

1 Wisconsin
income tax

2014

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

Complete form using **BLACK INK**

beginning _____, 2014 ending _____, 20__.

Note

DO NOT STAPLE
See page 35 before assembling return

Your legal last name FINCH	Legal first name TEST	M.I.	Your social security number 400 00 5423
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. 1007 W SPRING ST		Apt. no.	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 ▶ APPLETON
City or post office APPLETON	State WI	Zip code 54914	
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 ▶		Legal last name	County of ▶ OUTAGAMIE
<input type="checkbox"/> Head of household (see page 8). Also, check here if married... ▶		Legal first name	
		M.I.	School district number See page 39 0147
		If married, fill in spouse's SSN above and full name here ↑	Special conditions <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**

1 Federal adjusted gross income (see page 9)	1	10000.00
Form W-2 wages included in line 100
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 .00	4	.00
5 Add the amounts in the right column for lines 1 through 4	5	10000.00
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	3000.00
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.		.00
.00 .00 .00		.00
.00 .00	11	.00
12 Add lines 6 through 11	12	3000.00
13 Subtract line 12 from line 5. This is your Wisconsin income	13	7000.00

PAPER CLIP payment here



NO COMMAS; NO CENTS

14	Wisconsin income from line 13	14	7000.00	
15	Standard deduction. See table on page 47, OR <input type="checkbox"/> If someone else can claim you (or your spouse) as a dependent, see page 22 and check here <input type="checkbox"/>	15	10080.00	
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	0.00	
17	Exemptions (Caution: See page 22)			
a	Fill in exemptions from your federal return <u>1</u> x \$700 .. 17a	17a	700.00	
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u> </u> x \$250 .. 17b	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	0.00	
19	Tax (see table on page 40)	19	0.00	
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>1200.00</u> } Find credit from table page 25 .. 22a	22a	128.00	
	Rent paid in 2014-heat not included <u>3200.00</u> }			
b	Property taxes paid on home in 2014 <u>207.00</u> } Find credit from table page 26 .. 22b	22b	26.00	
23	Working families tax credit } If line 14 is less than \$10,000 and if married filing separate, see page 26 .. 23	23	.00	
24	Certain nonrefundable credits from line 11 of Schedule CR	24	.00	
25	Add credits on lines 20 through 24	25	154.00	
26	Subtract line 25 from line 19. If line 25 is larger than line 19, fill in 0	26	0.00	
27	Alternative minimum tax. Enclose Schedule MT	27	.00	
28	Add lines 26 and 27	28	0.00	
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	0.00	
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 <input type="checkbox"/>	34	.00	
35	Donations (decreases refund or increases amount owed)			
a	Endangered resources	.00	f Firefighters memorial	.00
b	Packers football stadium	.00	g Military family relief	.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)	35k	.00	
36	Penalties on IRAs, retirement plans, MSAs, etc. (see page 30) .. <u>.00</u> x .33 =	36	.00	
37	Credit repayments and other penalties (see page 30)	37	.00	
38	Add lines 33, 34, 35k, 36 and 37	38	0.00	



Name(s) shown on Form 1 FINCH TEST		Your social security number 400 00 5423	
NO COMMAS; NO CENTS			
39	Amount from line 38	39	0.00
40	Wisconsin tax withheld. Enclose withholding statements	40	454.00
41	2014 estimated tax payments and amount applied from 2013 return	41	.00
42	Earned income credit. Number of qualifying children ... Federal credit00 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	436.00
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	890.00
49	If line 48 is larger than line 39, subtract line 39 from line 48. This is the AMOUNT YOU OVERPAID	49	890.00
50	Amount of line 49 you want REFUNDED TO YOU	50	890.00
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	.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 () _____

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

Do Not Submit Photocopies



Claimant's social security number 400 00 5423		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 Special conditions <input type="checkbox"/> (See page 7.)
Claimant's legal last name FINCH	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	

- 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 → 0123456789 **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	7000.00
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 _____ .00 + Interest _____ .00 + Dividends _____ .00 =	8a	.00
b Other taxable income. Attach a schedule listing each income item	8b	.00
9 Nontaxable household income. Do not include amounts filled in on line 7, 8a, or 8b.		
a Unemployment compensation	9a	3000.00
b Social security, federal and state SSI, SSI-E, SSD, and CTS payments. Include Medicare premium deductions (see page 8)	9b	.00
c Railroad retirement benefits. Include Medicare premium deductions	9c	.00
d Pensions and annuities, including IRA, SEP, SIMPLE, and qualified plan distributions (see page 9)	9d	.00
e Contributions to deferred compensation plans (see box 12 of wage statements, and page 9)	9e	2000.00
f Contributions to IRA, self-employed SEP, SIMPLE, and qualified plans	9f	.00
g Interest on United States securities (e.g., U.S. Savings Bonds) and state and municipal bonds	9g	.00
h Scholarships, fellowships, grants (see page 9), and military compensation or cash benefits	9h	1100.00
i Child support, maintenance payments, and other support money (court ordered)	9i	.00
j Wisconsin Works (W2), county relief, kinship care, and other cash public assistance (see page 9)	9j	.00
10 Add lines 7 through 9j. Enter here and on line 11a, at the top of page 2	10	13100.00





11 a Enter amount from line 10 here	11a	<u>13100.00</u>
b Workers' compensation, income continuation, and loss of time insurance (e.g., sick pay)	11b	<u>.00</u>
c Gain from sale of home excluded for federal tax purposes (see instructions)	11c	<u>.00</u>
d Other capital gains not taxable	11d	<u>.00</u>
e Net operating loss carryforward or carryback and capital loss carryforward	11e	<u>.00</u>
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	<u>50.00</u>
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	<u>.00</u>
h Car or truck depreciation (standard mileage rate)	11h	<u>.00</u>
i Other depreciation, Section 179 expense, depletion, amortization, and intangible drilling costs ..	11i	<u>.00</u>
12 a Subtotal. Add lines 11a through 11i (if less than the total of lines 13, 14a, and 14c, see page 11) ...	12a	<u>13150.00</u>
b Number of qualifying dependents. Do not count yourself or your spouse (see page 11) _____ x \$500 =	12b	<u>.00</u>
c Household income. Subtract line 12b from line 12a (if \$24,680 or more, no credit is allowed)	12c	<u>13150.00</u>

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	<u>207.00</u>
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	<u>1200.00</u> x .20 (20%) = 14b <u>240.00</u>
Heat not included (8b of rent certificate is "No")	14c	<u>2185.00</u> x .25 (25%) = 14d <u>546.00</u>
15 Total of lines 13, 14b, and 14d (or amount from line 6 of Schedule 3)	15	<u>993.00</u>

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.
- A** • Schedule H behind Form 1, 1A, or 1NPR (if filing a Wisconsin tax return).
- C** • A complete copy of your federal income tax return and schedules (if filing Form 1 or 1NPR).

Credit Computation

16 Fill in the smaller of (a) amount on line 15 or (b) \$1,460	16	<u>993.00</u>
17 Using the amount on line 12c, fill in the appropriate amount from Table A (page 17)	17	<u>450.00</u>
18 Subtract line 17 from line 16 (if line 17 is more than line 16, fill in 0; no credit is allowable)	18	<u>543.00</u>
19 Homestead credit – Using the amount on line 18, fill in the credit from Table B (page 18)	19	<u>436.00</u>

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

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

For Department Use Only
 C

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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 FINCH	Legal first name TEST	M.I.	Social security number 400-00-5423	
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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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 2900.00
- 2 Shared living expenses you paid (line 5b) 2 3650.00
- 3 Total shared living expenses (line 5a) 3 5600.00
- 4 Divide line 2 by line 3. Fill in decimal amount 4 x .65
- 5 Multiply line 1 by line 4. 5 1885.00
- 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 1885.00

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

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 FINCH	Legal first name TEST	M.I.	Social security number 400-00-5423	
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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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 FINCH	Legal first name TEST	M.I.	Social security number 400-00-5423
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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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 FINCH	Legal first name TEST	M.I.	Social security number 400-00-5423	
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. _____ .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 _____ 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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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. 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 <u>I lived at 4 different addresses as shown on the rent certificates. A copy of my canceled check for December is attached to Form W-RA.</u>	-

Form
1040EZ

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

2014

OMB No. 1545-0074

Your first name and initial TEST	Last name FINCH	Your social security number 4 0 0 0 0 5 4 2 3
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. 1007 W SPRING ST		Apt. no. ▲ 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). APPLETON WI 54914		Presidential Election Campaign 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

Income

1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	7000
2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	
3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3	3000
4 Add lines 1, 2, and 3. This is your adjusted gross income .	4	10000
5 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 \$10,150 if single ; \$20,300 if married filing jointly . See back for explanation.	5	10150
6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6	0

Payments, Credits, and Tax

7 Federal income tax withheld from Form(s) W-2 and 1099.	7	560
8a Earned income credit (EIC) (see instructions)	8a	
b Nontaxable combat pay election. 8b		
9 Add lines 7 and 8a. These are your total payments and credits .	9	560
10 Tax . Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10	0
11 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	11	
12 Add lines 10 and 11. This is your total tax .	12	0

Refund

Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888.

13a If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	13a	560
b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number <input type="text"/>		

Amount You Owe

14 If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe . For details on how to pay, see instructions.	14	
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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 <input type="text"/>	Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>
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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. <input type="checkbox"/>	Your signature <input type="text"/>	Date <input type="text"/>	Your occupation <input type="text"/>	Daytime phone number 715-344-1234
Keep a copy for your records. <input type="checkbox"/>	Spouse's signature. If a joint return, both must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation <input type="text"/>	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 <input type="text"/>	Preparer's signature <input type="text"/>	Date <input type="text"/>	Check <input type="checkbox"/> if self-employed	PTIN <input type="text"/>
Firm's name <input type="text"/>	Firm's EIN <input type="text"/>			
Firm's address <input type="text"/>	Phone no. <input type="text"/>			

22222		a Employee's social security number 400-00-5423		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 FINCH		Suff.		11 Nonqualified plans		12a 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 checked="" type="checkbox"/> Third-party stock pay <input type="checkbox"/>		12b			12c
			14 Other		12d			
15 State WI	Employer's state ID number 079650-01		16 State wages, tips, etc. 4,000.00	17 State income tax 274.00	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

22222		a Employee's social security number 400-00-5423		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 DEFENSE FINANCE AND ACCOUNTING 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 FINCH		Suff.		11 Nonqualified plans		12a Q 1,100.00	
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		12c	
			14 Other			12d			
f Employee's address and ZIP code									
15 State WI	Employer's state ID number 080923-2		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
 Copy 1—For State, City, or Local Tax Department

2014

Department of the Treasury—Internal Revenue Service