

**SCHEDULE I**

**Adjustments To Convert 2017 Federal Adjusted Gross Income and Itemized Deductions To The Amounts Allowable for Wisconsin**

**2017**

Wisconsin Department of Revenue

◆ Enclose with Wisconsin Form 1 or Form 1NPR ◆

Name(s) shown on Form 1 or Form 1NPR

Your social security number

**PART I – Federal Adjusted Gross Income**

(Read instructions before completing Schedule I)

<u>1</u>	Fill in your 2017 federal adjusted gross income from line 37, Form 1040 (line 21, Form 1040A) . . . . .	1	_____	.00
<u>2</u>	Additions (enter all amounts as positive numbers):			
<u>a</u>	Domestic production activities deduction . . . . .	2a	_____	.00
<u>b</u>	Reserved . . . . .	2b	_____	.00
<u>c</u>	Reserved . . . . .	2c	_____	.00
<u>d</u>	Federal depreciation and sec. 179 expense . . . . .	2d	_____	.00
<u>e</u>	Federal capital losses from Form 1040, line 13 . . . . .	2e	_____	.00
<u>f</u>	Federal ordinary losses from Form 1040, line 14 . . . . .	2f	_____	.00
<u>g</u>	Wisconsin capital gains from revised Form 1040, line 13 . . . . .	2g	_____	.00
<u>h</u>	Wisconsin ordinary gains from revised Form 1040, line 14 . . . . .	2h	_____	.00
<u>i</u>	Other _____ . . . . .	2i	_____	.00
<u>j</u>	Other _____ . . . . .	2j	_____	.00
<u>k</u>	Other _____ . . . . .	2k	_____	.00
<u>L</u>	Total additions - Add lines 2a through 2k . . . . .	2L	_____	.00
<u>3</u>	Add lines 1 and 2L (see instructions) . . . . .	3	_____	.00
<u>4</u>	Subtractions (enter all amounts as positive numbers):			
<u>a</u>	Health savings account adjustment . . . . .	4a	_____	.00
<u>b</u>	Wisconsin depreciation and sec. 179 expense . . . . .	4b	_____	.00
<u>c</u>	Wisconsin capital losses from revised Form 1040, line 13 . . . . .	4c	_____	.00
<u>d</u>	Wisconsin ordinary losses from revised Form 1040, line 14 . . . . .	4d	_____	.00
<u>e</u>	Federal capital gains from Form 1040, line 13 . . . . .	4e	_____	.00
<u>f</u>	Federal ordinary gains from Form 1040, line 14 . . . . .	4f	_____	.00
<u>g</u>	Other _____ . . . . .	4g	_____	.00
<u>h</u>	Other _____ . . . . .	4h	_____	.00
<u>i</u>	Other _____ . . . . .	4i	_____	.00
<u>j</u>	Total subtractions - Add line 4a through 4i . . . . .	4j	_____	.00
<u>5</u>	Federal adjusted gross income as computed under the Internal Revenue Code in effect for Wisconsin, (see instructions to determine the amount to fill in on line 5). Fill in here and on line 1 of Wisconsin Form 1 or line 33 of Form 1NPR. ( <b>Note:</b> The above figures must also be used to complete Columns A and B for each of the lines 1 through 31 of Form 1NPR) . . . . .	5	_____	.00



## PART II – Itemized Deductions

(Complete this part only for those federal itemized deductions which may be used in computing the Wisconsin itemized deduction credit.)

### Who must complete Part II

This part should be completed only by individuals claiming the Wisconsin itemized deduction credit. Whenever adjustments have been made in Part I, federal itemized deductions which are based on federal adjusted gross income are affected. Part II must be completed to report the difference in the amount of the deduction based on the revised federal adjusted gross income. Part II must also be completed whenever specific items require adjustment.

1 Adjustments:	COL. I	COL. II
Description	Amount per 2017 federal return	Amount determined under IRC in effect for Wisconsin
<u>a</u> Medical Expense Deduction . . . . . 1a	.00	.00
<u>b</u> Interest . . . . . 1b	.00	.00
<u>c</u> Gifts to Charity . . . . . 1c	.00	.00
<u>d</u> Other ( <i>explain</i> ) _____ 1d	.00	.00
<u>e</u> Other ( <i>explain</i> ) _____ 1e	.00	.00

The amounts in Col. II should be used to compute the Wisconsin itemized deduction credit (Schedule 1 of Form 1 or Form 1NPR).

**Note:** If your total federal itemized deductions are limited due to your income level, use the Worksheet for Limited Itemized Deductions in the Form 1 or Form 1NPR instructions to determine the amount of gifts to charity and interest expense to use for the Wisconsin itemized deduction credit.

