

Do not submit this test return if you do not support the standalone Schedule H.

For this scenario, the taxpayer has requested the refund be direct deposited into his checking account.

Bank routing number: 075911852

Bank account number: 0123456789

Claimant's social security number 400 00 5417		Spouse's social security number		Check below then fill in either the name of city, village, or town, and the county in which you lived at the end of 2013. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <input checked="" type="checkbox"/> APPLETON County of <input checked="" type="checkbox"/> OUTAGAMIE
Claimant's legal last name ROBIN		Legal first name TEST	M.I.	
Spouse's legal last name		Spouse's legal first name	M.I.	
Current home address (number and street) 1007 W SPRING ST			Apt. no.	
City or post office APPLETON		State WI	Zip code 54914	Special conditions <input type="checkbox"/> (See page 7.)

- 1a** What was your age as of December 31, 2013? (If you were under 18, you do not qualify for homestead credit for 2013.) **1a** Fill in age
- b** If your spouse was age 65 or over as of December 31, 2013, check where indicated **1b** Check here
- 2** Were you a legal resident of Wisconsin from 1-1-13 through 12-31-13? (If "No," you do not qualify.) **2** Yes No
- 3** Were you claimed or will you be claimed as a dependent on someone else's 2013 federal income tax return? (If "Yes" and you were under age 62 on December 31, 2013, you do not qualify.) **3** Yes No
- 4a** Are you now living in a nursing home? (If "Yes," indicate the date you entered _____ and the nursing home name and address _____) **4a** Yes No
- b** If "Yes," are you receiving medical assistance under Title XIX? (If both 4a and 4b are "Yes," you do not qualify.) **4b** Yes No
- 5** Did you become married or divorced in 2013? (If "Yes," fill in date _____; see page 16.) **5** Yes No
- 6a** If married for any part of 2013, did you and your spouse maintain separate homes during any part of the year? (If "Yes," see page 15.) **6a** Yes No
- b** If you and your spouse maintained separate homes while married during 2013, did either spouse notify the other of their marital property income? (See page 15.) **6b** Yes No

Print numbers like this → 0 1 2 3 4 5 6 7 **Not like this** → 1 4 7 **NO COMMAS; NO CENTS**

Household Income Include all 2013 income as listed below. If married, include the incomes of both spouses. See pages 7 to 11.

- 7** Wisconsin income from your 2013 income tax return. If you **already filed your tax return, attach a copy marked "Duplicate."** (See page 5, Part C.1, paragraph 3.) **7** _____ .00
- 8** If you or you and your spouse **are not filing a 2013 Wisconsin return, fill in Wisconsin taxable income** on lines 8a and 8b.
- a** Wages 400 .00 + Interest 150 .00 + Dividends 200 .00 = ... **8a** 750 .00
- b** Other taxable income. Attach a schedule listing each income item **8b** -667 .00
- 9 Nontaxable household income. Do not include amounts filled in on line 7, 8a, or 8b.**
- a** Unemployment compensation **9a** _____ .00
- b** Social security, federal and state SSI, SSI-E, SSD, and caretaker supplement payments. Include Medicare premium deductions **9b** 9300 .00
- c** Railroad retirement benefits. Include Medicare premium deductions **9c** _____ .00
- d** Pensions and annuities, including IRA, SEP, SIMPLE, and qualified plan distributions (see page 9) **9d** _____ .00
- e** Contributions to deferred compensation plans (see box 12 of wage statements, and page 9) **9e** _____ .00
- f** Contributions to IRA, self-employed SEP, SIMPLE, and qualified plans **9f** _____ .00
- g** Interest on United States securities (e.g., U.S. Savings Bonds) and state and municipal bonds **9g** _____ .00
- h** Scholarships, fellowships, grants (see page 9), and military compensation or cash benefits **9h** _____ .00
- i** Child support, maintenance payments, and other support money (court ordered) **9i** _____ .00
- j** Wisconsin Works (W2), county relief, kinship care, and other cash public assistance (see page 9) **9j** _____ .00
- 10** Add lines 7 through 9j. Enter here and on line 11a, at the top of page 2 **10** 9383 .00





11 a Enter amount from line 10 here	11a	<u>9383 .00</u>
b Workers' compensation, income continuation, and loss of time insurance (e.g., sick pay)	11b	<u>.00</u>
c Gain from sale of home excluded for federal tax purposes (see instructions)	11c	<u>.00</u>
d Other capital gains not taxable	11d	<u>.00</u>
e Net operating loss carryforward and capital loss carryforward	11e	<u>.00</u>
f Income of nonresident spouse or part-year resident spouse; nontaxable income from sources outside Wisconsin; resident manager's rent reduction; clergy housing allowance; and nontaxable Native American income	11f	<u>.00</u>
g Partner's, LLC member's, and S corporation shareholder's distributive share of depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs. If none was claimed, write "None" on federal Schedule E, Part II, near the entity's name	11g	<u>.00</u>
h Car or truck depreciation (standard mileage rate)	11h	<u>.00</u>
i Other depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs ...	11i	<u>.00</u>
12 a Subtotal. Add lines 11a through 11i	12a	<u>9383 .00</u>
b Number of qualifying dependents. Do not count yourself or your spouse (see page 11) _____ x \$500 =	12b	<u>.00</u>
c Household income. Subtract line 12b from line 12a (if \$24,680 or more, no credit is allowed)	12c	<u>9383 .00</u>

Taxes and/or Rent See pages 11 to 14.	
A Check here if your home was located on more than one acre of land and was not part of a farm; see Schedule 1, page 3	A <input type="checkbox"/>
B Check here if your home was located on more than one acre of land and was part of a farm	B <input type="checkbox"/>
C Check here if your home was used for other than personal or farm purposes while you lived there in 2013; see Schedule 2, page 3 ...	C <input type="checkbox"/>
D Check here if you received Wisconsin Works (W2) payments or county relief during 2013; see Schedule 3, page 3	D <input type="checkbox"/>
13 Homeowners – Net 2013 property taxes on your homestead, whether paid or not	13 <u>207 .00</u>
14 Renters—Rent from your rent certificate(s), line 5a (or Shared Living Expenses Schedule). See pages 12 to 14.	
Heat included (5b of rent certificate is "Yes")	14a <u>1200 .00</u> x .20 (20%) = 14b <u>240 .00</u>
Heat not included (5b of rent certificate is "No")	14c <u>2185 .00</u> x .25 (25%) = 14d <u>546 .00</u>
15 Total of lines 13, 14b, and 14d (or amount from line 6 of Schedule 3)	15 <u>993 .00</u>

Don't delay your refund: ATTACH 2013 tax bill(s) (or closing statement) and/or original rent certificate(s). ATTACH ownership document (if the tax bill lists names other than yours). See page 12.

Credit Computation	
16 Fill in the smaller of (a) amount on line 15 or (b) \$1,460	16 <u>993 .00</u>
17 Using the amount on line 12c, fill in the appropriate amount from Table A (page 17)	17 <u>116 .00</u>
18 Subtract line 17 from line 16 (if line 17 is more than line 16, fill in 0; no credit is allowable)	18 <u>877 .00</u>
19 Homestead credit – Using the amount on line 18, fill in the credit from Table B (page 18)	19 <u>700 .00</u>

If you file a Wisconsin income tax return, attach this claim behind Form 1, 1A, or 1NPR. Fill in your homestead credit (line 19) on line 32 of Form 1A; line 46 of Form 1; or line 71 of Form 1NPR. (If filing Form 1 or Form 1NPR, ATTACH a complete copy of your federal income tax return and schedules.) You cannot file Form WI-Z with a homestead credit claim.

Under penalties of law, I declare this homestead credit claim and all attachments are true, correct, and complete to the best of my knowledge and belief.

Claimant's signature	Spouse's signature	Date	Daytime phone number
Sign Here ▶			(715) 344-1234

Mail to:
 Wisconsin Department of Revenue
 PO Box 34
 Madison WI 53786-0001



DON'T file this claim UNLESS a rent certificate or property tax bill (or closing statement) is included.

For Department Use Only

C					
---	--	--	--	--	--



Note: Include this page as part of Schedule H **only** if Schedule 1, 2, and/or 3 is completed.

Schedule 1 Allowable Taxes – Home on More Than One Acre of Land																																					
<ul style="list-style-type: none"> Homeowners: Complete this schedule if your home was on more than one acre of land and was not part of a farm (as defined on page 5 of the instructions). Claim only the property taxes on one acre of land and the buildings on it. Renters: If your home was on more than one acre of land and was not part of a farm, do not complete Schedule 1, but see exception 4 under “Exceptions: Homeowners and/or Renters” (page 14) for instructions. Do not complete this schedule if your home was part of a farm. You may claim the property taxes on up to 120 acres of land adjoining your home and all improvements on those 120 acres. If you wish to use a different method to prorate your property taxes, attach to Schedule H your computation of allowable property taxes. 	<table border="0"> <tr><td>1</td><td>Assessed value of land (from tax bill)</td><td>1</td><td>.00</td></tr> <tr><td>2</td><td>Number of acres of land</td><td>2</td><td></td></tr> <tr><td>3</td><td>Divide line 1 by line 2</td><td>3</td><td>.00</td></tr> <tr><td>4</td><td>Assessed value of improvements (from tax bill)</td><td>4</td><td>.00</td></tr> <tr><td>5</td><td>Add line 3 and line 4</td><td>5</td><td>.00</td></tr> <tr><td>6</td><td>Add line 1 and line 4 (total assessed value) . .</td><td>6</td><td>.00</td></tr> <tr><td>7</td><td>Divide line 5 by line 6 (carry the decimal to four places)</td><td>7</td><td>.</td></tr> <tr><td>8</td><td>Net 2013 property taxes (see instructions for line 13 of Schedule H, on pages 11 to 14) . .</td><td>8</td><td>.00</td></tr> <tr><td>9</td><td>Multiply line 8 by line 7. Fill in here and on line 13 of Schedule H or line 1 of Schedule 2 or 3 below</td><td>9</td><td>.00</td></tr> </table>	1	Assessed value of land (from tax bill)	1	.00	2	Number of acres of land	2		3	Divide line 1 by line 2	3	.00	4	Assessed value of improvements (from tax bill)	4	.00	5	Add line 3 and line 4	5	.00	6	Add line 1 and line 4 (total assessed value) . .	6	.00	7	Divide line 5 by line 6 (carry the decimal to four places)	7	.	8	Net 2013 property taxes (see instructions for line 13 of Schedule H, on pages 11 to 14) . .	8	.00	9	Multiply line 8 by line 7. Fill in here and on line 13 of Schedule H or line 1 of Schedule 2 or 3 below	9	.00
1	Assessed value of land (from tax bill)	1	.00																																		
2	Number of acres of land	2																																			
3	Divide line 1 by line 2	3	.00																																		
4	Assessed value of improvements (from tax bill)	4	.00																																		
5	Add line 3 and line 4	5	.00																																		
6	Add line 1 and line 4 (total assessed value) . .	6	.00																																		
7	Divide line 5 by line 6 (carry the decimal to four places)	7	.																																		
8	Net 2013 property taxes (see instructions for line 13 of Schedule H, on pages 11 to 14) . .	8	.00																																		
9	Multiply line 8 by line 7. Fill in here and on line 13 of Schedule H or line 1 of Schedule 2 or 3 below	9	.00																																		

Schedule 2 Allowable Taxes/Rent – Home Used Partly for Purposes Other Than Farm or Personal Use													
<ul style="list-style-type: none"> Complete this schedule if your homestead (as defined on page 5 of the instructions) was not part of a farm but was used partly for purposes other than personal use while you lived there in 2013. Only the personal portion of your property taxes/rent may be claimed. “Other uses” include part business or rental use where a deduction is allowed or allowable for tax purposes, and a separate unit occupied by others rent free. See paragraph 3 under “Exceptions: Homeowners and/or Renters” (page 13) for examples and additional information. 	<table border="0"> <tr><td>1</td><td>Net 2013 property taxes/rent or amount from line 9 of Schedule 1 (see pages 11 to 14)</td><td>1</td><td>.00</td></tr> <tr><td>2</td><td>Percentage of homestead used solely for personal purposes</td><td>2</td><td>%</td></tr> <tr><td>3</td><td>Multiply line 1 by line 2. Fill in here and on line 13, 14a, or 14c of Schedule H, or on line 1 or 2 of Schedule 3 below . . .</td><td>3</td><td>.00</td></tr> </table>	1	Net 2013 property taxes/rent or amount from line 9 of Schedule 1 (see pages 11 to 14)	1	.00	2	Percentage of homestead used solely for personal purposes	2	%	3	Multiply line 1 by line 2. Fill in here and on line 13, 14a, or 14c of Schedule H, or on line 1 or 2 of Schedule 3 below . . .	3	.00
1	Net 2013 property taxes/rent or amount from line 9 of Schedule 1 (see pages 11 to 14)	1	.00										
2	Percentage of homestead used solely for personal purposes	2	%										
3	Multiply line 1 by line 2. Fill in here and on line 13, 14a, or 14c of Schedule H, or on line 1 or 2 of Schedule 3 below . . .	3	.00										

Schedule 3 Taxes/Rent Reduction – Wisconsin Works (W2) or County Relief Recipients																																					
<p>Complete this schedule if, for any month of 2013, you received a) Wisconsin Works (W2) payments of any amount, or b) county relief payments of \$400 or more. If you received these payments for all 12 months of 2013, do not complete Schedule H; you do not qualify for homestead credit.</p> <p>Example: You received Wisconsin Works payments for 4 months in 2013. Rent paid for 2013 was \$4,500, and heat was included.</p> <p>Line</p> <table border="0"> <tr><td>2</td><td>20% of rent paid (\$4,500 x .20)</td><td>\$900</td></tr> <tr><td>4</td><td>Monthly rent (\$900 ÷ 12)</td><td>\$ 75</td></tr> <tr><td>5</td><td>Number of months no Wisconsin Works received</td><td>8</td></tr> <tr><td>6</td><td>Reduced rent (\$75 x 8 months)</td><td>\$600</td></tr> </table> <p>In this example, \$600 would be filled in on line 15 of Schedule H.</p>	2	20% of rent paid (\$4,500 x .20)	\$900	4	Monthly rent (\$900 ÷ 12)	\$ 75	5	Number of months no Wisconsin Works received	8	6	Reduced rent (\$75 x 8 months)	\$600	<table border="0"> <tr><td>1</td><td>Homeowners – fill in the net 2013 property taxes on your homestead or the amount from line 3 of Schedule 2</td><td>1</td><td>.00</td></tr> <tr><td>2</td><td>Renters – if heat was included, fill in 20% (.20), or if heat was not included, fill in 25% (.25), of rent from line 5a of the rent certificate(s) or line 3 of Schedule 2 . .</td><td>2</td><td>.00</td></tr> <tr><td>3</td><td>Add line 1 and line 2; fill in the smaller of a) the total of lines 1 and 2, or b) \$1,460 . .</td><td>3</td><td>.00</td></tr> <tr><td>4</td><td>Divide line 3 by 12.</td><td>4</td><td>.00</td></tr> <tr><td>5</td><td>Number of months in 2013 for which you did not receive a) any Wisconsin Works (W2) payments, or b) county relief payments of \$400 or more</td><td>5</td><td>.00</td></tr> <tr><td>6</td><td>Multiply line 4 by line 5. Fill in here and on line 15 of Schedule H. Do not fill in line 13 line 13 or 14</td><td>6</td><td>.00</td></tr> </table>	1	Homeowners – fill in the net 2013 property taxes on your homestead or the amount from line 3 of Schedule 2	1	.00	2	Renters – if heat was included, fill in 20% (.20), or if heat was not included, fill in 25% (.25), of rent from line 5a of the rent certificate(s) or line 3 of Schedule 2 . .	2	.00	3	Add line 1 and line 2; fill in the smaller of a) the total of lines 1 and 2, or b) \$1,460 . .	3	.00	4	Divide line 3 by 12.	4	.00	5	Number of months in 2013 for which you did not receive a) any Wisconsin Works (W2) payments, or b) county relief payments of \$400 or more	5	.00	6	Multiply line 4 by line 5. Fill in here and on line 15 of Schedule H. Do not fill in line 13 line 13 or 14	6	.00
2	20% of rent paid (\$4,500 x .20)	\$900																																			
4	Monthly rent (\$900 ÷ 12)	\$ 75																																			
5	Number of months no Wisconsin Works received	8																																			
6	Reduced rent (\$75 x 8 months)	\$600																																			
1	Homeowners – fill in the net 2013 property taxes on your homestead or the amount from line 3 of Schedule 2	1	.00																																		
2	Renters – if heat was included, fill in 20% (.20), or if heat was not included, fill in 25% (.25), of rent from line 5a of the rent certificate(s) or line 3 of Schedule 2 . .	2	.00																																		
3	Add line 1 and line 2; fill in the smaller of a) the total of lines 1 and 2, or b) \$1,460 . .	3	.00																																		
4	Divide line 3 by 12.	4	.00																																		
5	Number of months in 2013 for which you did not receive a) any Wisconsin Works (W2) payments, or b) county relief payments of \$400 or more	5	.00																																		
6	Multiply line 4 by line 5. Fill in here and on line 15 of Schedule H. Do not fill in line 13 line 13 or 14	6	.00																																		

Note Homeowners Age 65 or Older – The **Property Tax Deferral Loan Program** provides loans to help individuals age 65 or older pay their property taxes. Qualified applicants may participate even if they receive homestead credit. For more information, contact the Wisconsin Housing and Economic Development Authority at (608) 266-7884 (Madison), (414) 227-4039 (Milwaukee), or 1-800-755-7835.

Rent Certificate

Wisconsin Department of Revenue

NOTE: • Attach to Schedule H or H-EZ
 • Alterations (whiteouts, erasures, etc.) or errors **void** this rent certificate.
 You can get a new one at www.revenue.wi.gov, select "Forms."

2013

Renter (Claimant) – Complete fields below. Enter Social Security Number AFTER your landlord fills in section below and signs.

Legal last name ROBIN	Legal first name TEST	M.I.	Social security number 400-00-5417	
Address of rental property (property must be in Wisconsin) 200 TREE LN	City WINTER	State WI	Zip 54896	

Time you actually lived at this address in 2013 . . . **From** 0 1 0 1 2013 **To** 0 9 3 0 2013
M M D D M M D D

Do NOT sign your rent certificate.

If your landlord won't sign, complete fields above and below and lines 1 to 5, attach rent verification (see instructions), and check here.

Landlord or Authorized Representative – Complete fields below and lines 1 to 5, sign, and print your name.

Name of property owner BILL COATE	Telephone number (715) 356-6613
Address 300 FIRE LN	City WINTER
State WI	Zip 54896

- 1a** Is the above rental property subject to property taxes? **1a** Yes No
b If 1a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check here . . **1b**
- 2a** Is this certificate for rent of a mobile/manufactured: home? **2a** Yes No . . . home site? **2a** Yes No
b Mobile or manufactured home taxes or municipal permit fees you collected from this renter for 2013 . . . **2b** _____ .00
- 3** Fill in lines 3a to 3e based on the period of time this rental unit was occupied **by this renter**. Use the additional columns below only if rent rates changed during the year (see instructions). Do not include amounts received directly from a governmental agency.
- | | | | |
|---|----------------|---------------|---------------|
| a Rent collected per month for this rental unit for 2013 3a _____ | <u>300.00</u> | <u>320.00</u> | <u>340.00</u> |
| b Number of months this rental unit was rented to this renter in 2013 _____ | <u>2</u> | <u>4</u> | <u>3</u> |
| c Total rent collected for this rental unit for 2013 3c _____ | <u>2900.00</u> | | |
| d Number of occupants in this rental unit – do NOT count spouse or children under 18 3d _____ | <u>2</u> | | |
| e This renter's share of total 2013 rent 3e _____ | <u>2900.00</u> | | |
- 4** Value of food and services provided by landlord (this renter's share) **4** _____ .00
- 5a** Rent paid for occupancy only – Subtract line 4 from line 3e **5a** _____ 2900.00
- b** Was heat included in the rent? Yes No
c If a long-term care facility/CBRF/nursing home, check method used to compute line 5a: Standard rate (\$100 per week)
 Percentage formula (fill in percentage) _____ %
 Other method approved by Department of Revenue



I certify that the information shown on this rent certificate is true, correct, and complete to the best of my knowledge.

Signature (by hand) of landlord or authorized representative	Date 1/15/2014	Name of landlord or authorized representative (print)
--	-------------------	---

Shared Living Expenses Schedule – To be completed by renter **only** if line 3d above is 2 or more and each occupant did not pay an equal share of the rent.

Step 1: List name(s) of other occupants:
 LILY BIRD

Step 3: Using the amounts listed in Step 2, compute your allowable rent paid for occupancy only:

Step 2: List the total amount (not the monthly amount) of all shared living expenses (rent, food, utilities, and other) paid by all occupants and the amount that you paid:

Shared Living Expenses	Total Paid by All Occupants	Amount You Paid
Rent	1a) 2900.00	1b) 2900.00
Food	2a) 1500.00	2b) 750.00
Utilities	3a) 900.00	3b) .00
Other	4a) 300.00	4b) .00
Total	5a) 5600.00	5b) 3650.00

- | | |
|--|----------------|
| 1 Total rent paid (line 1a) 1 _____ | <u>2900.00</u> |
| 2 Shared living expenses you paid (line 5b) 2 _____ | <u>3650.00</u> |
| 3 Total shared living expenses (line 5a) 3 _____ | <u>5600.00</u> |
| 4 Divide line 2 by line 3. Fill in decimal amount 4 <u>x .65</u> | |
| 5 Multiply line 1 by line 4. 5 _____ | <u>1885.00</u> |
| 6 Value of food and services provided by landlord (line 4 above) 6 _____ | <u>.00</u> |
| 7 Subtract line 6 from line 5. This is your allowable rent. Fill in here and on line 14a or 14c of Schedule H (line 9a or 9c of Schedule H-EZ) 7 _____ | <u>1885.00</u> |

Rent Certificate

Wisconsin Department of Revenue

NOTE: • Attach to Schedule H or H-EZ
 • Alterations (whiteouts, erasures, etc.) or errors **void** this rent certificate.
 You can get a new one at www.revenue.wi.gov, select "Forms."

2013

Renter (Claimant) – Complete fields below. Enter Social Security Number AFTER your landlord fills in section below and signs.

Legal last name ROBIN	Legal first name TEST	M.I.	Social security number 400-00-5417
Address of rental property (property must be in Wisconsin) 210 BLACKBIRD LN	City WINTER	State WI	Zip 54896

Time you actually lived at this address in 2013 . . . **From** 1 0 0 1 **2013** **To** 1 0 3 1 **2013**
M M D D M M D D

Do NOT sign your rent certificate.

If your landlord won't sign, complete fields above and below and lines 1 to 5, attach rent verification (see instructions), and check here.

Landlord or Authorized Representative – Complete fields below and lines 1 to 5, sign, and print your name.

Name of property owner JILL TWEET	Telephone number (715) 356-4444
Address 10 LEAF LN	City WINTER
State WI	Zip 54896

1a Is the above rental property subject to property taxes? **1a** Yes No

b If 1a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check here . . **1b**

2a Is this certificate for rent of a mobile/manufactured: home? **2a** Yes No . . . home site? **2a** Yes No

b Mobile or manufactured home taxes or municipal permit fees you collected from this renter for 2013 . . . **2b** 207.00

3 Fill in lines 3a to 3e based on the period of time this rental unit was occupied **by this renter**. Use the additional columns below only if rent rates changed during the year (see instructions). Do not include amounts received directly from a governmental agency.

a Rent collected **per month** for this rental unit for 2013 **3a** 300.00 .00 .00

b Number of months this rental unit was rented to this renter in 2013 1

c Total rent collected for this rental unit for 2013 **3c** 300.00

d Number of occupants in this rental unit – do NOT count spouse or children under 18 **3d** 1

e This renter's share of total 2013 rent **3e** 300.00

4 Value of food and services provided by landlord (this renter's share) **4** .00

5a Rent paid for occupancy only – Subtract line 4 from line 3e **5a** 300.00

b Was heat included in the rent? Yes No

c If a long-term care facility/CBRF/nursing home, check method used to compute line 5a: Standard rate (\$100 per week)

Percentage formula (fill in percentage) _____ %

Other method approved by Department of Revenue



I certify that the information shown on this rent certificate is true, correct, and complete to the best of my knowledge.

Signature (by hand) of landlord or authorized representative	Date 1/15/2014	Name of landlord or authorized representative (print)
--	-------------------	---

Shared Living Expenses Schedule – To be completed by renter **only** if line 3d above is 2 or more and each occupant did not pay an equal share of the rent.

Step 1: List name(s) of other occupants:

Step 3: Using the amounts listed in Step 2, compute your allowable rent paid for occupancy only:

Step 2: List the total amount (not the monthly amount) of all shared living expenses (rent, food, utilities, and other) paid by all occupants and the amount that you paid:

Shared Living Expenses	Total Paid by All Occupants	Amount You Paid
Rent	1a) .00	1b) .00
Food	2a) .00	2b) .00
Utilities	3a) .00	3b) .00
Other	4a) .00	4b) .00
Total	5a) .00	5b) .00

- 1** Total rent paid (line 1a) **1** .00
- 2** Shared living expenses you paid (line 5b) **2** .00
- 3** Total shared living expenses (line 5a) **3** .00
- 4** Divide line 2 by line 3. Fill in decimal amount **4** x .
- 5** Multiply line 1 by line 4. **5** .00
- 6** Value of food and services provided by landlord (line 4 above) **6** .00
- 7** Subtract line 6 from line 5. This is your allowable rent. Fill in here and on line 14a or 14c of Schedule H (line 9a or 9c of Schedule H-EZ) **7** .00

Rent Certificate

Wisconsin Department of Revenue

NOTE: • Attach to Schedule H or H-EZ
 • Alterations (whiteouts, erasures, etc.) or errors **void** this rent certificate.
 You can get a new one at www.revenue.wi.gov, select "Forms."

2013

Renter (Claimant) – Complete fields below. Enter Social Security Number AFTER your landlord fills in section below and signs.

Legal last name ROBIN	Legal first name TEST	M.I.	Social security number 400-00-5417	
Address of rental property (property must be in Wisconsin) 50 EGG DR	City WINTER	State WI	Zip 54896	

Time you actually lived at this address in 2013 . . . **From** 1 1 0 1 **2013** **To** 1 1 3 0 **2013**
M M D D M M D D

Do NOT sign your rent certificate.

If your landlord won't sign, complete fields above and below and lines 1 to 5, attach rent verification (see instructions), and check here.

Landlord or Authorized Representative – Complete fields below and lines 1 to 5, sign, and print your name.

Name of property owner JOE SHELL	Telephone number ()
Address 26 FLY AWAY LN	City WINTER
State WI	Zip 54896

- 1a** Is the above rental property subject to property taxes? **1a** Yes No
b If 1a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check here . . **1b**
- 2a** Is this certificate for rent of a mobile/manufactured: home? **2a** Yes No . . . home site? **2a** Yes No
b Mobile or manufactured home taxes or municipal permit fees you collected from this renter for 2013 . . . **2b** .00
- 3** Fill in lines 3a to 3e based on the period of time this rental unit was occupied **by this renter**. Use the additional columns below only if rent rates changed during the year (see instructions). Do not include amounts received directly from a governmental agency.
- a** Rent collected **per month** for this rental unit for 2013 **3a** 750.00 .00 .00
b Number of months this rental unit was rented to this renter in 2013 1
c Total rent collected for this rental unit for 2013 **3c** 750.00
d Number of occupants in this rental unit – do NOT count spouse or children under 18 **3d** 1
e This renter's share of total 2013 rent **3e** 750.00
- 4** Value of food and services provided by landlord (this renter's share) **4** .00
- 5a** Rent paid for occupancy only – Subtract line 4 from line 3e **5a** 750.00
b Was heat included in the rent? Yes No
c If a long-term care facility/CBRF/nursing home, check method used to compute line 5a: Standard rate (\$100 per week)
 Percentage formula (fill in percentage) %
 Other method approved by Department of Revenue



I certify that the information shown on this rent certificate is true, correct, and complete to the best of my knowledge.

Signature (by hand) of landlord or authorized representative	Date 1/15/2014	Name of landlord or authorized representative (print)
--	-------------------	---

Shared Living Expenses Schedule – To be completed by renter **only** if line 3d above is 2 or more and each occupant did not pay an equal share of the rent.

Step 1: List name(s) of other occupants:

Step 3: Using the amounts listed in Step 2, compute your allowable rent paid for occupancy only:

Step 2: List the total amount (not the monthly amount) of all shared living expenses (rent, food, utilities, and other) paid by all occupants and the amount that you paid:

Shared Living Expenses	Total Paid by All Occupants	Amount You Paid
Rent	1a) <u>.00</u>	1b) <u>.00</u>
Food	2a) <u>.00</u>	2b) <u>.00</u>
Utilities	3a) <u>.00</u>	3b) <u>.00</u>
Other	4a) <u>.00</u>	4b) <u>.00</u>
Total	5a) <u>.00</u>	5b) <u>.00</u>

- 1** Total rent paid (line 1a) **1** .00
2 Shared living expenses you paid (line 5b) **2** .00
3 Total shared living expenses (line 5a) **3** .00
4 Divide line 2 by line 3. Fill in decimal amount **4** x .
5 Multiply line 1 by line 4. **5** .00
6 Value of food and services provided by landlord (line 4 above) **6** .00
7 Subtract line 6 from line 5. This is your allowable rent. Fill in here and on line 14a or 14c of Schedule H (line 9a or 9c of Schedule H-EZ) **7** .00

Rent Certificate

Wisconsin Department of Revenue

NOTE: • Attach to Schedule H or H-EZ
• Alterations (whiteouts, erasures, etc.) or errors **void** this rent certificate.
You can get a new one at www.revenue.wi.gov, select "Forms."

2013

Renter (Claimant) – Complete fields below. Enter Social Security Number AFTER your landlord fills in section below and signs.

Legal last name ROBIN	Legal first name TEST	M.I.	Social security number 400-00-5417
Address of rental property (property must be in Wisconsin) 1007 W SPRING ST	City APPLETON	State WI	Zip 54914

Time you actually lived at this address in 2013 . . . **From** 1 2 0 1 **2013** **To** 1 2 3 1 **2013**
M M D D M M D D

Do NOT sign your rent certificate.

If your landlord won't sign, complete fields above and below and lines 1 to 5, attach rent verification (see instructions), and check here.

Landlord or Authorized Representative – Complete fields below and lines 1 to 5, sign, and print your name.

Name of property owner HARRY SMITH	Telephone number ()
Address 36 BLUEJAY LN	City WINTER
State WI	Zip 54896

- 1a** Is the above rental property subject to property taxes? **1a** Yes No
b If 1a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check here . . **1b**
- 2a** Is this certificate for rent of a mobile/manufactured: home? **2a** Yes No . . . home site? **2a** Yes No
b Mobile or manufactured home taxes or municipal permit fees you collected from this renter for 2013 . . . **2b** _____ .00
- 3** Fill in lines 3a to 3e based on the period of time this rental unit was occupied **by this renter**. Use the additional columns below only if rent rates changed during the year (see instructions). Do not include amounts received directly from a governmental agency.
- a** Rent collected **per month** for this rental unit for 2013 **3a** 550.00 _____ .00 _____ .00
b Number of months this rental unit was rented to this renter in 2013 1 _____ _____
c Total rent collected for this rental unit for 2013 **3c** 550.00
d Number of occupants in this rental unit – do NOT count spouse or children under 18 **3d** 1
e This renter's share of total 2013 rent **3e** 550.00
- 4** Value of food and services provided by landlord (this renter's share) **4** 100.00
- 5a** Rent paid for occupancy only – Subtract line 4 from line 3e **5a** 450.00
b Was heat included in the rent? Yes No
c If a long-term care facility/CBRF/nursing home, check method used to compute line 5a: Standard rate (\$100 per week)
 Percentage formula (fill in percentage) _____ %
 Other method approved by Department of Revenue



I certify that the information shown on this rent certificate is true, correct, and complete to the best of my knowledge.

Signature (by hand) of landlord or authorized representative	Date	Name of landlord or authorized representative (print)
--	------	---

Shared Living Expenses Schedule – To be completed by renter **only** if line 3d above is 2 or more and each occupant did not pay an equal share of the rent.

Step 1: List name(s) of other occupants:

Step 2: List the total amount (not the monthly amount) of all shared living expenses (rent, food, utilities, and other) paid by all occupants and the amount that you paid:

Shared Living Expenses	Total Paid by All Occupants	Amount You Paid
Rent	1a) .00	1b) .00
Food	2a) .00	2b) .00
Utilities	3a) .00	3b) .00
Other	4a) .00	4b) .00
Total	5a) .00	5b) .00

Step 3: Using the amounts listed in Step 2, compute your allowable rent paid for occupancy only:

- 1** Total rent paid (line 1a) **1** _____ .00
2 Shared living expenses you paid (line 5b) **2** _____ .00
3 Total shared living expenses (line 5a) **3** _____ .00
4 Divide line 2 by line 3. Fill in decimal amount **4** x _____
5 Multiply line 1 by line 4. **5** _____ .00
6 Value of food and services provided by landlord (line 4 above) **6** _____ .00
7 Subtract line 6 from line 5. This is your allowable rent. Fill in here and on line 14a or 14c of Schedule H (line 9a or 9c of Schedule H-EZ) **7** _____ .00

Homestead Credit Notes and Attachments Checklist

1. Check all boxes that apply.
2. Fill in appropriate spaces.
3. Enter required notes and explanations in #31 data field.
4. When copies of documents are required, attach them to the Form W-RA, Required Attachments for Electronic Filing, that must be submitted.

The Schedule H instruction booklet page number for the description is indicated in the page column.

	Description	Page
<input type="checkbox"/>	1 Former spouse must pay a tax liability owed to the Department of Revenue per attached divorce judgement	5
<input checked="" type="checkbox"/>	2 Sources of income reported on Line 8b of Schedule H note is attached	8
<input type="checkbox"/>	3 The distributive share of partnership, limited liability company (LLC), and tax-option (S) corporation depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs is "None"	10
<input type="checkbox"/>	4 Car or truck expenses claimed using the standard mileage rate. Fill in the number of miles _____	10
<input type="checkbox"/>	5 Adjusted basis of car or truck reached zero using standard mileage rate	10
<input type="checkbox"/>	6 Car or truck expenses claimed using the actual expense method	10
<input type="checkbox"/>	7 The computation of gain from the sale or exchange of a principal residence excluded from taxable income under Section 121 of the Internal Revenue Code note is attached.	10
<input type="checkbox"/>	8 Claimant or spouse are age 65 or over and received no social security, SSI, or railroad retirement benefits	11
<input type="checkbox"/>	9 All or part of a pension or annuity distribution includes a rollover or a tax-free exchange	9
<input type="checkbox"/>	10 Nontaxable repaid amounts note is attached	11
<input type="checkbox"/>	11 Very little or no household income note is attached	11
<input type="checkbox"/>	12 Ownership of property document is attached	12
<input type="checkbox"/>	13 Partial ownership interest was inherited with terms of the will requiring payment of all the property taxes. Copy of will is attached.	12
<input type="checkbox"/>	14 Personal property tax bill is for a mobile or manufactured home	12
<input type="checkbox"/>	15 Two or more property tax bills. Drawing showing description, size, and location of each parcel is attached	12
<input type="checkbox"/>	16 No lottery and gaming credit on property tax bill. Fill in the amount claimed \$ _____	12
<input type="checkbox"/>	17 No lottery and gaming credit on property tax bill. Lottery and gaming credit not claimed by homeowner.	12
<input checked="" type="checkbox"/>	18 Landlord will not sign rent certificate. Rent verification is attached	13
<input checked="" type="checkbox"/>	19 Claimant moved during the year. Note of the address of each dwelling and the dates lived there is attached	13
<input type="checkbox"/>	20 Less than 12 month's property taxes and/or rent are claimed. Note of where claimant lived for the balance of the year is attached	13
<input type="checkbox"/>	21 When more than one acre of land is rented, note from landlord indicating the amount of rent for home and one acre of land is attached	14
<input type="checkbox"/>	22 Moved to tax-exempt housing. Claiming property taxes for up to 12 months after the move note is attached.	14
<input type="checkbox"/>	23 Married but separated all year: Claimant and spouse did not reside together at all during the year and neither the claimant or claimant's spouse notified each other of marital property income	15
<input type="checkbox"/>	24 Married but separated all year: Claimant and spouse did not reside together at all during the year and one or both spouses notified the other spouse of marital property income. Required information is attached	15
<input type="checkbox"/>	25 Married but separated part of year: Required information is attached.	15
<input type="checkbox"/>	26 Marriage took place during year: Required information is attached.	16
<input type="checkbox"/>	27 Divorce took place during year: Claimant and spouse did not reside together at all during the year and neither the claimant or claimant's spouse notified each other of marital property income	16
<input type="checkbox"/>	28 Divorce took place during year: Claimant and spouse did reside together for part of the year and/or one or both spouses notified the other spouse of marital property income. Required information is attached.	16
<input type="checkbox"/>	29 Spouse died during year: Date of death - ____ / ____ / 2013	16
<input type="checkbox"/>	30 Claimant resided in property address shown on tax bill but used a different mailing address on tax return.	-
<input checked="" type="checkbox"/>	31 Required notes and explanations in following data fields I lived at 4 different addresses as shown on the rent certificates. The cancelled check for the December rent is attached to Form W-RA. Line 8b is my medical care insurance deduction of \$1,198 and gambling winnings of \$531.	-