Test 16 – 2014
Taxpayer is amending return to include additional W-2 and withholding. They are also adding a $10 donation to cancer research.

This is a single taxpayer with wages, unemployment and claiming EIC. Taxpayer has an amount due with the amended return. Prepare EPV voucher for the remittance. Attach pdf of the EPV voucher.

Federal Forms: W-2 (2), 1099-G
Wisconsin Forms: 1X, 1A, EIC-A

Address:
209 N 5th Ave
Wausau, WI 54401

Taxpayer:
Test Blackbird
SS#: 400-00-5416
DOB: 2/13/1965
1099-G
W-2 WI Withholding: $1,600, WI ID# 036-9876543210-06

Dependent 1:
Pink Blackbird
SS#: 400-00-5445
DOB: 08/10/1991

Dependent 2:
Peter Blackbird
SS#: 400-00-5446
DOB: 05/08/1996

Filing Status: HOH

Additional W2:
WI Wages: $11,500
WI Withholding: $600
WI ID#: 036-9876543211-06

1X AMENDED return Wisconsin income tax

For the year January 1 – December 31, 2014, or other tax year beginning _____, 2014 ending _____, 20 ____

2014

Complete form using BLACK INK

DO NOT STAPLE

Your legal last name	Legal first name	M.I.	Your social security number
BLACKBIRD	TEST	A	400 00 5416
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number

Current home address (number and street)	Apt. No.
209 N 5TH AVE	

City or post office	State	Zip code
WAUSAU	WI	54401

If married filing separate, fill in spouse's social security number above and full name here

Legal last name	Legal first name	M.I.

- USE THIS FORM TO AMEND 2014 ONLY. *(See instructions)*
- PART-YEAR RESIDENTS OR NONRESIDENTS MAY NOT USE THIS FORM.

Special conditions ☐

Filing status (**Note** You cannot change from joint to separate returns after the due date.)

On original return ▶ ☐ Single ☐ Married filing joint ☐ Married filing separate ☑ Head of household

On this return ▶ ☐ Single ☐ Married filing joint ☐ Married filing separate ☑ Head of household ▶ Also, check here if married ☐

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	Wisconsin income *(see instructions)*	1	44000.00
	Form W-2 wages included in line 1 ▶ 32300.00		
2	Standard deduction. See table on page 8, **OR** ▼	2	6514.00
	If someone else can claim you (or your spouse) as a dependent, see page 2 and check here ▶ ☐		
3	Subtract line 2 from line 1. If line 2 is larger than line 1, fill in 0	3	37486.00
4	Exemptions (Caution: *see instructions, page 2*)		
	a Fill in exemptions from your federal return 3 x $700	4a	2100.00
	b Check if 65 or older ☐ You + ☐ Spouse = ____ x $250	4b	.00
	c Add lines 4a and 4b	4c	2100.00
5	Subtract line 4c from line 3. If line 4c is larger than line 3, fill in 0	5	35386.00
6	Tax (see table on page 10)	6	1922.00
7	Itemized deduction credit *(see instructions)*	7	.00
8	Armed forces member credit	8	.00
9	School property tax credit		
	a Rent paid in 2014–heat included 1400.00; Rent paid in 2014–heat not included 5200.00 — Find credit from table page 6	9a	193.00
	b Property taxes paid on home in 2014 1370.00 — Find credit from table page 7	9b	164.00
10	Working families tax credit	10	.00
11	Certain nonrefundable credits from Schedule CR, line 11	11	.00
12	Add credits on lines 7 through 11	12	300.00
13	Subtract line 12 from line 6. If line 12 is more than line 6, fill in 0	13	1622.00
14	Alternative minimum tax	14	.00
15	Add lines 13 and 14	15	1622.00

9-25-14 DRAFT

See page 5 before assembling return

PAPER CLIP payment here

16	Amount from line 15			16	1622.00
17	Married couple credit *(see instructions)*	17	.00		
18	Other credits from Schedule CR, line 34	18	.00		
19	Net income tax paid to another state	19	.00		
20	Add lines 17 through 19			20	.00
21	Subtract line 20 from line 16. If line 20 is more than line 16, fill in 0			21	1622.00
22	Sales and use tax on Internet, mail order, or other out-of-state purchases If you certify that no sales or use tax is due, check here ▶ ✓			22	.00

23 Donations (decreases refund or increases amount owed)

a Endangered resources	.00	f Firefighters memorial	.00
b Packers football stadium	.00	g Military family relief	20.00
c Cancer research	10.00	h Second Harvest/Feeding Amer.	.00
d Veterans trust fund	.00	i Red Cross WI Disaster Relief	.00
e Multiple sclerosis	.00	j Special Olympics Wisconsin	.00

Total (add lines a through j) ▶ 23k 30.00

24	Penalties on IRAs, other retirement plans, MSAs, etc. .00 x .33 =			24	.00
25	Credit repayments and other penalties			25	.00
26	Add lines 21, 22, and 23k through 25			26	1652.00
27	Wisconsin income tax withheld	27	2700.00		
28	Wisconsin estimated tax payments for 2014	28	.00		
29	Earned income credit. Number of qualifying children ▶ 2 Federal credit 2407.00 x 11% =	29	265.00		
30	Farmland preservation credit. a Schedule FC, line 18	30a	.00		
	b Schedule FC-A, line 13	30b	.00		
31	Repayment credit	31	.00		
32	Homestead credit (Enclose Schedule H or H-EZ)	32	.00		
33	Eligible veterans and surviving spouses property tax credit	33	.00		
34	Other credits from Schedule CR, line 38	34	.00		
35	Amount paid with 2014 return, plus additional payments after it was filed *(see instructions)*	35	.00		
36	Add lines 27 through 35 and fill in total	36	2965.00		
37	Refund from 2014 return *(see instructions)*	37	1982.00		
38	Subtract line 37 from line 36 and fill in result			38	983.00

9-25-14 DRAFT

NOW GO TO PAGE 3 →

Name(s) shown on Form 1X	Your social security number
BLACKBIRD TEST	400 00 5416

39	Fill in amount from line 26	39	1652.00
40	Fill in amount from line 38	40	983.00
41	If line 39 is less than line 40, subtract line 39 from line 40 . . . . . This is the **AMOUNT OVERPAID**	41	.00
42	Amount of line 41 you want REFUNDED TO YOU	42	.00
43	Amount to be applied to your 2015 estimated tax *(see instructions)* . . . 43 .00		
44	If line 39 plus line 43 is more than line 40, subtract line 40 from the sum of lines 39 and 43 *(see instructions)* . . . . . **ADDITIONAL TAX**	44	669.00
45	Interest charge *(see instructions)*	45	.00
46	**TOTAL AMOUNT DUE** – Pay in full with this return	46	669.00
47	Underpayment interest *(see instructions)* Exception Code → . . ____ 47 .00		

Explanation of Changes to Income, Payments, and Credits

04				Explanation Codes *(see instructions)*

Indicate the line reference(s) from pages 1 and 2 for which you are reporting a change and explain in detail the reason for the change.

Added additional W-2 with wages of $11,500.00 and withholding of $600.00. Also added $10.00 donation to Cancer Research. Total Unemployment becomes taxable $12,500.00.

9-25-14 DRAFT

Fill in the name used on your 2014 return
(if same as name filled in on page 1, write "Same") _____

Sign here

Under penalties of law, I declare that this amended 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
			( )

Third Party Designee Complete below to allow another person to discuss this return with the Wisconsin Department of Revenue.

Designee's name *(print)* ▶ Phone no. ▶ ( ) Personal identification number (PIN) ▶

Mail your Form 1X
(and make check payable) to:

Wisconsin Department of Revenue
PO Box 8991
Madison WI 53708-8991

For Department Use Only

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I-001ai

Schedule 1 – Itemized Deduction Credit

(Fill in completely if any item is changed. If this credit was not claimed on your original return, enclose federal Schedule A.)

1	Medical and dental expenses from line 4 of federal Schedule A	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	.00
3	Gifts to charity from line 19 of federal Schedule A	3	.00
4	Casualty losses from line 20 of federal Schedule A, only if the loss is directly related to a federally-declared disaster	4	.00
5	Add lines 1 through 4	5	.00
6	Wisconsin standard deduction from line 2 of Form 1X	6	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	7	.00
8	Rate of credit is .05 (5%)	8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 7 of Form 1X	9	.00

Schedule 2 – Married Couple Credit When Both Spouses Are Employed

(Fill in if changed.)

			(A) Yourself	(B) Your spouse
1	Wages, salaries, tips, and other employee compensation. Do NOT enter unearned income	1	.00	.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	.00	.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	.00	.00

6	Fill in the smaller of column (A) or (B) of line 5. If more than $16,000, fill in $16,000	6	.00
7	Rate of credit is .03 (3.0%)	7	x .03
8	Multiply line 6 by line 7. Fill in here and on line 17 of Form 1X. Do not fill in more than $480	8	.00

325-14 DRAFT

22222	a Employee's social security number 400-00-5416	OMB No. 1545-0008	
b Employer identification number (EIN) 11-2223345		1 Wages, tips, other compensation 11,500.00	2 Federal income tax withheld 400.00
c Employer's name, address, and ZIP code Pat's Family Restaurant 1235 Main St. Wausau, WI 54401		3 Social security wages 11,500.00	4 Social security tax withheld
		5 Medicare wages and tips 11,500.00	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 Last name Suff. Test Blackbird 209 N 5th St. Wausau, WI 54001		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
f Employee's address and ZIP code			

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	036-9876543211-06	11,500.00	600.00			

Form **W-2** **Wage and Tax Statement** 2014 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

1A Wisconsin income tax 2014

Complete form using BLACK INK

DO NOT STAPLE

Your legal last name	Legal first name	M.I.	Your social security number
BLACKBIRD	TEST		400 00 5416
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.	Apt. No.
209 N 5TH AVE	

City or post office	State	Zip code
WAUSAU	WI	54401

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 2014.

✓ City ___ Village ___ Town

City, village, or town ▶ WAUSAU

County of ▶ MARATHON

School district number (see page 23) 6223

Special conditions

Filing status

___ Single

___ Married filing joint return (even if only one had income)

✓ Head of household

Also, check here if married. ▶ ___ Fill in qualifying person's name ▼ PINK BLACKBIRD

Print numbers like this → 0123456789 **Not like this →** Ø147 **NO COMMAS; NO CENTS**

ENCLOSE withholding statements

1	Wages, salaries, tips, etc. (see page 7)		1 20800.00
2	Interest (see page 7)		2 .00
3	Ordinary dividends (from line 9a of federal Form 1040A or 1040)		3 .00
4	Capital gain distributions (see page 8)		4 .00
5	Unemployment compensation (from worksheet, page 8)		5 10450.00
6	Taxable IRA distributions, pensions, and annuities (see page 8)		6 .00
7	Add lines 1 through 6		7 31250.00
8	IRA deduction (see page 10)	8 300.00	
9	Student loan interest deduction (see page 10)	9 100.00	
10	Medical care insurance deduction (see page 10)	10 .00	
11	Add lines 8 through 10		11 400.00
12	Subtract line 11 from line 7. This is your Wisconsin income		12 30850.00
13	If your parent (or someone else) can claim you (or your spouse) as a dependent, check here ▶		13 ___
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		14 9368.00
15	Subtract line 14 from line 12. If line 14 is larger than line 12, fill in 0		15 21482.00
16	**Exemptions** (Caution: see page 11)		
	a Fill in exemptions from your federal return ▶ 3 x $700	16a 2100.00	
	b Check if 65 or older ___ You + ___ Spouse = ___ x $250	16b .00	
	c Add lines 16a and 16b		16c 2100.00
17	Subtract line 16c from line 15. If line 16c is larger than line 15, fill in 0. This is your taxable income		17 19382.00
18	Tax. Use amount on line 17 to find your tax using table, page 24		18 929.00
19	Armed forces member credit (must be stationed outside U.S., see page 11)	19 .00	
20	School property tax credit		
	a Rent paid in 2014–heat included 1400.00; Rent paid in 2014–heat not included 5200.00 } Find credit from table page 12	20a 193.00	
	b Property taxes paid on home in 2014 1370.00 ▶ Find credit from table page 13	20b 164.00	
21	Married couple credit. Complete schedule on reverse side	21 .00	
22	Add lines 19 through 21. This is the total of your credits		22 300.00
23	Subtract line 22 from line 18. If line 22 is larger than line 18, fill in 0. This is your net tax		23 629.00

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7-9-14 DRAFT

NO COMMAS, NO CENTS

24 Fill in net tax from line 23	24	629.00
25 Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 14) If you certify that no sales or use tax is due, check here ▶ ✓	25	.00

26 Donations (decreases refund or increases amount owed)

a Endangered resources	.00	f Firefighters memorial	.00
b Packers football stadium	.00	g Military family relief	20.00
c Cancer research	.00	h Second Harvest/Feeding Amer.	.00
d Veterans trust fund	.00	i Red Cross WI Disaster Relief	.00
e Multiple sclerosis	.00	j Special Olympics Wisconsin	.00

Total (add lines a through j) ▶ 26k 20.00

27 Add lines 24, 25, and 26k			27	649.00
28 Wisconsin income tax withheld. Enclose withholding statements	28	2100.00		
29 2014 estimated tax payments and amount applied from 2013 return	29	.00		
30 Earned income credit (see page 16) Qualifying children ▶ 2 Federal credit 4829.00 x 11 % =	30	531.00		
31 Homestead credit. Attach Schedule H or H-EZ	31	.00		
32 Eligible veterans and surviving spouses property tax credit (see page 16)	32	.00		
33 Add lines 28 through 32			33	2631.00
34 If line 33 is more than line 27, subtract line 27 from line 33. This is the **AMOUNT YOU OVERPAID**			34	1982.00
35 Amount of line 34 you want **REFUNDED TO YOU**			35	1482.00
36 Amount of line 34 you want **applied to your 2015 estimated tax**	36	500.00		
37 If line 33 is less than line 27, subtract line 33 from line 27. This is the **AMOUNT YOU OWE**			37	.00
38 Underpayment interest. Fill in exception code – See Sch. U → (See page 18)	38	.00		

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	.00	.00
2 IRA deduction, if any, from line 8 of Form 1A	2	.00	.00
3 Subtract line 2 from line 1	3	.00	.00
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	.00	
5 Rate of credit is .03 (3%)	5	x .03	
6 Multiply line 4 by line 5. Round the result and fill in here and on line 21 of Form 1A ..... **Do NOT fill in more than $480**	6	.00	

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2014 Wisconsin Form EIC-A

Earned Income Credit
Information for up to three qualifying children

Instructions

Complete the information for each qualifying child for the Wisconsin Earned Income Credit. If you have more than three qualifying children, you only have to list three to get the maximum credit.

Qualifying Child Information	Child 1	Child 2	Child 3
1 **Child's name**	First: Pink Last: Blackbird	First: Peter Last: Blackbird	First: Last:
2 **Child's social security number**	400 - 00 - 5445	400 - 00 - 5446	- -
3 **Child's relationship to you** *(check one)*	☒ Son or Daughter ☐ Grandchild ☐ Brother or Sister ☐ Nephew or Niece ☐ Foster Child	☒ Son or Daughter ☐ Grandchild ☐ Brother or Sister ☐ Nephew or Niece ☐ Foster Child	☐ Son or Daughter ☐ Grandchild ☐ Brother or Sister ☐ Nephew or Niece ☐ Foster Child
4 **Number of months child lived with you in the United States during 2014** NOTE: If the child lived with you for more than half of 2014, but less than 7 months, enter "7". If the child was born or died in 2014, and your home was the child's for the entire time he or she was alive during 2014, enter "12".	1 2	1 2	
5 **Child's year of birth**	1 9 9 1	1 9 9 6	
6 **If the child was born before 1996 –** a Was the child under age 24 at the end of 2014 and a full time student?	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
b Was the child permanently and totally disabled during any part of 2014?	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No

22222	a Employee's social security number 400-00-5416	OMB No. 1545-0008	
b Employer identification number (EIN) 400-00-5416		1 Wages, tips, other compensation 20,800.00	2 Federal income tax withheld 1,500.00
c Employer's name, address, and ZIP code Bland Food Cafe 2135 Main St. Wausau, WI 54401		3 Social security wages 20,800.00	4 Social security tax withheld
		5 Medicare wages and tips 20,800.00	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 Last name Suff. Test Blackbird 209 N 5th St. Wausau, WI 54001		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
f Employee's address and ZIP code			

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	036-9876543210-06	20,800.00	1,600.00			

Form **W-2** **Wage and Tax Statement** 2014 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Unemployment compensation	OMB No. 1545-0120	Certain Government Payments
UNEEDA HAND 1814 MAIN ST WAUSAU WI 54401	$ 12,100.00	2014	
	2 State or local income tax refunds, credits, or offsets $	Form 1099-G	

PAYER'S federal identification number	RECIPIENT'S identification number	3 Box 2 amount is for tax year	4 Federal income tax withheld	Copy 1
23-1817161	400005416		$	

RECIPIENT'S name	5 RTAA payments	6 Taxable grants	For State Tax Department
TEST BLACKBIRD	$	$	
Street address (including apt. no.) 209 N 5TH AVE	7 Agriculture payments $	8 Check if box 2 is trade or business income ▶ ☐	
City or town, state or province, country, and ZIP or foreign postal code WAUSAU, WI 54401	9 Market gain $		
Account number (see instructions)	10a State: WI	10b State identification no.: 4564893852	11 State income tax withheld: $ 500.00
			$

Form 1099-G www.irs.gov/form1099g Department of the Treasury - Internal Revenue Service