

Test #2

These are MFJ taxpayers over 65 with wages, unemployment and pension income. They are both eligible for the 65 or older exemption with an amount due.

Federal Forms: None

Wisconsin Forms: 1A

Address:

123 W Main St #100

Madison, WI 53703

Taxpayer:

Test Grass

400-00-5402

02/11/1930

1099-G

W2- WI ID# 036-0012345678-06

Spouse:

May Grass

400-00-5472

01/10/1932

1099-R

W2 - WI ID# 036-0012345678-06

Filing Status: MFJ



Complete form using **BLACK INK**

Note

DO NOT STAPLE

Your legal last name GRASS		Legal first name TEST		M.I.	Your social security number 400 00 5402
If a joint return, spouse's legal last name GRASS		Spouse's legal first name MAY		M.I.	Spouse's social security number 400 00 5472
Home address (number and street). If you have a PO Box, see page 6. 123 W MAIN ST				Apt. No. 100	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 MADISON
City or post office MADISON		State WI	Zip code 53703		
Filing status					
<input type="checkbox"/> Single					
<input checked="" type="checkbox"/> Married filing joint return (even if only one had income)					
<input type="checkbox"/> Head of household					
Also, check here if married. <input type="checkbox"/> Fill in qualifying person's name <input type="checkbox"/>					
County of DANE					
School district number (see page 23) 3269					
Special conditions <input type="checkbox"/>					

Print numbers like this → **0123456789** Not like this → **0117** **NO COMMAS; NO CENTS**

ENCLOSE withholding statements

1	Wages, salaries, tips, etc. (see page 7)	1	18950.00
2	Interest (see page 7)	2	216.00
3	Ordinary dividends (from line 9a of federal Form 1040A or 1040)	3	25.00
4	Capital gain distributions (see page 8)	4	20.00
5	Unemployment compensation (from worksheet, page 8)	5	900.00
6	Taxable IRA distributions, pensions, and annuities (see page 8)	6	4000.00
7	Add lines 1 through 6	7	24111.00
8	IRA deduction (see page 10)	8	.00
9	Student loan interest deduction (see page 10)	9	.00
10	Medical care insurance deduction (see page 10)	10	950.00
11	Add lines 8 through 10	11	950.00
12	Subtract line 11 from line 7. This is your Wisconsin income	12	23161.00
13	If your parent (or someone else) can claim you (or your spouse) as a dependent, check here <input type="checkbox"/>	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	17584.00
15	Subtract line 14 from line 12. If line 14 is larger than line 12, fill in 0	15	5577.00
16	Exemptions (Caution: see page 11)		
a	Fill in exemptions from your federal return <input type="checkbox"/> 2 x \$700 .. 16a		1400.00
b	Check if 65 or older <input checked="" type="checkbox"/> You + <input checked="" type="checkbox"/> Spouse = <input type="checkbox"/> 2 x \$250 .. 16b		500.00
c	Add lines 16a and 16b	16c	1900.00
17	Subtract line 16c from line 15. If line 16c is larger than line 15, fill in 0. This is your taxable income	17	3677.00
18	Tax. Use amount on line 17 to find your tax using table, page 24	18	146.00
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 <input type="checkbox"/> .00 } Find credit from table page 12 .. 20a		.00
	Rent paid in 2014--heat not included <input type="checkbox"/> .00 }		
b	Property taxes paid on home in 2014 <input type="checkbox"/> .00 } Find credit from table page 13 .. 20b		.00
21	Married couple credit. Complete schedule on reverse side	21	80.00
22	Add lines 19 through 21. This is the total of your credits	22	80.00
23	Subtract line 22 from line 18. If line 22 is larger than line 18, fill in 0. This is your net tax	23	66.00

PAPER CLIP payment here

NO COMMAS; NO CENTS

24 Fill in net tax from line 23 24 66.00

25 Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 14) 25 .00
 If you certify that no sales or use tax is due, check here

26 Donations (decreases refund or increases amount owed)

a Endangered resources <u>10.00</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>5.00</u>	h Second Harvest/Feeding Amer. <u>.00</u>
d Veterans trust fund ... <u>.00</u>	i Red Cross WI Disaster Relief <u>7.00</u>
e Multiple sclerosis <u>.00</u>	j Special Olympics Wisconsin <u>8.00</u>

Total (add lines a through j) 26k 30.00

27 Add lines 24, 25, and 26k 27 96.00

28 Wisconsin income tax withheld. Enclose withholding statements 28 .00

29 2014 estimated tax payments and amount applied from 2013 return ... 29 .00

30 Earned income credit (see page 16)
 Qualifying Federal
 children credit .. .00 x % = .. 30 .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 .00

34 If line 33 is more than line 27, subtract line 27 from line 33. This is the **AMOUNT YOU OVERPAID** 34 .00

35 Amount of line 34 you want **REFUNDED TO YOU** 35 .00

36 Amount of line 34 you want **applied to your 2015 estimated tax** 36 .00

37 If line 33 is less than line 27, subtract line 33 from line 27. This is the **AMOUNT YOU OWE** 37 96.00

38 Underpayment interest. Fill in exception code - See Sch. U → 38 .00
 (See page 18)

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) ▶

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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	<u>16300.00</u>	<u>2650.00</u>
2 IRA deduction, if any, from line 8 of Form 1A. 2	<u>.00</u>	<u>.00</u>
3 Subtract line 2 from line 1. 3	<u>16300.00</u>	<u>2650.00</u>
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		<u>2650.00</u>
5 Rate of credit is .03 (3%) 5		<u>X .03</u>
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		<u>80.00</u>

22222		a Employee's social security number 400-00-5402		OMB No. 1545-0008					
b Employer identification number (EIN) 11-9988776			1 Wages, tips, other compensation 16,300.00		2 Federal income tax withheld 2,566.00				
c Employer's name, address, and ZIP code Last Job Inc. 97 Wheatly Ave Rio, WI 53501			3 Social security wages 16,300.00		4 Social security tax withheld 684.00				
			5 Medicare wages and tips 16,300.00		6 Medicare tax withheld 236.35				
			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 Grass		Suff.		11 Nonqualified plans		12a	
123 W Main St #100 Madison, WI 53703			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 036-0012345678-06	16 State wages, tips, etc. 16,300.00	17 State income tax 0.00	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 400-00-5472		OMB No. 1545-0008					
b Employer identification number (EIN) 11-9988776			1 Wages, tips, other compensation 2,650.00		2 Federal income tax withheld 133.00				
c Employer's name, address, and ZIP code Last Job Inc. 97 Wheatly Ave Rio, WI 53501			3 Social security wages 2,650.00		4 Social security tax withheld 111.00				
			5 Medicare wages and tips 2,650.00		6 Medicare tax withheld 38.00				
			7 Social security tips		8 Allocated tips				
d Control number			9		10 Dependent care benefits				
e Employee's first name and initial May		Last name Grass		Suff.		11 Nonqualified plans		12a	
123 W Main St #100 Madison, WI 53703			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	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	036-0012345678-06		2,650.00	0.00					

Form **W-2** Wage and Tax Statement
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2014

Department of the Treasury—Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Test Unemployment 200 King St Madison, WI 53713		1 Unemployment compensation \$ 900.00	OMB No. 1545-0120 2014 Form 1099-G	Certain Government Payments	
PAYER'S federal identification number 01-2345678	RECIPIENT'S identification number 400-00-5402	2 State or local income tax refunds, credits, or offsets \$	3 Box 2 amount is for tax year		
RECIPIENT'S name Test Grass Street address (including apt. no.) 123 W Main St #100 City or town, state or province, country, and ZIP or foreign postal code Madison, WI 53703		4 Federal income tax withheld \$	5 RTAA payments \$	6 Taxable grants \$	Copy 1 For State Tax Department
Account number (see instructions)		7 Agriculture payments \$	8 Check if box 2 is trade or business income <input type="checkbox"/>		
		9 Market gain \$	10a State		
		10b State identification no.	11 State income tax withheld \$ \$		

Form **1099-G**

www.irs.gov/form1099g

Department of the Treasury - Internal Revenue Service

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code Test Pension 123 Randall Downer's Grove, IL 60515		1 Gross distribution \$ 9,000.00	OMB No. 1545-0119 2014 Form 1099-R	
		2a Taxable amount \$ 9,000.00	Total distribution <input type="checkbox"/>	
		2b Taxable amount not determined <input type="checkbox"/>		
PAYER'S federal identification number 12-3456789	RECIPIENT'S identification number 400-00-5472	3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$ 900.00	Copy 1 For State, City, or Local Tax Department
RECIPIENT'S name May Grass		5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
Street address (including apt. no.) 123 W Main St #100		7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %
City or town, state or province, country, and ZIP or foreign postal code Madison, WI 53703		9a Your percentage of total distribution %	9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$ 0.00	13 State/Payer's state no.	14 State distribution \$
Account number (see instructions)		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$