

Test 20 – 2013

**Note: As of 10/31/13 there is legislation pending that may change the minimum tax due amount subject to underpayment interest. Schedule U draft in test case at this time is based on the current law where tax due > \$200 may be subject to underpayment interest.**

These are MFJ taxpayers. They itemized deductions and have no children.

Federal Forms: 1040, W-2 (3), Schedule A, Schedule B

Wisconsin Forms: 1, Schedule OS, Schedule U

Address:

512 Femrite Drive  
Monona, WI 53716

Taxpayer:

Foreign Address

SS#: 400-00-5420

DOB: 11/24/1972

Bank Two (Employer):

W-2 WI wage: \$40,000, withholding: \$400, WI ID#: 036-2222334451-02 & W-2

IL wage: \$4,700, withholding \$25

Fast Food (Employer):

W-2 IA wage: \$10,000, withholding \$75

Taxpayer:

Jane Address

SS#: 400-00-5490

DOB: 10/24/1972

Helping Out (Employer):

W-2 WI wage:\$5,000, withholding: \$125, WI ID#: 036-1122334451-02 & W-2

Filing Status: MFJ (itemizing)

For the year Jan. 1-Dec. 31, 2013, or other tax year

beginning \_\_\_\_\_, 2013 ending \_\_\_\_\_, 20\_\_\_\_.

Complete form using **BLACK INK**

Note

DO NOT STAPLE

See page 34 before assembling return

Your legal last name ADDRESS	Legal first name FOREIGN	M.I. K	Your social security number 540 00 5420
If a joint return, spouse's legal last name ADDRESS	Spouse's legal first name JANE	M.I. L	Spouse's social security number 540 00 5490
Home address (number and street). If you have a PO Box, see page 7. 512 FEMRITE DR		Apt. no.	
City or post office MONONA	State WI	Zip code 53716	
<b>Filing status</b> Check <input checked="" type="checkbox"/> below <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here ..... ▶ <input type="checkbox"/> Head of household (see page 8). Also, check here if married ... ▶		<b>Tax district</b> 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 ▶ MONONA County of ▶ DANE School district number See page 37 3675	
Legal last name Legal first name M.I. If married, fill in spouse's SSN above and full name here		<b>Special conditions</b> <input type="checkbox"/>	

Print numbers like this → 0 1 2 3 4 5 6 7 8 9      Not like this → Ø 1 4 7      **NO COMMAS; NO CENTS**

1	Federal adjusted gross income (see page 9)	1	68667.00
	Form W-2 wages included in line 1		59700.00
2	State and municipal interest (see page 9)	2	.00
3	Capital gain/loss addition (see page 10)	3	.00
4	Other additions } Fill in code number and amount, see page 10. } Fill in total other additions on line 4.		.00
	_____ .00    _____ .00    _____ .00    _____ .00	4	.00
5	Add the amounts in the right column for lines 1 through 4	5	68667.00
6	Taxable refund of state income tax (from Form 1040, line 10)	6	250.00
7	United States government interest	7	500.00
8	Unemployment compensation (see page 12)	8	.00
9	Social security adjustment (see page 12)	9	.00
10	Capital gain/loss subtraction (see page 12)	10	.00
11	Other subtractions } Fill in code number and amount, see page 12. } Fill in total other subtractions on line 11.		.00
	_____ .00    _____ .00    _____ .00		
	_____ .00    _____ .00	11	.00
12	Add lines 6 through 11	12	750.00
13	Subtract line 12 from line 5. This is your Wisconsin income	13	67917.00

PAPER CLIP payment here

I-010



**NO COMMAS; NO CENTS**

<b>14</b>	Wisconsin income from line 13 .....	<b>14</b>	67917.00
<b>15</b>	Standard deduction. See table on page 45, <b>OR</b> ▼ If someone else can claim you (or your spouse) as a dependent, see page 22 and check here ▶ <input type="checkbox"/>	<b>15</b>	8454.00
<b>16</b>	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0 .....	<b>16</b>	59463.00
<b>17 Exemptions</b>	(Caution: See page 22)		
<b>a</b>	Fill in exemptions from your federal return <u>2</u> x \$700 .. <b>17a</b>	1400.00	
<b>b</b>	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u>      </u> x \$250 .. <b>17b</b>	.00	
<b>c</b>	Add lines 17a and 17b .....	<b>17c</b>	1400.00
<b>18</b>	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income ..	<b>18</b>	58063.00
<b>19</b>	Tax (see table on page 38) .....	<b>19</b>	3310.00
<b>20</b>	Itemized deduction credit. Enclose Schedule 1, page 4 .....	<b>20</b>	357.00
<b>21</b>	Armed forces member credit (must be stationed outside U.S. See page 23) ...	<b>21</b>	.00
<b>22</b>	School property tax credit		
<b>a</b>	Rent paid in 2013-heat included <u>.00</u> } Find credit from table page 24. . . <b>22a</b>	.00	
	Rent paid in 2013-heat not included <u>.00</u> }		
<b>b</b>	Property taxes paid on home in 2013 <u>4300.00</u> Find credit from table page 25. . . <b>22b</b>	300.00	
<b>23</b>	Historic rehabilitation credits .....	<b>23</b>	.00
<b>24</b>	Working families tax credit } If line 14 is less than \$10,000 (\$19,000 if married filing joint), see page 25 ... <b>24</b>	.00	
<b>25</b>	Certain nonrefundable credits from line 15 of Schedule CR .....	<b>25</b>	.00
<b>26</b>	Add credits on lines 20 through 25 .....	<b>26</b>	657.00
<b>27</b>	Subtract line 26 from line 19. If line 26 is larger than line 19, fill in 0 .....	<b>27</b>	2653.00
<b>28</b>	Alternative minimum tax. Enclose Schedule MT .....	<b>28</b>	.00
<b>29</b>	Add lines 27 and 28 .....	<b>29</b>	2653.00
<b>30</b>	Married couple credit. Enclose Schedule 2, page 4 .....	<b>30</b>	150.00
<b>31</b>	Other credits from Schedule CR, line 28 ... <b>31</b>	.00	
<b>32</b>	Net income tax paid to another state. Enclose Schedule OS <u>IA</u> <b>32</b>	138.00	
<b>33</b>	Add lines 30, 31, and 32. ....	<b>33</b>	288.00
<b>34</b>	Subtract line 33 from line 29. If line 33 is larger than line 29, fill in 0. This is your net tax .....	<b>34</b>	2365.00
<b>35</b>	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 28) <b>35</b> If you certify that no sales or use tax is due, check here .....	.00	
<b>36</b>	Donations (decreases refund or increases amount owed)		
<b>a</b>	Endangered resources <u>.00</u>	<b>f</b>	Firefighters memorial ..... <u>.00</u>
<b>b</b>	Packers football stadium <u>.00</u>	<b>g</b>	Military family relief ..... <u>.00</u>
<b>c</b>	Cancer research ..... <u>.00</u>	<b>h</b>	Second Harvest/Feeding Amer. <u>.00</u>
<b>d</b>	Veterans trust fund ... <u>.00</u>	<b>i</b>	Red Cross WI Disaster Relief <u>.00</u>
<b>e</b>	Multiple sclerosis .... <u>.00</u>	<b>j</b>	Special Olympics ..... <u>.00</u>
	Total (add lines a through j) .... ▶ <b>36k</b>	.00	
<b>37</b>	Penalties on IRAs, retirement plans, MSAs, etc. (see page 29) .. <u>.00</u> x .33 = <b>37</b>	.00	
<b>38</b>	Credit repayments and other penalties (see page 29) .....	<b>38</b>	.00
<b>39</b>	Add lines 34, 35, 36k, 37 and 38 .....	<b>39</b>	2365.00



Name(s) shown on Form 1	Your social security number
ADDRESS FOREIGN	540 00 5420

**NO COMMAS; NO CENTS**

<b>40</b> Amount from line 39	<b>40</b>	2365 .00
<b>41</b> Wisconsin tax withheld. Enclose withholding statements	<b>41</b>	525 .00
<b>42</b> 2013 estimated tax payments and amount applied from 2012 return	<b>42</b>	.00
<b>43</b> Earned income credit. Number of qualifying children	<b>43</b>	.00
Federal credit . . . . .00 x % =		.00
<b>44</b> Farmland preservation credit. a Schedule FC, line 18	<b>44a</b>	.00
b Schedule FC-A, line 13	<b>44b</b>	.00
<b>45</b> Repayment credit (see page 31)	<b>45</b>	.00
<b>46</b> Homestead credit. Enclose Schedule H or H-EZ	<b>46</b>	.00
<b>47</b> Eligible veterans and surviving spouses property tax credit	<b>47</b>	.00
<b>48</b> Other credits from Schedule CR, line 39. Enclose Schedule CR	<b>48</b>	.00
<b>49</b> Add lines 41 through 48	<b>49</b>	525 .00
<b>50</b> If line 49 is larger than line 40, subtract line 40 from line 49. This is the <b>AMOUNT YOU OVERPAID</b>	<b>50</b>	.00
<b>51</b> Amount of line 50 you want <b>REFUNDED TO YOU</b>	<b>51</b>	.00
<b>52</b> Amount of line 50 you want <b>APPLIED TO YOUR 2014 ESTIMATED TAX</b>	<b>52</b>	.00
<b>53</b> If line 49 is smaller than line 40, subtract line 49 from line 40. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return	<b>53</b>	1957 .00
<b>54</b> Underpayment interest. Fill in exception code - See Sch. U	<b>54</b>	117 .00
Also include on line 53 (see page 34)		

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 34)?  **Yes** Complete the following.  **No**

Designee's name ▶ JANE SMITH Phone no. ▶ (888) 608-1234 Personal identification number (PIN) ▶ 5 6 5 4 4

 **Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 35.**

**Sign here**

▼ *Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.*

Your signature \_\_\_\_\_ Spouse's signature (if filing jointly, BOTH must sign) \_\_\_\_\_ Date \_\_\_\_\_ Daytime phone ( ) \_\_\_\_\_

I-010a

Mail your return to: Wisconsin Department of Revenue  
 If tax due.....PO Box 268, Madison WI 53790-0001  
 If refund or no tax due.....PO Box 59, Madison WI 53785-0001  
 If homestead credit claimed.....PO Box 34, Madison WI 53786-0001

For Department Use Only		
C		

**Do Not Submit Photocopies**



**Schedule 1 – Itemized Deduction Credit (see page 22)**

1	Medical and dental expenses from line 4 of federal Schedule A. See instructions for exceptions	1	_____	.00
2	Interest paid from lines 10-12 and 14 of federal Schedule A. Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities	2	_____	9600 .00
3	Gifts to charity from line 19 of federal Schedule A. See instructions for exceptions	3	_____	6000 .00
4	Casualty losses from line 20 of federal Schedule A, <u>only</u> if the loss is directly related to a federally-declared disaster	4	_____	.00
5	Add lines 1 through 4	5	_____	15600 .00
6	Fill in your standard deduction from line 15 on page 2 of Form 1	6	_____	8454 .00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	7	_____	7146 .00
8	Rate of credit is .05 (5%)	8	_____	<b>x .05</b>
9	Multiply line 7 by line 8. Fill in here and on line 20 on page 2 of Form 1	9	_____	357 .00

▶ You must submit this page with Form 1 if you claim either of these credits ◀

**Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 27)**

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE				
1	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	1	_____	54700 .00	_____	5000 .00
2	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income	2	_____	.00	_____	.00
3	Combine lines 1 and 2. This is earned income	3	_____	54700 .00	_____	5000 .00
4	Add the amounts from federal Form 1040, lines 24, 28 and 32, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18) pension plans, included in line 36, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to your or your spouse's income	4	_____	.00	_____	.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	5	_____	54700 .00	_____	5000 .00
6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000	6	_____	5000 .00	_____	
7	Rate of credit is .03 (3%)	7	_____	<b>x .03</b>	_____	
8	Multiply line 6 by line 7. Fill in here and on line 30 on page 2 of Form 1	8	_____	150 .00	_____	Do not fill in more than \$480.



**SCHEDULE OS**

Wisconsin  
Department of Revenue

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

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

**2013**

Name(s) shown on Form 1, 1NPR, or 2  ADDRESS, FOREIGN & JANE	Identifying number  540005420
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To be eligible for this credit, you must have been a full-year Wisconsin resident or part-year resident in 2013 and have paid 2013 state income tax **on the same income** to Wisconsin and another state.



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

**NO COMMAS; NO CENTS**

	State 1 <u>  I  </u> <u>  A  </u> <small>Postal abbr. ↑</small>	State 2 <u>    </u> <u>    </u> <small>Postal abbr. ↑</small>	State 3 <u>    </u> <u>    </u> <small>Postal abbr. ↑</small>	State 4 <u>    </u> <u>    </u> <small>Postal abbr. ↑</small>
<b>■ PART I – Income From Other State</b>				
<u>1</u> Wages, salaries, tips, etc. ....	10000.00	.00	.00	.00
<u>2</u> Taxable interest .....	.00	.00	.00	.00
<u>3</u> Ordinary dividends .....	.00	.00	.00	.00
<u>4</u> Business income / loss .....	.00	.00	.00	.00
<u>5</u> Capital gain / loss .....	.00	.00	.00	.00
<u>6</u> Other gains / losses .....	.00	.00	.00	.00
<u>7</u> IRA distributions, pensions, and annuities .....	.00	.00	.00	.00
<u>8</u> Rental real estate, royalties, partnerships, S corporations, trusts, etc. ....	.00	.00	.00	.00
<u>9</u> Farm income / loss .....	.00	.00	.00	.00
<u>10</u> Unemployment compensation .....	.00	.00	.00	.00
<u>11</u> Social security benefits .....	.00	.00	.00	.00
<u>12</u> Other income .....	.00	.00	.00	.00
<u>13</u> Add lines 1 through 12 in each column ...	10000.00	.00	.00	.00
<b>Adjustments to Income</b>				
<u>14</u> Archer MSA or health savings accounts deduction .....	.00	.00	.00	.00
<u>15</u> Business expenses of reservists, performing artists, and fee-basis public officials .....	.00	.00	.00	.00
<u>16</u> Moving expenses .....	.00	.00	.00	.00
<u>17</u> Deductible part of self-employment tax ...	.00	.00	.00	.00
<u>18</u> Self-employed SEP, SIMPLE, and qualified plans .....	.00	.00	.00	.00
<u>19</u> Self-employed health insurance deduction	.00	.00	.00	.00
<u>20</u> IRA deduction .....	.00	.00	.00	.00
<u>21</u> Student loan interest deduction .....	.00	.00	.00	.00
<u>22</u> Other adjustments to income .....	.00	.00	.00	.00
<u>23</u> Add lines 14 through 22 in each column ...	0.00	.00	.00	.00
<u>24</u> Total income taxed by other state – subtract line 23 from line 13 .....	10000.00	.00	.00	.00

Name(s) shown on Form 1, 1NPR, or 2 ADDRESS, FOREIGN & JANE	Identifying number 540005420
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**NO COMMAS; NO CENTS**

<b>■ PART II – Calculation of Credit</b>	<b>State 1</b>	<b>State 2</b>	<b>State 3</b>	<b>State 4</b>
<b>25</b> Postal abbreviation for state to which tax was paid . . . . .	I A	— —	— —	— —
<b>26</b> Income taxable to both Wisconsin and other state (see instructions) . . . . .	10000 .00	.00	.00	.00
<b>27</b> Total income taxed by the other state before subtracting any standard or itemized deductions or personal exemptions (see instructions) . . . . .	10000 .00	.00	.00	.00
<b>28</b> From the income tax return of the other state, fill in the net tax amount after subtracting all nonrefundable and refundable credits. Do not include tax withheld or estimated tax payments as a credit . . . . .	138 .00	.00	.00	.00
<b>29</b> Are the amounts on lines 26 and 27 the same? • If YES, leave line 29 blank and fill in the amount from line 28 on line 30 • If NO and line 26 is less than line 27, divide line 26 by line 27. Carry the decimal to four places and fill in on line 29. If line 27 is less than line 26, fill in 1.0000 . . . . .	.	.	.	.
<b>30</b> Multiply line 28 by line 29. Round the result to the nearest dollar . . . . .	138 .00	.00	.00	.00
<b>31</b> Income and franchise tax (see instructions) . . . . .	.00	.00	.00	.00
<b>32</b> Add lines 30 and 31 in each column . . . . .	138 .00	.00	.00	.00
<b>33</b> Add the amounts in each column of line 32. Fill in the total here . . . . .				33 138 .00
<b>34</b> If you have tax paid to more than 4 states, fill in the amount from line 33 of any additional Schedules OS . . . . .				34 .00
<b>35</b> Add lines 33 and 34 . . . . .				35 138 .00
<b>36</b> Fill in the amount from: • Line 29 of Form 1 less the amounts on lines 30 and 31 of Form 1, or • Line 55 of Form 1NPR less the amounts on lines 56 and 57 of Form 1NPR, or • Line 12 of Form 2 less the amount on line 13 of Form 2 . . . . .				36 2503 .00
<b>37</b> Fill in the smaller of line 35 or line 36. This is your credit for tax paid to another state (see instructions) . . . . .				37 138 .00



# 2012

## UNDERPAYMENT OF ESTIMATED TAX BY INDIVIDUALS AND FIDUCIARIES

◆ Enclose with your Wisconsin income tax return ◆

### Schedule

Wisconsin  
Department of Revenue

# U

Legal name(s) shown on tax return: ADDRESS, FOREIGN & JANE  
Your social security number or trust ID number: 540-00-5420

<b>PART I Required Annual Payment</b> – All filers must complete this part.		
1	Fill in your 2012 net tax (from Form 1, line 34; Form 1A, line 24; Form 1NPR, line 60; or Form 2, line 16) . . . . .	2365
2	Economic development surcharge (from Form 1, line 35; Form 1NPR, line 61; or Form 2, line 18) . . . . .	0
3	Add lines 1 and 2 . . . . .	2365
4	Other credits (see instructions) . . . . .	0
5	Subtract line 4 from line 3. If zero or less, do not complete or file this form . . . . .	2365
6	Multiply line 5 by 90% (.90) . . . . .	2129
7	Wisconsin tax withheld for 2012 . . . . .	525
8	Subtract line 7 from line 5. If less than \$200, do not complete or file this form . . . . .	1840
9	Fill in your prior year (2011) tax (see instructions) . . . . .	2000
10	Required annual payment. Fill in the smaller of line 6 or line 9 (see instructions) . . . . .	2000

<b>PART II Short Method</b> – You may use this method if you did not make estimated tax payments or if you made estimated tax payments on the due dates and in four equal amounts. Otherwise, use the regular method (Part III).		
11	Fill in the amount, if any, from line 7 above . . . . .	525
12	Fill in the total amount, if any, of estimated tax payments you made . . . . .	
13	Add lines 11 and 12 . . . . .	525
14	Total underpayment for year. Subtract line 13 from line 10. If the result is zero or less, stop here; you do not owe underpayment interest . . . . .	1475
15	Multiply line 14 by .0794 and fill in the result . . . . .	117
16	• If the amount on line 14 was paid on or after 4/15/13, enter -0-. • If the amount on line 14 was paid before 4/15/13, make the following computation to find the amount to enter on line 16: Amount on line 14 x Number of days paid before 4/15/13 x .0003287 . . . . .	0
17	Underpayment interest. Subtract line 16 from line 15. Also write this amount on line 55 of Form 1, line 39 of Form 1A, line 83 of Form 1NPR, or line 33 of Form 2. Then increase the amount you owe or decrease your refund accordingly . . . . . <b>Total Due</b> ▶	\$ 117

<b>PART III Regular Method</b>		Due Dates of Installments*			
		April 17, 2012	June 15, 2012	Sept. 17, 2012	Jan. 16, 2013
18	Divide line 10 by four (4) and fill in the result in each column (see instructions for exceptions) . . . . .	18			
19	Estimated tax paid (see instructions) . . . . .	19			
20	Tax withheld. Fill in one-fourth of line 7 in each column (see instructions) . . . . .	20			
21	Add lines 19 and 20. This is your total payment . . . . .	21			
22	If line 21 is smaller than line 18, subtract line 21 from line 18. This is your underpayment (see instructions) . . . . .	22			
23	If line 21 is larger than line 18, subtract line 18 from line 21. This is your overpayment . . . . .	23			
24	Carryback of overpayment or late payment (see instructions) . . . . .	24			
25	Carryforward of overpayment (see instructions) . . . . .	25			
26	Subtract the total of lines 24 and 25 from line 22. This is your net underpayment . . . . .	26			
27	Number of days from the due date of the installment to the date carryback amount on line 24 was paid . . . . .	27			
28	Number of days from the due date of the installment to the date balance due on tax return was paid or April 15, 2013, whichever is earlier . . . . .	28			
29	Interest: $\frac{\text{Days on line 27}}{365} \times .12 \times \text{Amount on line 24}$ . . . . .	29	\$	\$	\$
30	Interest: $\frac{\text{Days on line 28}}{365} \times .12 \times \text{Amount on line 26}$ . . . . .	30	\$	\$	\$
31	Underpayment interest. Fill in the sum of all amounts on lines 29 and 30. Also write this amount on line 55 of Form 1, line 39 of Form 1A, line 83 of Form 1NPR, or line 33 of Form 2. Then increase the amount you owe or decrease your refund accordingly . . . . . <b>Total Due</b> ▶	31	\$		

D-104 \*The due dates shown are for calendar year taxpayers. Adjust these dates accordingly for fiscal year returns.

Legal name(s) shown on tax return

Your social security number or trust ID number

ADDRESS, FOREIGN & JANE

540-00-5420

**PART IV Annualized Income Installment Method Worksheet** – Complete lines 32 through 58 only if computing installments using annualized income installment method.

**(Caution:** Complete one column through line 58 before completing the next column.)

(Estates and trusts, do not use the period ending dates shown to the right. Instead, substitute the following: 2/28/12, 4/30/12, 7/31/12, and 11/30/12.)		1/1/12 to 3/31/12	1/1/12 to 5/31/12	1/1/12 to 8/31/12	1/1/12 to 12/31/12
<b>32</b> Fill in your Wisconsin income for each period shown (If filing Form 1NPR, see instructions) . . . . .	32				
<b>33</b> Annualization amounts. (Estates and trusts, do not use amounts shown to the right. Instead, use 6, 3, 1.71429, and 1.09091.) . . . . .	33	4	2.4	1.5	1
<b>34</b> Annualized income (multiply line 32 by line 33) . . . . .	34				
<b>35</b> Standard deduction and net operating loss (see instructions) . . . . .	35				
<b>36</b> Subtract line 35 from line 34 . . . . .	36				
<b>37</b> Fill in your deduction for exemptions (see instructions) . . . . .	37				
<b>38</b> Subtract line 37 from line 36 . . . . .	38				
<b>39</b> Fill in your tax on the amount on line 38 (see instructions) . . . . .	39				
<b>40</b> Fill in your credits (see instructions) . . . . .	40				
<b>41</b> Subtract line 40 from line 39. If zero or less, fill in -0- (If filing Form 1NPR, see instructions) . . . . .	41				
<b>42</b> Fill in your alternative minimum tax (see instructions) . . . . .	42				
<b>43</b> Add lines 41 and 42 . . . . .	43				
<b>44</b> Fill in the amount of credit from line 33 of your 2012 Form 1, the total of the credits from lines 52 and 59 of your 2012 Form 1NPR, or the amount of credit from line 15 of the 2012 Form 2 . . . . .	44				
<b>45</b> Subtract line 44 from line 43. If zero or less, fill in -0- . . . . .	45				
<b>46</b> Economic development surcharge (see instructions) . . . . .	46				
<b>47</b> Add lines 45 and 46 . . . . .	47				
<b>48</b> Other credits (see instructions) . . . . .	48				
<b>49</b> Subtract line 48 from line 47. If zero or less, fill in -0-. This is your annualized net tax . . . . .	49				
<b>50</b> Applicable percentage . . . . .	50	22.5%	45%	67.5%	90%
<b>51</b> Multiply line 49 by line 50 . . . . .	51				
<b>52</b> Fill in the combined amounts of line 58 from all preceding columns . . . . .	52				
<b>53</b> Subtract line 52 from line 51. If zero or less, fill in -0- . . . . .	53				
<b>54</b> Divide line 10 in Part I on page 1 of Schedule U by four (4) and fill in the result in each column . . . . .	54				
<b>55</b> Fill in the amount from line 57 of the preceding column of this worksheet . . . . .	55				
<b>56</b> Add lines 54 and 55 . . . . .	56				
<b>57</b> Subtract line 53 from line 56. If zero or less, fill in -0- . . . . .	57				
<b>58</b> Fill in the smaller of line 53 or line 56 here and on line 18 of Schedule U . . . . .	58				

**CAUTION:**

- The total of the amounts on line 58 should equal line 10 of Part I of Schedule U.
- Period ending dates shown above are for calendar year taxpayers. Adjust these dates accordingly for fiscal year returns.
- If the above worksheet is used to figure the amount to enter in any column of line 18 of Schedule U, it must be used to figure the amounts to enter in all four columns.

22222		Void <input type="checkbox"/>	a Employee's social security number 400-00-5420		For Official Use Only ▶ OMB No. 1545-0008		
b Employer identification number (EIN) 36-1206548				1 Wages, tips, other compensation 44,700.00		2 Federal income tax withheld 5,000.00	
c Employer's name, address, and ZIP code BANK TWO 1412 MAIN ST MONONA WI 53716				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial FOREIGN		Last name ADDRESS		Suff.		11 Nonqualified plans	
512 FEMRITE DR MONONA WI 53716				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12	
				14 Other		12b	
						12c	
f Employee's address and ZIP code						12d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
WI	036-2222334451-02	40,000.00	400.00				
IL	48648849	4,700.00	25.00				

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

**2013**

Department of the Treasury—Internal Revenue Service  
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Cat. No. 10134D

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22222		Void <input type="checkbox"/>	a Employee's social security number 400-00-5420		For Official Use Only ▶ OMB No. 1545-0008		
b Employer identification number (EIN) 45-4564894				1 Wages, tips, other compensation 10,000.00		2 Federal income tax withheld 1,050.00	
c Employer's name, address, and ZIP code FAST FOOD 1745 MAIN ST DUBUQUE IA 52001				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial FOREIGN		Last name ADDRESS		Suff.		11 Nonqualified plans	
512 FEMRITE DR MONONA WI 53716				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12	
				14 Other		12b	
						12c	
f Employee's address and ZIP code						12d	
15 State IA	Employer's state ID number 1564489	16 State wages, tips, etc. 10,000.00	17 State income tax 75.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

**2013**

Department of the Treasury—Internal Revenue Service  
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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22222		Void <input type="checkbox"/>	a Employee's social security number 400-00-5490		For Official Use Only ▶ OMB No. 1545-0008				
b Employer identification number (EIN) 48-4564898				1 Wages, tips, other compensation 5,000.00		2 Federal income tax withheld 630.00			
c Employer's name, address, and ZIP code HELPING OUT 2333 FISH HATCHERY RD MADISON WI 53704				3 Social security wages		4 Social security tax withheld			
				5 Medicare wages and tips		6 Medicare tax withheld			
				7 Social security tips		8 Allocated tips			
d Control number				9		10 Dependent care benefits			
e Employee's first name and initial JANE		Last name ADDRESS		Suff.	11 Nonqualified plans		12a See instructions for box 12		
f Employee's address and ZIP code 512 FEMRITE DR MONONA WI 53716				13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b		
				14 Other			12c	12d	
				15 State				Employer's state ID number	16 State wages, tips, etc.
WI	036-1122334451-02			5,000.00	125.00				

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

**2013**

Department of the Treasury—Internal Revenue Service  
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Cat. No. 10134D

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For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , 2013, ending , 20. See separate instructions. Your first name and initial: FOREIGN K, Last name: ADDRESS, Your social security number: 4 0 0 0 5 4 2 0. If a joint return, spouse's first name and initial: JANE L, Last name: ADDRESS, Spouse's social security number: 4 0 0 0 5 4 9 0. Home address (number and street): 512 FEMRITE DR, Apt. no.: . Make sure the SSN(s) above and on line 6c are correct. City, town or post office, state, and ZIP code: MONONA, WI 53716. Foreign country name: , Foreign province/state/county: , Foreign postal code: . 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

Filing Status: 1 [ ] Single, 2 [x] Married filing jointly (even if only one had income), 3 [ ] Married filing separately. Enter spouse's SSN above and full name here. 4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 [ ] Qualifying widow(er) with dependent child. Check only one box.

Exemptions: 6a [x] Yourself. If someone can claim you as a dependent, do not check box 6a. b [x] Spouse. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [x] if child under age 17 qualifying for child tax credit (see instructions). Boxes checked on 6a and 6b: 2. No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions). Dependents on 6c not entered above: . Add numbers on lines above: 2.

Income: 7 Wages, salaries, tips, etc. Attach Form(s) W-2: 59700 00. 8a Taxable interest. Attach Schedule B if required: 7917 00. b Tax-exempt interest. Do not include on line 8a: 500 00. 9a Ordinary dividends. Attach Schedule B if required: 800 00. b Qualified dividends: 800 00. 10 Taxable refunds, credits, or offsets of state and local income taxes: 250 00. 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: 15a Taxable amount: 15b . 16a Pensions and annuities: 16a Taxable amount: 16b . 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 Taxable amount: 20b . 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: 68667 00.

Adjusted Gross Income: 23 Educator expenses: . 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 Tuition and fees. Attach Form 8917: . 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: 68667 00.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

Form for Third Party Designee with fields for name, phone, and PIN.

Sign Here

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.

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

Signature section with fields for signature, date, occupation, and phone number.

Paid Preparer Use Only

Form for Paid Preparer Use Only with fields for name, signature, date, firm name, EIN, and phone number.

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2013**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

► **Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).**  
► **Attach to Form 1040.**

Name(s) shown on Form 1040

Your social security number

<b>Medical and Dental Expenses</b>		<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
<b>1</b>	Medical and dental expenses (see instructions)		<b>1</b>		
<b>2</b>	Enter amount from Form 1040, line 38 <b>2</b>				
<b>3</b>	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead		<b>3</b>		
<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			<b>4</b>	
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
<b>a</b>	<input checked="" type="checkbox"/> Income taxes, or		<b>5</b>	1250	00
<b>b</b>	<input type="checkbox"/> General sales taxes				
<b>6</b>	Real estate taxes (see instructions)		<b>6</b>	4300	00
<b>7</b>	Personal property taxes		<b>7</b>		
<b>8</b>	Other taxes. List type and amount ► FOREIGN INCOME TAX - \$125		<b>8</b>	125	00
<b>9</b>	Add lines 5 through 8				<b>9</b> 5675 00
<b>Interest You Paid</b>		<b>10</b> Home mortgage interest and points reported to you on Form 1098	<b>10</b>	9600	00
<b>Note.</b> Your mortgage interest deduction may be limited (see instructions).		<b>11</b> Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	<b>11</b>		
		<b>12</b> Points not reported to you on Form 1098. See instructions for special rules	<b>12</b>		
		<b>13</b> Mortgage insurance premiums (see instructions)	<b>13</b>		
		<b>14</b> Investment interest. Attach Form 4952 if required. (See instructions.)	<b>14</b>		
		<b>15</b> Add lines 10 through 14			<b>15</b> 9600 00
<b>Gifts to Charity</b>		<b>16</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	<b>16</b>	6000	00
If you made a gift and got a benefit for it, see instructions.		<b>17</b> Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	<b>17</b>		
		<b>18</b> Carryover from prior year	<b>18</b>		
		<b>19</b> Add lines 16 through 18			<b>19</b> 6000 00
<b>Casualty and Theft Losses</b>		<b>20</b> Casualty or theft loss(es). Attach Form 4684. (See instructions.)	<b>20</b>		
<b>Job Expenses and Certain Miscellaneous Deductions</b>		<b>21</b> Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	<b>21</b>		
		<b>22</b> Tax preparation fees	<b>22</b>		
		<b>23</b> Other expenses—investment, safe deposit box, etc. List type and amount ►	<b>23</b>		
		<b>24</b> Add lines 21 through 23	<b>24</b>		
		<b>25</b> Enter amount from Form 1040, line 38 <b>25</b>	<b>25</b>		
		<b>26</b> Multiply line 25 by 2% (.02)	<b>26</b>		
		<b>27</b> Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			<b>27</b>
<b>Other Miscellaneous Deductions</b>		<b>28</b> Other—from list in instructions. List type and amount ►	<b>28</b>		
<b>Total Itemized Deductions</b>		<b>29</b> Is Form 1040, line 38, over \$150,000? <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	<b>29</b>	21275	00
		<b>30</b> If you elect to itemize deductions even though they are less than your standard deduction, check here			<input type="checkbox"/>

**SCHEDULE B**  
**(Form 1040A or 1040)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2013**  
Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040A or 1040.**

▶ **Information about Schedule B (Form 1040A or 1040) and its instructions is at [www.irs.gov/scheduleb](http://www.irs.gov/scheduleb).**

Name(s) shown on return

Your social security number

FOREIGN & JANE ADDRESS

400-00-5420

**Part I**  
**Interest**

**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 ▶

COOPER BANK

NATIONAL BANK

ROME BANK

**Amount**

6647 00

720 00

550 00

(See instructions on back 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 . . . . . **2** 7917 00

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

**4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a . . . . . ▶ **4** 7917 00

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

**Amount**

**Part II**

**5** List name of payer ▶

**Ordinary Dividends**

(See instructions on back 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 . . . . . ▶ **6**

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

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.

**Part III**  
**Foreign Accounts and Trusts**

(See instructions on back.)

**7a** At any time during 2013, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), formerly TD F 90-22.1 to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

**b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

**8** During 2013, 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 instructions on back . . . . .

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>