



Complete form using **BLACK INK**

**Note**

DO NOT STAPLE

Your legal last name <b>EAGLE</b>		Legal first name <b>TEST</b>		M.I.	Your social security number <b>400 00 5406</b>
If a joint return, spouse's legal last name		Spouse's legal first name		M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 6. <b>1007 W SPRING ST</b>				Apt. No.	
City or post office <b>APPLETON</b>		State <b>WI</b>	Zip code <b>54914</b>		
<b>Filing status</b>				<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"/> Single				<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	
<input type="checkbox"/> Married filing joint return (even if only one had income)				City, village, or town <b>APPLETON</b>	
<input type="checkbox"/> Head of household <span style="float: right;">Fill in qualifying person's name ▼</span>				<b>County of</b> <b>OUTAGAMIE</b>	
Also, check here if married. <input type="checkbox"/>				<b>School district number</b> (see page 23) <b>0147</b>	
				<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**

ENCLOSE withholding statements

<b>1</b>	Wages, salaries, tips, etc. (see page 7) .....	<b>1</b>	7000.00
<b>2</b>	Interest (see page 7) .....	<b>2</b>	.00
<b>3</b>	Ordinary dividends (from line 9a of federal Form 1040A or 1040) .....	<b>3</b>	.00
<b>4</b>	Capital gain distributions (see page 8) .....	<b>4</b>	.00
<b>5</b>	Unemployment compensation (from worksheet, page 8) .....	<b>5</b>	.00
<b>6</b>	Taxable IRA distributions, pensions, and annuities (see page 8) .....	<b>6</b>	.00
<b>7</b>	Add lines 1 through 6 .....	<b>7</b>	7000.00
<b>8</b>	IRA deduction (see page 10) .....	<b>8</b>	.00
<b>9</b>	Student loan interest deduction (see page 10) .....	<b>9</b>	.00
<b>10</b>	Medical care insurance deduction (see page 10) .....	<b>10</b>	.00
<b>11</b>	Add lines 8 through 10 .....	<b>11</b>	.00
<b>12</b>	Subtract line 11 from line 7. This is your Wisconsin income .....	<b>12</b>	7000.00
<b>13</b>	If your parent (or someone else) can claim you (or your spouse) as a dependent, check here <input type="checkbox"/>	<b>13</b>	
<b>14</b>	Fill in the <b>standard deduction</b> for your filing status from table, page 31. <b>But if</b> you checked line 13, fill in amount from worksheet, page 11 .....	<b>14</b>	9930.00
<b>15</b>	Subtract line 14 from line 12. If line 14 is larger than line 12, fill in 0 .....	<b>15</b>	0.00
<b>16</b>	<b>Exemptions</b> (Caution: see page 11)		
	<b>a</b> Fill in exemptions from your federal return . . . . <input type="checkbox"/> <b>1</b> x \$700 .. <b>16a</b> .....	<b>16a</b>	700.00
	<b>b</b> Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250 .. <b>16b</b> .....	<b>16b</b>	.00
	<b>c</b> Add lines 16a and 16b .....	<b>16c</b>	700.00
<b>17</b>	Subtract line 16c from line 15. If line 16c is larger than line 15, fill in 0. This is your taxable income ..	<b>17</b>	.00
<b>18</b>	Tax. Use amount on line 17 to find your tax using table, page 24 .....	<b>18</b>	.00
<b>19</b>	Armed forces member credit (must be stationed outside U.S., see page 11) <b>19</b> .....	<b>19</b>	.00
<b>20</b>	School property tax credit		
	<b>a</b> Rent paid in 2013—heat included <u>1200.00</u> } Find credit from table page 12 .. <b>20a</b> .....	<b>20a</b>	128.00
	Rent paid in 2013—heat not included <u>3200.00</u> }		
	<b>b</b> Property taxes paid on home in 2013 <u>207.00</u> } Find credit from table page 13 .. <b>20b</b> .....	<b>20b</b>	26.00
<b>21</b>	Working families tax credit, see page 14 .....	<b>21</b>	.00
<b>22</b>	Married couple credit. Complete schedule on reverse side .....	<b>22</b>	.00
<b>23</b>	Add lines 19 through 22. This is the total of your credits .....	<b>23</b>	154.00
<b>24</b>	Subtract line 23 from line 18. If line 23 is larger than line 18, fill in 0. This is your net tax ..	<b>24</b>	0.00

PAPER CLIP payment here

NO COMMAS; NO CENTS

**25** Fill in net tax from line 24 ..... **25** 0.00

**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)

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

Total (add lines a through j) .. **27k** .00

**28** Add lines 25, 26, and 27k ..... **28** 0.00

**29** Wisconsin income tax withheld. Enclose withholding statements ..... **29** 454.00

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

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

**32** Homestead credit. Attach Schedule H or H-EZ ..... **32** 436.00

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

**34** Add lines 29 through 33 ..... **34** 890.00

**35** If line 34 is more than line 28, subtract line 28 from line 34. This is the **AMOUNT YOU OVERPAID** **35** 890.00

**36** Amount of line 35 you want **REFUNDED TO YOU** ..... **36** 890.00

**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** .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 (715) 344-1234

**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
<b>1</b> 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 . . . . <b>1</b>	.00	.00
<b>2</b> IRA deduction, if any, from line 8 of Form 1A. . . . . <b>2</b>	.00	.00
<b>3</b> Subtract line 2 from line 1 . . . . . <b>3</b>	.00	.00
<b>4</b> 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 . . . . . <b>4</b>		.00
<b>5</b> Rate of credit is .03 (3%) . . . . . <b>5</b>		X <b>.03</b>
<b>6</b> Multiply line 4 by line 5. Round the result and fill in here and on line 22 of Form 1A. . . . . <b>Do NOT fill in more than \$480</b> <b>6</b>		.00



C For Department Use Only

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Claimant's social security number 400 00 5406		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 EAGLE		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.

<b>7</b> Wisconsin income from your 2013 income tax return. If you <b>already filed your tax return, attach a copy marked "Duplicate."</b> (See page 5, Part C.1, paragraph 3.)	<b>7</b>	7000 .00
<b>8</b> If you or you and your spouse <b>are not filing a 2013 Wisconsin return, fill in Wisconsin taxable income on lines 8a and 8b.</b>		
<b>a</b> Wages .00 + Interest .00 + Dividends .00 =	<b>8a</b>	.00
<b>b</b> Other taxable income. Attach a schedule listing each income item	<b>8b</b>	.00
<b>9 Nontaxable household income. Do not include amounts filled in on line 7, 8a, or 8b.</b>		
<b>a</b> Unemployment compensation	<b>9a</b>	3000 .00
<b>b</b> Social security, federal and state SSI, SSI-E, SSD, and caretaker supplement payments. Include Medicare premium deductions	<b>9b</b>	.00
<b>c</b> Railroad retirement benefits. Include Medicare premium deductions	<b>9c</b>	.00
<b>d</b> Pensions and annuities, including IRA, SEP, SIMPLE, and qualified plan distributions (see page 9)	<b>9d</b>	.00
<b>e</b> Contributions to deferred compensation plans (see box 12 of wage statements, and page 9)	<b>9e</b>	2000 .00
<b>f</b> Contributions to IRA, self-employed SEP, SIMPLE, and qualified plans	<b>9f</b>	.00
<b>g</b> Interest on United States securities (e.g., U.S. Savings Bonds) and state and municipal bonds	<b>9g</b>	.00
<b>h</b> Scholarships, fellowships, grants (see page 9), and military compensation or cash benefits	<b>9h</b>	1100 .00
<b>i</b> Child support, maintenance payments, and other support money (court ordered)	<b>9i</b>	.00
<b>j</b> Wisconsin Works (W2), county relief, kinship care, and other cash public assistance (see page 9)	<b>9j</b>	.00
<b>10</b> Add lines 7 through 9j. Enter here and on line 11a, at the top of page 2	<b>10</b>	13100 .00





<b>11 a</b> Enter amount from line 10 here .....	<b>11a</b>	<u>13100</u>	<b>.00</b>
<b>b</b> Workers' compensation, income continuation, and loss of time insurance (e.g., sick pay) .....	<b>11b</b>		<b>.00</b>
<b>c</b> Gain from sale of home excluded for federal tax purposes (see instructions) .....	<b>11c</b>		<b>.00</b>
<b>d</b> Other capital gains not taxable .....	<b>11d</b>		<b>.00</b>
<b>e</b> Net operating loss carryforward and capital loss carryforward .....	<b>11e</b>		<b>.00</b>
<b>f</b> 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 .....	<b>11f</b>	<u>50</u>	<b>.00</b>
<b>g</b> 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 .....	<b>11g</b>		<b>.00</b>
<b>h</b> Car or truck depreciation (standard mileage rate) .....	<b>11h</b>		<b>.00</b>
<b>i</b> Other depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs ...	<b>11i</b>		<b>.00</b>
<b>12 a</b> Subtotal. Add lines 11a through 11i .....	<b>12a</b>	<u>13150</u>	<b>.00</b>
<b>b</b> Number of qualifying dependents. Do not count yourself or your spouse (see page 11) _____ x \$500 =	<b>12b</b>		<b>.00</b>
<b>c</b> Household income. Subtract line 12b from line 12a (if \$24,680 or more, no credit is allowed) .....	<b>12c</b>	<u>13150</u>	<b>.00</b>

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

**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.

<b>Credit Computation</b>	
<b>16</b> Fill in the <b>smaller</b> of (a) amount on line 15 or (b) \$1,460 .....	<b>16</b> <u>993</u> <b>.00</b>
<b>17</b> Using the amount on line 12c, fill in the appropriate amount from <b>Table A</b> (page 17) .....	<b>17</b> <u>450</u> <b>.00</b>
<b>18</b> Subtract line 17 from line 16 (if line 17 is more than line 16, fill in 0; no credit is allowable) ....	<b>18</b> <u>543</u> <b>.00</b>
<b>19</b> Homestead credit – Using the amount on line 18, fill in the credit from <b>Table B</b> (page 18) .....	<b>19</b> <u>436</u> <b>.00</b>

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
<b>Sign Here</b> ▶			(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.

<b>Schedule 1 Allowable Taxes – Home on More Than One Acre of Land</b>																																					
<ul style="list-style-type: none"> <li><b>Homeowners:</b> 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.</li> <li><b>Renters:</b> 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.</li> <li>Do <b>not</b> 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.</li> <li>If you wish to use a different method to prorate your property taxes, attach to Schedule H your computation of allowable property taxes.</li> </ul>	<table> <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																																		

<b>Schedule 2 Allowable Taxes/Rent – Home Used Partly for Purposes Other Than Farm or Personal Use</b>													
<ul style="list-style-type: none"> <li>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.</li> <li>“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.</li> </ul>	<table> <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										

<b>Schedule 3 Taxes/Rent Reduction – Wisconsin Works (W2) or County Relief Recipients</b>																																					
<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><b>Line</b></p> <table> <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 <b>no</b> 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 <b>no</b> Wisconsin Works received . . . . .	8	6	Reduced rent (\$75 x 8 months) . . . . .	\$600	<table> <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 <b>was</b> included, fill in 20% (.20), or if heat <b>was not</b> 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 <b>smaller</b> 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 line 2. . . . .</td><td>4</td><td>.00</td></tr> <tr><td>5</td><td>Number of months in 2013 for which you did <b>not</b> 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 <b>was</b> included, fill in 20% (.20), or if heat <b>was not</b> 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 <b>smaller</b> of a) the total of lines 1 and 2, or b) \$1,460 . .	3	.00	4	Divide line 3 by line 2. . . . .	4	.00	5	Number of months in 2013 for which you did <b>not</b> 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 <b>no</b> 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 <b>was</b> included, fill in 20% (.20), or if heat <b>was not</b> 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 <b>smaller</b> of a) the total of lines 1 and 2, or b) \$1,460 . .	3	.00																																		
4	Divide line 3 by line 2. . . . .	4	.00																																		
5	Number of months in 2013 for which you did <b>not</b> 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](http://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 EAGLE	Legal first name TEST	M.I.	Social security number 400-00-5406	
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.
- |   |                |               |               |
|---|----------------|---------------|---------------|
| <b>a</b> Rent collected <b>per month</b> for this rental unit for 2013 . . . . . <b>3a</b>                      | <u>300.00</u>  | <u>320.00</u> | <u>340.00</u> |
| <b>b</b> Number of months this rental unit was rented to this renter in 2013                                    | <u>2</u>       | <u>4</u>      | <u>3</u>      |
| <b>c</b> Total rent collected for this rental unit for 2013 . . . . . <b>3c</b>                                 | <u>2900.00</u> |               |               |
| <b>d</b> Number of occupants in this rental unit – do NOT count spouse or children under 18 . . . . . <b>3d</b> | <u>2</u>       |               |               |
| <b>e</b> This renter's share of total 2013 rent . . . . . <b>3e</b>   | <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) 0.00
Other	4a) 300.00	4b) 0.00
Total	5a) 5600.00	5b) 3650.00

- |  |                |
|--|----------------|
| <b>1</b> Total rent paid (line 1a) . . . . . <b>1</b>  | <u>2900.00</u> |
| <b>2</b> Shared living expenses you paid (line 5b) . . . . . <b>2</b>  | <u>3650.00</u> |
| <b>3</b> Total shared living expenses (line 5a) . . . . . <b>3</b>   | <u>5600.00</u> |
| <b>4</b> Divide line 2 by line 3. Fill in decimal amount . . . . . <b>4</b>  | <u>x .65</u>   |
| <b>5</b> Multiply line 1 by line 4. . . . . <b>5</b>   | <u>1885.00</u> |
| <b>6</b> Value of food and services provided by landlord (line 4 above) . . . . . <b>6</b>   | <u>.00</u>     |
| <b>7</b> 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) <b>7</b> | <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](http://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 EAGLE	Legal first name TEST	M.I.	Social security number 400-00-5406	
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 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

# 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](http://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 EAGLE	Legal first name TEST	M.I.	Social security number 400-00-5406	
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) .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](http://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 EAGLE	Legal first name TEST	M.I.	Social security number 400-00-5406
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 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. <b>Fill in the number of miles</b> _____ . . . . .	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. <b>Fill in the amount claimed \$</b> _____ . . . . .	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 <b>Married but separated all year:</b> 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 <b>Married but separated all year:</b> 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 <b>Married but separated part of year:</b> Required information is attached. . . . .	15
<input type="checkbox"/>	26 <b>Marriage took place during year:</b> Required information is attached. . . . .	16
<input type="checkbox"/>	27 <b>Divorce took place during year:</b> 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 <b>Divorce took place during year:</b> 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 <b>Spouse died during year:</b> 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. A copy of my cancelled check for December is attached to Form W-RA.	-

Form  
**1040EZ**

**Income Tax Return for Single and  
Joint Filers With No Dependents** (99)

**2013**

OMB No. 1545-0074

Your first name and initial <b>TEST</b>	Last name <b>EAGLE</b>	<b>Your social security number</b> 4 0 0 0 5 4 0 6
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b> : : : : : : : :
Home address (number and street). If you have a P.O. box, see instructions. <b>1007 W SPRING ST</b>		Apt. no. <b>▲</b> Make sure the SSN(s) above are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>APPLETON WI 54914</b>		<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

<b>Income</b> Attach Form(s) W-2 here. Enclose, but do not attach, any payment.	<b>1</b> Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	<b>1</b>	7000
	<b>2</b> Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	<b>2</b>	
	<b>3</b> Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	<b>3</b>	3000
	<b>4</b> Add lines 1, 2, and 3. This is your <b>adjusted gross income</b> .	<b>4</b>	10000
	<b>5</b> If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,000 if <b>single</b> ; \$20,000 if <b>married filing jointly</b> . See back for explanation.	<b>5</b>	10000
	<b>6</b> Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your <b>taxable income</b> .	<b>6</b>	0
	<b>7</b> Federal income tax withheld from Form(s) W-2 and 1099.	<b>7</b>	560
	<b>8a</b> <b>Earned income credit (EIC)</b> (see instructions).	<b>8a</b>	
	<b>b</b> Nontaxable combat pay election. <b>8b</b>		
	<b>9</b> Add lines 7 and 8a. These are your <b>total payments and credits</b> .	<b>9</b>	560
<b>10</b> <b>Tax</b> . Use the amount on <b>line 6</b> above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	<b>10</b>	0	
<b>11a</b> If line 9 is larger than line 10, subtract line 10 from line 9. This is your <b>refund</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>11a</b>	560	
<b>b</b> Routing number <input type="text"/> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
<b>d</b> Account number <input type="text"/>			
<b>12</b> If line 10 is larger than line 9, subtract line 9 from line 10. This is the <b>amount you owe</b> . For details on how to pay, see instructions.	<b>12</b>		

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  **Yes**. Complete below.  **No**

Designee's name	Phone no.	Personal identification number (PIN)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Sign Here** Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions. <b>▶</b> Keep a copy for your records.	Your signature	Date	Your occupation	Daytime phone number 715-344-1234
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN			
Firm's address	Phone no.			

**Use this form if**

- Your filing status is single or married filing jointly. If you are not sure about your filing status, see instructions.
- You (and your spouse if married filing jointly) were under age 65 and not blind at the end of 2013. If you were born on January 1, 1949, you are considered to be age 65 at the end of 2013.
- You do not claim any dependents. For information on dependents, see Pub. 501.
- Your taxable income (line 6) is less than \$100,000.
- You do not claim any adjustments to income. For information on adjustments to income, use the TeleTax topics listed under *Adjustments to Income* at [www.irs.gov/taxtopics](http://www.irs.gov/taxtopics) (see instructions).
- The only tax credit you can claim is the earned income credit (EIC). The credit may give you a refund even if you do not owe any tax. You do not need a qualifying child to claim the EIC. For information on credits, use the TeleTax topics listed under *Tax Credits* at [www.irs.gov/taxtopics](http://www.irs.gov/taxtopics) (see instructions). If you received a Form 1098-T or paid higher education expenses, you may be eligible for a tax credit or deduction that you must claim on Form 1040A or Form 1040. For more information on tax benefits for education, see Pub. 970.
- You had only wages, salaries, tips, taxable scholarship or fellowship grants, unemployment compensation, or Alaska Permanent Fund dividends, and your taxable interest was not over \$1,500. But if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your Form W-2, you may not be able to use Form 1040EZ (see instructions). If you are planning to use Form 1040EZ for a child who received Alaska Permanent Fund dividends, see instructions.

**Filling in your return**

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the instructions before filling in the form. Also, see the instructions if you received a Form 1099-INT showing federal income tax withheld or if federal income tax was withheld from your unemployment compensation or Alaska Permanent Fund dividends.

For tips on how to avoid common mistakes, see instructions.

Remember, you must report all wages, salaries, and tips even if you do not get a Form W-2 from your employer. You must also report all your taxable interest, including interest from banks, savings and loans, credit unions, etc., even if you do not get a Form 1099-INT.

**Worksheet for Line 5 — Dependents Who Checked One or Both Boxes**

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married filing jointly) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, see Pub. 501.

A. Amount, if any, from line 1 on front . . . . .	_____	+	350.00	Enter total ▶	A. _____
B. Minimum standard deduction . . . . .					B. <u>1,000</u>
C. Enter the <b>larger</b> of line A or line B here . . . . .					C. _____
D. Maximum standard deduction. If <b>single</b> , enter \$6,100; if <b>married filing jointly</b> , enter \$12,200 . . . . .					D. _____
E. Enter the <b>smaller</b> of line C or line D here. This is your standard deduction . . . . .					E. _____
F. Exemption amount.					} F. _____
• If single, enter -0-.					
• If married filing jointly and — —both you and your spouse can be claimed as dependents, enter -0-. —only one of you can be claimed as a dependent, enter \$3,900.					
G. Add lines E and F. Enter the total here and on line 5 on the front . . . . .					G. _____

(keep a copy for your records)

- If you did not check any boxes on line 5**, enter on line 5 the amount shown below that applies to you.
- Single, enter \$10,000. This is the total of your standard deduction (\$6,100) and your exemption (\$3,900).
  - Married filing jointly, enter \$20,000. This is the total of your standard deduction (\$12,200), your exemption (\$3,900), and your spouse's exemption (\$3,900).

**Mailing Return**

Mail your return by **April 15, 2014**. Mail it to the address shown on the last page of the instructions.

22222		Void <input type="checkbox"/>	a Employee's social security number 400-00-5406		For Official Use Only ▶ OMB No. 1545-0008			
b Employer identification number (EIN) 39-1212121				1 Wages, tips, other compensation 4,000.00		2 Federal income tax withheld 320.00		
c Employer's name, address, and ZIP code APPLETON CANNING CO 100 CORN LN APPLETON WI 54914				3 Social security wages 6,000.00		4 Social security tax withheld 372.00		
				5 Medicare wages and tips 6,000.00		6 Medicare tax withheld 87.00		
				7 Social security tips		8 Allocated tips		
d Control number				9		10 Dependent care benefits		
e Employee's first name and initial TEST		Last name EAGLE		Suff.	11 Nonqualified plans		12a See instructions for box 12 D   2,000.00	
f Employee's address and ZIP code 1007 W SPRING ST APPLETON WI 54914				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.	17 State income tax	18 Local wages, tips, etc.
WI	079650-01	4,000.00	274.00					

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.

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

Cat. No. 10134D

**Do Not Cut, Fold, or Staple Forms on This Page**

22222		Void <input type="checkbox"/>	a Employee's social security number 400-00-5406		For Official Use Only ▶ OMB No. 1545-0008		
b Employer identification number (EIN) 22-9900112				1 Wages, tips, other compensation 3,000.00		2 Federal income tax withheld 240.00	
c Employer's name, address, and ZIP code US MILITARY 123 W MAIN ST MADISON WI 53703				3 Social security wages 4,100.00		4 Social security tax withheld 254.00	
				5 Medicare wages and tips 4,100.00		6 Medicare tax withheld 59.00	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial TEST		Last name EAGLE		Suff.		11 Nonqualified plans	
1007 W SPRING ST APPLETON WI 54914				12a See instructions for box 12 Q   1,100.00		12b	
				12c		12d	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		14 Other	
f Employee's address and ZIP code							
15 State WI   080923-2		Employer's state ID number		16 State wages, tips, etc. 3,000.00		17 State income tax 180.00	
				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.

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

Cat. No. 10134D

**Do Not Cut, Fold, or Staple Forms on This Page**