

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

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

Bank routing number: 075911852

Bank account number: 0123456789

NOTE: The 2014 rent certificate has been redesigned. We have made changes to the rent certificates in this test case to better test the form.

Claimant's social security number 400 00 5417		Spouse's social security number		Check below then fill in either the name of city, village, or town, and the county in which you lived at the end of 2014. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <input checked="" type="checkbox"/> APPLETON County of <input checked="" type="checkbox"/> OUTAGAMIE
Claimant's legal last name ROBIN	Legal first name TEST	M.I.		
Spouse's legal last name	Spouse's legal first name	M.I.		
Current home address (number and street) 1007 W SPRING ST		Apt. no.		
City or post office APPLETON	State WI	Zip code 54914		Special conditions <input type="checkbox"/> (See page 7.)

- 1a** What was your age as of December 31, 2014? (If you were under 18, you do not qualify for homestead credit for 2014.) **1a** Fill in age
- b** If your spouse was age 65 or over as of December 31, 2014, check where indicated **1b** Check here
- 2** Were you a legal resident of Wisconsin from 1-1-14 through 12-31-14? (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 2014 federal income tax return? (If "Yes" and you were under age 62 on December 31, 2014, 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 2014? (If "Yes," fill in date _____; see page 16.) **5** Yes No
- 6a** If married for any part of 2014, 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 2014, did either spouse notify the other of their marital property income? (See page 15.) **6b** Yes No

Print numbers like this → 0 | 23456789 Not like this → 0147 NO COMMAS; NO CENTS

Household Income		Include all 2014 income as listed below. If married, include the incomes of both spouses. See pages 7 to 11.	
7	Wisconsin income from your 2014 income tax return. If you already filed your tax return, attach a copy marked "Duplicate." (See page 5, Part C.1, paragraph 3.)	7	.00
8	If you or you and your spouse are not filing a 2014 Wisconsin return, fill in Wisconsin taxable income on lines 8a and 8b.		
a	Wages <u>400.00</u> + Interest <u>150.00</u> + Dividends <u>200.00</u> = ...	8a	<u>750.00</u>
b	Other taxable income. Attach a schedule listing each income item	8b	<u>-667.00</u>
9	Nontaxable household income. Do not include amounts filled in on line 7, 8a, or 8b.		
a	Unemployment compensation	9a	<u>.00</u>
b	Social security, federal and state SSI, SSI-E, SSD, and CTS payments. Include Medicare premium deductions (see page 8)	9b	<u>9300.00</u>
c	Railroad retirement benefits. Include Medicare premium deductions	9c	<u>.00</u>
d	Pensions and annuities, including IRA, SEP, SIMPLE, and qualified plan distributions (see page 9)	9d	<u>.00</u>
e	Contributions to deferred compensation plans (see box 12 of wage statements, and page 9)	9e	<u>.00</u>
f	Contributions to IRA, self-employed SEP, SIMPLE, and qualified plans	9f	<u>.00</u>
g	Interest on United States securities (e.g., U.S. Savings Bonds) and state and municipal bonds	9g	<u>.00</u>
h	Scholarships, fellowships, grants (see page 9), and military compensation or cash benefits	9h	<u>.00</u>
i	Child support, maintenance payments, and other support money (court ordered)	9i	<u>.00</u>
j	Wisconsin Works (W2), county relief, kinship care, and other cash public assistance (see page 9)	9j	<u>.00</u>
10	Add lines 7 through 9j. Enter here and on line 11a, at the top of page 2	10	<u>9383.00</u>



2014 H | Name **ROBIN**
 SSN 400 00 5417



11 a Enter amount from line 10 here	11a	9383.00
b Workers' compensation, income continuation, and loss of time insurance (e.g., sick pay)	11b	.00
c Gain from sale of home excluded for federal tax purposes (see instructions)	11c	.00
d Other capital gains not taxable	11d	.00
e Net operating loss carryforward or carryback and capital loss carryforward	11e	.00
f Income of nonresident spouse or part-year resident spouse; nontaxable income from sources outside Wisconsin; resident manager's rent reduction; clergy housing allowance; and nontaxable Native American income	11f	.00
g Partner's, LLC member's, and S corporation shareholder's distributive share of depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs. If none was claimed, write "None" on federal Schedule E, Part II, near the entity's name	11g	.00
h Car or truck depreciation (standard mileage rate)	11h	.00
i Other depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs ..	11i	.00
12 a Subtotal. Add lines 11a through 11i (if less than the total of lines 13, 14a, and 14c, see page 11) ...	12a	9383.00
b Number of qualifying dependents. Do not count yourself or your spouse (see page 11) _____ x \$500 =	12b	.00
c Household income. Subtract line 12b from line 12a (if \$24,680 or more, no credit is allowed)	12c	9383.00

Taxes and/or Rent See pages 11 to 14.

- A** Check here if your home was located on more than one acre of land and was not part of a farm; see Schedule 1, page 3 **A**
- B** Check here if your home was located on more than one acre of land and was part of a farm **B**
- C** Check here if your home was used for other than personal or farm purposes while you lived there in 2014; see Schedule 2, page 3 .. **C**
- D** Check here if you received Wisconsin Works (W2) payments or county relief during 2014; see Schedule 3, page 3 **D**

13 Homeowners – Net 2014 property taxes on your homestead, whether paid or not	13	207.00
14 Renters—Rent from your rent certificate(s), line 8a (or Shared Living Expenses Schedule). See pages 12 to 14.		
Heat included (8b of rent certificate is "Yes")	14a	1200.00 x .20 (20%) = 14b 240.00
Heat not included (8b of rent certificate is "No")	14c	2185.00 x .25 (25%) = 14d 546.00
15 Total of lines 13, 14b, and 14d (or amount from line 6 of Schedule 3)	15	993.00

Don't delay your refund:

- A** • 2014 tax bill(s) (or closing statement) and/or original rent certificate(s).
- T** • ownership document (if the tax bill lists names other than yours). See page 12.
- T** • Schedule H behind Form 1, 1A, or 1NPR (if filing a Wisconsin tax return).
- A** • A complete copy of your federal income tax return and schedules (if filing Form 1 or 1NPR).
- C**
- H**

Credit Computation

16 Fill in the smaller of (a) amount on line 15 or (b) \$1,460	16	993.00
17 Using the amount on line 12c, fill in the appropriate amount from Table A (page 17)	17	116.00
18 Subtract line 17 from line 16 (if line 17 is more than line 16, fill in 0; no credit is allowable)	18	877.00
19 Homestead credit – Using the amount on line 18, fill in the credit from Table B (page 18)	19	700.00

If filing a Wisconsin income tax return, fill in your homestead credit (line 19) on line 31 of Form 1A; line 45 of Form 1; or line 70 of Form 1NPR. You cannot file Form WI-Z with a homestead credit claim.

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

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

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



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

For Department Use Only

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

Schedule 1 Allowable Taxes – Home on More Than One Acre of Land	
<ul style="list-style-type: none"> Homeowners: Complete this schedule if your home was on more than one acre of land and was not part of a farm (as defined on page 5 of the instructions). Claim only the property taxes on one acre of land and the buildings on it. Renters: If your home was on more than one acre of land and was not part of a farm, do not complete Schedule 1, but see exception 4 under "Exceptions: Homeowners and/or Renters" (page 14) for instructions. Do not complete this schedule if your home was part of a farm. You may claim the property taxes on up to 120 acres of land adjoining your home and all improvements on those 120 acres. If you wish to use a different method to prorate your property taxes, attach to Schedule H your computation of allowable property taxes. 	1 Assessed value of land (from tax bill) 1 <u> </u> .00 2 Number of acres of land 2 <u> </u> 3 Divide line 1 by line 2 3 <u> </u> .00 4 Assessed value of improvements (from tax bill) 4 <u> </u> .00 5 Add line 3 and line 4 5 <u> </u> .00 6 Add line 1 and line 4 (total assessed value) . . 6 <u> </u> .00 7 Divide line 5 by line 6 (carry the decimal to four places) 7 <u> </u> 8 Net 2014 property taxes (see instructions for line 13 of Schedule H, on pages 11 to 14) . . 8 <u> </u> .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 <u> </u> .00

Schedule 2 Allowable Taxes/Rent – Home Used Partly for Purposes Other Than Farm or Personal Use	
<ul style="list-style-type: none"> Complete this schedule if your homestead (as defined on page 5 of the instructions) was not part of a farm but was used partly for purposes other than personal use while you lived there in 2014. Only the personal portion of your property taxes/rent may be claimed. "Other uses" include part business or rental use where a deduction is allowed or allowable for tax purposes, and a separate unit occupied by others rent free. See paragraph 3 under "Exceptions: Homeowners and/or Renters" (page 13) for examples and additional information. 	1 Net 2014 property taxes/rent or amount from line 9 of Schedule 1 (see pages 11 to 14) 1 <u> </u> .00 2 Percentage of homestead used solely for personal purposes 2 <u> </u> % 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 <u> </u> .00

Schedule 3 Taxes/Rent Reduction – Wisconsin Works (W2) or County Relief Recipients	
Complete this schedule if, for any month of 2014, 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 2014, do not complete Schedule H; you do not qualify for homestead credit. Example: You received Wisconsin Works payments for 4 months in 2014. Rent paid for 2014 was \$4,500, and heat was included. Line 2 20% of rent paid (\$4,500 x .20) \$900 4 Monthly rent (\$900 ÷ 12) \$ 75 5 Number of months no Wisconsin Works received 8 6 Reduced rent (\$75 x 8 months) \$600 In this example, \$600 would be filled in on line 15 of Schedule H.	1 Homeowners – fill in the net 2014 property taxes on your homestead or the amount from line 3 of Schedule 2 1 <u> </u> .00 2 Renters – if heat was included, fill in 20% (.20), or if heat was not included, fill in 25% (.25), of rent from line 8a of the rent certificate(s) or line 3 of Schedule 2 . . 2 <u> </u> .00 3 Add line 1 and line 2; fill in the smaller of a) the total of lines 1 and 2, or b) \$1,460 . . 3 <u> </u> .00 4 Divide line 3 by 12. 4 <u> </u> .00 5 Number of months in 2014 for which you did not receive a) any Wisconsin Works (W2) payments, or b) county relief payments of \$400 or more 5 <u> </u> 6 Multiply line 4 by line 5. Fill in here and on line 15 of Schedule H. Do not fill in line 13 or 14 6 <u> </u> .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

2014

Wisconsin Department of Revenue

NOTE: • Attach to Schedule H or H-EZ
• Alterations (whiteouts, erasures, etc.) or errors void this rent certificate.



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

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

Time you actually lived at this address in 2014 From 0 1 0 1 2014 To 0 9 3 0 2014
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 8, attach rent verification (see instructions), and check here.

Landlord or Authorized Representative

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

- 1 Is the rental property a long-term care facility, CBRF or nursing home? 1 Yes No
- 2a Is the above rental property subject to property taxes? 2a Yes No
- b If 2a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check here 2b
- 3 Is this certificate for rent of a mobile/manufactured: a Home? 3a Yes No
b Home site/Lot? 3b Yes No
- c Mobile or manufactured home taxes or municipal permit fees you collected from this renter for 2014 3c _____ .00
- 4a Total rent collected for this rental unit for 2014 4a 2900.00
- b If monthly rent did not change during the year, go to line 5.
Otherwise, enter monthly amounts below.
- | | | | |
|---------------------|--------------------|--------------------|--------------------|
| Jan. <u>300.00</u> | Feb. <u>300.00</u> | Mar. <u>320.00</u> | Apr. <u>320.00</u> |
| May <u>320.00</u> | June <u>320.00</u> | July <u>340.00</u> | Aug. <u>340.00</u> |
| Sept. <u>340.00</u> | Oct. <u>.00</u> | Nov. <u>.00</u> | Dec. <u>.00</u> |
- 5 Number of occupants in this rental unit – do NOT count spouse or children under 18 5 2
- 6 This renter's share of total 2014 rent 6 2900.00
- 7 Value of food and services provided by landlord (this renter's share) 7 .00
- 8a Rent paid for occupancy only – Subtract line 7 from line 6 8a 2900.00
- b Was heat included in the rent? 8b Yes No

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 1/15/2015	Name of landlord or authorized representative (print)
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2014 Rent Certificate	Name ROBIN	SSN 400-00-5417	Page 2 of 2
Address of rental property 200 TREE LN			

Shared Living Expenses Schedule – To be completed by renter **only** if line 5 on page one is 2 or more and each occupant did not pay an equal share of the living expenses.

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

LILY BIRD

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

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

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

Instructions for Renter (Claimant)

Complete all fields except the social security number. Then give to your landlord to complete and sign.

If your landlord won't sign, place a checkmark in the designated area. Complete the "Landlord or Authorized Representative" section, and attach a copy of each canceled check or bank money order you have to verify your rent. Any portion not verified will not be allowed.

After your landlord returns the completed rent certificate, enter your social security number and then fill in the allowable amounts from lines 3b and 8a on Schedule H or H-EZ, as appropriate.



Instructions for Landlord/Authorized Representative

Lines 2a and 2b If you checked "No" on line 2a, do not complete the rent certificate unless line 2b applies.

Line 4a Fill in the total rent collected for this unit for the time occupied by this renter in 2014. Include any separate amounts the renter paid to you for items such as parking, a garage, utilities, appliances, or furnishings. Do not include rent for a prior year or amounts you received directly from a governmental agency through a subsidy, voucher, grant, etc., for the unit (except amounts an agency paid as a claimant's representative payee).

Line 7 Fill in this renter's share of the value of food and personal services (medical, laundry, transportation, counseling, grooming, recreational, therapeutic, etc.) you provided for this rental unit.

Signature Review the rent certificate to be sure that all applicable fields and lines have an entry. Sign (by hand) and date, print your name, and return the rent certificate to the renter. Only an original signature is acceptable.

Rent Certificate

Wisconsin Department of Revenue

2014

NOTE: • Attach to Schedule H or H-EZ
• Alterations (whiteouts, erasures, etc.) or errors void this rent certificate.



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

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

Time you actually lived at this address in 2014 From 1 0 0 1 2014 To 1 0 3 1 2014
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 8, attach rent verification (see instructions), and check here.

Landlord or Authorized Representative

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

- 1 Is the rental property a long-term care facility, CBRF or nursing home? 1 Yes No
- 2a Is the above rental property subject to property taxes? 2a Yes No
- b If 2a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check here 2b
- 3 Is this certificate for rent of a mobile/manufactured: a Home? 3a Yes No
b Home site/Lot? 3b Yes No
- c Mobile or manufactured home taxes or municipal permit fees you collected from this renter for 2014 3c 207.00
- 4a Total rent collected for this rental unit for 2014 4a 300.00
- b If monthly rent did not change during the year, go to line 5.
Otherwise, enter monthly amounts below.
- | | | | |
|------------------|-----------------|-----------------|-----------------|
| Jan. <u>.00</u> | Feb. <u>.00</u> | Mar. <u>.00</u> | Apr. <u>.00</u> |
| May <u>.00</u> | June <u>.00</u> | July <u>.00</u> | Aug. <u>.00</u> |
| Sept. <u>.00</u> | Oct. <u>.00</u> | Nov. <u>.00</u> | Dec. <u>.00</u> |
- 5 Number of occupants in this rental unit – do NOT count spouse or children under 18 5 1
- 6 This renter's share of total 2014 rent 6 300.00
- 7 Value of food and services provided by landlord (this renter's share) 7 .00
- 8a Rent paid for occupancy only – Subtract line 7 from line 6 8a 300.00
- b Was heat included in the rent? 8b Yes No

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 1/15/2015	Name of landlord or authorized representative (print)
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Shared Living Expenses Schedule – To be completed by renter **only** if line 5 on page one is 2 or more and each occupant did not pay an equal share of the living expenses.

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 7 of page 1)	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

Instructions for Renter (Claimant)

Complete all fields except the social security number. Then give to your landlord to complete and sign.

If your landlord won't sign, place a checkmark in the designated area. Complete the "Landlord or Authorized Representative" section, and attach a copy of each canceled check or bank money order you have to verify your rent. Any portion not verified will not be allowed.

After your landlord returns the completed rent certificate, enter your social security number and then fill in the allowable amounts from lines 3b and 8a on Schedule H or H-EZ, as appropriate.



Instructions for Landlord/Authorized Representative

Lines 2a and 2b If you checked "No" on line 2a, do not complete the rent certificate unless line 2b applies.

Line 4a Fill in the total rent collected for this unit for the time occupied by this renter in 2014. Include any separate amounts the renter paid to you for items such as parking, a garage, utilities, appliances, or furnishings. Do not include rent for a prior year or amounts you received directly from a governmental agency through a subsidy, voucher, grant, etc., for the unit (except amounts an agency paid as a claimant's representative payee).

Line 7 Fill in this renter's share of the value of food and personal services (medical, laundry, transportation, counseling, grooming, recreational, therapeutic, etc.) you provided for this rental unit.

Signature Review the rent certificate to be sure that all applicable fields and lines have an entry. Sign (by hand) and date, print your name, and return the rent certificate to the renter. Only an original signature is acceptable.

Rent Certificate

2014

Wisconsin Department of Revenue

NOTE: • Attach to Schedule H or H-EZ
• Alterations (whiteouts, erasures, etc.) or errors void this rent certificate.



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

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

Time you actually lived at this address in 2014 From 1 1 0 1 2014 To 1 1 3 0 2014
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 8, attach rent verification (see instructions), and check here.

Landlord or Authorized Representative

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

- 1 Is the rental property a long-term care facility, CBRF or nursing home? 1 Yes No
- 2a Is the above rental property subject to property taxes? 2a Yes No
- b If 2a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check here 2b
- 3 Is this certificate for rent of a mobile/manufactured: a Home? 3a Yes No
b Home site/Lot? 3b Yes No
- c Mobile or manufactured home taxes or municipal permit fees you collected from this renter for 2014 3c _____ .00
- 4a Total rent collected for this rental unit for 2014 4a 750.00
- b If monthly rent did not change during the year, go to line 5. Otherwise, enter monthly amounts below.
- | | | | |
|-----------------|----------------|----------------|----------------|
| Jan. _____ .00 | Feb. _____ .00 | Mar. _____ .00 | Apr. _____ .00 |
| May _____ .00 | June _____ .00 | July _____ .00 | Aug. _____ .00 |
| Sept. _____ .00 | Oct. _____ .00 | Nov. _____ .00 | Dec. _____ .00 |
- 5 Number of occupants in this rental unit – do NOT count spouse or children under 18 5 1
- 6 This renter's share of total 2014 rent 6 750.00
- 7 Value of food and services provided by landlord (this renter's share) 7 .00
- 8a Rent paid for occupancy only – Subtract line 7 from line 6 8a 750.00
- b Was heat included in the rent? 8b Yes No

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 1/15/2015	Name of landlord or authorized representative (print)
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Shared Living Expenses Schedule – To be completed by renter **only** if line 5 on page one is 2 or more and each occupant did not pay an equal share of the living expenses.

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 7 of page 1)	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

Instructions for Renter (Claimant)

Complete all fields except the social security number. Then give to your landlord to complete and sign.

If your landlord won't sign, place a checkmark in the designated area. Complete the "Landlord or Authorized Representative" section, and attach a copy of each canceled check or bank money order you have to verify your rent. Any portion not verified will not be allowed.

After your landlord returns the completed rent certificate, enter your social security number and then fill in the allowable amounts from lines 3b and 8a on Schedule H or H-EZ, as appropriate.



Instructions for Landlord/Authorized Representative

Lines 2a and 2b If you checked "No" on line 2a, do not complete the rent certificate unless line 2b applies.

Line 4a Fill in the total rent collected for this unit for the time occupied by this renter in 2014. Include any separate amounts the renter paid to you for items such as parking, a garage, utilities, appliances, or furnishings. Do not include rent for a prior year or amounts you received directly from a governmental agency through a subsidy, voucher, grant, etc., for the unit (except amounts an agency paid as a claimant's representative payee).

Line 7 Fill in this renter's share of the value of food and personal services (medical, laundry, transportation, counseling, grooming, recreational, therapeutic, etc.) you provided for this rental unit.

Signature Review the rent certificate to be sure that all applicable fields and lines have an entry. Sign (by hand) and date, print your name, and return the rent certificate to the renter. Only an original signature is acceptable.

Rent Certificate

2014

Wisconsin Department of Revenue

NOTE: • Attach to Schedule H or H-EZ
• Alterations (whiteouts, erasures, etc.) or errors void this rent certificate.



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

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

Time you actually lived at this address in 2014 From 1 2 0 1 2014 To 1 2 3 1 2014
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 8, attach rent verification (see instructions), and check here.

Landlord or Authorized Representative

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

- 1 Is the rental property a long-term care facility, CBRF or nursing home? 1 Yes No
- 2a Is the above rental property subject to property taxes? 2a Yes No
- b If 2a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check here 2b
- 3 Is this certificate for rent of a mobile/manufactured: a Home? 3a Yes No
b Home site/Lot? 3b Yes No
- c Mobile or manufactured home taxes or municipal permit fees you collected from this renter for 2014 3c _____ .00
- 4a Total rent collected for this rental unit for 2014 4a 550.00
- b If monthly rent did not change during the year, go to line 5. Otherwise, enter monthly amounts below.
- | | | | |
|------------------|-----------------|-----------------|-----------------|
| Jan. <u>.00</u> | Feb. <u>.00</u> | Mar. <u>.00</u> | Apr. <u>.00</u> |
| May <u>.00</u> | June <u>.00</u> | July <u>.00</u> | Aug. <u>.00</u> |
| Sept. <u>.00</u> | Oct. <u>.00</u> | Nov. <u>.00</u> | Dec. <u>.00</u> |
- 5 Number of occupants in this rental unit – do NOT count spouse or children under 18 5 1
- 6 This renter's share of total 2014 rent 6 550.00
- 7 Value of food and services provided by landlord (this renter's share) 7 100.00
- 8a Rent paid for occupancy only – Subtract line 7 from line 6 8a 450.00
- b Was heat included in the rent? 8b Yes No

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 1/15/2015	Name of landlord or authorized representative (print)
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Shared Living Expenses Schedule – To be completed by renter **only** if line 5 on page one is 2 or more and each occupant did not pay an equal share of the living expenses.

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	<u>.00</u>
2 Shared living expenses you paid (line 5b)	2	<u>.00</u>
3 Total shared living expenses (line 5a)	3	<u>.00</u>
4 Divide line 2 by line 3. Fill in decimal amount	4 x	<u>.</u>
5 Multiply line 1 by line 4	5	<u>.00</u>
6 Value of food and services provided by landlord (line 7 of page 1)	6	<u>100.00</u>
7 Subtract line 6 from line 5. This is your allowable rent. Fill in here and on line 14a or 14c of Schedule H (line 9a or 9c of Schedule H-EZ)	7	<u>.00</u>

Instructions for Renter (Claimant)

Complete all fields except the social security number. Then give to your landlord to complete and sign.

If your landlord won't sign, place a checkmark in the designated area. Complete the "Landlord or Authorized Representative" section, and attach a copy of each canceled check or bank money order you have to verify your rent. Any portion not verified will not be allowed.

After your landlord returns the completed rent certificate, enter your social security number and then fill in the allowable amounts from lines 3b and 8a on Schedule H or H-EZ, as appropriate.



Instructions for Landlord/Authorized Representative

Lines 2a and 2b If you checked "No" on line 2a, do not complete the rent certificate unless line 2b applies.

Line 4a Fill in the total rent collected for this unit for the time occupied by this renter in 2014. Include any separate amounts the renter paid to you for items such as parking, a garage, utilities, appliances, or furnishings. Do not include rent for a prior year or amounts you received directly from a governmental agency through a subsidy, voucher, grant, etc., for the unit (except amounts an agency paid as a claimant's representative payee).

Line 7 Fill in this renter's share of the value of food and personal services (medical, laundry, transportation, counseling, grooming, recreational, therapeutic, etc.) you provided for this rental unit.

Signature Review the rent certificate to be sure that all applicable fields and lines have an entry. Sign (by hand) and date, print your name, and return the rent certificate to the renter. Only an original signature is acceptable.

Homestead Credit Notes and Attachments Checklist

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

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

	Description	Page
<input type="checkbox"/>	1 Former spouse must pay a tax liability owed to the Department of Revenue per attached divorce judgement	5
<input checked="" type="checkbox"/>	2 Sources of income reported on Line 8b of Schedule H note is attached	8
<input type="checkbox"/>	3 The distributive share of partnership, limited liability company (LLC), and tax-option (S) corporation depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs is "None"	10
<input type="checkbox"/>	4 Car or truck expenses claimed using the standard mileage rate. Fill in the number of miles _____	10
<input type="checkbox"/>	5 Adjusted basis of car or truck reached zero using standard mileage rate	10
<input type="checkbox"/>	6 Car or truck expenses claimed using the actual expense method	10
<input type="checkbox"/>	7 The computation of gain from the sale or exchange of a principal residence excluded from taxable income under Section 121 of the Internal Revenue Code note is attached.	10
<input type="checkbox"/>	8 Claimant or spouse are age 65 or over and received no social security, SSI, or railroad retirement benefits	11
<input type="checkbox"/>	9 All or part of a pension or annuity distribution includes a rollover or a tax-free exchange	9
<input type="checkbox"/>	10 Nontaxable repaid amounts note is attached	11
<input type="checkbox"/>	11 Very little or no household income note is attached	11
<input type="checkbox"/>	12 Ownership of property document is attached	12
<input type="checkbox"/>	13 Partial ownership interest was inherited with terms of the will requiring payment of all the property taxes. Copy of will is attached.	12
<input type="checkbox"/>	14 Personal property tax bill is for a mobile or manufactured home	12
<input type="checkbox"/>	15 Two or more property tax bills. Drawing showing description, size, and location of each parcel is attached	12
<input type="checkbox"/>	16 No lottery and gaming credit on property tax bill. Fill in the amount claimed \$ _____	12
<input type="checkbox"/>	17 No lottery and gaming credit on property tax bill. Lottery and gaming credit not claimed by homeowner.	12
<input checked="" type="checkbox"/>	18 Landlord will not sign rent certificate. Rent verification is attached	13
<input checked="" type="checkbox"/>	19 Claimant moved during the year. Note of the address of each dwelling and the dates lived there is attached	13
<input type="checkbox"/>	20 Less than 12 month's property taxes and/or rent are claimed. Note of where claimant lived for the balance of the year is attached	13
<input type="checkbox"/>	21 When more than one acre of land is rented, note from landlord indicating the amount of rent for home and one acre of land is attached	14
<input type="checkbox"/>	22 Moved to tax-exempt housing. Claiming property taxes for up to 12 months after the move note is attached.	14
<input type="checkbox"/>	23 Married but separated all year: Claimant and spouse did not reside together at all during the year and neither the claimant or claimant's spouse notified each other of marital property income	15
<input type="checkbox"/>	24 Married but separated all year: Claimant and spouse did not reside together at all during the year and one or both spouses notified the other spouse of marital property income. Required information is attached	15
<input type="checkbox"/>	25 Married but separated part of year: Required information is attached.	15
<input type="checkbox"/>	26 Marriage took place during year: Required information is attached.	16
<input type="checkbox"/>	27 Divorce took place during year: Claimant and spouse did not reside together at all during the year and neither the claimant or claimant's spouse notified each other of marital property income	16
<input type="checkbox"/>	28 Divorce took place during year: Claimant and spouse did reside together for part of the year and/or one or both spouses notified the other spouse of marital property income. Required information is attached.	16
<input type="checkbox"/>	29 Spouse died during year: Date of death - ____/____/2014	16
<input type="checkbox"/>	30 Claimant resided in property address shown on tax bill but used a different mailing address on tax return.	-
<input checked="" type="checkbox"/>	31 Required notes and explanations in following data fields	-

I lived at 4 different addresses as shown on the rent certificates. The canceled check for the December rent is attached to Form W-RA. Line 8b is my medical care insurance deduction of \$1,198 and gambling winnings of \$531.