Schedule AR

Explanation of Amended Return

Wisconsin

File with Amended Form 1, 1CNS, 1CNP, 1NPR, 2, 3, 4, 4T, 5S, 6,

Department of Revenue

PW-1, or X-NOL or Schedule H or H-EZ

2024

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Your name (if an estate, decedent's name)			Social security number
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Spouse's name if filing a joint amended return		Spouse's social security number	
Estate's or trust's legal name			Estate's or trust's federal EIN
Entity name			Identifying number

Explanation of Changes on the Amended Return

If you are amending your return for any of the reasons below, place a check mark in the space indicated.

Check here	Check here ▼	Check here ▼
01 Dependent change	05 Interest/dividends change	13 Net business loss
Pass-through entity (partnership, taxoption (S) corporation, estate, or trust)	06 Filing status change	14 Tax credits
change Also check if apply (see instructions):	07 Wisconsin modifications to federal income	15 Federal audit
02a Claim for overpayment or credit under s. 71.745(2)(b)	08 Exempt pensions	Amended federal or other state return
or (3)(b), Wis. Stats. O2b Amend for election under s. 71.745(8), Wis. Stats.	09 Repayment of income previously taxed	Adding or removing members of combined group
02c Nonresident Schedule K-1 income allocation	10 Apportionment percentage	18 IRA change
03 Form W-2 / 1099 change	Non-unitary income/ separate accounting	19 P.L. 86-272
04 Tuition expense subtraction	12 Protective claim	20 Other
Indicate the line reference(s) from the form or sci	hedule for which you are reporting a cha	inge and explain in detail the reason for

Include Schedule AR and all supporting documentation with your amended return. Do not include your original return and schedules. **CAUTION:** Schedule AR must be filed with one of the amended forms or schedules listed on the top of this schedule.

