

Name	Social Security Number
------	------------------------

See the instructions for additional information on the subtractions listed below. Enter all amounts as positive numbers.

Subtractions from Income

<u>1</u> Taxable refund of state income tax (from line 1 of federal Schedule 1)	1	.00
<u>2</u> United States government interest	2	.00
<u>3</u> Unemployment compensation	3	.00
<u>4</u> Social security adjustment	4	.00
<u>5</u> Capital gain/loss subtraction	5	.00
<u>6</u> Medical care insurance	6	.00
<u>7</u> Long-term care insurance	7	.00
<u>8</u> Tuition and fee expenses	8	.00
<u>9</u> Private school tuition (Schedule PS)	9	.00
<u>10</u> Contributions to an Edvest or Tomorrow’s Scholar college savings account (Schedule CS)	10	.00
<u>11</u> Distributions of certain earnings from Wisconsin state-sponsored college tuition programs	11	.00
<u>12</u> Military and uniformed services retirement benefits	12	.00
<u>13</u> Local and state retirement benefits	13	.00
<u>14</u> Federal retirement benefits	14	.00
<u>15</u> Railroad retirement benefits, railroad unemployment insurance, and sickness benefits	15	.00
<u>16</u> Retirement income subtraction	16	.00
<u>17</u> Reserved for future use	17	.00
<u>18</u> Active duty pay for U.S. Armed Forces (including Reserve and National Guard).	18	.00
<u>19</u> Combat zone related death	19	.00
<u>20</u> Adoption expenses	20	.00
<u>21</u> Contributions to ABLE accounts	21	.00
<u>22</u> Disability income exclusion (Schedule 2440W)	22	.00
<u>23</u> Wisconsin net operating loss deduction	23	.00
<u>24</u> Farm loss carryover	24	.00
<u>25</u> Native Americans	25	.00
<u>26</u> Sale of business assets or assets used in farming to a related person	26	.00
<u>27</u> Recoveries of federal itemized deductions	27	.00
<u>28</u> Repayment of income previously taxed	28	.00
<u>29</u> Add lines 1 through 28. Enter here and on line 30, page 2	29	.00



Now go to page 2 →

Name	Social Security Number
30 Enter amount from line 29 on page 1	30 .00
31 Human organ donation	31 .00
32 Expenses paid to related entities	32 .00
33 Income from a related entity	33 .00
34 Legislator's per diem	34 .00
35 Sales of certain insurance policies	35 .00
36 Physician or psychiatrist grant	36 .00
37 Olympic, Paralympic, and Special Olympic medals and United States Olympic Committee and Special Olympic Board of Directors prize money	37 .00
38 AmeriCorps education awards	38 .00
39 Differences in federal and Wisconsin basis of assets	39 .00
40 Reserved for future use	40 .00
41 Differences in federal and Wisconsin reporting of marital property (community) income	41 .00
42 Charitable contributions from tax-option (S) corporations (list and provide amount)	
a Name _____	
FEIN _____ Amount 42a _____	.00
b Name _____	
FEIN _____ Amount 42b _____	.00
c Name _____	
FEIN _____ Amount 42c _____	.00
d Add lines 42a through 42c	42d .00
43 Tax-option (S) corporation adjustments. Do not include adjustments listed on line 46 (list and provide amount)	
a Name _____	
FEIN _____ Amount 43a _____	.00
b Name _____	
FEIN _____ Amount 43b _____	.00
c Name _____	
FEIN _____ Amount 43c _____	.00
d Add lines 43a through 43c	43d .00
44 Add lines 30 through 41, 42d and 43d. Enter here and on line 45, page 3	44 .00



Name	Social Security Number
------	------------------------

45 Enter amount from line 44 on page 2 **45** _____ **.00**

46 Tax-option (S) corporation entity level tax election adjustments (list and provide amount)

a Name _____
 FEIN _____ Amount **46a** _____ **.00**

b Name _____
 FEIN _____ Amount **46b** _____ **.00**

c Name _____
 FEIN _____ Amount **46c** _____ **.00**

d Add lines 46a through 46c **46d** _____ **.00**

47 Partnership, limited liability company, trust, or estate adjustments. Do not include adjustments listed on line 48 (list and provide amount)

a Name _____
 FEIN _____ Amount **47a** _____ **.00**

b Name _____
 FEIN _____ Amount **47b** _____ **.00**

c Name _____
 FEIN _____ Amount **47c** _____ **.00**

d Add lines 47a through 47c **47d** _____ **.00**

48 Partnership entity level tax election adjustments (list and provide amount)

a Name _____
 FEIN _____ Amount **48a** _____ **.00**

b Name _____
 FEIN _____ Amount **48b** _____ **.00**

c Name _____
 FEIN _____ Amount **48c** _____ **.00**

d Add lines 48a through 48c **48d** _____ **.00**

49 Other subtractions from income (list and provide amount)

a _____ Amount **49a** _____ **.00**

b _____ Amount **49b** _____ **.00**

c _____ Amount **49c** _____ **.00**

d Add lines 49a through 49c **49d** _____ **.00**

50 Add lines 45, 46d, 47d, 48d, and 49d. This is your total subtraction from income. Enter on Form 1, line 6 **50** _____ **.00**

