

Test #2

These are MFJ taxpayers over 65 with wages, unemployment and pension income. They are both eligible for the 65 or older exemption with an amount due.

Federal Forms: None

Wisconsin Forms: 1A

Address:

123 W Main St #100

Madison, WI 53703

Taxpayer:

Test Grass

400-00-5402

02/11/1930

1099-G

W2- WI ID# 036-0012345678-06

Spouse:

May Grass

400-00-5472

01/10/1932

1099-R

W2 - WI ID# 036-0012345678-06

Filing Status: MFJ





Complete form using **BLACK INK**

Note

DO NOT STAPLE

Your legal last name TEST		Legal first name GRASS		M.I.	Your social security number 400 00 5402
If a joint return, spouse's legal last name MAY		Spouse's legal first name GRASS		M.I.	Spouse's social security number 400 00 5472
Home address (number and street). If you have a PO Box, see page 6. 123 W MAIN ST				Apt. No. 100	Tax district 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 MADISON County of DANE School district number (see page 23) 3269 Special conditions <input type="checkbox"/>
City or post office MADISON		State WI	Zip code 53703		

Filing status
 Single
 Married filing joint return (even if only one had income)
 Head of household Fill in qualifying person's name
 Also, check here if married.

ENCLOSE WITHHOLDING STATEMENTS

PAPER CLIP PAYMENT HERE

Print numbers like this → 0123456789	Not like this → 0147	NO COMMAS; NO CENTS
1	Wages, salaries, tips, etc. (see page 7)	18950.00
2	Interest (see page 7)	216.00
3	Ordinary dividends (from line 9a of federal Form 1040A or 1040)	25.00
4	Capital gain distributions (see page 8)	20.00
5	Unemployment compensation (from worksheet, page 8)	900.00
6	Taxable IRA distributions, pensions, and annuities (see page 8)	4000.00
7	Add lines 1 through 6	24111.00
8	IRA deduction (see page 10)	.00
9	Student loan interest deduction (see page 10)	.00
10	Medical care insurance deduction (see page 10)	950.00
11	Add lines 8 through 10	950.00
12	Subtract line 11 from line 7. This is your Wisconsin income	23161.00
13	If your parent (or someone else) can claim you (or your spouse) as a dependent, check here <input type="checkbox"/>	
14	Fill in the standard deduction for your filing status from table, page 31. But if you checked line 13, fill in amount from worksheet, page 11	17255.00
15	Subtract line 14 from line 12. If line 14 is larger than line 12, fill in 0	5906.00
16	Exemptions (Caution: see page 11)	
	a Fill in exemptions from your federal return <input type="checkbox"/> 2 x \$700 .. 16a	1400.00
	b Check if 65 or older <input checked="" type="checkbox"/> You + <input checked="" type="checkbox"/> Spouse = 2 x \$250 .. 16b	500.00
	c Add lines 16a and 16b	1900.00
17	Subtract line 16c from line 15. If line 16c is larger than line 15, fill in 0. This is your taxable income	4006.00
18	Tax. Use amount on line 17 to find your tax using table, page 24	178.00
19	Armed forces member credit (must be stationed outside U.S., see page 11)	.00
20	School property tax credit	
	a Rent paid in 2013—heat included .00 } Find credit from table page 12 .. 20a	.00
	Rent paid in 2013—heat not included .00	
	b Property taxes paid on home in 2013 .00 } Find credit from table page 13 .. 20b	.00
21	Working families tax credit, see page 14	.00
22	Married couple credit. Complete schedule on reverse side	80.00
23	Add lines 19 through 22. This is the total of your credits	80.00
24	Subtract line 23 from line 18. If line 23 is larger than line 18, fill in 0. This is your net tax	98.00

NO COMMAS; NO CENTS

25 Fill in net tax from line 24 25 98.00

26 Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 15) 26 .00
If you certify that no sales or use tax is due, check here

27 Donations (decreases refund or increases amount owed)

a Endangered resources <u>10.00</u>	f Firefighters memorial <u>.00</u>
b Packers football stadium <u>.00</u>	g Military family relief <u>.00</u>
c Cancer research <u>5.00</u>	h Second Harvest/Feeding Amer. <u>.00</u>
d Veterans trust fund <u>.00</u>	i Red Cross WI Disaster Relief <u>7.00</u>
e Multiple sclerosis <u>.00</u>	j Special Olympics <u>8.00</u>

Total (add lines a through j) .. 27k 30.00

28 Add lines 25, 26, and 27k 28 128.00

29 Wisconsin income tax withheld. Enclose withholding statements 29 0.00

30 2013 estimated tax payments and amount applied from 2012 return ... 30 .00

31 Earned income credit (see page 16)
Qualifying Federal children credit00 x % = ... 31 .00

32 Homestead credit. Attach Schedule H or H-EZ 32 .00

33 Eligible veterans and surviving spouses property tax credit (see page 17) 33 .00

34 Add lines 29 through 33 34 0.00

35 If line 34 is more than line 28, subtract line 28 from line 34. This is the AMOUNT YOU OVERPAID 35 0.00

36 Amount of line 35 you want REFUNDED TO YOU 36 0.00

37 Amount of line 35 you want applied to your 2014 estimated tax 37 .00

38 If line 34 is less than line 28, subtract line 34 from line 28. This is the AMOUNT YOU OWE 38 128.00

39 Underpayment interest. Fill in exception code - See Sch. U -> 39 .00
(See page 19)

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 19)?

Yes Complete the following. No

Designee's name Phone no. ()

Personal identification number (PIN)

Sign below 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 () _____

Mail your return to: Wisconsin Department of Revenue

If tax due PO Box 268, Madison WI 53790-0001

If homestead credit claimed PO Box 34, Madison WI 53786-0001

If refund or no tax due PO Box 59, Madison WI 53785-0001

Married Couple Credit When Both Spouses Are Employed

	(A) YOURSELF	(B) YOUR SPOUSE
1 Wages, salaries, tips, and other employee compensation from line 1 of Form 1A. Do not include deferred compensation or scholarships and fellowships that are not reported on a W-2 ... 1	<u>16300.00</u>	<u>2650.00</u>
2 IRA deduction, if any, from line 8 of Form 1A. 2	<u>.00</u>	<u>.00</u>
3 Subtract line 2 from line 1 3	<u>16300.00</u>	<u>2650.00</u>
4 Compare amounts in columns (A) and (B) of line 3. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000 4	<u>16300.00</u>	<u>2650.00</u>
5 Rate of credit is .03 (3%) 5	<u>16300.00</u>	<u>x .03</u>
6 Multiply line 4 by line 5. Round the result and fill in here and on line 22 of Form 1A. Do NOT fill in more than \$480 6	<u>16300.00</u>	<u>80.00</u>



C For Department Use Only

22222		Void <input type="checkbox"/>		a Employee's social security number 400-00-5402		For Official Use Only ▶ OMB No. 1545-0008					
b Employer identification number (EIN) 11-9988776				1 Wages, tips, other compensation 16,300.00		2 Federal income tax withheld 2,566.00					
c Employer's name, address, and ZIP code Last Job Inc. 97 Wheatly Ave Rio, WI 53501				3 Social security wages 16,300.00		4 Social security tax withheld 684.60					
				5 Medicare wages and tips 16,300.00		6 Medicare tax withheld 236.35					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial Test		Last name Grass		Suff.		11 Nonqualified plans		12a See instructions for box 12			
f Employee's address and ZIP code 123 W Main St #100 Madison, WI 53703				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		12c		12d	
				14 Other							
15 State WI		Employer's state ID number 036-0012345678-06		16 State wages, tips, etc. 16,300.00		17 State income tax 0.00		18 Local wages, tips, etc.		19 Local income tax	20 Locality name

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

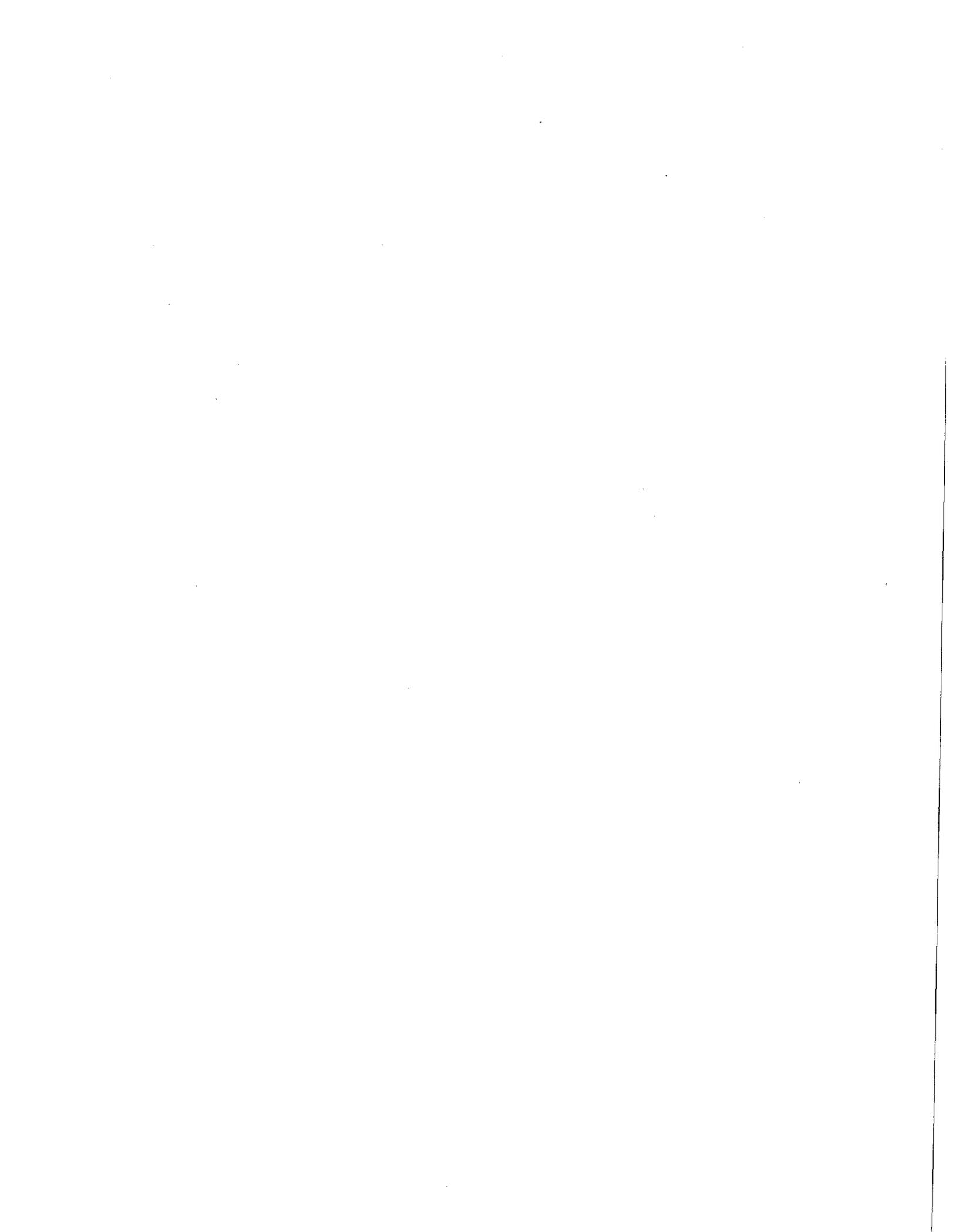
2013

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

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22222		Void <input type="checkbox"/>	a Employee's social security number 400-00-5472		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN) 11-9988776			1 Wages, tips, other compensation 2,650.00		2 Federal income tax withheld 133.00	
c Employer's name, address, and ZIP code Last Job Inc. 97 Wheatly Ave Rio, WI 53501			3 Social security wages 2,650.00		4 Social security tax withheld 111.00	
			5 Medicare wages and tips 2,650.00		6 Medicare tax withheld 38.00	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial May		Last name Grass	Suff.	11 Nonqualified plans		12a See instructions for box 12
123 W Main St #100 Madison, WI 53703			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
			14 Other		12c	
					12d	
f Employee's address and ZIP code						
15 State WI	Employer's state ID number 036-0012345678-06	16 State wages, tips, etc. 2,650.00	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

2013

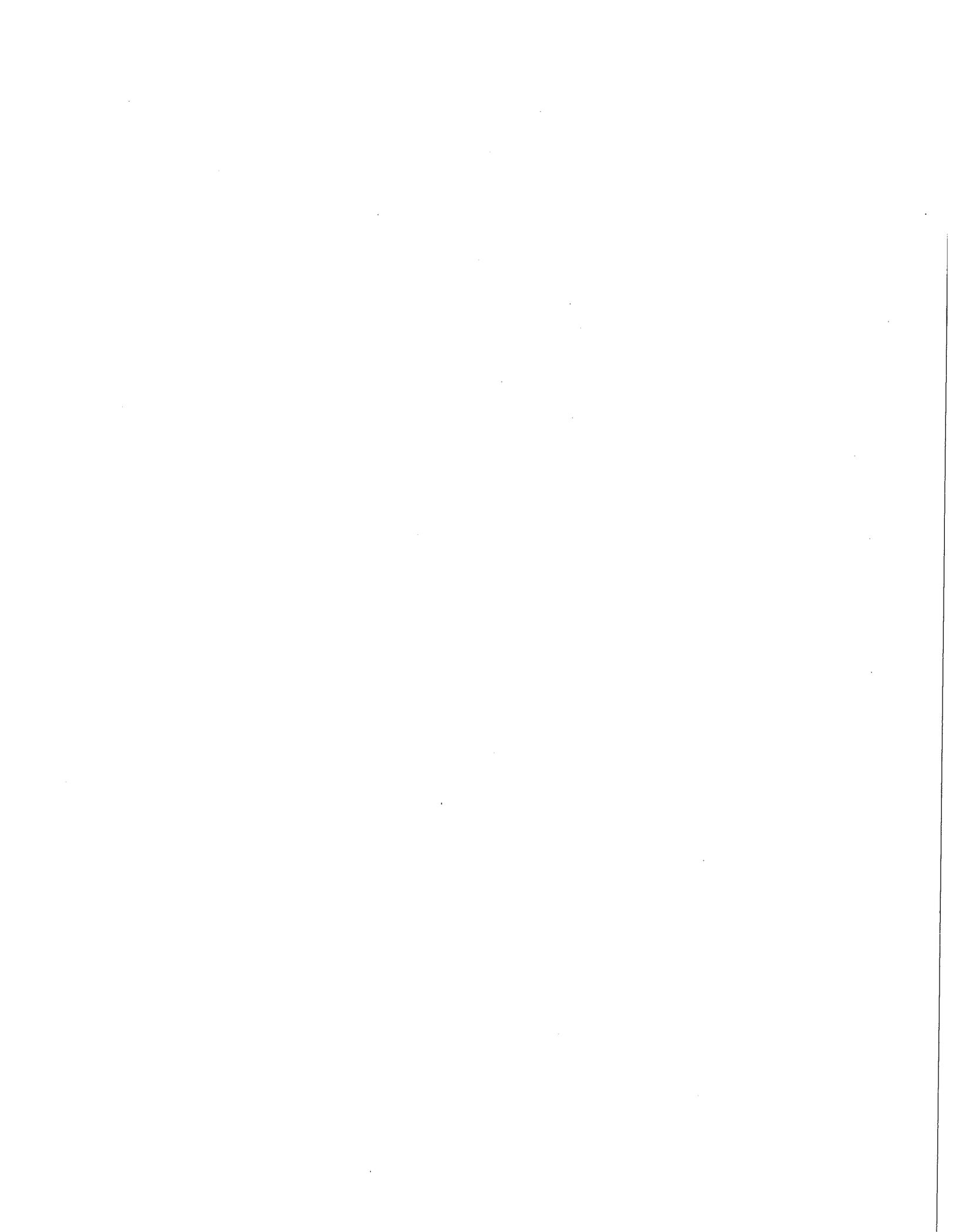
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VOID

CORRECTED

PAYER'S name, street address, city or town, province or state, country, ZIP, or foreign postal code, and telephone no. Test Unemployment 200 King St Madison WI, 53713		1 Unemployment compensation \$ 900.00	OMB No. 1545-0120 2013 Form 1099-G	Certain Government Payments Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns.
PAYER'S federal identification number 01-2345678	RECIPIENT'S identification number 400-00-5402	2 State or local income tax refunds, credits, or offsets \$	3 Box 2 amount is for tax year \$	
RECIPIENT'S name Test Grass		5 RTAA payments \$	4 Federal income tax withheld \$	
Street address (including apt. no.) 123 W Main St #100		7 Agriculture payments \$	6 Taxable grants \$	
City or town, province or state, country and ZIP or foreign postal code Madison, Wi 53703		8 Check if box 2 is trade or business income <input type="checkbox"/>	9 Market gain \$	
Account number (see instructions)		10a State	10b State identification no.	
			11 State income tax withheld \$	

Form 1099-G

Cat. No. 14438M

www.irs.gov/form1099g

Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code Test Pension 123 Randall Downer's Grove, IL 60515		1 Gross distribution \$ 9,000.00	OMB No. 1545-0119 2013 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 9,000.00	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
PAYER'S federal identification number 12-3456789	RECIPIENT'S identification number 400-00-5472	3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$ 900.00		Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S name Mary Grass		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.) 123 W. Main St #100		7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns.
City or town, province or state, country, and ZIP or foreign postal code Madison, WI 53703		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 \$ 0.00	13 State/Payer's state no.	14 State distribution \$	
Account number (see instructions)		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	

