

Schedule AR

Wisconsin
Department of Revenue

Explanation of Amended Return

File with Amended Form 1, 1CNS, 1CNP, 1NPR, 2, 3, 4, 4T, 5S, 6, PW-1, or X-NOL or Schedule H or H-EZ

2024

Your name (if an estate, decedent's name)	Social security number
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.

- | | | |
|--|--|--|
| <p><i>Check here</i>
▼</p> <p>01 <input type="checkbox"/> Dependent change</p> <p>02 <input type="checkbox"/> Pass-through entity (partnership, tax-option (S) corporation, estate, or trust) change</p> <p><i>Also check if apply (see instructions):</i></p> <p>02a <input type="checkbox"/> Claim for overpayment or credit under s. 71.745(2)(b) or (3)(b), Wis. Stats.</p> <p>02b <input type="checkbox"/> Amend for election under s. 71.745(8), Wis. Stats.</p> <p>02c <input type="checkbox"/> Nonresident Schedule K-1 income allocation</p> <p>03 <input type="checkbox"/> Form W-2 / 1099 change</p> <p>04 <input type="checkbox"/> Tuition expense subtraction</p> | <p><i>Check here</i>
▼</p> <p>05 <input type="checkbox"/> Interest/dividends change</p> <p>06 <input type="checkbox"/> Filing status change</p> <p>07 <input type="checkbox"/> Wisconsin modifications to federal income</p> <p>08 <input type="checkbox"/> Exempt pensions</p> <p>09 <input type="checkbox"/> Repayment of income previously taxed</p> <p>10 <input type="checkbox"/> Apportionment percentage</p> <p>11 <input type="checkbox"/> Non-unitary income/ separate accounting</p> <p>12 <input type="checkbox"/> Protective claim</p> | <p><i>Check here</i>
▼</p> <p>13 <input type="checkbox"/> Net business loss</p> <p>14 <input type="checkbox"/> Tax credits</p> <p>15 <input type="checkbox"/> Federal audit</p> <p>16 <input type="checkbox"/> Amended federal or other state return</p> <p>17 <input type="checkbox"/> Adding or removing members of combined group</p> <p>18 <input type="checkbox"/> IRA change</p> <p>19 <input type="checkbox"/> P.L. 86-272</p> <p>20 <input type="checkbox"/> Other</p> |
|--|--|--|

Indicate the line reference(s) from the form or schedule for which you are reporting a change and explain in detail the reason for the change.

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.

