

TEST 19 – 2014

This is a single taxpayer with one W-2 and alimony.

Federal Forms: 1040, W-2 (1)

Wisconsin Forms: 1

Address:

9477 Lincoln Drive
Oregon, WI 53575

Taxpayer:

Balance Due

SS#: 400-00-5419

DOB: 5/14/1986

W-2 WI wage: \$10,200, withholding \$240, WI ID#: 036-9898121254-02

Filing status: S

Alimony income:

Amount received: \$12,000 from Last Husband SS#:400-00-5489

Taxpayer paid medical insurance totaling \$1,200 for the year.

For this scenario, the taxpayer has an amount due. Prepare EPV for the remittance. Include .pdf attachment of the EPV.

Also, the taxpayer would like to schedule estimated tax payments for 2015. The taxpayer would like to make the following payments:

Date:	Amount:
4/15/2015	\$100.00
6/15/2015	\$100.00
9/15/2015	\$100.00
1/15/2016	\$100.00

Bank routing number: 075911852

Bank account number: 4444444444

Savings account

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning _____, 2014 ending _____, 20_____.

Complete form using **BLACK INK**

Note

See page 35 before assembling return

DO NOT STAPLE

Your legal last name DUE		Legal first name BALANCE		M.I. K	Your social security number 400 00 5419
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 7. 9477 LINCOLN DR				Apt. no.	
City or post office OREGON		State WI	Zip code 53575		
Filing status Check <input checked="" type="checkbox"/> below <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/> Head of household (see page 8). Also, check here if married...				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. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town OREGON County of DANE School district number See page 39 4144 Special conditions <input type="checkbox"/>	
		Legal last name		Legal first name	
		Legal first name		M.I.	
		If married, fill in spouse's SSN above and full name here			

Print numbers like this → 0 1 2 3 4 5 6 7 8 9 Not like this → 0147 NO COMMAS; NO CENTS

1	Federal adjusted gross income (see page 9)	1	22200.00
	Form W-2 wages included in line 1		10200.00
2	State and municipal interest (see page 9)	2	.00
3	Capital gain/loss addition (see page 10)	3	.00
4	Other additions } Fill in code number and amount, see page 10. } Fill in total other additions on line 4		.00
00 00 00 00 ...	4	.00
5	Add the amounts in the right column for lines 1 through 4	5	22200.00
6	Taxable refund of state income tax (from Form 1040, line 10) ...	6	.00
7	United States government interest	7	.00
8	Unemployment compensation (see page 12)	8	.00
9	Social security adjustment (see page 12)	9	.00
10	Capital gain/loss subtraction (see page 12)	10	.00
11	Other subtractions } Fill in code number and amount, see page 12. } Fill in total other subtractions on line 11.		
	01, 1200 .00 00 00		
00 00	11	.00
12	Add lines 6 through 11	12	1200.00
13	Subtract line 12 from line 5. This is your Wisconsin income	13	21000.00

PAPER CLIP payment here



NO COMMAS; NO CENTS

14	Wisconsin income from line 13	14	21000.00
15	Standard deduction. See table on page 47, OR If someone else can claim you (or your spouse) as a dependent, see page 22 and check here	15	9274.00
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	11726.00
17	Exemptions (Caution: See page 22)		
a	Fill in exemptions from your federal return <u>1</u> x \$700 ..	17a	700.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250 ..	17b	.00
c	Add lines 17a and 17b	17c	700.00
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income	18	11026.00
19	Tax (see table on page 40)	19	445.00
20	Itemized deduction credit. Enclose Schedule 1, page 4	20	.00
21	Armed forces member credit (must be stationed outside U.S. See page 23)	21	.00
22	School property tax credit		
a	Rent paid in 2014-heat included <u>4000.00</u>	} Find credit from table page 25 ..	22a 189.00
	Rent paid in 2014-heat not included <u>3000.00</u>		
b	Property taxes paid on home in 2014 <u>.00</u>	} Find credit from table page 26 ..	22b .00
23	Working families tax credit } If line 14 is less than \$10,000 and if married filing separate, see page 26	23	.00
24	Certain nonrefundable credits from line 11 of Schedule CR	24	.00
25	Add credits on lines 20 through 24	25	189.00
26	Subtract line 25 from line 19. If line 25 is larger than line 19, fill in 0	26	256.00
27	Alternative minimum tax. Enclose Schedule MT	27	.00
28	Add lines 26 and 27	28	256.00
29	Married couple credit. Enclose Schedule 2, page 4	29	.00
30	Other credits from Schedule CR, line 34	30	.00
31	Net income tax paid to another state. Enclose Schedule OS	31	.00
32	Add lines 29, 30, and 31	32	.00
33	Subtract line 32 from line 28. If line 32 is larger than line 28, fill in 0. This is your net tax	33	256.00
34	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 29) If you certify that no sales or use tax is due, check here	34	50.00
35	Donations (decreases refund or increases amount owed)		
a	Endangered resources <u>.00</u>	f	Firefighters memorial <u>.00</u>
b	Packers football stadium <u>.00</u>	g	Military family relief <u>.00</u>
c	Cancer research <u>7.00</u>	h	Second Harvest/Feeding Amer. <u>25.00</u>
d	Veterans trust fund <u>.00</u>	i	Red Cross WI Disaster Relief <u>.00</u>
e	Multiple sclerosis <u>.00</u>	j	Special Olympics Wisconsin <u>3.00</u>
	Total (add lines a through j)	35k	35.00
36	Penalties on IRAs, retirement plans, MSAs, etc. (see page 30)	36	.00
37	Credit repayments and other penalties (see page 30)	37	.00
38	Add lines 33, 34, 35k, 36 and 37	38	341.00



8-2014 DRAFT

Name(s) shown on Form 1		Your social security number
DUE	BALANCE	400 00 5419
NO COMMAS; NO CENTS		
39	Amount from line 38	39 341.00
40	Wisconsin tax withheld. Enclose withholding statements	40 240.00
41	2014 estimated tax payments and amount applied from 2013 return	41 .00
42	Earned income credit. Number of qualifying children Federal credit.00 x % =	42 .00
43	Farmland preservation credit. a Schedule FC, line 18	43a .00
	b Schedule FC-A, line 13	43b .00
44	Repayment credit (see page 32)	44 .00
45	Homestead credit. Enclose Schedule H or H-EZ	45 .00
46	Eligible veterans and surviving spouses property tax credit	46 .00
47	Other credits from Schedule CR, line 38. Enclose Schedule CR	47 .00
48	Add lines 40 through 47	48 240.00
49	If line 48 is larger than line 39, subtract line 39 from line 48. This is the AMOUNT YOU OVERPAID	49 .00
50	Amount of line 49 you want REFUNDED TO YOU	50 .00
51	Amount of line 49 you want APPLIED TO YOUR 2015 ESTIMATED TAX	51 .00
52	If line 48 is smaller than line 39, subtract line 48 from line 39. This is the AMOUNT YOU OWE . Paper clip payment to front of return	52 101.00
53	Underpayment interest. Fill in exception code-See Sch. U Also include on line 52 (see page 34)	53 .00

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 35)? Yes Complete the following. No

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

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

Sign here

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

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

I-010a

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

For Department Use Only

C	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Do Not Submit Photocopies



NO COMMAS; NO CENTS

Schedule 1 - Itemized Deduction Credit (see page 23)

Table with 9 rows for Schedule 1 calculations. Line 1: Medical and dental expenses... .00. Line 2: Interest paid... .00. Line 3: Gifts to charity... .00. Line 4: Casualty losses... .00. Line 5: Add lines 1 through 4... .00. Line 6: Fill in your standard deduction... .00. Line 7: Subtract line 6 from line 5... .00. Line 8: Rate of credit is .05 (5%)... x .05. Line 9: Multiply line 7 by line 8... .00.

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

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

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

Table with 8 rows for Schedule 2 calculations. Columns: (A) YOURSELF, (B) SPOUSE. Line 1: Taxable wages... .00. Line 2: Net profit or (loss) from self-employment... .00. Line 3: Combine lines 1 and 2... .00. Line 4: Add the amounts from federal Form 1040... .00. Line 5: Subtract line 4 from line 3... .00. Line 6: Compare the amounts in columns (A) and (B) of line 5... .00. Line 7: Rate of credit is .03 (3%)... x .03. Line 8: Multiply line 6 by line 7... .00. Note: Do not fill in more than \$480.



22222		a Employee's social security number 400-00-5419		OMB No. 1545-0008				
b Employer identification number (EIN) 36-1234567			1 Wages, tips, other compensation 10,200.00		2 Federal income tax withheld 0.00			
c Employer's name, address, and ZIP code USUK VACUUM CLEANERS 1412 MAIN ST MADISON WI 53702			3 Social security wages		4 Social security tax withheld			
			5 Medicare wages and tips		6 Medicare tax withheld			
			7 Social security tips		8 Allocated tips			
d Control number			9		10 Dependent care benefits			
e Employee's first name and initial BALANCE		Last name DUE	Suff.	11 Nonqualified plans		12a DD 600.00		
9477 LINCOLN DR OREGON WI 53575			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b		
			14 Other			12c		12d
			f Employee's address and ZIP code					
15 State WI	Employer's state ID number 036-9898121254-02		16 State wages, tips, etc. 10,200.00	17 State income tax 240.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement
Copy 1 — For State, City, or Local Tax Department

2014

Department of the Treasury—Internal Revenue Service

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning

, 2014, ending

, 20

See separate instructions.

Your first name and initial

Last name

BALANCE

DUE

Your social security number

4 0 0 | 0 0 5 4 1 9

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

9477 LINCOLN ST

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

OREGON, WI 53575

Presidential Election Campaign

Foreign country name

Foreign province/state/county

Foreign postal code

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

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

Check only one box.

Exemptions

Table with columns for exemption types (6a, 6b, 6c dependents), number of children on 6c, and total exemptions claimed (6d).

If more than four dependents, see instructions and check here []

Income

Table for income reporting with rows 7-22 including wages, interest, dividends, and other income.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Adjusted Gross Income

Table for adjusted gross income with rows 23-37 including deductions and adjustments.