 21. Do not include any losses.	24	2,000	
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()	
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	2,000	

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

Schedule E (Form 1040) 2012

Name(s) shown on return. Do not enter name and social security number if shown on page 1.
Test Dolphin & Betsy Dolphin

Your social security number
400-00-5405

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section.

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows A, B, C, D.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Rows A, B, C, D, 29a Totals, b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A, B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A, B, 34a Totals, b Totals, 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39.

Part V Summary

Table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.